Associations between social anxiety, pre-migration trauma, and acculturation risks and resources among unaccompanied refugees

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A quantitative cross-sectional study of unaccompanied refugees resettled in Norway

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About this thesis

This thesis consists of two different parts. The first part includes the article “Associations between social anxiety, pre-migration trauma and acculturation risks and recourses among unaccompanied refugees”, written for submission in The Scandinavian Journal of Psychology. The second part is a separate theoretical, practical and methodological elaboration of the article, where the theme of the article is presented in a wider context.
Abstract

Unaccompanied refugees are considered at risk for mental health problems, yet there is a lack of knowledge about social anxiety among this group. The aim of this study is to investigate social anxiety among unaccompanied refugees resettled in Norway, and associations with demographic variables (gender, age, length of stay), pre-migration traumatic events, and acculturation related factors (perceived discrimination and culture competence on heritage and majority culture). The participants (N =557) originate from 31 different countries, mainly from Afghanistan (49.6%), Somalia (11.1%), and Iraq (7.0%). The mean age was 20.01 years, and the participants’ average length of stay in the country was 4.6 years. The participants completed a self-reported questionnaire administered in groups. A linear hierarchical regression analysis was conducted to gain information about the predictors of social anxiety. The findings show that perceived discrimination and majority culture competence have direct effects on levels of social anxiety. These results provide information about social anxiety in acculturation context, implying an expanded attention by practitioners working with unaccompanied refugees towards the day to day factors impacting mental health after the resettlement in a new country.

Key words: Acculturation, culture competence, social anxiety, discrimination, pre-migration traumatic events, unaccompanied refugees.
Preface

After years of experience from working with unaccompanied minor refugees, I have seen firsthand the difficulties these adolescents encounter when resettling in a new country. I have also witnessed the motivation and resources among these adolescents, trying to find their way towards an independent way of living, despite the adversities of present and previous experiences.

I wanted to study social anxiety among this group because I have seen what implications it may have for young refugees resettling in a new society. The fact that there seems to be little or no previous research done on this field, made this a particularly compelling and important task to undertake.

I first and foremost would like to thank my supervisor Brit Oppedal for introducing me to the term of acculturation, and for guiding me excellently throughout the process. I also would like to thank the Norwegian Institute of Public Health for providing me with the data set used in this thesis. Lastly, I want to give my sincere thanks to all the unaccompanied minor refugees that gave their time to participate in this study, and to all the unaccompanied minor refugees that I have the pleasure of working with.

Toril Jore

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1 Article

Associations between social anxiety, pre-migration trauma, and acculturation risk and resources among unaccompanied refugees

Children or youth who migrate without a legal caretaker and who are granted residence permit after seeking asylum, are commonly referred to as unaccompanied minor refugees (UMRs) (Wiggen, 2014). When referring to this particular study, we use the term unaccompanied refugees (URs), because the participants were unaccompanied minors when seeking asylum, but many of them turned 18 by the time of the data collection.

UMRs have been exposed to more potentially traumatizing events than accompanied refugees who migrate with their parents (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007). Trauma refer to an individual’s exposure to events that involves significant danger to the person’s safety, to witness such an event happening to another person, or learning about a loved one experiencing such events (American Psychiatric Association, 2013). The pre-migration traumatic experiences among UMRs involve death or persecution of family members, forced recruitment, personal persecution, witnessing violence and experiencing war (Hopkins & Hill, 2008; Jensen, Fjermestad, Granly, & Wilhelmsen, 2015). Further, the risk factors of both migration and the separation from, or loss of, parents makes UMRs an especially vulnerable group (Derluyn, Mels, & Broekaert, 2008). When UMRs are granted residency permit in their country of destination, the process of adapting to a new society begins. This involves, among other things, to adjust to the new majority culture while at the same time finding a balance on how to relate to one’s heritage culture, also called the acculturation process (Berry, 1997). Further, the exposure to war-related traumas, family instabilities before migration as well as post-migration stress is found to predict psychological distress and post-traumatic stress reactions among unaccompanied refugees in the
resettlement process (El Baba & Colucci, 2017; Keles, Idsøe, Friborg, Sirin, & Oppedal, 2017).

A growing body of research has studied the impact of various aspects of the acculturation process concerning mental health issues. Even though many unaccompanied refugees suffer from high levels of mental health problems for years after resettling, there are substantial individual variations over time (Bean et al., 2007; Bean, Eurelings-Bontekoe, & Spinhoven, 2007; Keles, Idsøe, et al., 2017).

There is a growing agreement that acculturation among immigrant children involves an adaptation both to their heritage minority and to the culture of the major population (Berry, 1997; Motti-Stefanidi, Berry, Chryssochoou, Lackland, & Phinney, 2012; Oppedal & Toppelberg, 2016b). The acculturation process involves different aspects of developmental change related to learning a new language, adopting values, negotiating identity, attitudes, habits and so forward (Sam & Oppedal, 2003).

Keles, Idsøe, et al. (2017) studied variations over time in the development of depressive symptoms among unaccompanied refugees. The results showed that about 60% of the participants could be categorized within the two healthy trajectories, with acculturation-related factors such as daily hassles (e.g. ethnic identity crisis and discrimination) and heritage culture competence as significant contributors to the differentiation of individual outcomes. The maintenance of heritage culture competence is explained as a resource due to its capacity of functioning as a bridge between past and present experiences, providing some continuity in the adolescent’s self-perception and identity. Further, it was found that both general- and acculturation specific post-migration day to day hassles (e.g. low income and perceived discrimination) have unique individual effects on depressive symptoms, and the effects showed to be above and beyond the impact of war-related trauma (Keles, Idsøe, et al., 2017). Research findings further show that culture competence on both heritage and majority
cultural domains are directly associated with lower levels of depression symptoms among UMRs (Oppdal & Idsoe, 2015).

Discrimination as an acculturative risk factor is associated with several mental health issues (Cristini, Scacchi, Perkins, Santinello, & Vieno, 2011; Ellis, MacDonald, Lincoln, & Cabral, 2008; Montgomery & Foldspang, 2008), including high levels of anxiety and depression symptoms (Kessler, Mickelson, & Williams, 1999).

Previous studies have demonstrated significant associations between majority culture competence, heritage culture competence and discrimination on the one hand and depression on the other (Oppdal & Idsoe, 2011, 2015). Moreover, the 2015 study showed that there was an indirect effect of both majority culture competence and heritage culture competence on depression, through lower levels of perceived discrimination.

Previous research on the mental health of UMRs have mainly focused on the development and levels of post-traumatic stress disorder (PTSD), depression and to some degree general anxiety disorder (GAD) (Derluyn et al., 2008; Hodes, Jagdev, Chandra, & Cunniff, 2008; Jensen, Skårdalsmo, & Fjermestad, 2014). However, there seem to be a lack of information regarding specific forms of anxiety. To our knowledge, studies have not yet focused on social anxiety among unaccompanied refugees, and how this may contribute in the process of adjusting to a new society. UMRs rely on social relations to others in the resettlement process, not only to gain friendships but also to be able to learn about the culture of the new society. One of the main elements of social anxiety is fear of negative evaluations and the following avoidant behavior (Heimberg, Brozovich, & Rapee, 2010). This implies that social anxiety may interfere with the UMRs ability to adjust to a new society. Further, social anxiety typically onsets in adolescent years (Rao et al., 2007), and high levels of social anxiety are associated with poor academic and vocational achievements (Swan & Kendall, 2016; Van Ameringen, Mancini, & Farvolden, 2003), impairment in peer relationships (La
Greca & Lopez, 1998), as well as being comorbid with depression (Essau, Conradt, & Petermann, 1999), other anxiety disorders (Kendall, Brady, & Verduin, 2001), and post-traumatic stress disorder (PTSD) (McMillan, Sareen, & Asmundson, 2014).

To promote resilience and good mental health among UMRs, we need knowledge about specific mental health outcomes associated with the process of adjusting to a new society. Based on this, the aim of the present study was to get knowledge about social anxiety among unaccompanied refugees, resettled in Norway, and how this relates to experienced pre-migration traumatic events and to the acculturative recourses of culture competence on both majority and heritage culture, as well as the acculturative risks associated with discrimination.

**Social anxiety**

Social anxiety refers to a broad understanding of fear or anxiety in social situations, which exists along a continuum across the general population (McNeil, 2010). The degree of social anxiety may vary from fearlessness to the point where levels of anxiety, avoidance, and impairment in functioning reach a clinical level and meet the criteria of a social anxiety disorder (SAD) or social phobia (SP). Social anxiety is a complex phenomenon involving somewhat overlapping constructs.

Detweiler, Comer, Crum, and Albano (2014) adopted a biopsychosocial approach in their understanding of the origin and development of social anxiety. In their cognitive-behavioral model of social anxiety, they outline the reciprocal interactions between youth and the biopsychosocial systems. They argue that the biological, as well as social changes related to puberty, may contribute to the rise in anxiety symptoms among youth. This approach is based upon Rapee and Heimberg (1997) theory on how social phobia is developed and maintained. According to their model, a socially anxious individual will have a mental representation of the self as seen by an audience. This representation is based on previous difficult experiences in social situations, as well as negative core beliefs and self-schema.
Fear of negative evaluations (FNE) in potentially social-evaluative situations, followed by avoidant behavior is seen as one of the main issues in the development and maintenance of social anxiety (Heimberg et al., 2010). Further, social anxiety is a highly prevalent disorder. The lifetime prevalence in an American sample between the ages of 18 and 64 years was found to be 11.2% and 6.2%, among girls and boys respectively (Kessler, Petukhova, Sampson, Zaslavsky, & Wittchen, 2012). Studies show that social anxiety is comorbid with PTSD (Collimore, Carleton, Hofmann, & Asmundson, 2010), aggression (Batanova & Loukas, 2011), and with depression (Ingram, Ramel, Chavira, & Scher, 2001).

The highest incidence rates of social anxiety are demonstrated between late childhood to early adulthood (Wittchen & Fehm, 2001). As with other anxiety and internalizing disorders, social anxiety symptoms and disorders are usually higher among girls than boys (Kessler et al., 2012). In line with this, La Greca and Lopez (1998), found that adolescent girls reported higher levels of social anxiety than boys, especially on the dimensions involving fear of negative evaluations from peers, and more social avoidance and distress in new situations. They also found that even at a subclinical level, adolescent symptoms of social anxiety interfere with both friendship and peer relationships (La Greca & Lopez, 1998).

**Acculturation**

A critical aspect of resettling in a new country is the notion of social and cultural adjustment. Acculturation is initially defined as "the process of cultural change that occurs when individuals from different cultural backgrounds come into prolonged, continuous, first-hand contact with each other" (Redfield, Linton, & Herskovits, 1936, p. 146). Acculturation often refers to various aspects of psychological change, like learning a new language, facing other sets of values, negotiating new identities as well as an adaptation both to their heritage minority culture and to the culture of the dominant population (Berry, 1997; Motti-Stefanidi et al., 2012; Oppedal & Toppelberg, 2016a). Acculturation theory can be divided into two
different traditions regarding underlying concepts. The traditional view holds that all immigrants follow the same path in the encounter with a new society, from being fully immersed in the ethnic culture and then embark in the process of adjustment to the mainstream culture. This view holds a unidimensional understanding of the underlying construct of acculturation, where full immersion of the heritage culture is placed at one side and full immersion of the mainstream society on the other side. Berry (1984) suggests a bi-dimensional alternative, with the distinction of heritage and majority-culture competence as two conceptually different constructs. In this view immersion in the ethnic and the mainstream culture can be compatible in the acculturation process. Further, it is argued that the process of acculturation must be seen in the light of the ongoing ontogenetic development to avoid a unidirectional understanding of the young immigrant’s psycho-social functioning (Titzmann & Lee, 2017).

Recently there has been an increase in acculturation research on immigrant and refugee youth, involving the concepts of culture competence on majority and heritage culture (Keles et al., 2018; Oppedal, Røysamb, & Sam, 2004; Oppedal & Toppelberg, 2016a). Culture competence target children’s cultural resources and involve knowledge and skills about verbal and non-verbal communication and patterns of interpersonal behavior, and hereunder the accompanying underlying values (Oppedal & Idsoe, 2011). The perception of oneself as being successful, mastering and coping are empirically and theoretically linked to positive mental health outcomes (Bandura, Pastorelli, Barbaranelli, Caprara, & Diener, 1999; Kroger, Marcia, Schwartz, Luyckx, & Vignoles, 2011). Hence, culture competence is assumed to have a direct link to internalizing and depression problems.

Culturally based discrimination is widely studied in refugee and immigrant populations (Jasinskaja-Lahti, 2003; Williams, Neighbors, & Jackson, 2008). Findings show that discrimination is associated with several mental health issues, including high levels of
anxiety and depression symptoms (Kessler et al., 1999). It is also found that perceived
discrimination is just as adverse to mental health as overt discrimination (Broman, Mavaddat,
& Hsu, 2000). Levine et al. (2014) found that the perception of unfair treatment and higher
levels of everyday discrimination is associated with social anxiety disorder amongst different
ethnic groups.

**Aims**

The present study examined the relationship between social anxiety, pre-migration traumatic
events, and aspects of the acculturation process among resettled, unaccompanied refugees in
Norway. On a theoretical level, the study can contribute new knowledge regarding the
relationship between social anxiety and acculturation specific variables. On a practical level,
the study may provide useful insights for practitioners working with unaccompanied refugees,
to broaden the perspective in how to understand and interpret their life situation, as well as
providing adequate interventions when necessary. Hopefully, this study can provide useful
information about how we may support these adolescents in the process of becoming part of a
new society. Because of the scarcity of previous research, we have not formulated a specific
hypothesis.

The overall aim of the present study is to get information about social anxiety in acculturation
context among unaccompanied refugees in Norway. More specifically:

- The first aim is to examine if there is variation in social anxiety among this group
  associated with gender, age, and length of stay in Norway.
- The second aim is to examine the bivariate relations between social anxiety on the one
  hand, and pre-migration traumatic events, discrimination and host and heritage culture
  competence on the other.
The third aim is to examine the multivariate relations between pre-migration traumatic events, ongoing perceived discrimination, and culture competence. Because previous studies have demonstrated an association of depression with social anxiety (SA), and of depression with discrimination, majority culture competence (MCC) and heritage culture competence (HCC), we include depression as a covariate in these analyses.

Method

Participants
The current study relies on self-reported questionnaire data collected as part of the Youth, Culture and Competence research program at the Norwegian Institute of Public Health (YCC; www.fhi/ungkul). Data used in this article is from the first follow-up (W2) in this longitudinal population-based study called "Social Networks, Coping, and Mental Health among Children who arrived in Norway as Unaccompanied minor asylum-seekers." The first data set (W1) involved 918 youth who were granted residence permit in Norway between 2000 and 2011. The study was approved by the Regional Committee for Medical and Health Research and by the Norwegian Data Inspectorate. The selection of participants was based on information granted by the Norwegian Directorate of Immigration (NDI) about all the 4208 unaccompanied refugees resettled in Norway between 2000 and 2010. See figure 1 for an overview of the selection of participants in W1.

An invitation to participate in the study was sent to all youth by mail with information about the study. For youth less than 16 years, a letter was also sent to their legal guardians asking for their consent. All participants (and also guardians for those below 16 years) signed consent forms confirming that they were aware that partaking in the study was voluntary, that they could withdraw at any point in time, and that there were no advantages associated with their participation.
W2 included 557 participants (61% of the original sample). The mean time interval between W1 and W2 was 1.41 years ($SD = .83$) (Keles, Friborg, Idsøe, Sirin, & Oppedal, 2017). The sample consisted of 459 boys (82.4%) and 98 girls (17.6%). Sixty-two of the participants originally came from Somalia (11.1%), 276 from Afghanistan (49.6%), 39 from Iraq (7.0%), and 139 from other countries (25.0%). The category “other countries” include 28 different countries, as well as those who are stateless (Oppedal, 2011). The mean age was 20.01 years ($SD = 2.59$) at the time of W2 data collection, and the participant’s average length of stay in Norway was 4.6 years ($SD = 2.40$).

According to Keles, Friborg, et al. (2017), there was a small difference in demographic variables between the participants who contributed in W1, but not in W2. The proportion of female participants were lower, and there was an overrepresentation on participants from Afghanistan in the first and second follow-up. This was explained by the flow of unaccompanied asylum-seekers, including a rise in boys from Afghanistan between 2009 and 2010.

**Procedures**

The YCC research team, consisting of a principal investigator, research coordinators and bi- and monolingual research assistants, organized the data collection in collaboration with local resettlement authorities. Research coordinators and assistants who had been trained by the principal investigator of the study conducted the data collection. The youths gathered in groups of 5-15 participants in their local communities, in a place that was familiar to them, such as group-homes, libraries or cafeterias.

Initially, the research coordinator explained the aims of the study and repeated information about the research ethics, such as voluntary participation and the option to withdraw at any time, to the youths. The research team supported the participants by explaining difficult questions, according to a standardized protocol. While 15% wanted a
translator, who could read the questions to them in their mother tongue at Wave 1, none of the participants took advantage of this offer at Wave 2. The questionnaire took from 1,5 to 2 hours to complete. The participants received a gift certificate of 12.50 euro (Oppedal & Idsoe, 2015).

Measurements

All measures were translated by standard back-translation procedures.

Symptoms of social anxiety. Social anxiety symptoms (SA) were assessed by the 12-item short version of the “Social Anxiety Scale for Adolescents - Revised” (SAS-A) (La Greca & Lopez, 1998). SAS-A is a modified version of the "Social Anxiety Scale for Children-Revised" (SASC-R), with verbal adjustments to make it fit for adolescents (La Greca & Lopez, 1998). The scale distinguishes between three dimensions of social anxiety involving questions defined as measuring Fear of negative evaluation (FNE), General – Social avoidance and distress (SAD-G) and Social avoidance and distress with new social situations or unfamiliar peers (SAD – New). FNE was measured by presenting statements like “I worry that others make fun of me”, SAD-New was measured by statements like “I feel shy around people I don’t know”, and SAD-G was measured by statements like “I am quiet when I’m with a group of people”. The participants checked how often they experienced each statement on a Likert-scale from 1 (never) to 5 (always).

The SAS-A has been validated in many different studies including participants from different countries, cultures and in different languages (Delgado et al., 2018; Garcia-Lopez, Sáez-Castillo, Beidel, & La Greca, 2015; Zhou, Xu, Inglés, Hidalgo, & La Greca, 2008). The Cronbach’s Alpha for the SAS-A scale was 0.86. We computed a mean-sum score ranging from 1 (low social anxiety) to 5 (high social anxiety) that we used in further analyses.

Pre-migration trauma. The participants were asked to indicate which pre-migration traumatic events they had experienced before arriving in Norway. The checklist included
eight different dramatic events involving family, illness, war-experience, and physical violence in addition to an open-ended question about other events as suggested by Bean, Derluyn, Eurelings - Bontekoe, Broekaert, and Spinhoven (2006). We calculated a sum score of number of experienced traumatic events, ranging from 0 to 8.

**Discrimination.** Perceived discrimination was assessed by 5 statements indicating different degrees of cultural victimization (Berry et al., 1993). The statements included sentences like: “I feel like people from other cultures don’t accept me” or “I have been attacked because of my ethnic background”. The participants checked how much they agreed to each statement on a Likert-scale from 1 (totally disagree) to 4 (totally agree). The Cronbach’s Alpha was 0.75. We computed a mean-sum score ranging from 1 (little perceived discrimination) to 5 (very much perceived discrimination) for the purpose of further analyses.

**Culture competence.** Culture competence was assessed with the 18 items of *The Youth Culture Competence Scale (YCCS)* which taps knowledge and skills of verbal and non-verbal communication and patterns of interpersonal behavior. The scale is bi-dimensional with 9 parallel items for heritage culture competence (HCC) and for majority culture competence (MCC). The scale is based in theories of self-perceived self-efficacy and competence (Bandura et al., 1999) which are consistent predictors of reduced levels of depression and anxiety (Bandura, 1998). The latent factor structure and associations with depression was validated in a study involving three different samples of youth with refugee and immigrant background in Norway and the United States (Oppedal, Keles, Chea, & Roysamb, 2016).

Each of the dimensions in the culture competence scale involves questions about language and culturally embedded patterns of behavior, and the questions address one verbal and one non-verbal behavioral sub-dimension. The participants checked how easy they perceived each item on a four-point scale from 1 (very difficult) to 4 (very easy). Sample items for the behavioral dimension of the MCC and the HCC included “How easy is it for you
to hang out with Norwegian peers?” and “How easy is it for you to know how to behave when visiting friends and families from your culture?” The Cronbach’s Alpha for the MCC was 0,88, and 0,81 for HCC. In the final analyses, we used the mean sum scores for each participant, ranging from 1 (low culture competence) to 4 (high culture competence).

**Depressive symptoms.** Levels of depression symptoms were assessed by using the Center for Epidemiological Studies Depression Scale, CES-D for adolescents (Radloff, 1991). In the CES-D the participants are asked about the frequency of symptoms over the last week including dimensions of depressed affect (7 items), lack of positive affect (4 items), somatic activity (7 items), and interpersonal problems (2 items). A Norwegian version of the scale was used, which previously had been translated in the context of another study by the method of back and forth translation with the Swedish version (Clausen & Slagsvold, 2005). The response categories varied from 0 (rarely/never) to 4 (most of the time/all the time) and the questions involved statements like “I felt my life was a failure” or “I felt lonely.” For convenient reasons, we use the term depression throughout the paper, but we are referring to depressive symptoms. The Cronbach’s Alfa was 0.87. We calculated a sum score for all the items ranging from 0 (no depression symptoms) to 60 (strong burden of depression symptoms) that we used for the purpose of the analyses.

**Length of stay.** UDI provided information about the participants date of arrival in Norway. We subtracted this date from the date of the W2 data collection to assess length of stay.

**Age.** Information about the participants’ birthdate was also provided by UDI. The participants` age was calculated by subtracting their birthdate from the date of W2 collection.
**Missing values.** The proportion of missing data ranged from 5.03% to 21.72%. To maintain as much information as possible from the participants in our analysis, we excluded cases listwise.

**Statistical analyses.** Analyses were carried out in SPSS Statistics for Mac, version 25. We examined Cronbach’s alpha for the included measures used in the study. Independent sample T-tests were conducted to examine gender differences in the included study variables. The bivariate correlations between the variables were examined using Pearson product-moment correlation coefficient. The strength of the correlations was determined by the following criteria; \(< .10 = \text{low}, \ .10 - .29 = \text{small}, \ .30 - .49 = \text{moderate and } < 50 = \text{large}\) (Cohen & Steinberg, 1992). Finally, we performed hierarchical multiple regression analyses to investigate multivariate associations between all the predictors and social anxiety. In the analyses we included depression as a covariate. Preliminary analyses were made to ensure that the assumptions for the model were met, including the assumptions of normality, linearity, multicollinearity and homoscedasticity.

**Results**

Table 1 shows correlations between all included variables, mean and standard deviations, and Cronbach’s Alpha for the scales.

**Variation in SA Associated with Gender, Age and Length of Stay**

From table 1 it can be seen that the mean level of perceived social anxiety was in the slightly below the midpoint of 3 of the SA scale (M = 2.35, SD = 0.70). The analyses did not show significant gender differences in level of reported social anxiety symptoms. There were small but significant bivariate correlations between SA and age (r = -.09, p < .05), and between SA and length of stay (r = -.13, p < .005).

**Associations with Pre-Migration Traumatic Events, and Acculturation related Factors**
Seventy-nine percent of the participants reported having experienced a traumatic event before migrating, and half of the participants (50.9%) reported having experienced three or more such events. Table 1 shows that pre-migration traumatic events did not correlate significantly with SA.

The unaccompanied refugees who reported higher scores on SA, also reported having experienced more discrimination ($r = .38, p < .005$). Participants who reported higher HCC and MCC reported lower scores on SA ($r = -.17$ and $r = -.20$ respectively, both $p < .005$). All correlations between SA and the included variables were small to moderate, ranging from $r = .14$ to $r = .43$, $p < .01$. The strongest correlation was between SA and discrimination.

**Linear Hierarchical Regression Model**

To examine the multivariate associations between the main study variables with SA, we conducted a linear hierarchical regression analysis with four models of increasing complexity. In the first three models we entered the main study variables, i.e. gender, age, length of stay, pre-migration traumatic events, and acculturation-related variables. In the fourth model we introduced depression as a covariate. This procedure provides information both about the potential unique effects of traumatic events and acculturation related variables on SA. In addition, if there are significant effects of the acculturation-related variables on SA in the first models, that are no longer significant when the depression symptoms are included, there is a possibility that depression may be a mediator of these associations. Another possibility is that the effects on SA is due to a common variance between acculturation-related variables and depression.

The results of the four linear hierarchical regression models we conducted with social anxiety symptoms as dependent variable, are presented in Table 2. Neither the demographic variables (gender, age, length of stay) nor the accumulated number of pre-migration traumatic events the unaccompanied refugees had been exposed to, were found as significant predictors
of SA. MCC, but not HCC, was found as significant predictors of SA in the multivariate models.

Of the acculturation-related variables, MCC, but not HCC had a unique negative effect on SA in addition to the positive effect from perceived discrimination. Higher levels of MCC were associated with lower levels of SA. In contrast, more perceived discrimination was associated with higher levels of reported SA. This was true for all the models, also for the final model with symptoms of depression included. Notably, the effects from discrimination were about equally strong as the effect from depression (β = .29, p < .001 and β = .33, p < .001, respectively).

The main study variables, i.e pre-migration traumatic events, gender, age, length of stay, MCC, HCC and discrimination accounted for 20% of the variance. The final model, with depression symptoms entered as covariate, accounted for 28% of the variance.

**Discussion**

The overall aim of the present study is to get information about social anxiety in acculturation context among unaccompanied refugees (URs) in Norway. To our knowledge, studies have not yet examined social anxiety among URs and how this relates to the process of resettling in a new society. Results indicate that URs who experience high levels of discrimination and who report high levels of depression also experience higher levels of SA. The results also indicate that higher levels of MCC are related to lower levels of SA. The findings add to previous research by confirming URs as a group that are vulnerable to developing mental health problems, and to being exposed to discrimination.

**The Level of SA among Unaccompanied Refugees**

The present study included a shortened version of the SAS-A scale with 12 items. Most previous studies on social anxiety among adolescents, however, are based on the full
SAS-A scale with 18 items which prevents us from directly comparing the reported levels of SA between the groups (Cakin Memik et al., 2010; Inderbitzen-Nolan & Walters, 2000; Teachman & Allen, 2007).

The Role of Gender, Age, and Length of Stay

There was no significant gender difference in the reported levels of SA. Previous studies have found ambiguous results when it comes to gender variation in social anxiety, where some studies also find that boys report higher levels than girls. A cultural interpretation has been suggested to understand these findings, suggesting that the difference in the roles adolescents are socialized into (Caballo, Salazar, Irurtia, Arias, & Hofmann, 2014) may impact on how receptive they are to others’ evaluation of them. Further, a review by Fazel, Reed, Panter-Brick, and Stein (2012) on protective and risk factors for immigrant and refugee children, did not find gender as a consistent predictor of internalizing symptoms. The lack of presumed gender differences in depression symptoms is also found in studies comparing ethnic Norwegian adolescents and immigrant youth (Fandrem, Sam, & Roland, 2009; Noam, Oppedal, Idsoe, & Panjwani, 2014). One can speculate if this finding may imply that UR boys internalize problems to a greater extent than adolescent boys in the majority society. Future qualitative studies are needed that can provide information about social anxiety among URs, and how fear of negative evaluations impact their everyday peer and adult relationships.

In spite of the small, but significant, negative correlation between SA and age, and SA and length of stay in the preliminary analyses, none of these variables had unique significant effects on SA in the multivariate analyses. These findings may imply that length of stay in the country is not conducive for SA among URs.

Pre-Migration Trauma, Perceived Discrimination and Culture Competence

Adverse life events and traumatic experiences are associated with higher levels of emotional disorders (Bandelow et al., 2004; Kessler, Davis, & Kendler, 1997), including SAD
In our analyses, however, experienced pre-migration traumatic events did not have a unique effect on SA. The participants in this study had an average length of stay of 4.6 years. One can argue that the course of time between the experienced traumatic events and the data-collection may result in less reported traumatic experiences and hereunder a lack of associations with SA. Further, one can speculate if this finding may reflect that the URs perception of significant others’ negative evaluations about one self, together with experiences of being discriminated may be more applicable among the participants at the point of the data-collection, than pre-migration traumatic events. Collimore et al. (2010) suggest a shared vulnerability model to explain the co-occurrence of PTSD and SAD. They suggest fear of negative evaluations as one of these vulnerability factors. Our study does not include separate results on the subscales of SAS-A. Further research is needed to see if there are differentiations on the various sub-scales and associations with pre-migration traumatic events.

Discrimination was a consistent predictor of SA in all models, including when we controlled for the effects of depression symptoms. According to Rapee and Heimberg’s (1997) model of the maintenance of social anxiety, the mental representation a socially anxious individual has when encountering a situation is based upon long-term memory in addition to internal- and external cues. The individual’s attentional recourses are allocated simultaneously to his or her internal representation and any perceived threat in the environment (e.g. someone laughing). These experiences, in addition to the characteristics of adolescent in development, especially with the cognitive progress in perspective-taking, self-awareness, metacognition, and self-reflection (Kuhn, 2009) can give reason to believe that a socially anxious individual more easily interprets cues from the surroundings as discriminating. The literature shows that both immigrants and refugees are more exposed to overt discrimination based on their cultural and ethnic background than members of the host
society (Zick, Pettigrew, & Wagner, 2008). The positive correlation between discrimination and social anxiety symptoms may as well be a product of real discriminating actions and attitudes from the environment, that enhances the fear of negative evaluations, which in turn leads to avoidant behavior.

Culture competence showed a negative bivariate relationship with SA on both heritage and host society cultural domains. Both of the correlational values are considered small, and only MCC remained significant in the multivariate analyses. This may reflect an effect of the ability to master a new set of values, a new language and knowing how to behave in situations involving peers from the majority society. One can argue that greater feeling of mastery in this domain may reduce the anxiety attached to fear of negative evaluations in potentially social-evaluative situations. From a biopsychosocial perspective, the social factors of both parenting style and peer influence may be of importance when considering these findings (Detweiler et al., 2014). The data-material in this study does not give information about the adolescent's relationship with their close caregivers; however, the assessment of culture competence is focused around peer relationships. This point can be viewed in line with the findings of La Greca and Lopez (1998), where higher levels of social anxiety symptoms were related to impaired relationships with peers even at a subclinical level.

**SA and Depression**

The linear hierarchical regression model showed that the acculturation-related variables of perceived discrimination and MCC remained significant predictors of SA, even after controlling for the effect of depression symptoms. This implies that perceived discrimination and MCC have unique effects on both SA and depression, and that this effect is not a product of common variance. Further, the results do not imply that depression mediates the effect of perceived discrimination and MCC (e.g. that increased discrimination leads to more
depression, which in turn leads to higher levels of SA, or that higher levels of MCC leads to less depression, which in turn leads to less SA).

There are still many areas left to study regarding social anxiety symptoms among unaccompanied refugees, and how this relates to the process of resettling in a new country. However, this model gives an indication of which factors that can be of importance, accounting for 28% of the explained variance in social anxiety symptoms.

**Limitations of the present study**

The cross-sectional design of this study limits the possibility to draw clear predictions and causal conclusions based on the results. While we get information about the associations and the study variables, we cannot know whether SA causes lower levels of MCC and higher levels of perceived discrimination or vice versa. Future longitudinal studies can provide information about this.

The information in this study is based on self-report questionnaires, which may inflate the common method variance. Procedures such as reports from teachers, employees in group-homes and significant others in the everyday life of the URs, might have given additional objective information about the study variables. However, the information asked about in the questionnaires involve personal experiences and feelings attached to both resources and challenges. Previous studies have shown that children and youth report more precisely about their depression problems, than teachers and parents (Bean et al., 2007).

It may also be noted that the effects of culture competence may overlap with other psychological constructs such as IQ, cognitive and social skills (Oppdal & Idsoe, 2015). This should be taken into consideration when interpreting the results.
Conclusions and future studies

The findings show that social anxiety among unaccompanied refugees is associated with aspects of the acculturation process, rather than with experienced traumatic events before migrating. Perceived discrimination proved to be the acculturation-related factor that predicted social anxiety the strongest, while culture competence on the majority cultural domain was directly associated with lower levels of social anxiety symptoms.

These findings can give directions to practitioners working with unaccompanied refugees towards health promoting interventions focusing on the acculturative factors influencing unaccompanied refugees’ everyday life after resettlement.

Further studies are needed to elaborate the relationship between social anxiety, experienced trauma, and acculturation factors among unaccompanied refugees. Qualitative studies on how the adolescents themselves experience social anxiety symptoms in the process of resettling in a new society would be enlightening to further understand this connection. In addition, longitudinal studies on social anxiety, acculturation factors and social support would provide more accurate information regarding the direction of the associations between the variables, in addition to understand more fully what implications social anxiety symptoms have for unaccompanied refugees.
References


Essau, C. A., Conradt, J., & Petermann, F. (1999). Frequency and comorbidity of social phobia and social fears in adolescents 1 This study is an ongoing longitudinal study funded by the German Research Foundation (Deutsche Forschungsgemeinschaft: PE 271/5-1, PE 271/5-2, PE 271/5-3). 1. *Behaviour Research and Therapy, 37*(9), 831-843. doi:10.1016/S0005-7967(98)00179-X


1.1 Figures and Tables

Figure 1. The sampling process for wave 1

POPULATION
N=4208

Not targeted
N=1554

41 municipalities
N=2654

Unidentified
N=969

Incorrect mailing address
N=476

Identified
N=1209

Said no (3.6%)
N=43

Said yes, but did not show (18%)
N=218

Said yes (78.4%)
N=948

Eligible W1
N=918

W2
N=580

(Keles, Friborg, et al., 2017)
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<td></td>
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<td>.04</td>
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<td></td>
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$M$: Mean; $SD$: Standard deviation; $\alpha$: Cronbach’s alpha.

Note. Statistical significance: *$p<.05$, **$p<.005$, two-tailed significance test. SAS = Social anxiety symptoms, MCC = Majority Culture Competence, HCC = Heritage Culture Competence. Correlations reported in Pearson’s $r$. Mean and standard deviations for continuous variables. $\alpha$ = Cronbach’s alpha.
Table 2. Hierarchical multiple regression analyses predicting social anxiety symptoms.
(N=436)

<table>
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<tr>
<td>Traumatic events</td>
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</tr>
<tr>
<td>Discrimination</td>
<td></td>
<td></td>
<td>.37***</td>
<td>.29***</td>
</tr>
<tr>
<td>MCC</td>
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<td>-.11*</td>
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<td>HCC</td>
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<td>-.04</td>
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<td></td>
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<tr>
<td>Depression</td>
<td></td>
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<td>.33***</td>
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</tbody>
</table>

R²                  | .02     | .02     | .20     | .28     |
Δ R²                | .01     | .18     | .09     |

Note: *p< .05, **p<.005, ***p<.001, MCC = Majority Culture Competence, HCC = Heritage Culture Competence
2 Reflections

2.1 Introduction and background

Unaccompanied minor asylum-seekers (UMAs) are children under the age of 18 who migrate without parents or other legal guardians. They are considered a vulnerable group because of the number of adverse experiences they carry with them. Many have experienced violence, poverty, war and potentially traumatizing events in their country of origin (Hopkins & Hill, 2008), and on their flight to a new country (Bean, Derluyn, Eurelins-Bontekoe, Broekaert, & Spinhoven, 2007). All have experienced loss and separation from close caregivers, friends and family. Many suffer from high levels of post-traumatic stress symptoms (PTSS) as well as other mental health issues (Bronstein, Montgomery, & Dobrowolski, 2012; Derluyn, Mels, & Broekaert, 2008; Huemer et al., 2009; Vervliet, Lammertyn, Broekaert, & Derluyn, 2014).

UMAs who apply for asylum and who are granted permit residency in the new country, are referred to as unaccompanied minor refugees (UMRs). When UMRs are granted permit residency, they get to start their new life in a municipality. This transition involves a process where the adolescents have to adjust to new culture and at the same time figure out how to relate to and preserve their cultural heritage, also called the acculturation process (Berry, 2006). This involves, among other things, learning a new language, understanding a new set of cultural codes and values, and getting to know the religious system of the new society. For many UMRs the heritage culture is maintained through peer relationships with other UMRs who originally came from the same area, or through contact with family and friends in their country of origin (Oppedal & Toppelberg, 2016a). Another part of the acculturation process is the risks of ethnic discrimination. Several studies have found that the development and maintenance of mental health issues among UMRs, is directly related to experiences of discrimination in their everyday life (Ellis, MacDonald, Lincoln, & Cabral,
I work with some of these adolescents as a coordinator of psychosocial work, and my experiences from getting to know them contributed to the choice of theme in this thesis.

When I first started working on my thesis, I wanted to study social anxiety in relation to potentially traumatizing events and post-traumatic stress symptoms among UMRs. However, when my supervisor introduced me to the concept of acculturation, I found that this approach made more sense based on my experiences from working with UMRs. The concept of acculturation refers to the psychological changes that evolve as a result of the over time interaction between individuals of different cultures, particularly in the context of migration (Berry & Sam, 2016). Acculturation changes have mostly been studied in terms of ethnic identity (Kagitcibasi, 2005; Phinney, Horenczyk, Liebkind, & Vedder, 2001; Schwartz, Unger, Zamboanga, & Szapocznik, 2010; Umana-Taylor, Vargas-Chanes, Garcia, & Gonzales-Backen, 2008), bilingualism (Bialystok, McBride-Chang, & Luk, 2005; Toppelberg & Collins, 2010), acculturation strategies (Berry, 1997; Sam, 2000), and values (Kâgitçibaşı, 2007; Sam & Virta, 2003). More recently, the concept of culture competence has been coined to describe immigrant youths’ knowledge and skills with verbal and non-verbal communication and behavioral patterns of social interaction (Keles et al., 2018; Oppedal, Røysamb, & Sam, 2004; Oppedal & Toppelberg, 2016b). When it comes to refugees’ psychological adaptation, however, research has to a large extent focused on the impact of war-related traumatic experiences on post-traumatic stress symptoms (Bean et al., 2007; Bronstein et al., 2012; Cloitre et al., 2009; Dyregrov & Yule, 2006). In spite of the fact that I have been working with UMRs for years, the concept of acculturation was unfamiliar to me. However, I found that this framework gave a new and meaningful perspective on how to understand the adaptation of the adolescents I work with.
UMRs encounter great changes, both developmentally associated with puberty and adolescence and as refugees resettling in a new society without the support of close family. The acculturation approach opened up to an understanding of young refugees beyond the trauma perspective, by adding more layers to the understanding of psychological development and adaptation. To understand the UMRs both with reference to their past, their present and their future became more intelligible to me, when adding the context of acculturation to the context of trauma. In particular, the bulk of research implying that individuals who are able to maintain and further develop identification with his or her heritage culture while at the same time develop a positive identification with the majority society culture fare better with respect to health outcomes and positive adaptation (Berry, 2006; Berry & Sam, 2016; Keles et al., 2018).

2.1.1 A Supportive Developmental Context

There is little, if any, research available on social anxiety among unaccompanied refugees. For me it seemed important get more information about social anxiety among this group because it may have severe implications for the psychological well-being of these adolescents, as well as it may have implications for their ability to successfully engage in their new society.

One of the main goals, when working with UMRs, is to provide them with a developmental context that facilitates growth and mastery, in the process of becoming an independent individual in a new society. That is, our aim is to create a context that facilitates, and contributes to developing resilience among these tested children and youth (Motti-Stefanidi, 2018)

To help guide our practices and thinking to this end, Motti-Stefanidi (2018) has presented a theoretical model on how to understand immigrant youth adaptation from a resilience developmental perspective. She argues that culture, development, and acculturation
are profoundly intertwined. It is argued that the criteria considered by parents, teachers and society as appropriate and desirable for positive behavior, changes with development and that this may also vary with culture.

In these reflections my aim is to illustrate how practical, theoretical and empirical knowledge about social anxiety in the acculturative process can provide meaningful information about unaccompanied minor refugees resettled in Norway and give insights to practitioners working with them.

More specifically, I am going to begin by informing about unaccompanied minor refugees in Norway. Then, I am going to describe the theoretical context of the acculturation development model, before I analyze a fictive case story in this developmental framework. In the method section, I am going to highlight some ethical considerations, before giving a more detailed description of the methodological process. Lastly, I am going to discuss the main results from the article in a wider practical and developmental context.

2.1.2 Unaccompanied Minor Refugees in Norway

Unaccompanied minor refugees are a heterogeneous group consisting of children and youths from different parts of the world, with different social, economic and educational background. Despite the diversity, all have experienced loss and are without the support of close family or caregivers in their encounter with a new society. One study found that the average number of reported aversive childhood experiences among Norwegian unaccompanied asylum-seekers was 5.5, with death of a close person as the most prevalent experience (68%), along with witnessing violence (63%) and experiencing war (62%) (Jensen, Fjermestad, Granly, & Wilhelmsen, 2015).

Between 1997 and 2017, 8746 unaccompanied refugees were granted residence permit and resettled in municipalities across Norway. Most of the youth that resettled in Norway during this period, came from Afghanistan (42%), Somalia (16%) and Eritrea (14%). From
2013, the number of unaccompanied refugees from Syria has increased. The majority of resettled unaccompanied refugees in Norway are between 15 and 18 years old, and most of them are boys (Dalgard, Wiggen, & Dyrhaug, 2018). When resettled in a municipality, local authorities oversee the adolescents developmental and psychosocial needs. Living arrangements are organized in various ways, but the most common is that unaccompanied minor refugees are resettled in group-homes with staff available 24/7 until they turn 18 years old. They get educational and health-care rights in line with ethnic Norwegian citizens (Garvik, Paulsen, & Berg, 2016).

### 2.2 The Acculturation development model

The understanding of development as an ecological, transactional process is based upon the work of Urie Bronfenbrenner first introduced in the 1970s (Bronfenbrenner, 1994). This theoretical framework states that human development takes place through progressive, complex reciprocal interactions between an individual and his or her immediate surroundings. These forms of enduring interactions are referred to as *proximal processes*. The second property of this framework states that the form, power, content and direction of the proximal process affecting development vary systematically as a result of the characteristics of the developing person, the environment, whether or not the processes are taking place and the nature of the developmental outcomes under consideration. The model consists of five systems representing various parts of the developing child’s surroundings. The *microsystems* refer to the pattern of activities, social roles and interpersonal relationships of the developing person. The *mesosystems* involve the processes taking place between two or more individuals of the child’s microsystems, for example the relations between home and school. The *exosystems* comprises the processes and linkages taking place around the developing person, where at least one of the settings does not contain the person, but still having an indirect
influence on development. An example of child’s exosystem can be the relationship between home and the healthcare system or an immigrant NGO. The macrosystems include the patterns of micro-, meso-, and exosystems of a given culture or subculture, involving the belief systems, customs, and opportunity structures, among others. The last system is the chronosystems which refer to the changing over time of the environment of the developing person. This can be societal changes like economic depression, changed family structure or socioeconomic status (Bronfenbrenner, 1994).

2.2.1 Culture as Part of the Ecological Acculturation Development

The ecological process of acculturation as presented by Cuéllar (2000) states culture as both an external and an internal variable with an impact on behavior. He further states that culture is a multilevel phenomenon that simultaneously occurs at different levels. Whereas most ecological developmental models hold that culture is an external homogenous force, often represented at the macro level, there is a lack of specificity as to where cultural minorities fit. Oppedal and Toppelberg (2016b) developed an acculturation development model to address this gap. The model represents a holistic approach to the child’s development in a multicultural context, where the child, through participating in different sociocultural settings is affected in specific and indirect ways. As the model shows, the developing child is placed between the cultural domain of the majority society on one side, and the heritage cultural domain on the other. Each of these domains have specific direct or indirect effect on the developing person, and by processes of maturation and learning the child develops domain specific cultural working-models to guide activities. The term "models of virtue" is used to describe how culture-specific values are firmly attached to different behaviors that are central to different groups. On these terms, one of the primary tasks of young refugees resettling in a new country is to figure out and understand how these models
of virtue are being expressed both in their heritage cultural group and in the host society (Oppedal & Toppelberg, 2016b).

*The acculturation development model. The model distinguishes between the two sociocultural domains of the developing child – the heritage cultural domain, and the host society cultural domain. The child develops domain-specific working models that guides and direct behavior* (Oppedal & Toppelberg, 2016b, p. 73)

common for unaccompanied refugees resettling in a new country is that they have a transnational reality, influencing their day to day life in various ways. Social media and the non-stop newsfeed from all over the world provide information about their home country. For some, this also gives the opportunity to be in contact with their family and friends back home. Even though the transnational macro level is situated in the outer circle of the acculturation development model, it is argued that because of the direct contact, independent of distance, this can be viewed as direct social contact providing heritage culture input in the microsystem
of acculturation development. As the model show, family abroad is a part of the youths microsystem on the heritage culture end (Oppedal & Toppelberg, 2016b).

2.3 The Case

This case description is meant to give a picture on how everyday life of unaccompanied minor refugees (UMRs) living in municipalities across Norway can be. The following is a fictive case description, based on several boys I have met through my profession. It is stories like this that led to the choice of studying social anxiety in acculturation context among UMRs.

Qasim was 13 years old when he came to Norway, 12 when he left Afghanistan. He fled together with his older brother after their father got killed because of a long-term political dispute with a Taliban officer. Because of the conflict, the two brothers were about to be forcibly drafted into Taliban armed forces when their mom borrowed money and sent them away. Qasim and his brother lost each other on the border of Bulgaria. Qasim spent four days by himself in the forest without food, trying to find his way across the border. From Bulgaria, he fled through Serbia, Hungary, Austria, Germany, Denmark, Sweden, before arriving in Norway. Over the next two years, Qasim lived at three different reception centers for unaccompanied minor asylum-seekers, while the government was processing his application. He finally got his application approved and moved to a group home in a Norwegian municipality. In the beginning, he came across as a bit shy, but got along with the other boys living there. They played cricket, watched Bollywood movies and, sometimes, danced together. When it was his turn to make dinner, he made Afghan rice, to the rest of the group home’s great appreciation. He listened to traditional music, wore a decorated kurta along with a taqiyah on his head, and sang while cooking.

Qasim had learned to speak reasonably good Norwegian and started at a local high-school. The encounter with his Norwegian classmates was, however, difficult. He did not entirely get accepted in the group, even though his fellow class-mates were seemingly
interested in getting to know him. He said he felt that they looked at him in a strange way, and that he had a hard time understanding how he was supposed to act. The other kids, he said, talked differently from what he was used to. The schoolyard slang was different from the Norwegian he learned at the reception center. The class also had a Facebook group he was invited to join, but he sometimes had to ask the caretakers in the group home to explain to him why something on the Facebook group was funny, or what the comments meant.

One day, on his way from the mosque, a car drove by Qasim. He was wearing his traditional clothes after the service. Passing him, the young man driving the car shouted at him that he should take his Muslim faith and return to where he came from. One of the other men in the car spat at him. When he got back to the group home, he looked sad. He hesitantly told one of the caretakers about what had happened, but the next day he did not want to talk about it anymore.

After a while his teacher described that he pulled away at school, and that the interest from his classmates declined. Before a presentation at school, he had a hard time sleeping. He prepared well, but even rehearsing; his voice started to shiver, he looked down and lost his words. He started to skip school when he knew there was going to be presentations. Then he started to skip school other days as well. Some weeks he did not go to school at all. His mood changed, he spent more time alone in his room, and it seemed challenging for him to get along with the other boys in the group home. When it was his turn to make dinner, he did not want to come out at all.

2.3.1 The Case Story in the Acculturation Development Model

This case story reflects elements that are common for many unaccompanied minor refugees (UMRs). It contains risk factors of experienced trauma, and several experiences of loss, separation, and broken relationships both in his country of origin, during his flight, and in Norway. These risk factors are situated at the adolescent’s micro level, even though the
reason why Qasim had to leave Afghanistan is a combination of factors at the *macrolevel* (ongoing war in his country of origin), the *exolevel* (the presence of Taliban in his family’s community), and the *mesolevel* (demands from the Taliban to the boys’ mother on them joining military service).

When Qasim came to Norway, he continued to experience loss and separation when he had to move between different reception centers due to political demands to down-scale the reception system, because of a decline in UMAs entering Norway. These factors are situated both at the macrolevel and the chronolevel, due to immigration policies in the EU, with closed borders in Turkey, Greece and Libya, resulting in less immigration to European countries.

The shared cultural values and traditions among the boys in the group home reflect a more or less common heritage culture competence (HCC), situated at the adolescent’s microlevel. However, Qasim’s encounter with a Norwegian high-school seem to contribute to him feeling insecure about his majority cultural competence (MCC). He expresses that he finds it hard to really understand both what his class-mates are saying, and what they mean when they talk, reflecting lack of MCC in spite of his reasonably good Norwegian. This, together with experiences of religious and ethnic discrimination can make it difficult for a young adolescent to master the acculturative and developmental demands that meet him in a new society.

Qasim’s development from he was resettled in a municipality, can be a description of the onset of social anxiety. Symptoms of social anxiety often start in adolescent years (Stein, Chavira, & Jang, 2001), and the symptoms consist of both physical and cognitive features. The anxiety response is described as an overwhelming physiological arousal and apprehension of an approaching, potentially negative outcome that the person believes he or she is unable to avert (Crozier & Alden, 2001). From a biological perspective, temperament and genetic background are both associated with an increased risk of developing social
anxiety symptoms (Detweiler, Comer, Crum, & Albano, 2014). Qasim came across as a bit shy in the beginning, but in familiar settings with other boys from his own culture, this did not seem to be an issue. However, when he came into in an unfamiliar setting with mostly Norwegian peers, one can argue that his temperamental base became a vulnerability. To start at a new high school may be a social challenge for most youth. La Greca and Ranta (2015) have suggested that the challenging developmental transitions adolescents encounter may have an impact on the development of social anxiety. They argue that the novelty of the developmental transitions, such as changing school, can bring uncertainty, opportunity to failure, as well as discomfort and distress. For young refugees, with a limited knowledge of the language and the socio-cultural codes this transition may be quite terrifying.

In this story, symptoms of social anxiety are associated with a presentation at school. The experience of losing words, forgetting what to say and to have a voice that shivers are all common features of social anxiety. It is important to note that social anxiety exists along a continuum across the population, and that the experience of being nervous before a presentation is common. However, when these traits of nervousness or anxiety are followed by avoidance of situations where these symptoms may occur, together with the feeling of worthlessness or high levels of critical self-consciousness, it may be characterized as social anxiety (Heimberg, Brozovich, & Rapee, 2010).

For Qasim, the encounter with his new life in a municipality may have contributed to the negative spiral of social fear and avoidance. The change in behavior as described in the story can be interpreted in a number of ways. From my experience it can be understood as either depressive symptoms, or as school refusal, or as straight out oppositional behavior, or it may be seen as symptoms of PTSD after experienced trauma. The interpretation made by practitioners working in a group home and by the teachers at a school along with the
following collective understanding and interventions, is an important developmental context for Qasim, that may or may not foster resilient adaptation outcomes.

A meeting was held between the school and the group home to address Qasim’s absence from school. There were several people present, trying to find a way to get him back on track. In the meeting, different interpretations of his behavior were expressed. One teacher argued that the school was not equipped for dealing with unaccompanied minor refugees, because so many of them had no school background and their culture was so different. Another argued that Qasim was taking the easy way out, because of the lack of consequences from the group home. He argued that Qasim should get less money each day he did not go to school. This view was supported by a caretaker from the group home. She meant that the only way adolescents like Qasim could learn how to adapt to the Norwegian society was to experience consequences for their non-adaptive behavior. On the other side, Qasim’s closest caretaker from the group home described a boy who had been exposed to traumatic and adverse experiences and argued that he should be met with a great deal of understanding for his troubles. It was his social teacher that suggested that his behavior could be a sign of social anxiety or depression. She argued that Qasim should get psychological aid.

It is not always easy to establish a common understanding between the various settings in the child’s microsystem. The result of this may be that the unaccompanied minor refugee is met and understood based on completely different terms at the group home and at school. For children in general, and maybe especially for young refugees, this may contribute to an unsecure developmental context, instead of a secure developmental context that facilitates the child’s growth and positive adaptation.
3 Method

3.1.1 Research ethics

The study presented in the article is a quantitative study based on self-reported questionnaire data, collected as part of the Youth, Culture and Competence study (YCCS), at The Public Institute of Health in Norway.

The study was already approved by the Regional Committee for Medical and Health Research and by the Norwegian Data Inspectorate. Even though I did not participate in the data-collection or in the application process to the ethical committee, I would like to highlight some of the ethical aspects related to the study. Because unaccompanied minor refugees are resettled without family or close caretakers, and because of the high levels of mental health issues among this group, they are considered a vulnerable group also in research ethics. Doing research on a vulnerable group like this, involves the possibility of identifying children with major mental health issues. When this occurred in the YCCS project, the research team contributed by involving the local mental health care system, to ensure proper follow-up.

Another ethical issue is related to the concept of anonymity. Most of the unaccompanied minor refugees lack knowledge about what research is, nonetheless what The Public Institute of Health is. The research team was cautious to inform that anonymity involved that no one could find out who answered what in the questionnaire.

The Regional Committee for Medical and Health Research provide some standard formulations on informed consent. In the YCCS project, the research team got permission to use a simplified version of these standard formulations, to ensure that the participants in the study could grasp the meaning. Another element is that the research team had to underline that contribution in the study would not lead to any changes in the adolescent’s application for asylum or have anything to say in other affairs with the government. It was repeated that the purpose of doing research was to get information about unaccompanied minor refugees’
(UMRs) situation. My supervisor told me that many of the adolescents were highly altruistic about this and expressed that they wanted to contribute in the study to make it easier for other adolescents in the same situation.

The latest years, there has been an increase in research on UMAs and UMRs. In line with this it made sense for me to use existing, but not yet analyzed data from the YCCS project. In my profession I have witnessed the many situations UMRs are questioned about their past and everyday life in their encounter with the health care system, schools as well as with social workers from the municipality. Many of the adolescents question why so many have to “know about them”, and some find it hard to trust that the information is not going to be handed over to the government.

3.1.2 The data

Using already gathered data-material gave me the opportunity to conduct a study with 557 participants, a sample-size I would not have been able to reach by my-self in the time-frame of doing a part-time master thesis. Even though I did not get first-hand knowledge about the data-collection, I still learned a lot about the process by reading other articles using material from the YCCS as well as getting information from my supervisor who is the principal investigator of the YCCS.

The dataset I initially started working on, included both data from the first and the second data collection. The study was categorized as a population study due to the original selection of participants. Keles, Friborg, Idsøe, Sirin, and Oppdal (2017) compared participants included in Wave1, but who did not participate in Wave 2. They found that the sample in the first data collection did not differ significantly regarding age or length of stay. There was a small difference in country of origin and gender, whereas a more significant part of the participants in the first follow-up were boys from Afghanistan. The difference, however, was explained by the increase of minor refugee boys originating from Afghanistan that came to Norway from 2009 and 2010. The original population also included proportional
more girls, than the first follow-up (W2). These differences were not found to be significant, and hence the second wave was still considered a representative population. Before I started analyzing the data-material the cases who only participated in W1 was selected out.

There was a range in age in the sample from 13.02 years to 29.11 years. As described in the article, the original sample was selected from the 4208 unaccompanied minor refugees who came to Norway between 2000 and 2010. This may explain the range in age among the participants.

3.1.3 Data-analyses

When receiving the anonymous data files, the first step was to get to know the material by examining the different variables included. I examined all relevant variables for errors by checking the range of responses compared to the scale measures, as well as reviewing the distribution for skewness and kurtosis on the different variables. Skewness refer to a statistical measure of the symmetry in a distribution compared to a normal bell-shaped distribution. Kurtosis is a measure on how pointy or flat the distribution is, compared to a normal distribution (Løvås, 1999).

To examine the first aim, I found the mean, standard deviation and gender differences in social anxiety symptoms (SA). Gender differences in SA was examined by using an independent T-test. Because of the cross-sectional nature of the sample, I conducted a two-tailed significance test.

To examine rest of the first aim together with the second aim, I conducted correlational bivariate analyses. I made scatterplots with SA as the outcome variable on all included study variables and reviewed them. A linear relationship, all though small on some variables, was found. With this as a baseline, the correlations were examined using the Pearson product-moment correlation. The correlational analyses were carried out to examine the bivariate relations between SA and the included study variables. The results are presented in Table 1, together with means, standard deviations and Cronbach´s Alpha for all the scales.
The third aim was examined by conducting hierarchical multiple regression analysis. The reason why I chose to use hierarchical regression analyses was that this statistical method provides the opportunity to examine how much of the variance in a dependent variable that is explained by various predictor variables, while at the same time examining the possibility for alternative explanations for the association. Linear hierarchical regression also provides measures of *partial association* that quantify the component of the association between a predictor variable and the dependent variable that is unique to the predictor, relative to other variables in the model (Hayes & Little, 2013). Because of the scarcity of previous research, this method was considered appropriate to examine how the various study variables related to SA.

Before conducting the analysis, I gathered information about the appropriate assumptions for this statistical method (Hayes & Little, 2013). Hierarchical regression analyses require that you have at least 20 participants for each predictor variable in the analyses. The sample size of 557 was deemed sufficient for including the eight predictor variables in the analysis. The assumption of singularity was met as the predictor variables (gender, age, length of stay, pre-migration traumatic events, discrimination, CCH, CCM, and depression) was not found to be a combination of other predictor variables. An examination of the correlations (see Table 1) showed that none of the correlations could be categorized as high, with the exception of the correlation between length of stay and age.

A four-stage hierarchical multiple regression was conducted. In the first step the demographic variables (e.g gender, age and length of stay) was included to see how much of the variance in SA that was explained by these factors alone. Experienced pre-migration traumatic events were included at step 2. At step 3 we included the acculturation variables (discrimination, HCC and MCC), before including the covariate (depression) at the last step. Table 2 show the results from the hierarchical regression analyses.
4 Discussion and conclusions

In these reflections, my aim was to combine the theoretical perspectives of the acculturation developmental model with a fictive case story based on real life experiences, as an illustration on how social anxiety among unaccompanied minor refugees may manifest, and what implications it may have. In this final discussion, I will highlight the main results from the article “Associations between social anxiety, pre-migration traumatic events, and acculturation risks and rescores among unaccompanied refugees”, and discuss how we can understand these results in a practical context, to facilitate positive adaptation and resilience among unaccompanied minor refugees (UMRs)

4.1.1 Perceived Discrimination

UMRs experience various forms of racism and ethnic discrimination (Montgomery & Foldspang, 2008; Verkuyten & Thijs, 2006). The findings in the article showed that perceived discrimination diverge as the acculturation-related factor that predicts social anxiety symptoms (SA) strongest. In the story of Qasim, he experienced an episode of overt religious and ethnic discrimination. Another example of discrimination in everyday life, can be a suspicious or hostile attitude from a teacher. Like described in the story about Qasim, some teachers have an opinion that public school are not fit to take in refugees. Many unaccompanied refugees have little or no school background. Some have a year at a Quran school, but this is nothing compared to the ten years of school Norwegian adolescents have finished. In spite of this, many unaccompanied refugees have clear goals. They want to get an education to get opportunities in their new society. These adolescents need teachers who are able to see their resources, not only their deficits. However, some teachers are fast to point out why and in what ways the adolescents are going to fail. If the adolescent is struggling with sleep difficulties, concentration deficit and flashbacks, this can be understood as laziness, hostility or plain carelessness. I have witnessed the hopelessness in adolescents who are met
with these attitudes. I have also witnessed how, when assigned to another teacher with a welcoming and positive set of attitudes and values, the adolescent experience increased mastery and meaning in going to school.

Motti-Stefanidi (2018) points out that the definition of positive adaptation has a strong evaluative component, and that cultural values to a significant degree influence how the quality of an immigrant youth’s adaptation is being evaluated. Like illustrated above, immigrant youth often face normative and immigration-specific challenges in a societal context of excessive prejudice and discrimination. The societal level often influences the proximal processes of the developing child, having an indirect influence on the child’s development, like with the school setting. It is argued that an acceptable and welcoming receiving society is a key element to enhance positive adaptation among immigrant youth (Motti-Stefanidi, 2018).

4.1.2 Majority Culture Competence

The second acculturation-related variable that predicted SA was majority culture competence (MCC). There are several settings where UMRs learn about the majority culture, e.g. through interactions with employees in a group home, at football practice, watching Norwegian TV-shows for adolescents, at school etc. One can argue that the best way of learning about the majority culture is through friendships with other adolescents or in contact with families from the majority society. Some municipalities facilitate this by providing the UMR with a Norwegian family he or she can visit, though this is not common practice nationwide. The schools are also an important arena for learning about the majority culture, with the potential to provide UMRs with a feeling of mastery and self-efficacy in relation to their understanding of, and identification with the majority culture.

However, it is important to note that gaining culture competence in both the heritage and majority culture is a key element to provide a sense of belongingness to both cultural domains, for children growing up in multi-cultural contexts (Oppedal & Toppelberg, 2016b),
which is also related to positive health outcomes (Berry, 2006; Berry & Sam, 2016).

Considering how refugees currently are discussed in Norwegian public debate, one might get the impression that refugees who are considered successfully integrated, equals refugees who forget about their own culture and fully adapt to the Norwegian majority culture. One can argue that increased knowledge about the positive effects of maintenance of HCC together with an increased identification of the majority culture, may contribute to a more supportive developmental context for UMRs.

### 4.1.3 Depression and Social Anxiety

The results of the article add to previous research by confirming UMRs as a group that are vulnerable to mental health problems. In addition, the study shows that the acculturation-related factors of perceived discrimination and MCC have a significant effect on levels of social anxiety symptoms (SA).

For practitioners working with UMRs this is relevant information. We cannot do anything about the young refugees’ past traumatic experiences. What can be done, which this study underlines, is interventions coined at the UMRs acculturative context. This involves, among other things, to be aware of the destructing effects of ethnic discrimination, which is found to be directly related to both SA and levels of depression symptoms. In addition, the results from the study tell us about the importance of experiencing mastery in situations that require majority culture competence. Lastly, I would like to highlight the relevance of gaining a common understanding in the various exosystems surrounding the developing young refugee. Whether he or she suffers from symptoms of depression, social anxiety or a combination of these two, it is essential to provide UMRs with a secure and predictable developmental context that facilitates mastery and growth.
5 References


Interventions Relating to the Self and Shyness (pp. 1-23). Chichester: John Wiley & Sons Ltd.


6 Appendiks

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