Mistrust, Anger and Hostility in Refugees, Asylum Seekers and Immigrants: A Systematic Review

Abstract

Western societies are witnessing major demographic changes due to human displacement. The September 11 attacks and the wars that followed have increased host societies' feelings of hostility, anger and mistrust towards refugees, asylum seekers and immigrants, especially those from Arab countries. This systematic review aimed to gather available peer-reviewed literature regarding how society's hostile attitudes and feelings of anger and mistrust towards these refugees may have a negative impact on their general well-being. It further aimed to identify whether society's discrimination and negative feelings towards this population influence the refugees' willingness to seek support from services provided by the host society and, simultaneously, to trust the helping professionals who provide the services. Twelve studies met the inclusion criteria. Results indicated that: (1) host societies' mistrust, hostility and discrimination expressed in overt or subtle ways towards refugees, asylum seekers and immigrants have a harmful impact on their biopsychosocial well-being, often triggering feelings of helplessness, anger, frustration and general mistrust; (2) society's discriminatory attitudes and behaviors may lead refugees and asylum seekers to avoid social and health services even when needed, and to transfer their negative feelings onto helping professionals; and (3) immigration laws and policies may have deleterious effects on their biopsychosocial well-being, on society's negative views of them, and on their own perception vis-a-vis available services and helping professionals. Some recommendations are provided to address these concerns.

Key words: Asylum seeker, immigrant, refugee, hostility, mistrust, discrimination

Contexts of Mistrust, Anger and Hostility in Refugees, Asylum Seekers and Immigrants: A Systematic Review

Social environments in many countries have witnessed significant changes in recent years and months due to a sharp rise in human displacement (see the special issue of *Canadian Psychology* dedicated to immigrants and refugees: e.g., Berry & Hou, 2016; Chan, Young, & Sharif, 2016; Ghumman, McCord, & Chang, 2016; Given-Wilson, Herlihy, & Hodes, 2016; Marshall, Butler, Roche, Cumming, & Taknint, 2016; Nakeyar, & Frewen, 2016; Pieloch, McCullough, & Marks, 2016; Rivera, Lynch, Li, & Obamehinti, 2016). Many Western countries have been challenged to put into practice their commitment to fundamental rights such as dignity, freedom, equality, solidarity, citizens' rights, and justice in the midst of what has been called the world's most important immigrant crisis after World War II (European Commission, 2016). The latest annual report from the United Nations (2016) indicates that two-thirds of the world's international migration (244 million individuals) occurred in Europe (76 million individuals) and Asia (75 million individuals), and the United Nations Refugee Agency - UNHCR (2016) has highlighted that during the first half of 2016 only, close to 242,000 individuals have reached Europe through the Mediterranean.

Some authors (e.g., Mcadam, 2013; O'Connell, 2005) highlight that feelings of fear, mistrust and insecurity are commonly experienced as societies face major social changes, and citizens in the host country are forced to adjust to a sudden arrival of hundreds or thousands of people from different cultures, languages and religions. This was particularly salient after the events of September 11th, 2001, and has continued with the events that followed, including the wars in Iraq, Afghanistan, Syria, and other countries. These wars forced many individuals to seek asylum in Western countries, which occasionally led those already living in these Western societies to become more fearful, suspicious or openly prejudiced towards asylum seekers and refugees (Piwowarczyk & Keane, 2007), especially those from Muslim countries (Every & Perry, 2014). An example of this phenomenon may be the recent US Executive Order 13769 (2017), which, in the name of protecting the country from terrorists, forbids entry to the US for immigrants and refugees from seven Muslim countries.

Even in societies like Australia and Canada, known for their multicultural approach and inclusion programs and policies (Karim, 2002; Prins & Slijper, 2002), such negative feelings and attitudes towards refugees, asylum seekers and immigrants (henceforth RASI) from different races

and religions may be growing (Donnelly, 2017; Nangia, 2013). In his study, Donnelly (2017) highlights that, despite Canada's well-known positive approach to welcoming immigrants and refugees, level of generosity of Canadians when judging an application for refugee status seemed to approach that of the US or Europe. Simultaneously, it was found that 54% of Canadians would either be indifferent toward (35%) or support (19%) a policy that would put an end to immigration. When coming to European countries, the situation seems even more critical, especially with the rise of right-wing parties, which often spread a hostile discourse towards RASI, revealing an underlying tendency for protecting national identities and interests at all costs (O'Connell, 2005), while pushing away those in need of protection.

Impact of Perceived Discrimination on RASI's Well-being

Numerous authors have demonstrated how experiences of discrimination and racism are strongly related with growing feelings of anger, hostility, fear and mistrust in victims (Borders & Liang, 2011; D. Williams & Mohammed, 2009; D. R. Williams et al., 2012). More specifically, perceived discrimination, expressed through anger, hostility or mistrust, has been shown to have a harmful impact on the physical and mental health of ethnic minorities in general (Borders & Liang, 2011; Every & Perry, 2014; D. Williams & Mohammed, 2009; D. R. Williams & Williams-Morris, 2000) and immigrants and refugees in particular (Agudelo-Suárez et al., 2011; Kabir, 2015). In her recent study, Kabir (2015) interviewed 40 immigrants and refugees living in Australia, in order to identify the main stressors and coping mechanisms in the post-migration phase. The participants were from 10 different countries; one of the themes identified in the data was related to perceived discrimination and prejudice, which led to a sense of exclusion from mainstream society. Issues such as being treated differently from their Australian counterparts in the workplace, being excluded at school for wearing a hijab, or being ignored in social conversations were just a few examples of overt or subtle discrimination highlighted by the participants. These experiences brought up feelings of isolation and had a negative impact on the well-being of those immigrants and refugees.

This negative experience of discrimination, hostility and mistrust, often for a very long time, becomes a heavy stress factor, leading to a decrease in RASI's biopsychosocial health status as their time in Western countries increases (Gee, Ryan, Laflamme, & Holt, 2006; Kirmayer et al., 2011; Kmietowicz, 2001; Navarro-Lashayas, 2014; Uribe Guajardo, Slewa-Younan, Smith, Eagar, & Stone, 2016). It has also been argued that fear and mistrust from society towards RASI increases discrimination, that experiences of discrimination and prejudice increase anger, fear and mistrust

in those who feel discriminated against, which in turn affects their social, emotional and physical well-being (Cavazos-Rehg, Zayas, & Spitznagel, 2007; Hammond, 2010).

Negative feelings experienced, and the struggle to trust helping professionals

Despite their need for help and support (Leudar et al., 2008), RASI tend to experience feelings of mistrust towards helping professionals who provide the services they need. Indeed, feelings such as mistrust, or even anger and hostility, towards professionals have been shown to emerge in a strong manner when working with groups facing extreme poverty and social exclusion; these include ethnic minorities (Achotegui, 2007; Benkert, Peters, Clark, & Keves-Foster, 2006; Boulware, Cooper, Ratner, LaVeist, & Powe, 2003; Cuevas, 2013), the homeless (Wen, Hudak, & Hwang, 2007), and RASI (Hynes, 2003; Ni Raghallaigh, 2014; Renzaho, Polonsky, McQuilten, & Waters, 2013). For the latter, the literature suggests that they mistrust and are mistrusted at various levels, both in Western and non-Western societies (Colson, 2003). Unfortunately, adherence to treatment and acceptance of medical advice depend on the level of confidence service users have in the helping professionals; mistrust and perceptions of discrimination in the healthcare system lead to avoidance or delay in seeking help for medical conditions and reduces compliance with the treatment provided, resulting in deteriorations in health (Bhatia & Wallace, 2007; LaVeist, Isaac, & Williams, 2009; Pollock, Newbold, Lafrenière, & Edge, 2012). In a study conducted in five Southern Ontario communities, Pollock and colleagues (2012) interviewed 26 immigrants and refugees to investigate their perceptions of discrimination in healthcare and the effects of those perceptions on their health and on their relationship with healthcare professionals. When asked if they had experienced racial discrimination in a healthcare context, 17 participants (65%) answered affirmatively. Some examples of overt or subtle discrimination mentioned by participants included cultural insensitivity and prejudiced verbal and non-verbal behaviors from healthcare professionals or clinic staff who often served as gatekeepers to the system. The authors concluded that perceived discrimination increased stress levels and, simultaneously, had a negative effect on the relationship with healthcare professionals, often leading immigrants and refugees to avoid seeking healthcare.

The present review

The current paper aimed to gather peer-reviewed literature to investigate if and how society's hostile attitudes towards RASI impact their general well-being. Further, the review aimed to identify whether discrimination fuels the same kind of negative feelings in this population, and if this has an effect on how they perceive helping professionals. More specifically, the present systematic review was guided by the following two research questions:

1. In what ways does society's open or subtle discrimination, expressed through hostility, anger and mistrust, impact on the biopsychosocial well-being of RASI?
2. How do those experiences of discrimination and negative feelings influence RASI's willingness to seek support from social and health services and, simultaneously, to trust helping professionals?

For the purposes of this review, helping professionals comprised social and health workers, since they are often required to work together to provide a comprehensive answer to the complex needs of these persons.

Method

Inclusion/Exclusion Criteria

This review included peer-reviewed quantitative, qualitative and mixed-methods studies published in academic journals between 2002 and 2015. Western policies and social views and attitudes towards RASI have been strongly influenced by the dramatic events of September 11th, 2001 (Piwowarczyk & Keane, 2007); for this reason, we limited our search to papers published after January 1st, 2002. To be included, studies had to be written in English, conducted in Western countries, and have participants aged 16 or older, since, after this age, young people can apply for formal work. Studies focusing exclusively on medical issues – for example, blood or organ donation, different types of cancer, HIV matters – were excluded. The present review, therefore, focused on the negative consequences of society's discriminatory attitudes and behaviors on the well-being of RASI and their impact on their perception of help professionals and of health services (Cuevas, 2013; T. Hynes, 2003).

Search Procedures

Peer-reviewed studies published between January 1st, 2002, and December 31st, 2015, were identified through a database search using EbscoHost, PubMed and Web of Science. The following terms were used: Negative transference, refugee*, immigrant*, migrant*, asylum seeker*, anger, hostility, mistrust, helping professionals. The combination of terms was done through Booleans, such as AND and OR (ex: Refugee* OR asylum seeker* OR Immigrant* AND Anger). A large number of articles were duplicates, especially in EbscoHost and Web of Science. After excluding duplicates, all potentially relevant studies were selected, and the titles and abstracts were screened for inclusion or exclusion. Reference lists of the selected full-text articles were manually checked to find potentially relevant titles (Wright, Brand, Dunn, & Spindler, 2007).

Data Extraction, critical appraisal of quality, and synthesis

The selection of studies followed the PRISMA methodology (Moher, Liberati, Tetzlaff, & Altman, 2009). Please refer to Figure 1 for details. For quantitative studies, the focus was on assessing the study's design and methods, instruments used for data gathering, participants' selection procedures and data analysis.

Qualitative articles were assessed for quality according to the following criteria: adequate description of sample selection, sufficient description of participants, systematic method of data analysis, sufficient transparency, credible results, good integration of findings, use of triangulation, participants' involvement and, finally, level of reflection of the researcher (Selkirk et al., 2014). In the process of assessing the qualitative studies, seven met the inclusion criteria, answered questions one and two, and used an adequate methodology. However, one study was found that seemed relevant to the research questions but was not peer-reviewed (Douma, 2013). After a discussion between the two reviewers, it was decided to include the study.

For the quantitative studies, 22 were selected and the full texts submitted to quality appraisal according the following criteria: description of sampling procedures and of participants, systematic method of data analysis, degree of transparency, credibility of results, use of triangulation, participant involvement, well-integrated findings and degree of researcher reflection (Selkirk et al., 2014). Out of the 22 studies, only three met all the inclusion criteria and thus were included in the review.

Finally, there was a mixed-methods study that met the quality appraisal and was, therefore, included. Two reviewers worked independently on the selection process (following previously established guidelines) to prevent biases; divergences were reconciled through mutual agreement. In sum, 12 studies met the inclusion criteria and were pertinent to the research questions; these comprised eight qualitative, one mixed-methods, and three quantitative (see Figure 2). Data from these 12 studies were thus extracted (see Table 1). Because the studies were heterogeneous and used mixed-methods and quantitative and qualitative methodologies, the results were not combined and assessed statistically; instead, they were reflected upon and presented in qualitative form (Wright et al., 2007).

Results

Sample Characteristics

The 12 studies were conducted in five Western countries: US (five), UK (four), the Netherlands, Switzerland and Australia (one each). As can be seen in Table 1, of those studies conducted in the US, two used qualitative, one quantitative and one mixed-methods designs. The four UK studies and the one from Switzerland used qualitative methods, whereas those conducted in the Netherlands and Australia used a quantitative methodology.

The three quantitative studies (Cavazos-Rehg et al., 2007; Douma, 2013; Renzaho et al., 2013) included a total of 640 participants; most of them (621) were asylum seekers, refugees and immigrants. A large majority (74.6%) of the participants in Renzaho et al.'s (2013) study were refugees from sub-Saharan Africa, whereas Cavazos and colleagues (2007) conducted their study with Latino immigrants in the US, with 88% of them being Mexicans. In these two studies, the age of the participants varied between 25–44 years of age; however, there was a difference regarding the participants' gender: 56% of the sub-Saharans were male, whereas in the Latino sample, the same percentage (56%) were female. The third study (Douma, 2013) compared a group of 19 refugees and asylum seekers, of which the majority (74%) were male, from 10 nationalities, with two groups of 34 individuals belonging to the post-war generation, and 19 Dutch veterans.

Qualitative studies were conducted with 133 asylum seekers and refugees (Asgary & Segar, 2011; Bhatia & Wallace, 2007; Gross, 2004; P. Hynes, 2009; Leudar et al., 2008; McLeish, 2005); one (Cleaveland & Ihara, 2012) focused on 57 undocumented immigrants; the last one (Sládková, Mangado, & Quinteros, 2012) involved interviews with seven community representatives. Most were conducted with young participants; even in the study with the widest age range (18–77 years), the vast majority of the participants were younger than 50. This also happened in the study exploring maternity experiences (McLeish, 2005) of asylum seekers in the UK, which had a very young sample (age range 16–40). Regarding the gender of participants, in the three studies with larger samples, the percentage of males was higher (between 54 and 67%) than females.

Finally, the mixed-methods study (Rhodes et al., 2015) focused on vital records data – birth certificate data for all infants born in North Carolina State – from two large samples of Hispanic/Latinos (n=15,256) and non-Hispanic/Latinos (n=62,928), but does not provide detailed information on sociodemographic variables. The authors conducted focus groups and interviews with 83 immigrants, with the majority being female. For more details on the sample description, please see Table 1.

Table 1 about here.

Study Design

Quantitative studies

The three quantitative studies used convenience samples. One of the studies (Douma, 2013) compared scores from three groups – (1) traumatized refugees and asylum seekers, (2) individuals belonging to the post-war generation, and (3) Dutch veterans – on the quality of the patient- professional relationship and its association with improvement in psychological well-being. The other two focused on issues related to medical mistrust and discrimination (Renzaho et al., 2013), and the relationship between fear of deportation, emotional and physical well-being, and levels of trust and disclosure in health contexts (Cavazos-Rehg et al., 2007). Table 1 reports the instruments used in the three quantitative studies. Finally, the mixed-methods study (Rhodes et al., 2015) accessed a large database from a state center for healthcare, gathering information from a wide sample of Hispanic immigrants.

Qualitative studies

All qualitative studies but one (Gross, 2004) used interviews, whether in-depth, semi-structured or biographic, and four triangulated the data with various methods (Asgary & Segar, 2011; Cleaveland & Ihara, 2012; P. Hynes, 2009; Leudar et al., 2008). Six studies used semi-structured or in-depth interviews with RASI; in two of these studies, data was complemented with focus groups and, in one, with field notes. Hynes (2009) conducted focus groups with asylum seekers, refugees and key informants together; Cleaveland and Ihara (2012) joined field notes and local press information with data from semi-structured interviews conducted with undocumented immigrants, whereas Leudar et al. (2008) combined newspaper material with biographic interviews conducted with refugees, asylum seekers and locals. Finally, one study (Gross, 2004) differed substantially from the others; it followed grounded theory and used ethnography to gather information on bilateral interactions between refugees, asylum seekers and service providers.

Synthesis of Data

Quantitative studies: Research questions 1 and 2

The three quantitative studies used different types of participants (see Table 1) and were conducted in different societal and political contexts (Australia, the US and the Netherlands); however, some of the results led to a similar conclusion: RASI often mistrust healthcare services because of discrimination experiences, and because of tight immigration laws and policies. In

their study, Cavazos-Rehg et al. (2007) found that Latino immigrants who did not have legal residence status had strong fears of deportation, which led to high stress levels, poor health, and feelings of anger and frustration. Despite their increased physical and emotional vulnerability, they mostly refused to seek support from public services due to fear of exposure to immigration authorities and deportation, regardless of how long they were living in the US. Their sense of safety was constantly affected by the feeling of "being hunted" by law enforcement personnel. The authors underline that this strong fear forces those immigrants to endure further discrimination in society, especially through work exploitation, which, combined with the impossibility of actively confronting it, leads to feelings of helplessness, anger and frustration. The other two studies concluded that perceived discrimination from the host society, whether in open or subtle ways, led refugees and asylum seekers to mistrust health services (Renzaho et al., 2013) and have difficulties in building a therapeutic alliance with helping professionals (Douma, 2013). In the last study, Douma (2013) found that refugees and asylum seekers evaluated the patient-professional relationship lower than those belonging to the post-war generation and Dutch veterans. Furthermore, the psychological well-being of refugees and asylum seekers decreased over time.

In sum, these results highlight that constant fear of being arrested and deported by immigration officials, as well as negative treatment from society in different forms of discrimination, negatively affects RASI's well-being and, simultaneously, leads to them avoiding support from helping services due to feelings of mistrust and fear.

Qualitative studies: Research questions 1 and 2

As can be seen in Table 1, data were gathered through various methods and from different perspectives: asylum seekers, refugees (Asgary & Segar, 2011; Bhatia & Wallace, 2007; P. Hynes, 2009; McLeish, 2005) and immigrants (Cleaveland & Ihara, 2012; Rhodes et al., 2015); representatives from communities and church workers (Sládková et al., 2012); analysis of media hostilities towards refugees and asylum seekers, and views from locals living in refugees' neighbourhoods (Leudar et al., 2008); and finally, an observational analysis of interactions between refugees, asylum seekers, health providers and social welfare agencies (Gross, 2004).

Results of the eight qualitative studies and the qualitative section of the mixed-methods investigation can be synthetized in three themes: first, migration laws and policies have a negative impact on RASI and lead to acute general mistrust of government and non-government organizations (Asgary & Segar, 2011; Gross, 2004; P. Hynes, 2009; Sládková et al., 2012). Harsh

laws and policies, and discrimination, have a negative effect on the physical and mental health of adult refugees, asylum seekers, (McLeish, 2005) immigrants (Cleaveland & Ihara, 2012), and their children (Rhodes et al., 2015). Second, migration laws are associated with an increase in society's feelings of hostility towards this population, which leads to expressions of racism and discrimination, and to perceptions of refugees and asylum seekers as "economic drainers" and potential criminals (P. Hynes, 2009; Leudar et al., 2008; Rhodes et al., 2015). Finally, RASI mistrust, and are mistrusted by the healthcare system, and frequently experience racism, hostility and disrespect within health institutions (Asgary & Segar, 2011; Bhatia & Wallace, 2007; Cleaveland & Ihara, 2012; Gross, 2004; McLeish, 2005; Rhodes et al., 2015).

Discussion

The studies reviewed here included eight qualitative, three quantitative and one mixed-methods, and were conducted in five Western countries: the UK, the US, Switzerland, Australia and the Netherlands. Data synthesis of the eight qualitative studies and one mixed-methods study revealed some common findings, which were attained through different methods of data gathering: in-depth and semi-structured interviews, focus groups, ethnography, field notes, and media content analysis. Three studies investigated the effects of government laws and policies regarding displacement of asylum seekers in the UK (P. Hynes, 2009), restrictions on health services for undocumented immigrants in the US state of Virginia (Cleaveland & Ihara, 2012) and the threat of detention or deportation of immigrants in Lowell, USA (Sládková et al., 2012). These studies concluded that migration laws and policies, as well as the impact of media hostility toward refugees and asylum seekers, contributed to the development of an underlying climate of racism, mistrust, and even hostility towards RASI from healthcare services and society in general (Gross, 2004; Leudar et al., 2008), and vice versa.

Furthermore, in the context of healthcare, it was shown that the most vulnerable, such as pregnant women and children of immigrants, were psychologically affected by a hostile environment, which was strongly influenced by immigration policies (McLeish, 2005; Rhodes et al., 2015). McLeish's (2005) study showed that pregnant women and mothers of new-born babies experience hostility, racism, rudeness, disrespect and indifference from health professionals, resulting in feelings of sadness and anxiety. Such findings reveal how migration laws and policies, together with media information, have enormous power in influencing society's negative views towards RASI. These are often expressed through attitudes of hostility, mistrust and discrimination, which not only damage these persons' biopsychosocial well-being, but also prevent

them from accessing and trusting helping professionals and, potentially, lead them to react with similar attitudes and feelings.

With regards to the three quantitative studies, these were conducted in three different continents, used different methods and samples, and focused on slightly different goals. The main results revealed the effects of discrimination and mistrust from society on medical distrust in 425 sub-Saharan migrants and refugees (Renzaho et al., 2013), the refusal of Latino immigrants to access social and medical services due to fear of deportation, and the relationship between this fear and poor health levels and feelings of anger and stress (Cavazos-Rehg et al., 2007); and finally, it revealed low ratings of the patient-professional relationship by asylum seekers and refugees, which were associated with an ongoing decrease in psychological well-being (Douma, 2013).

These findings underline the emotional effects that negative treatment from Western societies can have on RASI's biopsychosocial well-being. This power may be displayed through the presence of subtle or overt discriminatory attitudes and feelings towards RASI, or through the existence of strict immigration laws and policies. Unfortunately, the trend in some Western countries, even in those well known for their multicultural approach, is for tougher immigration laws to be approved in the name of protecting societies from threats. In this review, five studies (Cleaveland & Ihara, 2012; Gross, 2004; P. Hynes, 2009; Rhodes et al., 2015; Sládková et al., 2012) focused directly on issues related to immigration laws and their impact on society's views and on RASI's well-being. Rhodes et al. (2015), for example, conducted a comprehensive study with a large number of participants to investigate whether immigration enforcement policies had a negative impact on Latino immigrants' willingness to approach and trust health services. The authors found that participants revealed high levels of anxiety and fear of being caught, detained and deported; they displayed feelings of general mistrust towards private and public services (healthcare and others); and they experienced significant discrimination and prejudice from healthcare staff and society in general. All these experiences were shown to lead to a decrease in physical and mental health while, simultaneously, refusing to seek help from care services.

Although the study conducted by Cavazos-Rehg et al. (2007) did not focus directly on a particular immigration law or policy, it indirectly investigated the consequences of immigration laws related to irregular immigrants. The authors examined the negative impact of fear of detention and deportation on the well-being of Latino immigrants and on their avoidance of care services even when needed. Once again, it was found that the fear of "being hunted" and deported led those immigrants to avoid psychological and medical services and resulted in greater

levels of anger, stress, and poor general health. These findings seem to be in line with those from other researchers (Aranda, Menjivar, & Donato, 2014; Martinez et al., 2013). Martinez et al. (2013) conducted a large systematic review on the relationship between immigration policies and the health status of undocumented immigrants and their access to healthcare. The authors found that a relationship existed and that the mental health of immigrants tended to be very much affected by tough laws and policies. Furthermore, the authors highlight that anti-immigration rhetoric influences the attitudes of health providers towards undocumented immigrants, a fact that may lead to overt or subtle discrimination in the health context.

Unfortunately, as social, political and economic uncertainty grow in Western countries, along with an increase in the numbers of RASI arriving, these countries often tend to protect themselves by creating tougher immigration laws and policies. Those laws are often justified in the name of protecting people's best interests; however, as many studies highlight, such strict laws lead to greater vulnerability in those affected by them.

Limitations

This review has at least three limitations. Firstly, it was restricted to peer-reviewed articles and to articles written in English, although one non-peer reviewed paper was later added; these two criteria could have hindered the inclusion of unpublished material, which might have contributed relevant information to the topic. Second, the three quantitative studies were fairly heterogeneous regarding design, data gathering and presentation of results. As such a meta-analysis could not be conducted and we had to resort to a narrative presentation. Finally, the number of studies included was quite low.

Recommendations

Considering the conclusions of the present review, three recommendations may be proposed: (1) Helping professionals should have greater involvement in advocacy matters, especially regarding the impact of government laws, policies and practices related to RASI. This involvement can contribute to protecting RASI's biopsychosocial well-being and promoting higher levels of trust and more positive relationships within host societies. (2) Governments and policymakers should be more cautious when passing immigration laws and policies, because these often have a much stronger effect on society's negative views of RASI than may be anticipated. As mentioned in the review, the effects of harsh laws may lead to major social conflicts and damage the physical and mental well-being of those who most need protection. (3) More studies should

be conducted to investigate the relationship between harsh immigration laws and societies' negative attitudes and feelings towards RASI, and the possible impact of social media in inflaming those negative views and feelings; studies on these issues have the potential to provide valuable recommendations to policymakers and to health professionals.

Conclusion

Personal, social and political experiences such as the ones highlighted in this paper may compromise RASI's well-being ; our review suggests that discrimination, and other negative feelings and attitudes from people in host countries, affect the biopsychosocial well-being of RASI, which may lead them to avoid seeking help or to mistrust helping professionals. The conclusions also suggest that hostility and mistrust from host societies influence the willingness of RASI to seek social and healthcare support and, simultaneously, to trust helping professionals. This review also indicated that the physical and mental health of this population can be negatively affected by harsh laws and policies, and by hostile feelings and discrimination attitudes from the host societies; this, again, can lead these already vulnerable individuals to have difficulties in requesting services and trusting helping professionals, whose support they critically need. Finally, it is crucial to highlight that in our globalized world in which migration is sharply increasing, even nations notorious for their multicultural tradition of welcoming RASI are not immune to the influence of harsh migration laws from other Western countries, to the insecurity generated by terrorist attacks in other nations, or to the effects of negative content of social media regarding RASI. Therefore, it is crucial that all helping professionals and researchers in Western countries remain involved in advocacy for the well-being of RASI.

References

Achotegui, J. (2007). La relación asistencial con inmigrantes y otros grupos con estrés crónico y exclusión social: la relación terapéutica extendida o ampliada. *Norte de Salud Mental, 27*, 17-30. Retrieved from https://revistanorte.es/index.php/revista/article/view/456

Agudelo-Suárez, A. A., Ronda-Pérez, E., Gil-González, D., Vives-Cases, C., García, A. M., Ruiz-Frutos, C., . . . Benavides, F. G. (2011). The effect of perceived discrimination on the health of immigrant workers in Spain. *BMC Public Health, 11*, 652-660. Doi:10.1186/1471-2458-11-652

Aranda, E., Menjivar, C., & Donato, K. M. (2014). The spillover consequences of an enforcement - first U.S. immigration regime. *American Behavioral Scientist, 58*(13), 1687-1695. Doi:10.1177/0002764214537264

Asgary, R., & Segar, N. (2011). Barriers to health care access among refugee asylum seekers. *Journal of Health Care for the Poor and Underserved, 22*(2), 506-522. doi:10.1353/hpu.2011.0047

Beiser, M., & Hou, F. (2016). Mental health effects of premigration trauma and postmigration discrimination on refugee youth in Canada. *The Journal of Nervous and Mental Disease, 204*(6), 464-470. doi:10.1097/NMD.0000000000000516

Benkert, R., Peters, R. M., Clark, R., & Keves-Foster, K. (2006). Effects of perceived racism, cultural mistrust and trust in providers on satisfaction with care. *Journal of the National Medical Association, 98*(9), 1532-1540.

Berry, J.W., & Hou, F. (2016). Immigrant acculturation and wellbeing in Canada. *Canadian Psychology, 57*(4), 254-264.

Bhatia, R., & Wallace, P. (2007). Experiences of refugees and asylum seekers in general practice: A qualitative study. *BMC Family Practice, 8*(1), 48. doi:10.1186/1471-2296-8-48

Borders, A., & Liang, C. T. H. (2011). Rumination partially mediates the associations between perceived ethnic discrimination, emotional distress, and aggression. *Cultural Diversity and Ethnic Minority Psychology, 17*(2), 125-133. doi:10.1037/a0023357

Boulware, L. E., Cooper, L. A., Ratner, L. E., LaVeist, T. A., & Powe, N. R. (2003). Race and trust in the health care system. *Public Health Reports, 118*(4), 358-365. doi:10.1093/phr/118.4.358

Cavazos-Rehg, P. A., Zayas, L. H., & Spitznagel, E. L. (2007). Legal status, emotional well-being and subjective health status of Latino immigrants. *Journal of the National Medical Association, 99*(10), 1126-1131. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/17987916

Chan, KJ., Young, M.Y., & Sharif, N. (2016). Well-being after trauma: A review of posttraumatic growth among refugees. *Canadian Psychology, 57*(4), 291-299.

Cleaveland, C., & Ihara, E. S. (2012). "They treat us like pests": Undocumented immigrant experiences obtaining health care in the wake of a "crackdown" ordinance. *Journal of Human Behavior in the Social Environment, 22*(7), 771-788. doi:org/10.1080/10911359.2012.704781

Colson, E. (2003). Forced migration and the anthropological response. *Journal of Refugee Studies, 16*(1), 1-18. doi:10.1093/jrs/16.1.1

Cuevas, A. G. (2013). Exploring four barriers experienced by African Americans in healthcare: Perceived discrimination, medical mistrust, race discordance, and poor communication. *Dissertations and Thesis, 615.* doi:10.15760/etd.615

Donnelly, M. J. (2017). Canadian exceptionalism: Are we good, or are we lucky? A survey of Canadian attitudes in comparative perspective. Toronto: University of Toronto. Retrieved from https://www.scribd.com/document/338667559/Canadian-Exceptionalism-Are-We-Good-Or-Are-We-Lucky-Michael-Donnelly

Douma, M. (2013). *Therapeutic alliance with traumatized refugees and asylum seekers in relation to treatment change.* Retrieved from https://dspace.library.uu.nl/handle/1874/292162

European Commission. (2016). *Syria's humanitarian crisis*. Brussels: European Commission. Retrieved from http://ec.europa.eu/echo/refugee-crisis_en

European Parliament. (2012). Charter of fundamental rights of the European Union. *Official Journal of the European Union,* 326-391. Retrieved from http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:12012P/TXT&from=EN

Every, D., & Perry, R. (2014). The relationship between perceived religious discrimination and self-esteem for Muslim Australians. *Australian Journal of Psychology, 66*(4), 241-248. doi:10.1111/ajpy.12067

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet, 379*(9812), 266-282. doi:10.1016/S0140-6736(11)60051-2

Fowkes, F., & Fulton, P. M. (1991). Critical appraisal of published research: Introductory guidelines. *British Medical Journal, 302*(11), 1136-1140. doi: org/10.1136/bmj.302.6785.1136

Gee, G. C., Ryan, A., Laflamme, D. J., & Holt, J. (2006). Self-reported discrimination and mental health status among African descendants, Mexican Americans, and other Latinos in the New Hampshire REACH 2010 initiative: The added dimension of immigration. *American Journal of Public Health, 96*(10), 1821-1828. doi:10.2105/AJPH.2005.080085

Ghumman, U., McCord, C.E., & Chang, J.E. (2016). Posttraumatic stress disorder in Syrian refugees: A review. *Canadian Psychology, 57*(4), 246-253.

Given-Wilson, Z., Herlihy, J., & Hodes, M. (2016). Telling the story: A psychological review on assessing adolescents' asylum claims. *Canadian Psychology, 57*(4), 265-273.

Gross, C. S. (2004a). Struggling with imaginaries of trauma and trust: The refugee experience in Switzerland. *Culture, Medicine and Psychiatry, 28*(2), 151-167. doi:MEDI.0000034408.60968.eb

Hammond, W. P. (2010). Psychosocial correlates of medical mistrust among African American men. *American Journal of Community Psychology, 45*, 87-106. doi:10.1007/s10464-009-9280-6

Hynes, P. (2009). Contemporary compulsory dispersal and the absence of space for the restoration of trust. *Journal of Refugee Studies, 22*(1), 97-121. doi:10.1093/jrs/fen049

Hynes, T. (2003). *The issue of "trust" or "mistrust" in research with refugees: Choices, caveats and considerations for researchers.* Geneva: UNHCR. Retrieved from http://data.theeuropeanlibrary.org/BibliographicResource/3000042171185

Kabir, R. (2015). *Experiences of perceived exclusion by migrants and refugees in Australia.* Retrieved from http://www.conferenceonline.com/site_templet/images/group9/site39/Rakshinda%20Akhter%20Kabir.pdf

Karim, K. (2002). The multiculturalism debate in Canadian newspapers: The harbinger of a political storm? *Journal of International Migration and Integration / Revue De L'Integration Et De La Migration Internationale, 3*(3), 439-455. doi:10.1007/s12134-002-1024-5

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., . . . Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *CMAJ : Canadian Medical Association Journal = Journal De L'Association Medicale Canadienne, 183*(12), E967. doi:10.1503/cmaj.090292

Kmietowicz, Z. (2001). Doctors turn away refugees, conference told. *British Medical Journal, 323*(7314), 653. doi: org/10.1136/bmj.323.7314.653

LaVeist, T. A., Isaac, L. A., & Williams, K. P. (2009). Mistrust of health care organizations is associated with underutilization of health services. *Health Services Research, 44*(6), 2093-2105. doi:10.1111/j.1475-6773.2009.01017.x

Leudar, I., Hayes, J., Nekvapil, J., & Baker, J. T. (2008). Hostility themes in media, community and refugee narratives. *Discourse & Society, 19*(2), 187-221. doi:10.1177/0957926507085952

Marshall, EA., Butler, K., Roche, T., Cumming, J., & Taknint, J. (2016). Refugee youth: A review of mental health counselling issues and practices. *Canadian Psychology, 57*(4), 308-319.

Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Dieguez, A., Pinto, R., . . . Chavez-Baray, S. (2013). Evaluating the impact of immigration policies on health status among undocumented immigrants: A systematic review. *Journal of Immigrant and Minority Health, 17(3), 947-970.*(3), 947-970. doi:10.1007/s10903-013-9968-4

Mcadam, J. (2013). Australia and asylum seekers. *International Journal of Refugee Law, 25*(3), 435-448. doi:10.1093/ijrl/eet044

McLeish, J. (2005). Maternity experiences of asylum seekers in England. *British Journal of Midwifery, 13*(12), 782-785. doi:10.12968/bjom.2005.13.12.20125

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *Journal of Clinical Epidemiology, 62*(10), 1006-1012. doi:10.1016/j.jclinepi.2009.06.005

Nakeyar, C., & Frewen, P.A. (2016). Evidence-based care for Iraqi, Kurdish, and Syrian asylum seekers and refugees of the Syrian civil war: A systematic review. *Canadian Psychology, 57*(4), 233-245.

Nangia, P. (Ed.). (2013). *Discrimination experienced by landed immigrants in Canada* Ryerson Centre for Immigration and Settlement. Retrieved from http://www.ryerson.ca/content/dam/rcis/documents/RCIS_WP_Parveen_Nangia_No_2013_7.pdf

Navarro-Lashayas, M. Á. (2014). Sufrimiento psicológico y malestar emocional en las personas migrantes sin hogar. *Revista De La Asociación Española De Neuropsiquiatría, 34*(124), 711-723. doi:10.4321/S0211-57352014000400005

Ni Raghallaigh, M. (2014). The causes of mistrust amongst asylum seekers and refugees: Insights from research with unaccompanied asylum-seeking minors living in the Republic of Ireland. *Journal of Refugee Studies, 27*(1), 82-100. doi:10.1093/jrs/fet006

O'Connell, M. (2005). Economic forces and anti-immigrant attitudes in Western Europe: A paradox in search of an explanation. *Patterns of Prejudice, 39*(1), 60-74. doi:10.1080/00313220500045287

Pieloch, K.A., McCullough, M.B., & Marks, A.K. (2016). Resilience of children with refugee statuses: A research review. *Canadian Psychology, 57*(4), 330-339.

Piwowarczyk, L. A., & Keane, T. M. (2007). Impact of September 11 on refugees and those seeking asylum. *Transcultural Psychiatry, 44*(4), 566-580. doi:10.1177/1363461507083897

Pollock, G., Newbold, K. B., Lafrenière, G., & Edge, S. (2012). Discrimination in the doctor's office: Immigrants and refugee experiences. *Critical Social Work, 13*(2), 61-79.

Prins, B., & Slijper, B. (2002). Multicultural society under attack. introduction. *Journal of International Migration and Integration, 3*(3/4), 313-328. doi:10.1007/s12134-002-1017-4

Renzaho, A., Polonsky, M., McQuilten, Z., & Waters, N. (2013). Demographic and socio-cultural correlates of medical mistrust in two Australian States: Victoria and South Australia. *Health & Place, 24*, 216-224. doi:10.1016/j.healthplace.2013.09.010

Rhodes, S. D., Mann, L., Simán, F. M., Song, E., Alonzo, J., Downs, M., . . . Hall, M. A. (2015). The impact of local immigration enforcement policies on the health of immigrant Hispanics/Latinos in the united states. *American Journal of Public Health, 105*(2), 329-337. doi:10.2105/AJPH.2014.302218.

Rivera, H., Lynch, J., Li, J.-T., & Obamehinti, F. (2016). Infusing sociocultural perspectives into capacity building activities to meet the needs of refugees and asylum seekers. *Canadian Psychology, 57*(4), 320-329.

Selkirk, M., Quayle, E., & Rothwell, N. (2014). A systematic review of factors affecting migrant attitudes towards seeking psychological help. *Journal of Health Care for the Poor and Underserved, 25*(1), 94-127.

Sládková, J., Mangado, S. M. G., & Quinteros, J. R. (2012). Lowell immigrant communities in the climate of deportations. *Analyses of Social Issues and Public Policy, 12*(1), 78-95. doi:10.1111/j.1530-2415.2011.01253.x

Thom, D. H., Ribisl, K. M., Stewart, A. L., & Luke, D. A. (1999). Further validation and reliability testing of the trust in physician scale. the Stanford trust study physicians. *Medical Care, 37*(5), 510-517.

Trevithick, P. (2011). Understanding defences and defensiveness in social work. *Journal of Social Work Practice, 25*(4), 389-412. doi:10.1080/02650533.2011.626642

UNICEF. (2015). *Refugee and migrant children in Europe.* UNICEF.

United Nations. (2016). *International migration report 2015.* New York: United Nations. Retrieved from http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2015_Highlights.pdf

Uribe Guajardo, M. G., Slewa-Younan, S., Smith, M., Eagar, S., & Stone, G. (2016). Psychological distress is influenced by length of stay in resettled Iraqi refugees in Australia. *International Journal of Mental Health Systems, 10*, 4. doi:org/10.1186/s13033-016-0036-z

Vontress, C. E., & Epp, L. R. (1997). Historical hostility in the African American client: Implications for counseling. *Journal of Multicultural Counseling and Development, 25*(3), 170-184. doi:10.1002/j.2161-1912.1997.tb00327.x

Wen, C., Hudak, P., & Hwang, S. (2007). Homeless people's perceptions of welcomeness and unwelcomeness in healthcare encounters. *Journal of General Internal Medicine, 22*(7), 1011-1017. doi:10.1007/s11606-007-0183-7

Williams, D. R., John, D. A., Oyserman, D., Sonnega, J., Mohammed, S. A., & Jackson, J. S. (2012). Research on discrimination and health: An exploratory study of unresolved conceptual and measurement issues. *American Journal of Public Health, 102*(5), 975-978. doi:10.2105/AJPH.2012.300702

Williams, D. R., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity & Health, 5*(3/4), 243-268. doi:10.1080/713667453

Williams, D., & Mohammed, S. (2009). Discrimination and racial disparities in health: Evidence and needed research. *Journal of Behavioral Medicine, 32*(1), 20-47. doi:10.1007/s10865-008-9185-0

Wright, R. W., Brand, R. A., Dunn, W., & Spindler, K. P. (2007). How to write a systematic review. *Clinical Orthopaedics and Related Research, 455*, 23-29. doi:10.1097/BLO.0b013e31802c9098

Yakushko, O. (2009). Xenophobia: Understanding the roots and consequences of negative attitudes toward immigrants. *The Counseling Psychologist, 37*(1), 36-66. doi:10.1177/0011000008316034