

## **More than just Forced Migrants: Using Intersectionality to Understand the Challenges and Experiences of Older Refugees in Western Societies**

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### **Abstract**

Ageing in refugee situations is plagued with complex challenges occasioned by multiple factors of age-related decline in health, disabilities, trauma, low income, limited education and language which interact and intersect to increase the difficulties faced by older refugees. However, research on older refugees has seldom underscored how these different layers of identity and social status intersect to influence the lives and experiences of older refugees. In this article, we will be presenting an argument for the adoption of intersectionality as a theory in research with older refugees in Western societies. The article presents a conceptualization of older refugees, and intersectionality, a discourse on the different layers of identity and social status like age, gender, disability, language, race, culture and ethnicity that affect older refugees. The discussion reveals how the complementary interaction of intersectional and interlocking processes of these layers of identity shape the experiences of older refugees. The article concludes by making a case for the utilization of intersectionality in research with older refugees for a more holistic understanding of their experiences and challenges.

**Keywords:** identity, intersectionality, older refugees, social status, Western societies

### **Introduction**

The global number of refugees continues to increase dramatically. In 2021, the United Nations High Commissioner for Refugees [UNHCR], recorded a total of 26.4 million refugees globally. The United Nations further predicts an immense increase in the global refugee crisis as a result of the conflict between Russia and Ukraine, which has added an additional 4.8 million new refugees already in 2022 (UNHCR, 2022) and the continuous widespread conflicts in low-and- middle-income countries of the world (Internal Displacement Monitoring Centre [IDMC], 2021; World Bank, 2021). This refugee crisis is largely a result of conflict, generalized violence, persecution, and human rights violation (UNHCR, 2021).

Older refugees aged 60 years and over make up 4% of refugees globally, with the potential for a dramatic increase as the world population continues to age

(UNHCR, 2021). Yet, they receive low scholarly attention compared to other vulnerable groups such as women and children (Ekoh et al., 2021; Ekoh et al., 2022; HelpAge International, 2018a). According to Calvi-Parisetti (2011), this poor attention to the plight of older refugees may put them at greater risk of falling through support gaps. Therefore, while other vulnerable groups like women and children may receive specialized humanitarian support, older adults with special needs as a result of ageing in refugee situations may only receive generalized support.

In addition to the well-documented health and psychosocial challenges associated with ageing in crises situations (Bello *et al.*, 2014; UNCHR, 2019), many older refugees migrate from low and middle-income countries to high-income countries (HICs) where they experience cultural and language differences that pose new and unprecedented challenges (HelpAge International, 2018a). Therefore, intersectionality, which aims at addressing the areas of identity intersection that reinforce the marginalization, oppression and challenging experiences of people (Al-Faham et al., 2019) can provide a unique perspective for a better understanding of the experiences of older refugees in Western countries.

The World Population Review (2022) defines Western countries as countries of the European Union, The United States of America (USA), The United Kingdom (UK), Canada, Australia, New Zealand, Switzerland, Iceland, and Norway. We chose to focus on Western countries because many layers of identity and social status that may affect older refugees manifest in the context of these countries. Such categories as race and ethnicity, religion, language and cultural differences may have profound effects on older refugees when forced to migrate to Western countries. Many older refugees from Africa may only discover how their race and religion distinguish them in Western countries, making intersectionality a more important academic and political tool for understanding their experiences in such societies. Through exposure to the complexities and interplays between these categories, intersectionality will help migration researchers and social workers avoid the oppression and inequality of older refugees in Western countries related to age, class, race, and disability going undetected and neutralized (Mattsson, 2014).

Anchored on the theory of intersectionality (Crenshaw, 1989), and drawing insights from existing studies, this article will explore the complex intergroup difference of older refugees who live within the axes of identities and social status that may predispose them to discrimination, marginalization and oppression (Carbado & Gulati, 2013; Jordan-Zachery, 2006), and how complementary interaction of intersectional and interlocking processes shape the experiences of older refugees in Western societies (Collins, 2000). The article will discuss the conceptualization of older refugees to gain a better

understanding of this population. An overview of intersectionality will be provided, as well as some layers of identity and social status that affect older refugees. The discussion section will illustrate how these identities intersect to affect the well-being of older refugees, and we conclude by recommending that researchers in the field of migration conduct a holistic exploration of the layers of identity that affect older refugees and the intersection between these layers. Our article will not be empirical; rather, it will draw on existing literature to highlight the critical need for ageing and migration research to embrace intersectionality in its investigation of the experiences of older refugees in Western countries.

### **Older refugees: who are they?**

Refugees are forced migrants who have crossed an internationally recognized border and are protected by international mechanisms and laws under article 1 of the 1951 Convention Relating to the Status of Refugees (UNHCR, 1951). Following the United Nations definition, older refugees are people aged 60 years and over, who have crossed international borders as a result of violence, conflicts, human right violation, and perceived or real fear of persecution or other situations that disturb public order (United Nations, 2019). However, the use of chronological age as a determinant of older refugees is problematic given that different communities and cultures rather adopt the social-economic perspective in their definition of ageing; using physical appearance, life expectancy, age-related health conditions and family status to define older adults (UNCHR, 2015). Furthermore, ageing in refugee situations may be different because, the toll of psychosocial stress, trauma, poor nutrition and exposure to disease can expedite biological ageing, making apparent the challenges associated with ageing before the chronological age of 60 (UNHCR, 2015). Therefore, ageing in refugee situations should not only be measured with chronological age but also with biological and sociocultural determinants of ageing such as health, nutrition, availability of care and support, safe housing, income, etc.

Older refugees may face profound challenges that are not associated with other refugee populations. They are found to have more connection to their home countries, leading to resettlement, integration and acculturation stress (HelpAge International, 2018a). They lose their social support as a result of migration and events leading to migration, and may be unable to recreate these social networks because of age, language and cultural differences, leading to increased loneliness and social isolation (Burton & Breen, 2002; HelpAge International, 2018b). Forced migration can worsen the health issues associated with ageing and their lack of language and support may lead to limited access to healthcare services and health-promoting behaviours (Agbényiga *et al.*, 2012; Lin *et al.*, 2020; Woodgate *et al.*, 2017).

The generic and generalized support provided for refugees who are not women and children may also deny older adults their specific health and nutritional needs (Hatzidimitriadou, 2010; HelpAge International, 2018a; UNHCR, 2015), while their age, level of education and low skill to earn a living in the new environment will lead to limited economic opportunities in refugee situations (Burton & Breen, 2002; HelpAge International, 2018b). Other challenges such as frailty, limited mobility, visual and hearing impairment and loss of authority may substantially affect the well-being, quality of life and life satisfaction of older people ageing in refugee situations (Sood & Bakhshi, 2012; UNHCR, 2015). This shows not just a need for increased research attention on older refugees but a more holistic investigation of their experiences. This lends itself to the premise of intersectionality which will be explored further below.

### **Understanding intersectionality**

The activities of Black feminists working for the liberation-focused movements gave birth to intersectionality (Ernst & Luft, 2017), it was later introduced in academia as a social justice framework and research paradigm (Hancock, 2011; Harris & Leonardo, 2018). The use of the term intersectionality in academia is credited to the works of Crenshaw on “Demarginalizing the Intersection of Race and Sex” (Crenshaw, 1989) and “Mapping the Margins” (Crenshaw, 1991). This was necessary because of the failure of academic discourse to address the intersecting axes of race, gender and class discrimination in the inequality experienced by Black women (Crenshaw, 1991).

Intersectionality has grown in scope to address different areas where identities intersect to reinforce the marginalization of people and acknowledgement of the complex intergroup differences of people who live in intersectionality (Carbado & Gulati, 2013; Jordan-Zachery, 2006). It helps in understanding the interaction of intersectional (micro) and interlocking (macro) processes that shape oppression and discrimination (Collins, 2000). It scrutinizes how categories of identity intersect to create positions of privilege for some people and positions of oppression and discrimination for others (Aberman, 2014), and how each individual experiences levels of oppression differently (Joseph, 2015).

### *Scholarly approaches to intersectionality*

The works of Crenshaw (1991), McCall (2005) and Hancock (2007) have become central to the debates about intersectionality. Crenshaw’s original works in 1989 and 1991 are credited with developing the field of intersectionality. Crenshaw criticized both gender equality projects and anti-racism projects for their failure to comprehend the interaction and intersection of layers of identities in Black women’s domestic violence experiences. She also used intersectionality to conceptualize how the intersection of gender and race limits Black Women’s access to economic opportunities, as well as how

limited understanding of the intersections of gender and race relegated Black women's experiences (Crenshaw, 1991). Furthermore, Crenshaw (1991) revealed that social power attempts to exclude people based on their difference, with one category of identity being treated as dominant. Analysis and political discourses ignore groups with intersections of two or more identity categories, resulting in their marginalization.

McCall (2005) identified three distinct approaches to intersectionality: intra-categorical, inter-categorical, and anti-categorical. Drawing from Crenshaw's work, intra-categorical focuses on social groups as neglected axes of intersections which can unfold the complexity of the lived experiences with groups (Al-Faham et al., 2019). The drawback to this approach is the lack of focus on larger social structures and processes that reinforce inequality (Al-Faham et al., 2019). The inter-categorical approach focuses on the analysis of inequality among social groups as well as the continuously changing categories of inequality within conflicting and multiple dimensions; engaging with the larger social structures that reinforce inequality (McCall, 2001). Finally, the anti-categorical approach tries to adopt a methodological approach that deconstructs analytical categories while considering how problematic the stabilization of categories can be in essentializing and reifying social relations in need of change (McCall, 2005).

Hancock (2007) also identified three approaches to the issues of gender, class, race and other classification of identities: unitary, multiple and intersectional. One category of identity is explored in the unitary approach, and this single category is viewed as primary and stable. On the other hand, the multiple approaches address more than one identity category, and the categories are assumed to be stable with stable relationships with one another. Similar to the multiple approaches, intersectional addresses more than one identity category, however, the interactions between the categories are fluid and their relationships are open. Hancock (2007) therefore, emphasised category fluidity while ignoring notions of category asymmetry.

### Identities and social statuses that affect older refugees' experiences

There are so many areas of identity, social status and conditions that may affect older refugees in Western societies which cannot be covered in this article. However, for this article, we will be focusing on age, gender, disability, language, religion, education, poverty ethnicity and culture as shown in Figure 1.

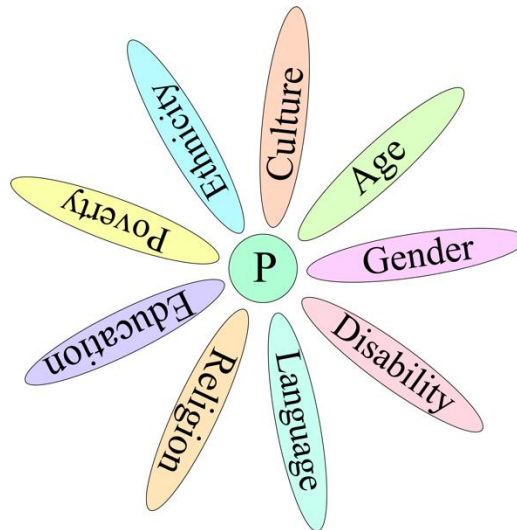


Figure 1: Categories of identity and social status that affect older refugees  
Source: Authors' design

#### *Age*

Ageing comes with several age-related health and psychosocial challenges, and this may be exacerbated by crises situations such as forced migration (Chemali, 2018; Hatzidimitriadou, 2010). Irrespective of the potential of forced migration increasing age-related illnesses, HelpAge International (2018a) reported that older refugees receive limited support, putting them at an increased risk of care deficiency. The age of refugees also affects their economic opportunities after forced migration. This is because, in addition to some of them being unable to work because of frailty, the well-documented age-related discrimination in job recruitment also leads to limited economic opportunities for older forced migrants (Baspineiro, 2022; Lössbroek, 2021; UNHCR, 2019). Again, the lack of education and the ability to speak the language associated with older refugees further makes it difficult for them to earn income (UNHCR, 2019). The age of older refugees further disproportionately affects them when resources in refugee camps depreciate as experienced by older refugees denied humanitarian assistance in Ukraine because of their age (HelpAge International, 2016) and younger refugees demanding the expulsion of older refugees in Tanzania as a resource management measure (Hutton, 2008; International Centre for

Evidence in Disability at London School of Hygiene [ICEDLSH] & Tropical Medicine and HelpAge International [TMHI], 2018).

Ageism has also led to limited access to health care (Chahda et al., 2013; Chemali, 2018) with physical barriers such as non-age-friendly healthcare facilities and attitudinal issues preventing older refugees from seeking healthcare (Hutton, 2008). The healthcare needs of older refugees are viewed as less important, as evidenced by limited access to chemotherapy for older refugees in Bosnia, even though more older refugees have cancer than children (ICEDLSH & TMHI, 2018).

### ***Gender***

A greater proportion of refugees are children and women, and many of the older refugees are women (UNHCR, 2021). The traditional systems promoting gender inequality ensure that older women remain disproportionately affected by humanitarian crises like forced migration (Gender-Based Violence Area of Responsibility, 2022). These older female refugees are more likely to suffer from gender discrimination, gender-based violence and abuse and increased risk of exploitation (Aging Without Violence, 2019; Pittaway & Bartolomei, 2001). The aforementioned impact of lack of language skills in economic opportunities is more prevalent amongst older female refugees because of gender disparities in educational opportunities in many low and middle-income countries (LMICs) where many refugees originate from (Clark, 2008).

Older refugee women also do not have equal access to economic opportunities because they are expected to take up unpaid domestic work. This is evidenced by studies by Koh *et al.* (2018) and Wang et al. (2017) which showed that older refugee women worked as babysitters for their grandchildren, personal caregivers for children with mental health problems and meal preparers for their adult children. This reliance on older refugee women for domestic unpaid labour did not only cause them a caregiving burden (Wang et al., 2017) but also ensured they remain in poverty as they receive no payment for their services (Aging Without Violence, 2019). Older refugee women also have a greater risk of depressive symptoms and anxiety (Ahmed et al., 2020; Sundquist et al., 2005) as a result of separation from their spouses and children (Unsar *et al.*, 2016), yet they have limited access to healthcare support (Woodgate et al., 2017).

### ***Disability***

It is estimated that about 46% of the 1 billion persons living with disabilities are older adults aged 60 years and over (United Nations, 2021). The challenges of older refugees with disabilities are prevalent not only after migration but during the time of initial migration. They have more difficulty fleeing from conflict and violence as a result of environmental and other barriers that limit

people living with disabilities (Strong, 2015). Studies show that disabilities were revealed as the rationale for resistance to evacuations amongst older people in the conflict zones of Syria and Ethiopia (Strong, 2015; Godfrey & Kalache, 1989). After migration, they may face additional difficulties with access to resources and daily activities (HelpAge International, 2007).

Older refugees with cognitive or sensory impairments may be disproportionately affected in information dissemination as information access tools may be unavailable to them (Good et al., 2015; HelpAge International, 2018b). Reaching healthcare services may also be challenging for older people with sensory, cognitive and physical impairments as a result of physical barriers, crowds and long queues (HelpAge International, 2016; National Disaster Risk Reduction Centre, 2015; Strong et al., 2015), as well as poor awareness and access to specialists (HelpAge International, 2007). Sometimes, support agencies deliberately marginalize older refugees living with disabilities as found with older disabled refugees with children in Ukraine (UNHCR, 2016). All of these are more challenging for older refugees with disabilities because humanitarian agencies lack key guidelines for addressing their specific needs (ICEDLSH & TMHI, 2018).

### ***Ethnicity, culture and religion***

Many older refugees migrate from LMICs to HICs, with countries like Germany and France recording the highest number of refugees in HICs with an estimated 1,235,160 and 436,100 respectively (Macrotrends, 2022; UNHCR, 2022). Many of these refugees are from various cultures, ethnicities and religions, which has led to discrimination. Within the refugee policy, there is evidence of selection discrimination against refugees including older refugees based on their culture, race and ethnicity (Koirala & Eshghavi, 2017; Oberman, 2020). This is evident in the report on Canada's immigration policy's discriminatory treatment of African refugee applicants, as well as the discrimination experienced by Africans fleeing the Ukraine/Russia conflict (Allen, 2021; United Nations, 2022). This was exacerbated by the 9/11 attack in New York, which prompted a policy of profiling refugees by their ethnicity, religion and country of origin (Koirala & Eshghavi, 2017).

Older refugees may also face xenophobic attacks, racism and human right violation in the haven because of their ethnicity and religion (Osterlund, 2022; UNCHR, 2020). Racial, religious and cultural profiling may also have an impact on access to resources as older ethnic, non-Christian refugees may experience discrimination in resource sharing (Osterlund, 2022). In addition to restricted access to resources on these bases, older refugees may struggle to receive culturally sensitive and relevant support as host countries ignore the cultural and religious needs of older refugees who have been found to be more attached to their culture (Agbényiga *et al.*, 2012; Burton & Breen, 2002;



Gericke et al., 2018). Racism also precludes the resettlement of refugees in host countries and the safe return of refugees to their home countries when the crisis ends (Pittaway & Bartolomei, 2001). Many older refugees are forcefully repatriated to their home countries by host countries and UN agencies, with the British attempting to return African refugees to Rwanda the most recent example (Matthews, 2022).

### ***Language***

A report by the UNHCR (2020) revealed that older adults in refugee situations are less likely to speak the language of the host country and have more difficulties learning a new language. The recognition of refugees as a homogeneous group by policymakers and the doubt about older refugees' ability to learn by language teachers make it more difficult for older refugees to learn new languages (Ajlan, 2021). This language difficulty affects older refugees' access to key services, specialist services and systems because communication with service providers is limited (Wayland, 2006). They may also miss out on services because the language barrier may prevent them from completing free healthcare qualification forms (McKeary & Newbold, 2010). Many host countries do not have language inclusion plans for older people through visuals and interpretations, irrespective of older refugees being unable to read and understand written information (Boutmira, 2021; Pot, 2020). Older refugees have integration and resettlement stress, difficulties socializing and developing new support networks (Pot, 2020; UNHCR, 2019), increased social isolation and loneliness (Lai, 2016), and an increased risk of experiencing abuse because of language difficulties (Boutmira, 2021).

Older refugees rely on family members to navigate these language barriers (Khabra, 2017), which shifts the power dynamics between older refugees and their family members, increasing their risk of abuse. Again, family members who act as interpreters may misrepresent the ideas of older refugees, and multigenerational relationships may suffer when older refugees and children do not understand the new language and struggle to learn it (Stewart et al., 2011). Older refugees may also be marginalized in the community because their lack of communication medium removes the beneficence of relationships (Zhou, 2012), exacerbating their experiences of social exclusion (Ahmed et al., 2017; Zhou, 2012).

### ***Education and poverty***

Older refugees typically have lower levels of education than younger refugees and natives (UNHCR, 2019), and the loss of their land and property increases their poverty levels (Burton & Breen, 2002; HelpAge International, 2018a). However, the educational concerns of refugees continue to focus primarily on younger refugees, with many education and skill acquisition training designed solely for young people (UNHCR, 2019). As revealed by the study by

Lergetporer et al. (2021), the level of education of refugees affects natives' attitudes toward them. Refugees with higher levels of education were treated with dignity and respect; older refugees with lower levels of education were treated with less respect. A low level of education further restricts older refugees' access to employment (Lössbroek, 2021) and healthcare services, making integration difficult for them (UNHCR, 2019).

Many older refugees have lost their land and jobs, lack the necessary education and training to earn a living, are unable to transfer their pension, and are not covered by the host country's national social protection system (Gustafsson et al., 2021; UNHCR, 2020), ensuring that older refugees remain poor. This poverty denies them access to healthcare and nutrition because they cannot afford certain medical treatments and dietary needs (Pieterse & Ismail, 2003; Strong et al., 2015). Changing family dynamics as older refugees depend on their children for financial support can cause them to lose authority and expose them to risks of abuse (Gustafsson et al., 2021).

### **Intersectionality: Interaction and intersection of identities and social status**

In addition to the social status of refugees, older refugees in Western countries may be predisposed to more challenges as a result of the intersection of layers of identity and social status. The use of intersectionality is not alien to refugee studies. Koirala and Eshghavi (2017) adopted the theory in explaining how the intersection of religion, place of origin and ethnicity intersect to increase structural discrimination against the Iranian Refugee Community in the United States after 9/11. This manifested in delayed visa processing time for Iranian refugees applying to move to the US. The intersection of gender, disability, age and place of residence impacted women's access to resources in Yacob-Haliso's (2016) study. Berthold et al. (2019) further illustrated how the intersection of social factors such as refugeeism, poverty, and social isolation impacts the health disparities of refugees. However, there is scarce use of intersectionality to understand the experiences of older refugees irrespective of the fact that they are more likely to be affected by the interaction and intersection of the above-discussed identities and social factors of discrimination (Al-Faham et al., 2019). This led the Charter on Inclusion of Persons with Disabilities in Humanitarian Action 39 to highlight the need to consider the intersection of age, disabilities and states as important in the disaggregation of disability data by age (HelpAge International, 2018b). It is recommended that disability and other intersectional issues including age are recognized in inclusion efforts for older refugees (International Federation of Red Cross and Red Crescent Societies, Humanity & Inclusion and CBM, 2015). Furthermore, the UN Economic and Social Council introduced "Gender mainstreaming" in 1997 as a reaction to the recognition of how different forms of discrimination intersect and limit the advancement and empowerment of refugee women (Pittaway & Bartolomei, 2001). And the understanding that other categories and layers of identity create

positions for oppression further led to the formation of the “age, gender and diversity mainstreaming” (AGDM) strategy in 2004, which aimed to empower all disenfranchised groups (Edwards, 2010).

Despite this international agreement on the intersection of different factors in the experiences of older refugees, many frameworks and studies still focus on one category of identity and social status in research on older refugees, thus, leading to older refugees in Western countries who are largely women continuing to face a combination of racism, ageism and sexism according to the UNHCR (1995). They lack access to resources and are expected to engage in domestic work and the intersection of sexist and ageist environments makes it challenging for them to gain income-earning employment (Aging Without Violence, 2019). This becomes more daunting because it can further intersect with their poor level of education and training, and difficulties with language and disability to ensure they remain in poverty (Lössbroek, 2021; UNHCR, 2019).

Their limited access to resources like healthcare services may be enhanced by an intersection of age-related frailty, disability, language difficulties, low income and poor education. In addition to facing healthcare discrimination as a result of gender, age and ethnicity (Lössbroek, 2021; National Disaster Risk Reduction Centre, 2015; Strong et al., 2015), the documented financial constraints increase difficulties in payment of medical bills, as well as the struggle with the filling of hospital forms because of language and education differences prevent them from being aware and accessing free medical services when available (Gustafsson et al., 2021; Pieterse & Ismail, 2003; Strong et al., 2015).

Their age, gender, loss of authority because of forced migration, and poor income can all intersect with poor education to limit older refugees’ understanding of their rights, which can predispose them to abuse (Aging Without Violence, 2019; HelpAge international, 2018b). Violence Against Women & Girls (2016) reported that being female, lacking education and being old increased the likelihood of abuse from the community as a result of issues of living such as separation from spouse, living independently, getting paid or refusing paid employment. Additionally, older refugees may be abandoned by co-migrant children, and suffer a loss of social networks to events that led to migration and the intersection of age, language and cultural differences, makes it challenging to recreate social networks, leading to increased loneliness and social isolation (Burton & Breen, 2002; HelpAge International, 2018b). Intersectionality-guided ‘aging in migration’ research can help gerontological social workers and geriatrics better serve the needs of older refugees. Such research will reveal the overlaps of the categories that affect older adults which will help critical social workers better challenge oppression and inequality in

relation to the layers of identity (Höjer & Forkby, 2011). This is important given that intersectionality has developed to become a salient tool for understanding complex identities and the impact of social structures on the lives of marginalized populations like older refugees (Fahlgren, 2013; Pease, 2010; Sawyer, 2012). Through a critical system-based approach and social justice approach, it crystallizes social work theories and practice models toward a holistic approach to mitigate oppression, injustice and social inequalities that limit the optimal development of people (Murphy et al., 2009).

The use of intersectionality in both research and social action is not without concerns. Intersectionality has been plagued with a definition challenge, given the disagreement on those who should be covered in its definition (Collins, 2015). While some scholars want its feminist root to be reflected in its focus, arguing that its continuous expansion has the implication of focusing on everyone and excluding those intersectionally disadvantaged (Bilge, 2013; Jordan-Zachery & Alexander-Floyd, 2018), others argue that a narrow definition will also exclude categories that are disadvantaged and serve the purposes of a small section of people (Collins, 2015). Intersectionality has also been accused of promoting division at a social level. This is because it unravels different areas of human differences which may lead to micro-group identity and an us versus them mindset (Anthia, 2012). This highlighting of the identity complexities by intersectionality is also suspected of encouraging labelling, given that it brings to the fore the identities and social standings that make us different as opposed to humanity as a unified entity (DiversityQ, 2021). Finally, the conspiracy to victimize and invalidate the opinions of non-intersectionally disadvantaged groups has been cited as a concern. Intersectionality has been accused of being undemocratic, giving a louder voice to minorities that live in intersectionality and invalidating the voices of the majority (Sparks, 2016).

In conclusion, irrespective of these concerns, research exploration and humanitarian assessment of older refugees cannot and should not be viewed with a single category as ‘older adults’, which will ignore the impact of other layers of identity and social status. Intersectionality will help provide a more holistic understanding of the underlying factors affecting the experiences of older refugees as well as reveal the factors that most disproportionately put older refugees at risk of discrimination. For instance, all older refugees may be challenged by access to employment, but intersectionality can show how factors like level of education, and language difficulties influence this employment challenge as well as how older women are more disproportionately affected by this lack of access to employment because of their gender. It will also help put social issues in context. Issues like race, religion and ethnicity may not be recognized as a source of discrimination before forced migration, however, intersectionality helps bring the impact of these layers of identity to the limelight as older refugees continue to migrate from their home regions to

Western countries. Finally, in line with the arguments of Vervliet et al. (2013), intersectionality helps respond to the critique of refugee research for its overemphasis on the challenges and struggles of refugees by highlighting the strengths of refugees as it gives them a voice.

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