

# **‘That I Live, that’s Because of Her’: Intersectionality as Framework for Unaccompanied Refugee Mothers**

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## **Abstract**

Unaccompanied refugee mothers—young mothers living in another country and separated from their parents—are, in research and migration policies, often defined in terms of four social categories: refugee, unaccompanied, adolescent and mother. In-depth interviews were conducted with twenty unaccompanied refugee mothers from different countries of origin and now living in Belgium to listen, first, to their feelings and experiences. These narratives revealed four central themes in the mothers’ experiences (constrained and constraining daily living conditions, emotional challenges, connectedness and motherhood as a turning point), which appeared to be, in a second analysis, related to intersections between the four social categories. However, the intersectional analysis revealed large gaps between the mothers’ and migration policies’ interpretations of these categories: the mothers not only define the categories

differently, but also set other priorities as they identify themselves first as mothers, while the policies prioritise their status as refugees. These findings, together with reflections on the value of adopting an intersectional perspective, lead to several recommendations for research, social work practices and migration policies.

**Keywords:** Intersectionality, mothers, refugees, unaccompanied refugee adolescents

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## Introduction

Almost half of the forty-three million people currently displaced are under eighteen years old, of whom a considerable proportion are ‘unaccompanied refugee minors’, refugee youngsters separated from their parents (UNHCR, 2011). Official statistics are rather limited (UNHCR, 2011; EMN, 2010), but it is estimated that, in European countries, between fifty (in Malta) and 7,800 (in Italy) unaccompanied refugee minors arrive each year (EMN, 2010).

In Belgium, about 2,500 unaccompanied refugee children and adolescents arrive yearly; a quarter of them are female (EMN, 2009) and about 10 per cent of these are mothers (either pregnant or with a child) (De Smet, 2005). Exact figures on the number of unaccompanied refugee mothers are, however, non-existent worldwide. In Belgium, as in most European countries, unaccompanied refugee minors are protected because of their status as minors living without their parents in another country (Derluyn and Broekaert, 2008): they receive temporary or definitive residence documents (different procedures are possible here), a legal guardian is appointed for them and they are cared for in a phased reception and care structure (a first short phase of observation and orientation, a second phase in a refugee reception centre, sometimes also a third phase of stable housing in a youth care centre or independent living). These rights cease the moment the minor attains the age of majority. Unaccompanied refugee mothers receive the same protection measures, sometimes with adapted reception facilities, but, overall, their status as mothers does not impact on their juridical status, either as minors or as adults. Social workers in different settings, such as reception centres, schools, local community services and primary health care, work with these young mothers and their children in the different phases of their migration trajectories, thereby encountering important questions regarding their roles and positions given the challenges with which these mothers are confronted within the overall context of a relatively restrictive migration policy.

Separated refugee minors are generally found to be at risk of exposure to a range of stressors and potentially traumatising experiences (Fazel and Stein, 2002). Refugee girls are even more at risk, particularly of sexual

violence (Thomas *et al.*, 2004), and this seriously threatens their mental health (Derluyn *et al.*, 2009). Becoming a *mother* can evoke even more psychological problems, since refugee mothers are at higher risk of developing postpartum depression and anxiety symptoms compared to mothers not living in exile (Foss *et al.*, 2004). These findings on refugee mothers are comparable to research on *teenage mothers*' well-being, indicating a substantial risk of mental and physical problems for both mother and child (Paranjothy *et al.*, 2009).

These and other studies (Poot, 2001; Wijzen and Van Lee, 2006) could lead to the conclusion that unaccompanied refugee mothers are jeopardised by an accumulation of problems that are induced by the following simultaneously shared 'characteristics': being (i) a refugee, (ii) unaccompanied, (iii) an adolescent and (iv) a mother.

However, this conclusion denies three core features of social categories (Shields, 2008): they not only create difficulties, but can also evoke challenges and possibilities; the interaction between several social categories can change their impact and how they are evaluated by a person; and social categories are dynamic and may have a changing impact and be evaluated differently over time.

To address these shortcomings, in the second part of this paper, we will use 'intersectionality' as an analytical perspective. The intersectional perspective has a long history (Yuval-Davis, 2011): it originates in the ideas of several Anglo-Saxon post-colonial black feminists and critical race theorists and has been further developed by several feminist writers. Here, we briefly introduce some of its core principles. 'Intersectionality' refers to a non-traditional consideration of diversity and identity that distinguishes itself by encompassing the confluence of multiple identities in each individual (Watts-Jones, 2010), positioning human beings within multiple 'social identities', 'social categories' or 'difference categories', such as gender, ethnicity, class, sexual orientation and nationality (Shields, 2008; Yuval-Davis, 2011).

Within each category, a person may experience finding him/herself in either an oppressed or a privileged position (Vernon, 1999). Moreover, categories are also 'interdependent' or 'intersectional', as they mutually influence (constitute, reinforce and naturalise) each other (Shields, 2008). The categories can thus change each other's meaning and impact (Vernon, 1999), implying that intersections between categories/identities can create oppression as well as opportunities and/or empowerment (Petersen, 2006). Third, identities, social locations and intersections between categories are considered as time- and context-dependent and dynamic. Ultimately, intersectionality is principally concerned with how people experience their belonging to these categories (Yuval-Davis, 2011) and the thereto related oppression or empowerment. As a consequence, research within this framework is often used as a means of giving voice to oppressed or invisible groups (McCall, 2005).

An intersectional perspective as a research framework may thus answer critiques of current studies of refugee groups, such as their sole focus on problems, overlooking protective factors, strengths and resilience (see, e.g. [Betancourt and Khan, 2008](#)), and of the lack of voice given to the research groups themselves ([Derluyn and Broekaert, 2008](#)). Moreover, given that themes of oppression, diversity and empowerment are central to social work, an intersectional perspective could be an important framework for social work scholars and practitioners (see, e.g. [Chantler, 2012](#); [Mehrotra, 2010](#)).

This paper starts with an exploration of unaccompanied refugee mothers' narratives about their lives and experiences. In a second part, we adopt intersectionality as an analytical perspective to interpret the narratives further, thereby confronting the categories through which unaccompanied refugee mothers are mostly defined in research and migration policies—being a refugee, unaccompanied, an adolescent/minor and a mother—with the narratives. Moreover, we want to evaluate the value of adopting an intersectional framework for this group and this finally leads to several implications for further research, social work practice and migration policy.

## Method

We used a multiple case study methodology ([Gerring, 2007](#)), interviewing twenty unaccompanied refugee mothers about their lives and their motherhood with the aim of shedding light on their perspectives and acknowledging the complexity of their lived experiences ([McCall, 2005](#)). In a first step, in-depth thematic analysis of the mothers' narratives reveals several central themes. Second, we adopt intersectionality as an analytical perspective and confront these themes with the four social categories ('refugee', 'adolescent', 'unaccompanied' and 'mother') that are frequently used in research and migration policies concerning the target group.

Ethical approval for the study was obtained from the Ethical Committee of the Faculty of Psychology and Educational Sciences of Ghent University.

## Data collection and procedure

In order to identify unaccompanied refugee mothers willing to participate, we co-operated with several Belgian refugee reception centres and guardians of unaccompanied refugee minors, who contacted potential participants and introduced the study to them. We stressed potential participants' freedom to choose whether or not to participate and the independence of the research from ongoing refugee procedures. Twenty unaccompanied refugee mothers consented to participate. Before the first interview took place, the study was

introduced and practical arrangements were clarified, such as location (chosen by participants), language and use of an interpreter (for two participants). At the beginning of the first interview, all participants were asked to sign an informed consent document confirming their participation and agreement to have the interview audio taped. Confidentiality and the liberty not to talk about certain topics were stressed and a contact e-mail address was given to enable the participants to express additional remarks, questions or the need for further support. Qualitative in-depth interviews were carried out, following a flexible guideline with some key themes and questions and covering different life periods (pregnancy, delivery, period after delivery, current life and future).

In a second interview, held approximately one month after the first, a written summary of the first interview was verbally presented to the participants for control and correction, and possible changes in the participants' current living situation were explored. Twelve mothers participated in this second interview; the other eight mothers could not be interviewed a second time because of time constraints (three), loss of contact (three) or because they felt emotionally unwell (described as either 'feeling depressed' or being 'too tired') (two).

Interviews were transcribed literally and analysed thematically, together with the interviewer's personal notes, using the qualitative software package for text analysis WinMAX98 (Kuckartz, 1998). The authors first created a tree structure of codes based on the interview scheme. Second, further codes were added based on a first in-depth reading of all interviews. Third, all data were allocated to this tree structure by connecting its codes to text fragments. If new relevant codes came up during this process, they were added to the tree structure and a revision of all interviews was executed. Fourth, based on these results, the codes were regrouped into four central themes (see the 'Results' section). Finally, these results were confronted with the pre-defined social categories (see the 'Discussion' section).

## Research settings and participants

The average age of the participants was 18.10 years (range fifteen to twenty-three) and they originated from twelve different countries, mostly in Africa ( $n = 17$ ) (Table 1). At the birth of their first child, mothers were on average 16.79 years old (range fifteen to twenty-three). Most interviewees had only one child (fifteen mothers), although three had two children; two mothers were pregnant. The majority of the participants' children were boys (thirteen out of twenty-one), with an average age of 15.33 months (range one to fifty-seven). Seventeen children were born in Belgium (out of twenty-one) and four in the mother's country of origin.

Most pregnancies (twelve out of twenty-three) resulted from a relationship, although the pregnancies were mostly unplanned. Eight pregnancies

Table 1 Socio-demographic characteristics per participant

Participant	Age (years)	Country of origin	Time in Belgium (months)	Juridical situation in Belgium	Housing situation	Number of children	Age child (months)	Sex of child	Place of conception*	Place of birth of the child
1	15	Angola	7–12	Asylum procedure	Asylum centre	1	2	Boy	Country of origin	Belgium
2	16	Guinea	7–12	Asylum procedure	Asylum centre	1	7	Boy	Country of origin	Belgium
3	16	Kosovo	<6	Asylum procedure	Asylum centre	1	14	Boy	Country of origin	Country of origin
4	17	Burundi	7–12	Temporary permit	Alone	1	13	Girl	Country of origin	Country of origin
5	17	Cameroon	<6	Asylum procedure	Asylum centre	Pregnant	Pregnant	Unknown	Country of origin	–
6	17	Congo	12–24	Asylum procedure	Asylum centre	1	15	Boy	On the way to Belgium	Belgium
7	17	Guinea	<6	Asylum procedure	Asylum centre	1	13	Girl	Country of origin	Country of origin
8	17	Guinea	7–12	Asylum procedure	Asylum centre	Pregnant	Pregnant	Unknown	Country of origin	–
9	17	Kenya	>24	Temporary permit	Youth care	1	13	Boy	Country of origin	Belgium
10	17	Yugoslavia	>24	Asylum procedure	Asylum centre	1	1	Boy	Belgium	Belgium
11	18	Angola	>24	Regularisation procedure	Youth care	1	13	Girl	Belgium	Belgium
12	18	Guinea	7–12	Asylum procedure	Asylum centre	1	6	Girl	Country of origin	Belgium
13	18	Guinea	12–24	Asylum procedure	Asylum centre	1	8	Boy	Country of origin	Belgium
14	18	Sierra Leone	7–12	No valid documents	Youth care	1	1	Boy	Belgium	Belgium
15	18	Sudan	12–24	Temporary permit	Asylum centre	1	17	Girl	Country of origin	Belgium
16	19	Brazil	12–24	No valid documents	Alone	2	44	Girl	Country of origin	Country of origin
17	20	Angola	>24	Temporary permit	Alone	1	13	Girl	Country of origin	Belgium
18	22	Cameroon	>24	Temporary permit	Alone	2	25	Boy	Belgium	Belgium
19	22	Ivory Coast	>24	Temporary permit	Alone	2	40	Boy	Belgium	Belgium
20	23	Cameroon	>24	Regularisation procedure	Alone	1	5	Girl	Belgium	Belgium
							57	Boy	Country of origin	Belgium
							10	Boy	Belgium	Belgium
							5	Boy	Belgium	Belgium

\* In four out of fourteen cases in which the conception took place in the country of origin, the pregnancy was discovered in Belgium.

stemmed from acts of sexual violence (often in prostitution) and three from a forced marriage. For several participants, factors related to their (future) motherhood, such as the fear of persecution as a young, single mother when staying in the home country, influenced their decision to leave their country of origin.

Regarding their current residence status in Belgium, ten participants had applied for asylum under the Geneva Refugee Convention, six had temporary residence permits, two had applied for regularisation of their undocumented situation and two mothers had no valid residence documents. Eleven mothers currently lived in an asylum centre, three in a specialised youth care centre for unaccompanied refugee minors and six lived on their own.

## Results

Thematic analysis of the mothers' narratives revealed four central themes in their experiences: facing constrained/constraining daily living conditions, experiencing emotional difficulties, creating connectedness and experiencing motherhood as a turning point.

### Facing constrained/constraining daily living conditions

Their daily living conditions, largely determined by the interviewees' type of residence document, form the basis of unaccompanied refugee mothers' narratives. The participants generally experience constrained/constraining daily living conditions related to three domains: housing, school and work, and financial means.

Most interviewees live in large-scale refugee reception centres (because of their asylum status), a living situation with important constraints. Some of these are rather 'general', such as limited privacy and lots of noise, while other constraints specifically concern parents and families, such as few possibilities for the children to play and the need to fit into an institutionalised group regime:

They [the staff of a closed reception centre] don't accept that you stay with milk powder in your room. So, during the night I had to go downstairs to the reception to search for milk. Water, you need to take that from the shower and give that to your child. It's not good [silence]. And sleeping. Yes. There were a lot of people that were talking during the night and the baby woke up. Yes, it was not easy (Burundian mother, seventeen years old).

Accordingly, most participants describe the asylum centre as not at all adapted to the needs of mothers with children and as an undesirable environment in which to raise children, and worry about its negative impact on

the child's development. Most interviewees therefore want to move as quickly as possible to a place where they can live alone with their child:

I am dying here [in the asylum centre]. Here you cannot be really happy. You cannot for heart smile. I am so tired. I want to leave, live alone in our house. I need bigger room. I have little room, no good. Water is coming from the wall, it's too cold. They give me nothing. It's not good for the baby here (Yugoslavian mother, seventeen years old).

The eight participants who live alone with their child(ren) mention that they are now experiencing more tranquillity, liberty, autonomy and space, compared to the large-scale refugee centre where they lived before. The possibility of living alone, however, partially depends on the mother's residence status—as a consequence, they have little say in their housing conditions. This dependency becomes extremely visible for a mother who cannot obtain any kind of regular housing because she is undocumented. This homeless status evokes huge stress and worries about its impact on her child.

Second, most participants are highly motivated to attend school or find a job. Unfortunately, they experience major difficulties in combining this aspiration with raising children. Since their access to child day-care facilities is limited, due to financial difficulties, a general lack of availability or high access barriers to these facilities for refugees, they often cannot attend school or work, or only irregularly because of their parental responsibilities. Moreover, combining academic requirements (e.g. homework, studying) with care for the child and for oneself often becomes overwhelming, intensifying feelings of stress and exhaustion:

With the baby you sleep bad at night. When you wake up you hurt all over your body. You have headache. When you go in class you understand nothing because you are too tired. With the baby it's not easy. But I have to study. It's important to gain papers too (Guinean mother, sixteen years old).

Lastly, all interviewees are confronted with a permanent shortage of financial means. This dearth of money often induces feelings of being a bad mother, as they are unable to provide essential goods for their child.

## Experiencing emotional difficulties

All mothers mention negative feelings, such as unhappiness, stress and frustration; several even characterise themselves as 'being depressive', referring to concentration difficulties, sleeping problems and headaches. Some participants reveal they think or had thought about committing suicide. Both pregnancy and delivery seemed to be critical factors in mental health. Emotional stress in these periods even led for several participants to medical complications and hospitalisation for mother and child:



After the delivery I became ill and I was in the hospital for two weeks with the baby. [For the moment] sometimes I am OK but when I think too much it [blood pressure] rises .... And the baby doesn't want to eat. [The doctor] told me that he is not ill, he says that because I am sad, the baby doesn't want to eat. He can see my heart (Angolan mother, twenty years old).

The interviewees generally attribute these emotional difficulties to: (i) experiences related to past events, mostly in their home country; (ii) experiences originating from their current status as refugees; (iii) experiences emerging from becoming and being a mother; and (iv) experiences resulting from being separated from family and friends.

First and foremost, nearly all participants mention traumatic experiences in the past, such as war, persecution, forced marriage, sexual violence (rape, circumcision, forced prostitution), physical abuse, poverty and forced separation from family and friends. These past experiences are still very vivid, causing considerable worry and distress:

I think I had the best education, with much love and liberty. Before my marriage I went to school, I had my friends. ... When the marriage came, I lost everything. I had no more friends, no more school, no more parents, because I couldn't see them anymore [starts crying] (Guinean mother, seventeen years old).

Second, most interviewees are still awaiting the final outcome of their asylum application, some for months or even years, and the longer it takes, the more overwhelming this long-lasting uncertainty grows. Moreover, the urgency to obtain documents has intensified since they became mothers: many participants worry about what will happen to them and their child(ren), particularly if they do not obtain 'good' documents; some even state it is just too difficult to think about the future:

I haven't start a life yet, because with my papers it's hard, it blocks me all the time, everything is hard and the rest can maybe come afterwards. Then I can search for work, I will have opportunities, possibilities. Maybe (Cameroonian mother, twenty-three years old).

Third, becoming and being a mother evoke, from time to time, doubts and feelings of uncertainty. Mothers describe how their limited knowledge about getting and being pregnant and about delivery aroused strong feelings of uncertainty and anxiety. At the beginning of their pregnancy, some mothers also contemplated whether or not they wanted an abortion. Even after giving birth, mothers still experienced continuing doubts about their capacity to be a 'good enough mother':

I think I was afraid of the responsibility. To educate a baby, I wasn't ready yet. Because it is not a toy, it's a human being. And I realised: 'This is for the rest of my life, what am I going to do?' (Sudanese mother, eighteen years old)

Fourth, mothers stress feelings of loneliness and isolation. Being a mother and taking care of a child confront them with their own losses, intensified through the perception that the involvement of family in child-rearing is much more limited now than in the home country. Moreover, this perceived individualism in the host society renders it difficult to build up a strongly desired and necessary new social network. This is also a consequence of constrained free time, of moving from one asylum centre to another, of frequent separations from friends, of having difficulties with trusting new people and of maintaining the impression of being quite different from peers who do not have a child:

They [peers who don't have a child] don't have to think, they can just live, live, live (Angolan mother, eighteen years old).

## Creating connectedness

All mothers consider contacts with family, friends and people of their cultural community as an important source of social support. In particular, they value contacts with other (refugee) mothers and the relationship with their child(ren).

First, most interviewees describe intense feelings of connectedness with other mothers. Many tell of at least one special bond with an older mother—often a staff member or tutor—a connection which is often felt to be comparable to the relationship with their own mother. Additionally, high importance is attached to relationships with other refugee mothers, as they share the same experiences and needs, and feel they can support each other through the exchange of experiences and advice, taking care of each other's children, etc.:

My friends [other unaccompanied refugee mothers in the same asylum centre], we are like a family. With them, I feel attachment, because we have the same problems. . . . The other mothers, they stay with me and they help me with things that I don't know. With them, I learned how to change pampers, how to dress, all that (Cameroonian mother, seventeen years old).

Second, all mothers mention the unique bond with their child as a major source of support and the presence of their child as encouraging and relieving. Having a child alleviates their loneliness, brings new feelings of being with a family and eases the pain of being separated from family far away:

I don't have family. Just my baby. Yes, it's my family. Inshallah (Cameroonian mother, seventeen years old).

Yes, I feel happy. It's okay, I am with my child. She understands me, I understand her. She can comfort me, I can comfort her. That's how it is. And certainly here [in the asylum centre]. When I am sad, she comes to wipe my tears. And I laugh even if I don't want to (Guinean mother, seventeen years old).

## Experiencing motherhood as a turning point

Despite many concerns, constraints and difficult feelings, the mothers also express joy and happiness, which are mainly related to their motherhood. All of them speak about their child in words exuding love and pride, even if the child came unexpectedly or was unwanted:

My child is a very beautiful present. When you see your child smiling at you, that's a gorgeous feeling. It's very beautiful (Guinean mother, seventeen years old).

Becoming a mother is a central turning point in all interviewees' lives and results mostly in positive evolutions of their feelings, personality and future perspectives.

First, the mothers describe how being a mother evoked more positive feelings (as their pregnancy continued, they often felt better) and they were more optimistic after their child was born (they felt happier, had fewer worries and were able to talk with more openness about their feelings):

[What do you like about being a mum?] Everything is pleasant. It's the most beautiful thing that happens in the world. In the beginning, when I was pregnant, I told myself: 'No, it's shit to be pregnant'. But since she's born, I feel very happy. Even when the father is not [stops talking; interviewer's note: she was in a forced marriage and had a very bad relationship with the child's father] (Guinean mother, seventeen years old).

Mothers also illustrate how becoming a mother changed their personality: they now feel richer, stronger, more mature and self-confident, they understand better what they want (and do not want) in their lives, they are proud of themselves and feel more independent. Moreover, they feel more responsible, with a large shift in priorities: their children are now the most important thing in their lives, not themselves:

Now I know: I am a mother, I have to decide what I want to make of my life. I am not as afraid as in the past. Before, when somebody asked me to do something, I said 'No, I am not able to do that'. But now, there are things in life that I feel: 'Ah, that's not that hard, I can handle it' (Sudanese mother, eighteen years old).

Finally, several participants have considered the future more positively since the birth of their child:

That I live, that's because of her. If [she were] not [here], I wouldn't have a sense of living in my life. Because there [in Guinea], everything was destroyed for me. She gave me the courage to live, to suffer, to do everything. If I didn't have her, I would drop everything. I would forget what it is, life. In fact, I preferred death to life. But she is there, and whatever I do is for her happiness, for her future. That's all I have (Guinean mother, seventeen years old).

## Discussion

When we confront these narratives of unaccompanied refugee mothers with the four social categories mostly used in migration policies and research ('refugee', 'adolescent/minor', 'unaccompanied' and 'mother'), we clearly see how the mothers' experiences are highly connected to these four social categories. However, their narratives also show salient gaps in the way the categories are interpreted and prioritised in migration policy.

First, the mothers define the category 'refugee' much more broadly than its interpretation in migration policy. While, in migration policy, the 'refugee' category is limited to the Geneva Convention and defined solely on basis of residence documents, mothers' narratives emphasise the impact of their residence status on other life domains (e.g. a temporary residence status negatively impacts on financial resources and housing options and being forced to move between residence structures complicates the development of a social network). Moreover, mothers' views on the refugee category also emphasise the influence of a range of cultural and acculturation aspects—a direct consequence of being a migrant/refugee—on their experiences and daily living (e.g. confronting perceived individualism intensifies feelings of loneliness and isolation).

A second—and even more important—gap is that migration policy clearly prioritises the category 'refugee' over the other categories in its approach to unaccompanied refugee mothers, which is reflected in the organisation of residence and care structures (e.g. they are placed in *refugee* reception centres, not in special care centres for *young mothers*). In contrast, mothers themselves prioritise their motherhood (motherhood is highlighted in each central theme in the narratives and, in particular, motherhood is experienced as a turning point in their lives)—a category which is seldom or minimally recognised or acknowledged in migration policy (e.g. asylum centres lack equipment and infrastructure for mothers and children, motherhood is not considered in asylum decisions). That priority is given to 'being a mother' might be because motherhood is experienced as one of the continuous parts of their identity, unlike other less stable and/or less desirable identity aspects (Valentine and Sporton, 2009), such as being an 'adolescent' or a 'refugee'. Another explanation could be that mothering is preferred as it is experienced as a 'good citizenship' practice, meaning a practice of belonging and participation that takes place in a range of social sites and articulates a range of social relations across different levels of the local, national and transnational (Erel, 2011; Yuval-Davis, 2011). Possibly influential is that, in many participants' home countries (and maybe also in ethnic communities in the host country), becoming a mother leads to a higher familial and citizen status, inducing more space for agency (Walker, 1995).

The interpretation and prioritisation of the category 'refugee' in migration policies, which are reflected in care structures in which social workers are employed, also contradict the focus in the mothers' narratives on the multiple mutual influences—intersectionality—connecting the four categories. Mothers, for example, emphasise how their refugee status interferes with their motherhood, since the lack of documents causes emotional problems and constrained/constraining daily living conditions. Simultaneously, being a teenage mother ('adolescent/minor') and separated from family ('unaccompanied') also constrains their motherhood, since they lack parenting skills and miss their parents' support in their motherhood. These examples illustrate how intersections between social categories limit the discretionary space for the social category the mothers themselves prioritise: their motherhood. On the other hand, the narratives show how these intersections also create new opportunities and possibilities (Petersen, 2006). In particular, 'motherhood' gives opportunities for new and highly valued connectedness, with other mothers, social workers and, especially, with their child(ren), creating a new sense of belonging and family. Moreover, motherhood is often felt as a turning point in their lives, with positive changes in identity, feelings and future perspectives. In particular, becoming a mother changes their evaluation of the other 'social categories'. This supports the intersectional viewpoint that social categories and sub-identities are essentially dynamic entities, with changing (mutual) impact and appreciation (Watts-Jones, 2010).

Overall, the narratives show, on the one hand, that the mothers' 'space for agency' is severely constrained. Hajdukowski-Ahmed (2009) describes this as a process of 'de-selving':

Not a loss of identity and culture, but rather the gradual erosion of agency imposed by organizations, spatial configurations, laws and relationships refugee women confront in their refugee experience (Hajdukowski-Ahmed, 2009, pp. 37–8).

A large 'dependency' and 'powerlessness' emerge at various times in their lives: in traumatising experiences in the past; in limited choices of whether or not to undergo an abortion, housing, education and employment in the present; and in their small influence over residence documents and thus in the choice of which country they will live in the future (Derluyn and Broekaert, 2008). On the other hand, and despite these constraining and disempowering circumstances, the mothers show a remarkable agency (Kuczynsky, 2003): they keep on giving sense to their lives, initiating change and making choices (e.g. creating connectedness and searching out social support in the care for their child(ren), going to school or work to build up a life for themselves and their child(ren)). This agency is mostly connected to their belonging to the particular category of 'being a mother': motherhood seems to strengthen them and enable them to deal with new challenges more successfully (Petersen, 2006; Shields, 2008) and

to engage with citizenship (Erel, 2011). Encountering a new situation as a mother also seems to challenge their sense of self, leading to a continuous process of ‘rebuilding selves’ and ‘rebuilding lives’ (Hajdukowski-Ahmed, 2009) and therefore engaging in an ongoing search for new opportunities.

## Implications

By starting from the mothers’ narratives and interpreting them through an intersectional lens, this study has shown how an intersectional framework invites researchers first to move beyond their own research comfort zones, pushing them to accommodate the perspectives of ‘the other’ instead of only considering their own standpoints (Shields, 2008). A second advantage of the perspective is that it obliges researchers to integrate problems as well as agency and empowerment, while emphasising dynamic perspectives, far beyond a static view of identity and well-being. Finally, by shedding a new light on social realities, the intersectional perspective can inform policy and thus stimulate positive social change (Shields, 2008). And, as this was also the aim of this paper, we will now draw out several implications for migration and care policy and social work practice.

Adopting an intersectional perspective in the analysis of the mothers’ narratives shows that being a refugee within the context of the current Belgian migration policy seriously constrains their well-being and their agency, as it impacts significantly on the choices they are able to make in their lives, and especially their choices as mothers. Current migration policies in most European countries therefore seem not to acknowledge the mothers’ multiple identities, with major consequences.

Social work practices do not take place in a vacuum, and social workers’ interventions are determined by their overall political, social, organisational and economic context. The constraining context of current European migration policies as illustrated in the mothers’ narratives also impacts on social workers’ discretionary spaces, especially when they realise that certain needs cannot be met, or only partially, due to barriers to access to services or a lack of quality of care provided in services for unaccompanied minors (Derluyn and Broekaert, 2008). This raises pressing needs to ensure appropriate self-care for care providers (Derluyn and Vervliet, 2012), as well as large ethical challenges in daily social work practices. Ethical challenges imply, amongst others, questions regarding how far social workers can become involved in clients’ lives, or whether one can decide to not follow certain (migration) policy prescriptions, such as denying access to particular types of housing or health care.

In spite of this constraining political context, approaching unaccompanied refugee mothers from their multiple, intersecting identities might be valuable for social workers, since it enhances an understanding of their complex experiences and relates much more to how unaccompanied

refugee mothers view themselves, thus providing valuable guidance to practice (Chantler, 2012; Mehrotra, 2010). Kohli (2006) distinguishes between three domains of social work practice with unaccompanied refugee youth, the domains of cohesion, connection and coherence, and we argue that, in each domain, an intersectional perspective might be supportive. First, in the domain of cohesion, support means meeting practical needs and ensuring cohesion in the youngsters' day-to-day lives. In our study, the mothers stressed the necessity of having an adequate daily living environment for their child, a prerequisite which is often unmet because of their refugee/migrant status. Addressing these 'practical' problems (e.g. giving information, organising referrals, giving support in administrative procedures) might be useful, as it helps to bring order to the outside world (Kohli, 2006). Moreover, this kind of support might also be experienced as a valuable recognition of their self-prioritised identity of being a mother, which can extend closeness and further collaboration (Watts-Jones, 2010). Second, the domain of connection aims at understanding the youngsters' emotional worlds and containing their experiences. Our observations suggest that participants consider sharing narratives as valuable in itself: giving words to experience helps them to feel more connected to their own life and environment (Robertson and Duckett, 2007) and thus also to their intersecting identities. Or, in other words, it leads to the resettlement of 'inner' worlds (Kohli, 2006). This encourages social workers to create spaces for sharing narratives, thereby taking the position of a witness (Kohli, 2006). Third, in the domain of coherence, social workers support the young persons to use and develop strengths and capabilities. In this study, other mothers and in particular their children were found to be vital resources for refugee mothers (Bean *et al.*, 2007; Mels *et al.*, 2008; Weine *et al.*, 2004). Moreover, the narratives describe becoming a mother as a complex and ambivalent process (Duarte and Gonçalves, 2007), with both emotional challenges (interference from past traumatising experiences, a current insecure refugee status, deep feelings of loneliness and an overall ignorance of their motherhood in the political context they live in) and positive turning points (being proud, feeling more mature, feeling less lonely). This should lead social workers to focus their support on the parent–child relationship and the creation of social support networks around the mothers and their children. For example, the need to share stories of ambivalence and have more knowledge about parenting, as expressed in this paper, could be addressed through, amongst other interventions, parenting classes, mother groups and mentoring initiatives.

These mothers' narratives urge migration policy to adopt an intersectional perspective in which unaccompanied refugee mothers' multiple identities are acknowledged, as well as the intersections between these identities and the priorities mothers define within these categories and intersections. All these elements clearly differ from most current European policy approaches and reception structures for this group. As a consequence,

migration policies need to give space to mothers' different identities, and particularly to consider the impact of mothers' refugee/migration status (and the thereto related residence status) on their experience of motherhood and parenting. Second, as would also be needed for the entire group of unaccompanied refugee minors (Derluyn *et al.*, 2008), reception and care facilities should be tailored much more to the mothers' and children's needs (e.g. separate bed and living rooms, sufficient psychological and social care, enough space to play, access to childcare and educational facilities, sufficient financial means), instead of taking their refugee/migrant status as an argument for placing them in asylum centres which are not adapted to their specific needs. Despite several convictions by the European Court of Human Rights, one participant still mentions being locked up together with her child in a closed centre—a practice that is clearly threatening the health and well-being of both adults and children (Silove *et al.*, 2000). However, these changes in reception and migration policies for unaccompanied refugee mothers can only be realised in depth when they are founded on drastic changes in the 'social categories' migration policies prioritise. As long as policies prioritise the 'refugee/migrant' social category for these groups, instead of the priorities the mothers set themselves ('mothers' and/or 'adolescents') (Bhabha, 2009; Derluyn and Broekaert, 2008), no real, fundamental change will be possible, and the mothers will continue to experience major constraints in agency, well-being and daily living circumstances, inducing the feeling that the society in which they live rejects both them and their children.

## Limitations

Just like social work with unaccompanied refugee mothers, studying this group is challenging. We faced language barriers and constraints in building trusting relationships and establishing contact with potential participants with emotional difficulties. Moreover, the relatively small sample size and heterogeneity of the participant group limit the generalisation of the outcomes (Derluyn and Broekaert, 2007).

## Conclusion

This paper has given an in-depth picture of unaccompanied refugee mothers' narratives and experiences. By adopting an intersectional perspective to analyse the mothers' narratives, the paper has been able to clarify the present limitations of the current migration and care policies for this group. We argue that an intersectional perspective might not only be valuable for researching this population, but also provide a useful framework for social



workers in supporting them in their daily practices, and for migration and welfare authorities to improve their migration and care policies.

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