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## Risk Communication in Trauma Handling

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Unaccompanied minor refugees are one of the most vulnerable sets of population that are in the risk of sinking in trauma and lifelong negative consequences that come along with trauma as these minors flee to another country all by themselves, without any parents or guardians who could be their support system. In Norway, the state takes the responsibility for their wellbeing and trauma handling since these minors don't come with any parental figures. Since the number of applications from unaccompanied minor refugees seeking for asylum is increasing recently, the subject of trauma handling has become an important concept that needs attention. Therefore, this research aims to study how risk communication among refugees, host community and other involved stakeholders could be used effectively in trauma handling to improve the wellbeing of unaccompanied minor refugees. To study this, ten employees who work with these unaccompanied minor refugees in a municipality in Norway were interviewed to know the situational and practical challenges they undergo in trauma handling and risk communication related to trauma. Along with this, some of the official guidelines that are followed by these employees has also been studied to check the accuracy. After a very deep study with these two research methods, three important findings were made. One is, to deal with trauma, risk communication should focus on creating a favourable environment, not just educating the refugees on risks. Second is that host communities also go through trauma due to this new situation. This has to be communicated and given attention, and the final one is, trauma handling requires flexible and effective cross communication of risks inside the different fields of employees working towards this goal with different backgrounds.

**Keywords:** Trauma, Risk communication, perceptions, Cooperation, unaccompanied minor refugees, host community,

### 1. Introduction

Unaccompanied minor refugees, according to Norwegian Directorate of Immigration, are children under 18 years who came to Norway without parents or children came without any parental responsibilities and applied for asylum and got that granted (UDI, 2024). These refugees are one category of refugees who are at the highest risk of trauma due to this forced migration and unstable living situation that has been a result of climate issues and conflicts which has increased the number of asylum seekers and refugees across Europe (UNHCR, 2023). This trend of increase in numbers is observed in Norway as well in the asylum applications of unaccompanied minor refugees, specially from 2022 (Statistikkbanken, 2023). The government of Norway gives special attention to these unaccompanied minors in providing protection and needed facilities as these minors reach the country without anyone to take parental

responsibilities (Ministry of children and families, 2019). Studies reveal that two of the early risk factors that affect wellbeing and needs attention among these unaccompanied minor refugees are trauma that has been experienced and the negative effects of it (MacLeod and Brownlie, 2014). Therefore, it is evident that trauma handling makes a huge impact on their wellbeing.

This paper aims to study how risk communication among refugees, host community and other involved stakeholders could be used effectively in trauma handling to improve the wellbeing of unaccompanied minor refugees. To study this, data is collected from the employees working with these minors in a municipality in Norway through semi structured interviews along with document studies of relevant official written guidelines. This paper consists of eight sections along with this introduction section. The main theories used for this research are presented in conceptual framework section. This is followed by the results section. The results are discussed

with the theoretical framework before our conclusions and references.

## **2. Conceptual framework**

The theoretical foundation of the study is the risk of developmental trauma, risk communication and trust, and risk perception.

### **2.1. Risk of developmental trauma**

Risk refers to the uncertainty and severity of the consequences (or outcomes) of an activity with respect to something that humans value (Aven and Renn, 2009). In simple terms, the risk that is mentioned here is the possibility of something bad happening that can affect something that has human value or can affect the human life itself. Developmental trauma is a type of risk that is caused by repeated chronic traumatic experiences person experience during childhood and adulthood which can lead to the risk of severe negative consequences in the future an individual and developmental trauma disorder (Knight & Miller, 2024). Consequences of this risk is due to the psychological and biological effects due to the repeated chronic experiences of neglect, stress, abuse and experience of violence that has a potential of impairing the body and brain development of children and adolescents if the risk is not managed well (Knight & Miller, 2024).

The short-term mismanagement of trauma handling can lead to uncertainty and severe consequence of complex post-traumatic stress disorder (PTSD), and/or to development trauma disorder (DTD). PTSD can result in lifelong negative consequences in self-identity, maintaining relationships and cognition (Giourou et al., 2018). If this short-term mismanagement continues, it can also contribute to the risk of developing development trauma disorder (DTD) that has a risk of impairing the self-regulation and the social cognition of trauma struck adolescents (Cruz et al, 2022). The risk of adolescents who have gone through repeated traumatic experiences developing the risk of developmental traumatic disorder depends not only on the genetic factor of inborn temperament, but it also depends on the environmental factors where the adolescents can be protected from this risk with provision of proper safety, security and belongingness where their past trauma could also be handled well (Knight & Miller, 2024).

Therefore, in order to prevent the trauma struck adolescents developing developmental trauma disorders and to prevent from the risk of experiencing the negative consequences of trauma that has been already experienced, it is important to gain the trust and to create a favourable environment to get them healed and to let them learn the coping skills to minimize the negative consequences and the uncertainty of trauma that they have experienced already (Knight & Miller, 2024). Some experts recommend therapies to deal with trauma (Knight & Miller, 2024). But before administrating any therapies, it is important to first understand the risk perception which is the subjective idea of risk (Renn, 2008) of these affected population and employees working with them to do an appropriate risk communication that can make appropriate effect on their risk perception to understand the effects of trauma and handling that doesn't create more trauma in governing this matter and to reduce the risk of developmental trauma disorder.

### **2.2. Risk communication**

Risk communication is an important tool helps us to communicate about risks effectively (Renn, 2008). According to WHO, Risk communication is defined as real-time exchange of information, advice and opinions between experts or officials and people who face a hazard or threat to their survival, health, or economic or social wellbeing (WHO, 2024). The idea of modern risk communication focuses more on making the making the public and partners aware of risks, instead of only getting the numbers right (Horlick-Jones, Sime, & Pidgeon, 2003) The effectiveness is improved by clarifying the differences of opinions related to risk and risk handling and closing the knowledge gap (Engen et al., 2021). Two of the main challenges of risk communication are gaining trust among the communicator and the receiver (Olsen et al., 2007) and having an effective communication in a way that helps people from different background to understand the phenomenology of risk (Rakow et al., 2015).

According to Rousseau et al., (1998), the psychological state of trust can be achieved on respecting the different risk perceptions and accepting the vulnerability based on intentions of all the stake holders and the service receivers.

Then this creation of trust can make it easier to openly communicate the risks among stakeholders on how it could be managed explaining about the risk, its causes, future consequences if not handled well and how can it be handled and governed to prevent the negative effect (Rakow et al., 2015, p. 148).

### 2.3. Risk perception

Risk perception is often identified as it is the subjective appraisal of risk (Renn, 2008). Risk perception is accessed through psychological approaches by Mary Douglas and her colleagues in the cultural theory of risk that was developed in 1980 (Douglas and Wildavsky, 1982). The risk perception according to Mary Douglas includes the beliefs and attitudes which includes the psychological approaches in culture that affects the idea of things human value (Douglas, 1992, p. 40). These attitudes and beliefs that comes along with the culture are divided into four different views by Schwarz and Thompson (1990). These four cultural views are (1) individualist view, in which responsibility and independence are prioritized over the association; (2) Egalitarian view, where collectivism, close bonds and cooperation is prioritized; (3) Hierarchist view, which emphasizes on ranked roles and clear rules, and; (4) Fatalist view, who experiences many social forces due to weak ties and who are not able to control the forces.

As human behaviour is affected by their opinions/perception (Slovic, 1987), it is important to consider both service providers' and receivers' perceptions of risks as it is not just a statistical calculation of risk (Cole and Withey, 1981). To understand the different perceptions that affects the level of risk, "social communication" can be used as an important tool. (Renn, 2008, p. 99). Therefore, it is evident that the risk communication efforts before and while handling the risks and knowing and understanding the different perceptions can make a big difference in handling the risks as it gives good understanding and adjustments in risk perception (Grindheim, Bolkan, and Kruke, 2024).

### 3. Methodology

The data collected was gathered during a project on views, intentions and meanings to study the trauma handling in reliable integration (Christy, 2024). For this purpose, semi structured

interviews and study of guidelines were used. First, ten interviews were conducted with employees who work with minor refugees through a linear snowball sampling technique (Neuman, 2014). To conduct interviews, an interview guide was used with 17 questions. The interview guide consisted of open-ended questions with the emphasis of key words of central themes to get the meaningful data in a short time. Second, a document study on five relevant guidelines on integration were included in the study.

To analyse the data, the primary data gathered from semi structures interviews were transcribed, and the secondary data from study of guidelines, have been read several times to organize them into common categories and themes. The sorted data were analysed and discussed according to the key concepts in the conceptual framework. The analysis was done with the aim of only exploring and understanding the views of employees in handling the trauma of the unaccompanied minor refugees while working towards integration.

To maintain reliability and validity, only the publicly available official guidelines were used to gather data for this research. Also in the semi structured interviews, the interview guide was revised and updated several times and was approved by the Norwegian Agency for shared education services and research before any interviews were conducted (SIKT, 2024). The relevance of the informants is based on their experience from working in the field.

Table 1: List of informants

Informant	Experience	Education	Sector	Role
1	5Y	Tertiary	Education	Health care personnel
2	10Y	Tertiary	Health	Health care personnel
3	8Y	Tertiary	Care giving	Environmental therapist
4	12Y	Tertiary	Care giving	Leader
5	8Y	Tertiary	Voluntary	Advisor

6	11Y	Tertiary	Educator	Advisor
7	2Y	Secondary	Voluntary	Project leader
8	18Y	Tertiary	Educator	Teacher
9	8Y	Tertiary	Care giving	Contact person
10	8Y	Tertiary	Care giving	Contact person

#### 4. Results

Some of the difficulties these employees find in trauma handling gathered from this study are presented under two main themes with three sub themes each in this section.

##### 4.1. Situation challenges

###### 4.1.1. Transition to host country.

All the ten informants agreed that transition to host country from home country is an experience that can overwhelm these minors and make the trauma handling difficult. The situation of these minor refugees once they arrive after a lot of traumatic experience is explained by informant 6 as “So when they reach here first, it might seem a happy place because it’s safe here and they could have a good life. Most of them are very positive when they arrive. With time, they meet challenges in their daily lives, that makes them miss their home country more, not being able to speak their mother tongue and not seeing their loved ones. They start to suffer from mood swings, depression and they miss home”.

Along with this transition, how the personality of adolescents could make this trauma handling difficult is expressed by informant 2 as “Some kids feel like they didn’t get any help at all. It’s not only the cultural differences, but it’s also about your personality. I think the personality is more important than the culture because all the people coming to us come from different cultures. I think what makes the difference is the personality of the children of who they are and what they have experienced, not necessarily the culture.”

A desire to not receive help was rationalized by informant 1 in a different way that takes us to the second sub theme.

###### 4.1.2. Home culture

Informant 1 stated that a reason for these adolescents not wanting to receive help could be that they are not used to the health system of the host country and lack the required information and experience of receiving help related to mental health. This was conveyed in her words as “They come from countries where they didn’t have that health system, and they have never been told that they can approach to get help”. She also stated that adolescents reaching out might not know that they are actually dealing with trauma. Instead, they might reach out for some common problems such as sleep deprivation and lack of appetite. Thus, she recommended that they need to be educated and communicated on why they are experiencing what they are experiencing and how this can be handled which she herself expressed that could be a challenge due to cultural differences

This cultural difference factor was mentioned as a big challenge among the employees in care giving and health sector (informants 1,2,9,10,3, and 4), where informant 2 worded this as “They don’t come from cultures that understand that talking can make things better.”

And informant 3 expressed the how their collective home culture and too much involvement in family issues lead to trauma and expressed her expectation as one of the common expectation of employees from these minors to lead a trauma free good life. She worded the expectation as “It is very necessary for them to be a bit egoistic because if they think about their families and if they always try to send money to the families, then their life here will not be well.”

###### 4.1.3. Closed host country culture

Approach of host country to this new situation and how they accept this situation and integrate with these refugees is also identified as a situational risk by employees from health, education and voluntary sectors (informants 5,6,7,1, and 2). These informants identify that emphasizing host country culture and system with the subtle force by stating “this is how it is done in Norway” as a way of asking refugees to forget their own culture and forcing completely follow the host country culture with their new identity on arrival which is seen as a barrier to trauma handling. One informant expressed how this

subtle force is used on refugees by employees and his discussion about this awareness with his colleagues as “I actually discussed with some other teachers and said the worst thing that they can ever say to a student in this school is that “this is Norway”. I am allergic to the word that “in Norway, we do this”” (informant 8). He also mentioned how it can trigger misbehaviours due to overwhelming of trauma adolescents’ experience due to this practice.

Informant 2 described this in another way where she said “It’s more like you have looked for a place to arrive. And the fact that when you are here then you get this not so serious things but little continuous comments every day on how people say that you look different, and you sound different.” And she went on explaining about micro aggression with an example of a conference in 2023 and her work on it as “We’re talking about the little things that are very small things. So, when they continuously say this and when it come from an ethnic Norwegian friend, these children will get tired of it one day and would never resist again. They will stop pointing about this act. We are trying to recognize this.”

But informants 2,3,9 and 10 expressed positive comments on how schools and extracurricular activities, especially gym and football help to form good connection with host country people and how it helps with healing trauma.

## **4.2. Practical challenges**

### **4.2.1. Issues with cooperation and of Communication**

Cooperation and communication are considered as practical challenges in trauma handling by some informants, where two informants said that they have good cooperation (informant 9 and 10), and informant 4 said that it varies with organizations they have to work with. Even though informants had mixed answers, from the informants who found it as a challenge, informant 1 stated the challenge clearly as “Around these children, there are many involved partners. But no communication and no cooperation”. She explained this with an example of a care house which tried to get the help for trauma handling from the infection control office and that it took a long time in finding the needed help. She stated that this delayed treatment can increase the trauma instead. The same informant came up with

the reason for this lack of cooperation as “But I should not blame them as well because in --- municipality, it is much organized into *me and my responsibilities*. We work in our own boxes, and we don’t talk to each other. So, we don’t know about each other”. This same reason and the challenge were also mentioned by informants 5 and 6 as well while informant 2, who is a main employee in the field of trauma handling, mentioned that cooperation is good even though it’s hard to reach up to her service provision as “Very cooperative. It’s a little hard to come in here. But once they come here, there is help”. From the interviews, even though most of the informants from the care giving service are content about the quality of communication and cooperation regarding trauma handling and service providing, informants from the education sector and voluntary organizations, together with one informant from health service, are more negative to the quality of communication and cooperation.

### **4.2.2. Employees’ struggle with guidelines**

The next factor that makes the trauma handling for the employees challenging is guidelines. Informants who do not have specific guidelines for unaccompanied minor refugees addressed it as challenging as general trauma guidelines doesn’t cover some specific traumas endured by these minors that needs different type of handling. One informant from the health system stated “That’s a problem in a way. We have national guidelines we follow as all the other nurses in ordinary schools, and it says what to do ... Unaccompanied minor refugee children are not mentioned specifically in the guidelines” (informant 1).

But informants who had specific guidelines for unaccompanied minor refugees addressed that these guidelines are very inflexible and strict. This was explained by informant 4 as “They come with very strict guidelines on what an institution can do, and about the subject, activities and how many people can work. Even about the people’s background, there is a requirement of what qualification they should have. That is very very strict” “I sometimes feel that it is a little *too* much. It’s a lot of expectations and it’s not friendly.”

### **4.2.3. Challenges from the language system**

The final challenge to trauma handling is the system with fast process in language training and



education. Informants interviewed from the health, voluntary and education sectors mentioned that this fast process in the system creates more harm and trauma than good (informants 1,2,5,6,7, and 8). This fast process was explained by one informant as “So they must learn Norwegian with their mother language translator. They don’t even know how long they will live here but still they must learn Norwegian” (informant 9). The informant 5 elaborated the problem with the system that gives not much importance to trauma as “Something is missing. It’s not only learning Norwegian and going to school. The job should be to appreciate the human first. That’s a bit frustrating to me about the system” (informant 5).

## 5. Discussion

This paper aims to study how risk communication among unaccompanied minor refugees, host community and other involved stakeholders could be used effectively in trauma handling to improve the wellbeing of unaccompanied minor refugees.

The informants have, to a certain extent, an idea about the difficulties of these unaccompanied minor refugees moving to a new country and the transition they undergo mentally. It means that there has been an effective risk communication where real-time exchange of information, advice and opinions between experts or officials and these minor refugees has been done and in practice to understand the perspectives of refugees regarding their difficulties with past experiences (WHO, 2024). This states that risk of trauma has been understood by all the informants and a significant good amount of effective risk communication has been done at least by some employees in this field. But most of the informants has stated that it is difficult for refugees to talk about it and they suggest that could be because of their personalities (informant 2), lack of experience with getting medical help (informant 1) and home culture (informants 1,2,9,10,3, and 4). This rises three questions which are whether there could be any changes done in the risk communication as effective risk communication requires trust (Olsen et al., 2007) and understanding (Rakow et al., 2015); Or is it just a subjective perspective of employees that it is difficult talk to minor refugees due to their different backgrounds (Renn, 2008); Or is it necessary that traumatic experiences should be

talked about to deal with because according to Knight & Miller creating a favourable environment can help them to deal with trauma and that environment might not need any therapy or talking about the past trauma (Knight & Miller, 2004). Finding answer to these questions could be interesting future research.

The results also show that some minors have reached for help and have reached out for different reasons like sleep deprivation, eating disorders (informant 1) and tiredness (informants 3,4). All the informants believe that it is a sign of trauma while some stated that it could be also due to the minor refugees’ worry about the financial situation of families that leads to these conditions (3,4,6,9 &10). This result depicts that some minors need medication attention and when they need it, they reach out on their own in some way with the reason that feels culturally appropriate to them according to their perception which is subjective (Douglas and Wildasky, 1982) because they perceive the reason for these conditions are due to physical problems (Douglas, 1992, p. 40). But the informants strongly believe that this unhandled trauma need to be openly communicated, and experts recommend an effective risk communication too with related to trauma handling (Cole & Withey, 1981 & Grindheim, Bolkan, & Kruke, 2014). Concepts of risk also recommends risk communication in social form could be used for filling the knowledge gap between refugees and professionals (Renn, 2008, p. 99). This could be a good solution to make the refugees understand the effects of trauma. However, how far they need to be educated on trauma is still a mystery that needs further research as this new education can become a challenge and risk to the perception of some refugees and can affect their behaviours (Slovic, 1987)

Another interesting finding that was found out from the results is that trauma is also caused to these refugees by people in the host country due to their closed culture. This was stated by almost all the informants. However, this result creates a concern not only about refugees but also about host communities and their difficulties in adapting to this new environment with uncertainty which they might perceive as a risk (Aven and Renn, 2009, p. 10). Also the experiences of micro aggression by refugees from host country people which has been also stated by

informant 2,6 & 8 reveals that host country people also experience a kind of trauma and this micro aggression could be due to this new situation as well (Cruz et al, 2022) that needs to be handled on time before it does further damage to both refugees and host communities (Giourou et al., 2018). This calls for the need of timely and frequent risk communication in social form (Renn, 2008, p. 99) with the host communities as well to identify their perceptions (Rakow et al., 2015). and do necessary adjustments with communication as the host community is used to and appreciate the talk therapy and communication (informant 2) which can create a big difference in handling the risks of trauma in both the minor refugees and host communities (Grindheim, Bolkan, and Kruke, 2014).

From the practical side in office work, cooperation, guidelines and a steady system have been addressed as some of the challenges in trauma handling by informants even though they gave some mixed answers related to these challenges. In cooperation, some of the informants found cooperation as a problem (informant 1, 6 & 5) while others found that there is a good cooperation but there could be difficulties to reach to help as it must be achieved systematically (informant 2, 4,9 & 10). But everyone agreed that they work in only their specific areas which signifies the individualist cultural norm of organizations on risk-related decision-making and risk communication (Schwarz and Thompson, 1990). This could be beneficial to do the best as the focus is only their work, but trauma handling might need mix of egalitarian organizational norm as well along with individualist cultural norm (Schwarz and Thompson, 1990). Because this view would encourage a more effective cross communication across employees working in different fields to understand different perspectives from the different backgrounds and expertise to come up with a reasonably common understanding and solution (Engen et al., 2021).

This need of effective cross communication is reflected in issues with guidelines as well as informants have different opinions on general and specific guidelines where some see that as general and vague (informants 1, 2 & 5) and some see that as very strict and specific than it is needed (3, 5 & 4) which could be discussed with the experts from different backgrounds to come up with a

guidelines that is relevant for the trauma handling of these unaccompanied minors (Rakow et al., 2015).

From the official guidelines and the interviews from informants, it is evident that the system is organized in a structured manner to provide help to unaccompanied minors who reach out for help. The system clearly states when the refugees could receive their respective answers on their refugee status (9, 10, 3 & 4) and how fast they should learn language and so on (informants 6,5,1,2,7, 8). This is good in a way to gain trust in the system as there is a firm written communication (Rousseau et al., 1998). But this firm written communication also shows the hierarchical organizational norm that is currently followed (Schwarz and Thompson, 1990). This brings a question on how helpful a firm systematic communication could be in trauma handling as trauma handling needs flexibility and perspective of experts and refugees from different backgrounds (Rakow et al., 2015, p. 148) as trauma affects the cognition and self-regulation (Cruz et al, 2022) which can cause lifelong negative consequences (Giourou et al., 2018)

## **6. Conclusion**

Risk communication at different stages between different relevant stakeholders in both social and scientific form helps with understanding the different perspectives of different stakeholders to create a favourable environment for both refugees and host communities to adjust well to the new situation and deal with trauma. To deal with the situational challenges, the study recommends creating a favourable environment by communicating risk in social form with both the refugees and host communities along with other stakeholders working on refugee settlement in different stages of the settlement process to understand the different perspectives coming from different backgrounds and to adjust and educate the needed groups on the risks of trauma. But how deep these concepts should be educated or talked about in the social form and whether some of these should be talked about or dealt with to create a such favourable environment could be a study for future as human beings can handle certain traumas by themselves with their own defence mechanisms without any help as they are resistive over some traumas.

The practical challenges of employees show that the systemic arrangements of services due to the mix of individualist and hierarchist organizational norms benefit a lot with trauma handling. But this study recommends that cross communication at different stages, more cooperation in making the guidelines, discussion on services and flexibility with procedures, can make this more effective and easier for employees with trauma handling. These suggestions are made for employees to understand different perspectives that can help to communicate the risk effectively and provide the necessary services to create a favourable environment to deal with trauma which can contribute to the wellbeing of everyone.

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