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## BRIEF REPORT

### Evidence of a ‘refugee paradox’ for antisocial behavior and violence in the United States

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Few, if any, studies have examined antisocial behaviors among refugees especially using population-based samples. As such, it is unresolved whether the ‘immigrant paradox’ for antisocial behavior extends to include refugees. Employing data from the National Epidemiologic Survey on Alcohol and Related Conditions, we assess the lifetime prevalence of antisocial behavior among refugees ( $n = 428$ ) in contrast with non-refugee immigrants ( $n = 4955$ ) and native-born Americans ( $n = 29,267$ ). Additionally, we assess the effect of age of arrival and time spent in the United States. Results indicate that refugees were significantly less likely than native-born Americans or non-refugee immigrants to report involvement in any non-violent or violent behavior with the exception of injuring someone such that they had to receive medical attention. We also found no significant relationship between duration as refugee and antisocial behavior. However, persons who spent more than one year as a refugee were significantly more likely to report involvement in violence. Overall, but with some caveats, findings suggest that the immigrant paradox extends to refugees as well.

**Keywords:** antisocial behavior; refugees; immigrant paradox; violence

#### Introduction

Paradoxically, immigrants in the United States experience greater social disadvantaged yet engage in less crime and antisocial behavior than native-born Americans (Lee, Martinez, & Rosenfeld, 2001; MacDonald, Hipp, & Gill, 2013; Martinez & Lee, 2000; Vaughn, Salas-Wright, DeLisi, & Maynard, 2014a; Vaughn et al., 2014b; Wadsworth, 2010; Zatz & Smith, 2012). Although the immigrant paradox has garnered substantial empirical support, it is unclear whether or not this paradox can be extended to include refugees. There are several pronounced differences that exist between refugees and immigrants that supply reasons to believe comparisons may not yield similar

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results. The major one being that immigrants voluntarily choose to migrate to the United States whereas refugees are typically forced into migration due to life-threatening situations (Bloemraad, 2006). Another reason is that many refugees are exposed to high levels of victimization and trauma, which could serve to increase the probability of antisocial behavior similarly to other populations (e.g. Widom, 1989). Further, it is common for refugees to spend considerable periods of time living in exile in socially adverse environments that can expose them to dangers and risks (Singer & Wilson, 2006). These difficult circumstances may compromise their ability to adapt in a prosocial manner or even facilitate deviant innovations as a means to adapt to new challenges. Thus, it is unclear if the immigrant paradox will be observed among refugees as well.

Research on antisocial behavior and violence among refugees in the United States is scant. The majority of research has focused on physical and mental health of refugees. The aim of this report was to examine whether the immigrant paradox applies to refugees. We take advantage of data from a population-based study (i.e. the National Epidemiologic Survey of Alcohol and Related Conditions [NESARC]) of adults in the United States. The NESARC is ideally suited for this study given its broad scope, inclusion of substantial proportions of immigrants and refugees, and its assessment of antisocial behavior – both violent and non-violent. We examine the prevalence of antisocial behavior and violence among refugees in contrast to native-born Americans and non-refugee immigrants. We also assess the effect of age of arrival and time spent in the United States.

## **Method**

### ***Participants***

Study findings are based on data from Wave I (2001–2002) and Wave II (2004–2005) of the National Epidemiologic Study of Alcohol and Related Conditions (NESARC). The NESARC is a nationally representative sample of non-institutionalized US residents aged 18 years and older. Additional information regarding the study procedures is available elsewhere (Grant & Dawson, 2006).

### ***Measures***

#### *Refugee/immigrant status*

Respondents were asked, ‘Were you ever a refugee – that is, did you flee from your home to a foreign country or place to escape danger or persecution?’ Those who responded affirmatively ( $n = 428$ ) were classified as refugees. Non-refugee immigrants were born outside of the United States ( $n = 4955$ ), but were never refugees. Respondents born in the USA were considered native-born Americans ( $n = 29,367$ ).

*Antisocial behavior*

Items from the Antisocial Personality Disorder Module of the Alcohol Use Disorder and Associated Disabilities Interview Schedule – DSM-IV version were used to examine crime and violence. To ensure model stability, only variables measuring outcomes with prevalence greater than 3.5% were included in statistical analyses.

*Control variables*

Sociodemographic control variables included the following: age, gender, race/ethnicity, household income, education level, marital status, region of the United States and urbanicity. We also controlled for parental antisocial behavior and lifetime DSM-IV disorders.

*Analysis*

Logistic regression analyses were conducted to compare the lifetime prevalence of crime and violence among refugees, non-refugee immigrants, and native-born Americans. Weighted prevalence estimates and standard errors were computed using Stata 13.1 SE software (StataCorp, 2013).

**Results**

Demographically, refugees were significantly more likely than native-born Americans to be male (AOR = 2.35, 95% CI = 2.16–2.55), racial/ethnic minority (AOR = 2.79, 95% CI = 2.72–2.86), married (AOR = 1.27, 95% CI = 1.23–1.41) and report household earnings of less than \$70,000 (AOR = 1.32, 95% CI = 1.23–1.41). Compared to non-refugee immigrants, refugees were significantly less likely to be a racial/ethnic minority (AOR = .83, 95% CI = .81–.85) or married (AOR = .81, 95% CI = .78–.85), and significantly more likely to report annual household earnings less than \$70,000 (AOR = 1.05, 95% CI = 1.01–1.10). Refugees were significantly more likely to have completed college compared to native-born Americans (AOR = 1.71, 95% CI = 1.58–1.86) and non-refugee immigrants (AOR = 1.33, 95% CI = 1.27–1.40).

As shown in Table 1, controlling for sociodemographic factors, parental history of antisocial behavior, and lifetime psychiatric morbidity, refugees were significantly less likely to report involvement in any criminal (AOR = .30, 95% CI = .27–.34) or violent (AOR = .47, 95% CI = .43–.50) behavior. With the exception of injuring someone such that they had to receive medical attention, this relationship was significant across all of the individual manifestations of crime and violence examined. Refugees were also significantly less likely than non-refugee immigrants to report involvement in any criminal (AOR = .67, 95% CI = .61–.74) or violent (AOR = .82, 95% CI = .76–.87)

Table 1. Antisocial behavior and violence among refugees compared with non-immigrants and non-refugee immigrants in the United States.

	Were you ever a refugee? ('Did you flee from your home to a foreign country or place to escape danger or persecution?')					
	Refugees/native-born Americans			Refugees/non-refugee immigrants		
	No (n = 29,267; 98.6%)	Yes (n = 428; 1.44%)	AOR (95% CI)	No (n = 4955; 91.04%)	Yes (n = 428; 8.96%)	AOR (95% CI)
<i>Crime</i>						
Any crime	33.94 (32.5–33.4)	9.45 (8.8–10.1)	<b>.30 (.27–.34)</b>	12.14 (11.7–12.5)	9.45 (8.9–10.0)	<b>.67 (.61–.74)</b>
Do things that could have easily hurt you or someone else – i.e. speeding or driving after having too much to drink?	18.57 (18.2–18.9)	4.54 (4.2–4.9)	<b>.43 (.38–.49)</b>	5.42 (5.2–5.6)	4.54 (4.3–4.9)	<b>.86 (.77–.97)</b>
Shoplift or steal anything from someone or someplace when no one was around?	16.97 (16.7–17.3)	5.37 (4.9–5.9)	<b>.37 (.33–.42)</b>	6.31 (6.0–6.6)	5.37 (4.9–5.9)	<b>.73 (.64–.83)</b>
Destroy, break, or vandalize someone else's property?	4.38 (4.2–5.6)	1.43 (1.4–1.5)	<b>.56 (.50–.62)</b>	1.57 (1.2–2.0)	1.43 (1.4–1.5)	<b>.68 (.50–.93)</b>
Do anything that you could have been arrested for, regardless of whether or not you were caught?	18.96 (18.6–19.3)	5.32 (4.9–5.7)	<b>.42 (.37–.46)</b>	5.22 (4.9–5.6)	5.32 (5.0–5.7)	.97 (.85–1.10)

(Continued)

Table 1. (Continued).

	Were you ever a refugee? ('Did you flee from your home to a foreign country or place to escape danger or persecution?')											
	Refugees/native-born Americans				Refugees/non-refugee immigrants							
	No ( <i>n</i> = 29,267; 98.6%)	Yes ( <i>n</i> = 428; 1.44%)	AOR	(95% CI)	No ( <i>n</i> = 4955; 91.04%)	Yes ( <i>n</i> = 428; 8.96%)	AOR	(95% CI)				
%	95% CI	%	95% CI	%	95% CI	%	95% CI					
<i>Violence</i>												
Any violence	18.74	(18.4–19.1)	7.54	(7.3–7.8)	<b>.47</b>	<b>(.43–.50)</b>	8.58	(8.2–9.0)	7.54	(7.4–7.7)	<b>.82</b>	<b>(.76–.87)</b>
Bullied or pushed people around or tried to make them afraid of you?	7.09	(6.9–7.3)	3.57	(3.5–3.7)	<b>.59</b>	<b>(.54–.64)</b>	3.88	(3.6–4.1)	3.57	(3.5–3.6)	<b>.82</b>	<b>(.75–.90)</b>
Hit someone so hard that you injure them or they had to see a doctor?	6.97	(6.8–7.2)	4.89	(4.7–5.1)	1.01	(.92–1.10)	2.49	(2.3–2.7)	4.89	(4.8–5.0)	<b>2.16</b>	<b>(1.95–2.39)</b>
Get into a fight that came to swapping blows with someone like a husband, wife, girlfriend or boyfriend?	7.71	(7.5–7.9)	2.10	(2.0–2.2)	<b>.43</b>	<b>(.40–.48)</b>	2.81	(2.6–3.0)	2.10	(2.0–2.1)	<b>.80</b>	<b>(.73–.87)</b>
Physically hurt another person in any way on purpose?	5.94	(5.7–6.2)	2.23	(2.2–2.3)	<b>.55</b>	<b>(.50–.60)</b>	2.34	(2.1–2.6)	2.23	(2.2–2.3)	<b>.85</b>	<b>(.75–.95)</b>

Notes: Reference = native-born Americans (*n* = 29,267; 86.46%). Odds ratios adjusted for age, gender, race/ethnicity, household income, education level, marital status, region of the United States, urbanicity, parental antisociality, anxiety and mood disorders, personality disorders, and alcohol and drug use disorders. Risk ratios and confidence intervals in bold are significant at  $p < .05$  or lower.

behavior. Notably, although this relationship held for most manifestations of crime and violence, refugees were significantly more likely to have injured someone such that they had to receive medical attention (AOR = 2.16, 95% CI = 1.95–2.39).

### **Supplementary analyses**

We also examined the impact of age of arrival to the United States on relationship between refugee status and involvement in crime and violence. The estimated prevalence of antisocial behavior among refugees who arrived as minors (age 17 or younger) was 24.52% vs. 3.18% among refugees who arrived as adults (age 18 or older). This difference was significant when controlling for study confounds (AOR = 5.49, 95% CI = 2.22–13.56). Large prevalence differences were also observed with respect to violence (arrived as minors = 17.03%, arrived as adults = 3.56%); however, this relationship was not significant when controlling for study confounds.

We also examined the relationship between duration as a refugee and involvement in antisocial behavior. Controlling for core demographics (i.e. age, gender, race/ethnicity, income), we found no significant relationship between duration as refugee and antisocial behavior. However, controlling for the same list of sociodemographic factors, individuals who spent more than one year as a refugee were significantly more likely to report involvement in violence (AOR = 3.30, 95% CI = 1.36–7.98).

### **Discussion**

To our knowledge, this is the largest study to date on antisocial behavior among refugees. Findings support the extension of the immigrant paradox to refugees ('refugee paradox') with some caveats. Specifically, refugees were substantially less likely to be involved in antisocial behavior, violent or non-violent, compared to native-born Americans. Moreover, refugees were also less likely than immigrants to be involved in non-violent and violent antisocial behavior. However, time spent as a refugee seems to matter as spending more than a year as a refugee was associated with a threefold increased likelihood of violence. Although our study design is unable to empirically assess the reasons for this, it seems plausible that increased exposure to desperate circumstances experienced by some refugees such as residing in war torn regions would increase the necessity to employ violence.

Similar to other studies (Vaughn et al., 2014a), earlier age of arrival to the United States was associated with greater likelihood of antisocial behavior. Studies of immigrants have generally indicated that living longer in the United States is associated with levels of antisocial behavior and violence that matches the patterns found among the native-born (Vaughn et al., 2014b). Although not fully understood, it seems likely the protective effects of being a newly arrived

or first-generation immigrant begins to wane as host nation acculturative effects begin to take hold. Being in a new land, new arrivals, whether first-generation immigrants or refugees, may also have deportation and are likely to be highly motivated to stay away from any legal entanglements.

Study findings should be viewed in light of several limitations. First, the temporal ordering of refugee status in relation to antisocial behavior and violence precludes any causal determinations. Second, given that we only have data on refugees who were residing in the United States, we were unable to compare the prevalence of antisocial behavior and violence among refugees with that of non-refugees in their respective home countries. The study also relies on retrospective assessment of behavior, which is subject to recall error.

Despite the aforementioned limitations, the present investigation provides new evidence on the prevalence of antisocial behavior among refugees specifically indicating that refugees are substantially less likely to engage in non-violent or violent behavior compared to immigrants and native-born Americans. Given the dearth of research on refugees, findings suggest that additional studies are needed to better understand the behavioral patterns of this growing population.

### Disclosure statement

No potential conflict of interest was reported by the authors.

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