School of Nursing and Midwifery
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Beyond Hijrah (هِجْرَة): Perspectives on Resettlement, Health and Quality of Life for Afghan and Kurdish Refugees in Christchurch and Perth

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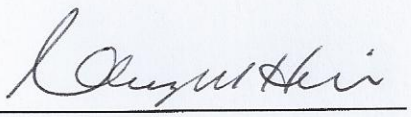
DECLARATION

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

This thesis is the author's original work and was undertaken by the author with the acknowledgement of the contributions of other authors as stated. The study proposal, ethics approval, data analysis, writing the thesis and published papers were undertaken with the primary supervision of Winthrop Professor Sandra C. Thompson.



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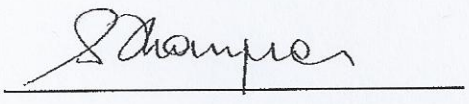

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ABSTRACT

Worldwide, conflict situations and the resultant number of refugees continue to increase, with over 43 million recorded at the end of 2009. Nearly half of those currently under the protection of the United Nations High Commissioner for Refugees (UNHCR) originally came from Iraq or Afghanistan. Although less than 1% will eventually be resettled in new host nations, their long term health and settlement prospects are a matter of continuing relevance. Since 2000, Australia alone has accepted over 58,000 Afghan refugees, with more than 5000 resettled in New Zealand. Although refugees accepted under humanitarian programs receive state support frequently denied to asylum seekers, they are still vulnerable to acculturative stress. Public attitudes and government policies to immigration in receiving countries inevitably play an important role in resettlement outcomes.

The overall aim of this research project was to examine the resettlement experiences of refugees settled in Australia and New Zealand, taking into consideration the different policy and social setting in each location. A mixed methods approach was adopted for this exploratory study, utilising both qualitative and quantitative methods to investigate the social and political environment surrounding refugee issues in the public sphere, as well as assessing the health and wellbeing of former refugee participants.

A comparative study of newspaper reporting of refugee issues was conducted to monitor trends in reporting over time, to assess public attitudes in each location, and provide background context to the main study findings. This media study provided insights into the politics of the refugee debate and policy environment in New Zealand and Australia, revealing significant differences in the way refugee issues are portrayed by the media in each location. Compared to New Zealand, newspaper articles in Australia were more politicised, and less likely to portray refugees in a positive manner. Since 2001, political attitudes to asylum seekers hardened, as revealed in Australian coverage, reflecting increasing negativity towards refugees overall. In particular, reporting suggests public attitudes towards refugees and those who are visibly different may be shifting over time.

This was followed up by a survey of former refugees from Afghanistan and the Kurdish regions of Iraq and Iran, who were living in Perth, Western Australia and Christchurch, New Zealand at the time of data collection in 2008. A mixed methods approach was used to evaluate the perceived effectiveness of resettlement programs in addressing the psychosocial and health care needs of these groups. For the purposes of the study, it was necessary to define what was meant by 'successful resettlement'. Based on the availability of suitable quantitative instruments this was primarily conceptualised by measuring subjective well being and psychological distress. An

additional instrument was also included to assess general self efficacy, as this can influence motivation and attitudes to change. Translated and culturally validated Instruments were provided in Farsi (Persian), Arabic and English for self completion during interview.

Participants were recruited by a snowball sampling technique, using multiple initial contacts with short chains of contacts within each of the refugee groups to improve representativeness and reduce selection bias. Comparison with census data and community profile maps provided reassurance that this had been achieved. Ascending methods help to overcome some of the sampling challenges encountered with difficult to access and vulnerable populations such as these, accepting that achieving an indicative sample provides valuable information even if not truly representative.

Quantitative data collected using individual, questionnaire-based interviews was obtained from 193 participants settled up to 20 years. This assessed key outcome variables using the Kessler-10 Psychological Distress Scale (K10), the Personal Well Being Index (for subjective well being) and the General Perceived Self Efficacy scale. In combination with demographic data, this allowed comparisons across domains based on ethnic group, gender, temporal variables and country of settlement. Qualitative material from open ended questions, presenting the personal perspectives of 124 participants, offered valuable insights into their overall resettlement experiences, quality of life, sources of stress and coping responses.

Psychological distress was revealed to be a chronic problem, with 60% of those settled more than 8 years still above the K10 threshold. Despite this, many people were reluctant to seek professional help despite considerable morbidity. Introspection and depression were the main sources of concern for participants at all stages of resettlement, closely followed by separation from family and friends, feeling overwhelmed by the challenges facing them and relationship issues. Unemployment was significantly associated with poor mental health, especially as it often resulted in people sitting at home ‘thinking too much’. In addition, the impact of political events and the situation of significant others in their home countries, as reinforced by media reporting of conflicts in Iraq and Afghanistan, was also influential. Women in particular, struggled due to a lack of family support, changing roles and expectations, and social isolation. The perception that public attitudes towards Muslims changed as a result of political events elsewhere, resulted in some people believing that they would never really fit in. This may be linked with the cultural and religious concerns expressed by some participants and reflect wider societal attitudes to refugees in general, or Muslims in particular, especially in Australia. Reality often fell short of expectation as refugees experienced difficulties

forming relationships within the host society and were concerned around discrimination and employment challenges.

The study findings contribute to the current literature on refugee resettlement in a number of ways. Firstly, both the media and refugee components of the study provide unique comparative data between Australia and New Zealand in this area, and the ability to disaggregate the refugee survey findings by ethnic origin is also distinctive. The inclusion of participants settled up to twenty years, which highlighted continuing concerns around unemployment and possible discrimination, has also contributed to the discussion on long-term settlement outcomes. Taken together, the findings of the study suggest possible links between public attitudes to refugees as portrayed by media reports, and wider societal attitudes towards certain groups which impact on the mental health and well being of former refugees. Although the research confirmed the prevalence of chronic psychological distress for some participants, identified risk factors related to ongoing settlement concerns and revealed a number of chronic long term stressors, a number of positive aspects of their lives were also described.

The research has highlighted the need to understand differences between refugee groups, especially those with a wide cultural distance from the host community, recommending tailored programs to most effectively target areas of greatest need for each group and ensuring that access to support is still available long term if needed. One key finding has been to highlight the importance of suitable employment or other form of daily activity for former refugees, to provide them with a sense of meaningful achievement and respectable social position. As obtaining suitable employment is a primary means of accomplishing this, it is recommended that more support be given to encourage employers to take on former refugee workers, to acknowledge their experience and transferable skills and to build on the resilience and initiative many people have developed during their time as refugees. Doing this will assist with refugees more rapidly and successfully integrating into their new societies and moving towards a post-resettlement sense of identity and belonging.

CONTENTS

LIST OF TABLES & FIGURES

Tables

Figures

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ABBREVIATIONS

AAT	Administrative Appeals Tribunal (Australia)
AMEP	Adult Migrant English Program (Australia)
ASeTTS	Association for Torture & Trauma Survivors (Australia)
ATCR	Annual Tripartite Consultations on Resettlement (UN)
AUSCO	Australian Cultural Orientation program
CCS	Complex Case Support program (Australia)
CIDI	Composite International Diagnostic Interview
DIAC	Department of Immigration and Citizenship (Australia)
DOL	Department of Labour *Te Tari Mahi* (NZ)
ESOL	English for Speakers of Other Languages
GHQ	General Health Questionnaire
GPSE	General Perceived Self Efficacy
HNZ	Housing New Zealand
HREC	Human Research Ethics Committee
HREOC	Human Rights & Equal Opportunities Commission (Australia)
HRV	Human Rights Violation
HSCL	Hopkins Symptom Checklist
HSS	Humanitarian Settlement Services (Australia)
HTQ	Harvard Trauma Questionnaire
IAAAS	Immigration Advice & Application Assistance Scheme (Australia)
IDP	Internally Displaced Person
IHSS	Integrated Humanitarian Settlement Strategy (Australia)
IPT	Immigration Protection Tribunal (NZ)
IOM	International Organisation for Migration
K10	Kessler-10 Psychological Distress Scale
KW	Kruskal Wallis H test

MSD	Ministry of Social Development *Te Tamatu Whakahiato Ora* (NZ)
MW	Mann Whitney U test
NGO	Non-Governmental Organisation
NZ	New Zealand *Aotearoa*
NZHRC	New Zealand Human Rights Commission
NZQA	New Zealand Qualifications Authority
OEA	Office of Ethnic Affairs *Te Tari Matawaka* (NZ)
PWI	Personal Well Being Index
QOL	Quality of Life
RAS	Refugees As Survivors (NZ)
RMS	Refugee and Migrant Service NZ (now Refugee Services Aotearoa)
RQB	Refugee Quota Branch, DOL (NZ)
RQP	Refugee Quota Program (NZ)
RRT	Refugee Review Tribunal (Australia)
RSD	Refugee Status Determination (Australia)
SGP	Settlement Grants Program (Australia)
SHP	Special Humanitarian Program (Australia)
SIEV	Suspected Illegal Entry Vessel
SWB	Subjective Well Being
TPV	Temporary Protection Visa (Australia)
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
VSW	Volunteer Support Worker (NZ)
WA	Western Australia
WGR	Working Group on Resettlement (UN)
WHO	World Health Organization
WINZ	Work and Income New Zealand

DEFINITIONS

Asylum - The grant by a State, of protection on its territory, to persons from another State who are fleeing persecution or serious danger. Asylum encompasses a variety of elements, including *non-refoulement*, permission to remain on the territory of the asylum country and humane standards of treatment. [1]

Asylum seeker - An individual who is seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally determined by the country in which the claim is submitted. Not every asylum seeker will ultimately be recognized as a refugee, but every refugee was initially an asylum seeker.

Boat people - Asylum seekers who arrive in another country *en masse*, often in dangerous, old wooden boats. They are frequently a source of controversy in the country of destination, where they are often forcibly prevented from landing or are subjected to mandatory detention after arrival.

Convention refugees - Persons recognizes as refugees by States, under the eligibility criteria in Article 1 of the 1951 Convention, and are entitled to the enjoyment of a variety of rights under that treaty.

Durable solutions - Any means by which the situation of refugees can be satisfactorily and permanently resolved, enabling refugees' normal lives. Traditionally, UNHCR pursues the three durable solutions of voluntary repatriation, local integration, and resettlement.

Internally displaced persons (IDP) - An individual who has been forced or obliged to flee from the individual's home or place of habitual residence, "in particular as a result of situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border" (according to the *Guiding Principles on Internal Displacement)*.

International protection - All actions aimed at ensuring the equal access to and enjoyment of the rights of women, men, girls and boys of concern to UNHCR, in accordance with the relevant bodies of law (including international humanitarian, human rights and refugee law).

Local integration - A durable solution to the plight of refugees that involves their permanent settlement in the country in which they sought asylum.

[1] Most of the material in this section has been obtained from the UNHCR glossary http://www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain?docid=42ce7d444&page=search

Mandate refugee - Persons who are recognized as refugees by UNHCR acting under the authority of its Statute and relevant UN General Assembly resolutions. Mandate status is especially significant in States that are not party to the 1951 Refugee Convention or its 1967 Protocol.

People smuggler - Participants in an illegal, organised operation transporting people across international borders, normally for financial gain.

***Prima facie* refugees -** Persona recognized as refugees, by a State or UNHCR, on the basis of objective criteria related to the circumstances in their country of origin, justifying a presumption that they meet the criteria of the applicable refugee definition.

Protection - All activities aimed at obtaining full respect for the rights of the individual, in accordance with the letter and the spirit of the relevant bodies of law (i.e. international human rights law, international humanitarian law and refugee law.)

Queue jumper - An emotive term used to describe asylum seekers, especially boat people, who are believed to be illegally 'jumping the queue' by taking the place of 'genuine' refugees waiting patiently in a camp for resettlement. Although the perception that there is an orderly queue is erroneous and does not reflect the reality of the asylum process, the term is often used to influence public opinion against asylum seeker arrivals.

***Refoulement* -** The removal of a person to a territory where he/she would be at risk of being persecuted, or being moved to another territory where he/she would face persecution. Under international refugee law and customary international law, *refoulement* is permitted only in exceptional circumstances.

Refugee - A refugee is any person who, "owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his [or her] nationality and is unable or, owing to such fear, is unwilling to avail him [or her] self of the protection of that country; or who, not having a nationality and being outside the country of his [or her] former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it." *Article 1A (2) of the 1951 Convention*

Refugee Status Determination - Legal and administrative procedures undertaken by States and/or UNHCR to determine whether an individual should be recognized as a refugee in accordance with national and international law.

Resettlement - The transfer of refugees from the country in which they have sought asylum to another State that has agreed to admit them. The refugees will usually be granted asylum or some

other form of long term resident rights and, in many cases, will have the opportunity to become naturalized citizens. For this reason, resettlement is a durable solution as well as a tool for the protection of refugees. It is also a practical example of international burden and responsibility sharing.

LIST OF INCLUDED PUBLICATIONS

Sulaiman-Hill, C.M.R., Thompson, S.C., Afsar, R., & Hodliffe, T.L. (2011). Changing Images of Refugees: A Comparative Analysis of Australian and New Zealand Print Media 1998-2008. *Journal of Immigrant and Refugee Studies*, 9 (4), 345-366. (doi.org/10.1080/15562948.2011.616794)

Sulaiman-Hill, C.M.R., & Thompson, S.C. (2010). Selecting instruments for assessing psychological wellbeing in Afghan and Kurdish refugee groups. *BMC Research Notes*, 3:237. (doi:10.1186/1756-0500-3-237) http://www.biomedcentral.com/content/pdf/1756-0500-3-237.pdf

Sulaiman-Hill, C.M.R., & Thompson, S.C. (2011). Sampling challenges in a study examining refugee resettlement. *BMC International Health and Human Rights*, 11:2. (doi:10.1186/1472-698X-11-2) http://www.biomedcentral.com/content/pdf/1472-698X-11-2.pdf

Sulaiman-Hill, C.M.R., & Thompson, S.C. (2012). 'Thinking Too Much' – Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees. *Journal of Muslim Mental Health*. Accepted for publication, in press.

Sulaiman-Hill, C.M.R., & Thompson, S.C. (2011). Afghan and Kurdish refugees, 8-20 years after resettlement, still experience psychological distress and challenges to well being. *Australian and New Zealand Journal of Public Health*, online 4 November 2011. (doi:10.1111/j.1753-6405.2011.00778.x)

Sulaiman-Hill, C.M.R., & Thompson, S.C. (2011). Learning to Fit in: An Exploratory Study of General Perceived Self Efficacy in Selected Refugee Groups. *Journal of Immigrant and Minority Health*, online 16 November 2011. (doi: 10.1007/s10903-011-9547-5)

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CONTRIBUTION OF AUTHOR AND CO-AUTHORS

The following people were directly involved as co-authors for the publications arising from this research project.

Cheryl M. R. Sulaiman-Hill – I conceived, planned and conducted the entire study, including instrument selection, data collection and analysis of both refugee and media study material. I also wrote all the articles, with input from co-authors as outlined below.

Winthrop Professor Sandra C Thompson – Supervised the entire project, assisted with the design and conduct of the study and read, commented and approved the drafts and final versions of all the articles. For the media study she was also involved with the initial design, helped to test the coding schedule and discussed the results of the analysis and findings. She read and approved the final version of the article.

Dr Rita Afsar – Rita was employed as a research assistant to conduct thematic coding of newspaper articles as part of the media study. She contributed to the analysis and discussion of the results and preparation of the article. She read and approved the final version of the article.

Toshi L Hodliffe – Toshi was also employed as a research assistant for the media study. She undertook the framing analysis component, coded the religio-ethnic variable and contributed to discussion of the results. She read and approved the final version of the article.

Signed statements of the contribution of each of these co-authors are included in Appendix 1.

CHAPTER 1 INTRODUCTION & THESIS OVERVIEW

A lasting solution, the possibility to begin a new life, is the only dignified solution for the refugee himself.

-- Poul Hartling, UN High Commissioner for Refugees, 1978-1985

1.1 Background

Globally, the numbers of conflict situations continue to be a point of concern, forcing millions of people to flee their countries of origin in search of a safe haven. At the end of 2009 there were over 43 million refugees recognised, with almost half of those currently under the protection of the United Nations High Commissioner for Refugees (UNHCR) originally coming from Afghanistan or Iraq (UNHCR, 2010). Resettlement to a third state provides one durable solution for dealing with an often intractable refugee problem, however less than 1% of the total population at risk are eventually resettled. For host nations accepting refugees however, their long term health and settlement prospects are a matter of continuing relevance. In addition to those refugees accepted under humanitarian programs, countries such as Australia also receive significant numbers of asylum seekers each year. In 2010 this included asylum claims from 3129 Afghanis, 1354 Iraqis and 856 Iranians (UNHCR, 2011a), and many of these people will eventually be joined by family members from conflict zones.

Although most refugees are accepted under humanitarian programs and receive state support that is frequently denied to asylum seekers, they are still vulnerable to the combined impact of pre-migration experiences and post-migration acculturative stresses. Literature reports suggest that some groups are at a relative disadvantage, particularly when there is a wide cultural distance between migrant and host groups (Berry, 2006), or for those who are visibly different, such as Muslim women (Casimiro, Hancock, & Northcote, 2007; Colic-Peisker & Tilbury, 2007). Attitudes towards specific groups may be influenced by wider geopolitical events, such as terrorist attacks and conflict situations overseas, but also in response to domestic concerns and the political stance adopted towards refugee issues and asylum seeker policies. The arrival of asylum seekers by boat to Australia has been a particular point of concern, polarising opinion around new arrivals and those already settled. Concerns around issues of discrimination and social inclusion have been raised, particularly towards Muslim groups (Casimiro et al., 2007; Fozdar & Torezani, 2008; Yasmeen, 2011), so further research contributing to the discourse in this area is

urgently needed. Both public attitudes and government policies to immigration in receiving countries can therefore play an important role in resettlement outcomes.

In addition, re-traumatisation, which can have a detrimental impact on mental health, is a constant issue for groups from countries such as Afghanistan and Iraq where there is still ongoing conflict reported regularly in the media. Other studies have identified such groups as having high levels of psychological distress, but report low levels of health service use. More research on specific refugee groups from these regions has been recommended (Boufous, 2005).

A paucity of research examining longer term settlement was also revealed. Very few studies report findings from participants settled more than ten years, and of those that do, most report the experiences of former refugees from South East Asia (Beiser & Hou, 2001; Marshall, Schell, Elliott, Berthold, & Chun, 2005; Westermeyer, Neider, & Callies, 1989).

The research study outlined in this thesis helps to address some of the questions raised in previous literature reports, and the inclusion of data from New Zealand and Australian participants from two different refugee groups provides a unique comparative focus.

As the study sample was predominantly Muslim, the thesis title 'Beyond Hijrah' was chosen to reflect this population. The concept of *hijrah* (هِجْرَة) in Islam provides an historical precedent for emigration to avoid persecution, which occurred twice during the formative period of the religion in Arabia. The most important event occurred in 622 CE when the Prophet Muhammad and his followers fled from Mecca to sanctuary in Medina. [2] The *muhajirun* (refugees) were offered asylum and provided with shelter and material support by the *ansar* (helpers). This proved to be a seminal event which laid the foundations for the nascent Muslim community. A number of *Qur'anic* references provide religious acknowledgement that people who have been persecuted (especially for their beliefs), and fled to seek refuge will be ultimately rewarded by God. For many people this can provide meaning and coherence as they struggle to interpret life events and cope with the upheaval of forced migration. Thus, the phrase 'Beyond Hijrah' refers to the resettlement phase of the refugee journey.

[2] The Islamic *Hijrah* calendar still in use today dates from 622, using the suffix AH (After Hijrah) in the same way that AD

1.2 Research problem and objectives

The main objective of the study was to examine resettlement experiences of Afghan and Kurdish refugees in Australia and New Zealand in the light of different national policies and local practices. Two sub-objectives aimed

1. To assess public attitudes to refugee issues in Australia and New Zealand as determined by newspaper print media
2. To compare the health status and overall quality of life of Afghan and Kurdish refugees in Christchurch and Perth.

A number of research questions were developed to assess this:

- What is the prevalence of psychological distress in a sample of Afghan and Kurdish refugees, and are differences observed between recent and longer settled refugees?
- Is there any relationship between temporal factors and general self efficacy beliefs?
- What are the main concerns identified by resettled refugees in Christchurch and Perth?
- What coping strategies do they use for dealing with psychological distress?
- How do resettlement experiences impact on refugee participants' quality of life and mental health status?
- How satisfied are refugees with their lives as a whole?

The findings of this study are presented as a series of published papers. Some of the particular challenges encountered during the preparatory phase of the study, including language issues and sampling concerns are likely to arise in similar studies, so dissemination of the strategies adopted for this research may assist other researchers in the field. Similarly, publication of the research in peer reviewed journals provided the opportunity for discussion and refinement of the published material, as well as helping to contribute to existing knowledge in the discipline. Although the final thesis has been strengthened by the review procedure, publication time constraints had a significant impact on the length of time required to complete the thesis.

1.3 Personal background and reflections

The basis of my interest in this topic can be traced to my own experiences living in the Middle East and South East Asia over several years. However, it was not until I was living in

Brunei with my family in 2004 that I commenced study as a distance student at the Centre for International Health at Curtin University. I had completed an Honours degree in Political Science and Religious Studies in New Zealand shortly before we moved to Brunei, and after an eighteen month break working as a medical scientist there, I was ready to get back into study. The chance to undertake Doctoral level study as a distance student was tempting, and the emphasis on International Health was appealing as it allowed me to combine my medical and scientific experience with my wider research interests, particularly around international relations and Islamic studies.

Although I initially enrolled in the Master's program, my intention was to transfer to a professional doctorate once I was back in New Zealand and in a position to assess possible research topics. During the final year of our stay in Brunei, I completed a number of doctoral level course work units; one of these was Refugee and Migrant Health which I found particularly interesting, as I was able to relate to the experience of being a migrant. Our sojourn in Brunei was not our first experience living overseas as we had previously lived and worked in Saudi Arabia for several years and I well remembered the culture shock we experienced when we moved back to New Zealand. These combined experiences highlighted the challenges and frustrations common to migration in general, but in particular, they increased my awareness of the difficulties encountered when attempting to bridge a vast cultural and linguistic divide.

We eventually returned to New Zealand in 2005 and I took leave of absence during this time to settle in and also to explore some ideas for a doctoral research topic. I already knew that Christchurch was one of the refugee resettlement centres in New Zealand, so I was inspired to find out more about volunteer opportunities to work with refugee families.

> *I saw an advertisement in the paper today about an RMS (Refugee & Migrant Services) training course for volunteer support workers (VSW). This is something I feel really passionate about; it would be a great chance to use some of those cross cultural skills I've picked up over the years, while also really being able to help these people when they first arrive.... I just called them and it's starting tomorrow! What great timing, it must be meant to be. (June 2005)*
>
> *Well I've been to a couple of training sessions now, six more to go; I feel really excited and positive about my new VSW role. They've got a big group of Kurdish refugees coming at the beginning of December. I've been doing some research on Kurdish issues; it sounds like these people are long term refugees originally from*

> *Iran, most have been refugees for over twenty years! I can't imagine what that must be like, and now they've got to settle in here. I remember what the culture shock was like when we first came back from Saudi; how hard is it going to be for these people, especially for the women coming from such a traditional background. This is really interesting – maybe I can explore some of these issues for a research topic. (Sulaiman-Hill, Reflective Journal 2005)*

Over the next few months, I spent a lot of time with the Kurdish community. My family attended social events, I tried to learn some Kurdish language and we formed good relationships with most of the families who had already been living in Christchurch for several years. I already had some knowledge of Arabic, having learnt it while living in the Middle East, so that was a huge advantage when communicating with newcomers from Iraq. I was also able to read Farsi as the scripts are very similar, and that was to prove useful later in the study for selecting instruments, checking translations and during data analysis. By the time the family I was to support finally arrived, I was quite comfortable with their cultural mores and social expectations. I learned so much from helping them, not only about their own culture and experiences but also about our own systems in New Zealand. I experienced firsthand some of the barriers new arrivals face trying to access services, dealing with bureaucracy and interacting with members of the wider society. I was already familiar with some of the difficulties facing those who are visibly different, a legacy of my experience living overseas but also being a Muslim in a country with Western norms. This was reinforced when I took them shopping for basic household necessities from their resettlement grant. As this involved obtaining quotes for individual items, which then had to be approved by Work and Income before the goods could be purchased, I experienced the disempowerment associated with this process and the apparent disdain of shop assistants serving us. On one occasion, when I was shopping with some Kurdish people and we were all wearing headscarves, we were served by a rather rude shop assistant. She not only spoke very slowly and loudly to me, but also rolled her eyes when one of my Kurdish clients queried something on the account. As a native English speaking New Zealander it concerns me that many migrants have to face situations like this on a regular basis.

By this time, I was starting to develop my research ideas. I realised that very few studies had been conducted with Kurds, especially in a Western setting. In fact, there is very little awareness of Kurdish issues in general, or even of their existence as an ethnic group outside of the Middle East.

I'm thinking about doing a comparative study, based on the experiences I've got with the Kurds here. I'd really like to look at another similar group, I guess the Afghans would be the closest to them and there is already a reasonable sized community in Christchurch with new families still arriving. Most people here have never heard of the Kurds, so it would be great to raise awareness. They're such an overlooked group; there are millions of them without their own country, in many places they've been marginalised and persecuted as minorities, forced to change their names and forbidden to speak their own language. And our own institutions are not much better; immigration records their country of birth, rather than ethnic group affiliation. It might make recruitment a bit difficult though… (Sulaiman-Hill, Reflective Journal 2006)

I also started doing some preliminary research, into the nature and scope of previous studies on similar groups in Christchurch. I approached service providers, health care professionals and refugee groups to get a sense of what had already been done, and possible areas of need. Unfortunately, the response I received was mixed, as the following except indicates.

I'm starting to feel a bit discouraged about the viability of this project; I keep getting mixed messages about it. I spoke to one woman last week [service provider] *who told me I was wasting my time, there had been lots of research already done and basically suggested the agencies had everything under control. But when I talk to the refugees themselves, I get a totally different picture. M* [another PhD student researching refugees in Christchurch] *said that she had been told the same thing by the agency people. My own impression is that there are many areas of resettlement that could be improved, and a research project seems a good way to give these people a 'voice'. They certainly seemed enthusiastic enough, especially the Kurds. I wonder if it's a case of vested interests with some of the agencies…. I guess that makes it even more worthwhile… (Sulaiman-Hill, Reflective Journal 2006)*

At the end of my nine month Kurdish attachment, I supported another family; this time they were Hazaras from Afghanistan with a totally different refugee experience. It was a delight to watch the transformation of the family as their language skills improved and they gradually gained a sense of security in their new environment. A special highlight was being involved after the birth of their new 'Kiwi' baby and later, attending their citizenship ceremony.

Each attachment lasts between six months and a year depending on the individual needs of each family. In total, I directly supported four families; one Kurdish, two Afghan and one Bhutanese between 2005 and 2007-8 when I left to start the data collection phase of my study, but I also provided informal support for several other families from each ethnic group. My experiences with the Afghan families were similar in some ways to those of the Kurds, but very different in others. I gained a deeper understanding of community dynamics, learned about sources of dissent amongst different ethnic groups, and came to appreciate that neither refugee status nor ethnicity guarantees homogeneity; all families are different with respect to their background, refugee journey, and resilience, not to mention their future aspirations. I learned that even the term 'community' is a difficult concept, as others have described:

> *'Community especially in the case of ethnic minorities is a contested concept. It leads to equation of community to culture, through which culture becomes reified (Bauman 1996:10)'. With this term I refer mainly to the existence of certain kind of networks and social and cultural activities that are in many ways constructed and imagined (B. Anderson, Fragmented Communities 1983 cited in Ghorashi, 2008)*

This raises a number of issues when planning research with such groups. In addition to the difficulties with identifying members of different ethnic groups, there is also a lack of acknowledged leaders with the authority to represent group interests. For instance, the necessity to consider the impact of research on 'collectivities' or identifiable community groups is a requirement for ethics committee approval (National Health and Medical Research Council, 2007), but in practice it is often impossible to identify representatives who could fulfil this role for such widely divergent groups. The Afghans are a classic example; all identify as Afghans, with most originating in Afghanistan, however among them are people who claim Tajik, Hazara, Pashtu, and Uzbek descent, as well as other more obscure minority affiliations. I attempted to identify possible 'leaders' to obtain their approval for the study as it may impact on those of Afghan ethnicity, but in all cases I was told that it was purely a matter of individual or family choice as no one felt competent to adequately represent all community members. Despite this, each ethnic community elder or 'leader' I approached was happy to endorse the research, thus fulfilling the ethical requirements.

During 2006-2007, I was working on my research proposal, which by that stage had expanded into a comparative study of Afghan and Kurdish groups living in Christchurch and

Perth. I realised I would need to spend some considerable time in Australia to achieve this, which was a particular challenge as I would need to leave my husband and family in New Zealand. In late 2006, my mother-in-law was diagnosed with terminal cancer so I tried to juggle my time over the next two years between my studies and providing support for her through that very difficult time. From a research perspective, one of the biggest challenges I encountered was data collection in Perth. Because I had no existing links with any of the communities there, I was at a huge disadvantage compared to Christchurch and I realised it was going to require an extended visit to achieve my objectives. Fortunately, some of the staff members at the Centre for International Health were able to provide contact details for both Kurdish and Afghan students and staff at Curtin University, who provided a good initial entrance into each group. I was also able to make contacts through Afghan and Kurdish associations and the wider Muslim community. The fact that I was Muslim was a huge advantage during this time and I received good support for the project from my Muslim 'sisters'. The concept of the Muslim *ummah* or worldwide community of believers is strong, and I was deeply appreciative of their support and encouragement over that time.

During data collection, I was assisted by my eldest son Nasr (Nicholas), a recent political science graduate who has good cultural understanding and interview experience. This was also received very positively by participants as it meant that in some instances he could interview male participants while I interviewed the women, or we could take turns with interviewing and transcription. Similarly, within Islamic culture it is not considered appropriate for women to be alone with strange males, so we were able to act as chaperones for each other, thus enhancing our respectability and showing consideration of participants' cultural expectations.

With the recent increase in research among refugee populations, a number of unique ethical challenges have been identified which also needed to be considered once data collection started. Awareness of issues relating to power relations between researchers and participants can have potential implications with regard to bias and coercion in recruitment, as well as raising questions about beneficence and the underlying research rationale (Ebbs, 1996; Leaning, 2001). Similarly, concepts of ethics are culturally constructed so I couldn't assume that individuals would necessarily share a common understanding of informed consent, the roles of researcher and participant, moral obligations and perceptions of risk and benefits (Centre for Refugee Research, 2004). Throughout the entire research process, I was particularly aware of the need to establish relationships and build trust, as involving communities in the research process can help to

promote equity and reduce feelings of exploitation. In particular, I felt it was important to spend time getting to know the participants, to chat with them prior to the interview and 'connect' with them as individuals. Hospitality is deeply ingrained in these cultural groups, so taking extra time to drink tea and socialise before getting down to the interview was really appreciated. Several people commented that it is uncommon for host culture visitors to do this, as most people are too busy and in a rush to get away which is perceived as the height of rudeness. Nicholas and I must have consumed hundreds of cups of tea during this time but the resultant benefits and additional insights into their lives paid dividends, not only in the quality of data obtained, but also by helping to break down barriers and provide reassurance. Ghorashi (2008) described her own personal experiences as an Iranian asylum seeker, when she felt she was often simply treated as a number or a file and subjected to interviews that she felt were 'too fast, too purposive, or much too short'. I wanted to avoid the situation she described and the feeling of distress that type of interview can evoke in refugee participants, so despite the additional time commitment involved, made a point of allowing sufficient time to do justice to their life experiences and social mores. I deliberately wanted to focus on the post-migration period for the research using both quantitative and qualitative methods. Other researchers working with refugee groups have since recommended the benefits of mixed methods to gain a more comprehensive understanding of the complexity of their experiences (Fozdar & Torezani, 2008). Several previous studies had examined specific mental health problems including depression and post-traumatic stress disorder in refugee groups and asylum seekers (Ichikawa, Nakahara, & Wakai, 2006; Steel et al., 2006), so I didn't want to replicate their work, nor did I want to risk situations where participants might experience re-traumatisation due to the research process. The use of qualitative methods to discuss health issues in a general, non-threatening context has been shown to encourage disclosure of information while avoiding situations of personal discomfort or harm (Orb, Eisenhauer, & Wynaden, 2001), which is a particular concern with refugee victims of violence where interviews may trigger painful memories and lead to psychological distress. By focusing on the dynamics of the resettlement process, exploring points of concern and support as identified by the refugee communities in open ended questions, I hoped to provide an *emic* (insider) perspective, highlighting the voices of minority members including recently arrived women who can be easily overlooked. I believe that as a Muslim woman myself, I was able to provide some reassurance and positive affirmation of their lifestyle choice to these women, helping to put them at ease and soften the power differential between researcher and participant.

Overall, the entire research project has been incredibly rewarding, although much more demanding than I initially anticipated, especially the challenges of working with four distinct refugee communities. I met some amazing people who have been through so much, now have so little in a material sense, but are still amazingly generous of spirit. There is so much we could all learn from them, and I hope that I have done justice to them in this study.

In the past year, since a 7.1 magnitude earthquake struck Christchurch on 4 September 2010, the city has been rocked by several major earthquakes and more than 9000 aftershocks on a number of previously unknown faults. This has resulted in widespread devastation and disruption across the city; the most recent major event being a 6.0 magnitude earthquake on 23 December 2011. Many residents were forced to evacuate their homes, much of the city centre is still cordoned off (December 2011) while whole city blocks are demolished and entire suburbs will eventually be relocated to more stable ground. High levels of anxiety and stress have affected many people as our houses continue to shake and our sleep is disrupted. In some small way, we have all gained a deeper understanding of the sense of loss and bewilderment that forced migrants' experience as part of their refugee journey. A large number of the refugee participants in the study have been forced to relocate elsewhere in the country, although there is a hope that many will eventually return to the city they were pleased to call home. Our lives were certainly enriched by them. *Kia Kaha*

1.4 Orientation to the thesis

The overall structure of this thesis is comprised of seven chapters, and incorporates six published articles. This introductory chapter has provided a brief background summary of the research, highlighted gaps in current knowledge and revealed my own personal background and reasons for interest in the topic, as well as my reflections on the research process overall.

Chapter 2 provides background information to contextualise the research study as a whole. It begins by describing some of the key concepts embodied in the 1951 United Nations Convention Relating to the Status of Refugees, particularly issues around the need for durable solutions such as resettlement to address protracted refugee situations. The New Zealand response is then outlined, focusing primarily on the quota refugee intake and associated polices of settlement support and family reunification. This is followed by an

overview of the policy situation in Australia, with additional material devoted to the humanitarian onshore protection program for asylum seeker arrivals. A table describing Australian and New Zealand resettlement policies and practices is provided for comparison. Additional material has also been included on a number of high profile incidents relating to asylum seeker arrivals and some of the historical precedents underlying immigration policy in Australia. The next section of the chapter describes the political background and community profiles of the two refugee study communities, and concludes with two narratives outlining the refugee journeys of an Afghan and a Kurdish participant in New Zealand.

The third chapter provides a review of significant literature in the field of refugee research, describing some of the general physical and mental health disorders related to migration in general, and forced migration in particular, taking into consideration the impact of trauma and other adverse pre-migration factors. The post-migration phase is then considered, identifying a number of barriers to settlement. Acculturative stress and the impact of visible difference and discrimination on certain groups are described, with an emphasis on how the media represents minority groups. The focus then moves to factors influencing post-migration adaptation, looking at coping processes, belief systems, self efficacy and the importance of social support. Concepts of well being and quality of life are then described, before material on long term settlement trends are discussed. The chapter concludes by identifying gaps in current knowledge and suggesting possible areas of research.

In Chapter 4, the media study exploring differences in newspaper reporting of refugee issues in Australia and New Zealand over a ten year period is described. The first part of the chapter outlines the theoretical and conceptual framework underpinning the media study and provides details on the study design, sample selection process and data analysis. It concludes with an article published in the Journal of Immigrant and Refugee Studies, "Changing images of refugees: A comparative analysis of Australia and New Zealand print media 1998-2008" which outlines the study findings.

Chapter 5 describes the methodology used for the refugee survey component of the study. As two articles dealing with methodological issues are included as part of the chapter, the first section focuses on areas not covered in the articles. In particular, the theoretical and conceptual framework of the study is described, as well as providing an in depth discussion of the mixed methods study design, language considerations and additional details about data processing and analysis. The chapter concludes with the articles, "Selecting

instruments for assessing psychological well being in Afghan and Kurdish refugee groups" and "Sampling challenges in a study examining refugee resettlement", published in BMC Research Notes and BMC International Health and Human Rights respectively.

Chapter 6 is comprised of three articles presenting the main study findings. The first is entitled "Thinking too much – Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees" and is due for publication in the Journal of Muslim Mental Health in early 2012. This article describes the prevalence of distress among the study sample and provides an indication of the level of morbidity some participants continue to experience due to their symptoms. However, despite reporting difficulties dealing with daily tasks as a result of this, many people were reluctant to seek professional help and tended to rely on their own coping strategies, which are described in the article. In addition, analysis of stressors reported by the group with the highest risk of psychological distress suggests that many of these may be related to resettlement issues, factors which could potentially be addressed by resettlement service providers and social service agencies.

The second article picks up on several of the points from article one, but explores the findings of participants settled between 8 and 20 years. Entitled "Afghan and Kurdish refugees, 8-20 years after resettlement, still experience psychological distress and challenges to well being", it was published online in the Australian and New Zealand Journal of Public Health in November 2011. The findings reported in this article confirm psychological distress as a chronic issue for resettled refugees, with 60% of the sample scoring over the Kessler 10 threshold; in particular, female gender and unemployment were identified as risk factors. Subjective well being and quality of life data are also reported in the article, affirming the value of living in a safe and secure environment, as well as revealing a number of issues of concern especially around social inclusiveness and possible discrimination. The inclusion of material from people settled up to twenty years provided the opportunity to highlight ongoing concerns beyond the time frame of most published research studies.

Article 3, "Learning to fit in: An exploratory study of general perceived self efficacy in selected refugee groups" has been published in the Journal of Immigrant and Minority Health. This discusses self efficacy in the context of the sample group, revealing positive associations between self efficacy and well being. The value of interventions to enhance

self efficacy, with the aim to increase motivation for learning by providing refugee models of successful resettlement, is discussed in the article.

Finally, Chapter 7 provides a brief summary and critique of the study overall, and highlights some implications of the research. It also includes a discussion of the study limitations. The chapter concludes by identifying areas for further research. Although many of these points have already been mentioned in the journal articles, this chapter allows for more in depth discussion than is possible within the confines of journal length guidelines, bringing together the overall findings in response to the study objectives and research questions.

CHAPTER 2 CONTEXT OF THE RESEARCH & RESEARCH PARTICIPANTS

2.1 Refugee resettlement: International imperatives

> *A refugee is defined as 'a person who is outside his or her country of nationality or habitual residence; has a well-founded fear of persecution because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail himself or herself of the protection of that country, or to return there, for fear of persecution.'* **(Article 1, 1951 Convention Relating to the Status of Refugees (UNHCR, 2010b))**

In December 1950, the office of the United Nations High Commissioner for Refugees (UNHCR) was established, primarily to ensure protection for European refugees in the aftermath of World War 2 (WW2). Key responsibilities included provision of international protection and an imperative to seek permanent solutions to refugee dilemmas (UNHCR, 2004b). A special UN conference was convened in July 1951 which culminated in the adoption of the Convention Relating to the Status of Refugees (commonly referred to as the 1951 Refugee Convention). In addition to defining the concept of a refugee described above, the document also highlights a refugee's right to work, education, freedom of religion and movement, and accessibility to travel documents. The obligations of refugees towards a host government, especially the requirement they adhere to the laws and regulations of that state, are also detailed. One of the key concepts embodied in the Convention is the principle of *non-refoulement*, where no individual should be forced return to a country where they may face persecution (UNHCR, 2010b).

The significant limitations of the original document, particularly the focus on events occurring prior to 1 January 1951 and its geographical constraints, prompted development of the 1967 Protocol, a universal document applicable to refugees worldwide. By September 2007, 147 states including Australia and New Zealand had ratified the Convention and/or its Protocol (UNHCR, 2007a).

2.1.1 Refugee status determination

Any individual for whom the definition in Article 1 of the 1951 Convention applies may submit an application for recognition as a refugee. If the application is lodged in a Convention or Protocol signatory State, it is normally processed by the relevant authorities

in that country and if granted, the refugee is referred to as having Convention Status. However, for those who meet the UNHCR eligibility criteria and qualify for protection of the United Nations High Commissioner, but are outside a Convention country, protection as a Mandate refugee may be granted following application to a UNHCR field office. Refugees may therefore be both Mandate refugees and Convention refugees simultaneously. Both types are eligible for resettlement (UNHCR, 2010c).

In some situations resulting in mass displacement, an urgent need for protection and assistance may result in group determination of refugee status, rather than the usual system based on individual application. In these cases, each member of the group is regarded *prima facie* as a refugee. Effectively, this means that in the absence of evidence to the contrary, there is a presumption that individual members of the group are considered refugees in need of protection. Resettlement states' recognition of *prima facie* refugee status varies, and in many cases will require individual assessment of eligibility prior to resettlement.

2.1.2 Durable solutions for refugee populations

Under the UNHCR's mandate to provide protection for refugees, three options offering durable solutions for refugee populations are available. Although there is no hierarchical imperative, voluntary repatriation to their home country "in safety and with dignity, i.e. return in and to conditions of physical, legal and material safety, with full restoration of national protection the end product" (UNHCR, 2004a, p. 3) is generally considered by the UN to be the most beneficial solution allowing returnees to re-establish previous life connections with loved ones and property. However, in many cases, this may not be feasible due to ongoing conflicts or an individual's reluctance to return, possibly due to a continuing fear of persecution or other salient reasons, so local integration or resettlement becomes the preferred option.

Local integration is based on "the assumption that refugees will remain in their country of asylum permanently and find a solution to their plight in that State. Ideally, that will involve the acquisition of citizenship" (UNHCR, 2004a, p. 9). This requires both the will and capacity of that host country to sustain and support refugee populations long term as populations swell due to proximity, whilst also promoting self-reliance as refugees work towards naturalization and socio-economic integration. The advantages are evident; countries of asylum are often neighbouring states, so religio-cultural, linguistic and social similarities between the host community and refugee groups are often evident, and some kinship ties

may also exist to promote integration. In practice however, the opportunities for local integration in many countries of asylum are limited. Some countries are not signatories to either regional or universal refugee instruments and/or do not protect refugee rights enshrined in the 1951 Convention. Neighbouring states in regions of protracted conflict such as Pakistan, Iran or Kenya are vulnerable to large scale influxes of people seeking asylum, which can result in social, political or economic destabilization as large numbers of refugees are absorbed into the local community. In some cases, resettlement to a third country such as Australia or New Zealand may be the only safe and viable long term option.

Resettlement has been conceptualized by the UNHCR as:

> *The selection and transfer of refugees from a State in which they have sought protection to a third State that has agreed to admit them – as refugees – with permanent residence status. The status provided ensures protection against* refoulement *and provides a resettled refugee and his/her family or dependants with access to civil, political, economic, social and cultural rights similar to those enjoyed by nationals. Resettlement also carries with it the opportunity to eventually become a naturalized citizen of the resettlement country*. (UNHCR, 2010c)

It serves a particularly important function, especially to provide protection when refugees' rights are at risk in the country of asylum. Similarly, for protracted refugee situations involving large numbers of refugees (25,000 or more) of the same nationality who have been in exile for at least five years, resettlement provides an important solution to a stalemate situation. It is considered both a burden and a responsibility for participating states within the international community. Resettlement is not a right, and provision of resettlement places is at the discretion of the host state. The number of resettlement countries has increased in recent years from a traditional group of nine (including Australia and NZ) in the aftermath of WW2, to 28 states in 2010 (UNHCR, 2010c), however there is still a significant shortfall in capacity in the number of places offered with many of the newer states only accepting very small numbers of people (Table 2.1). As a durable solution, resettlement provides a viable option for only 1% of the global refugee population (UNHCR, 2010a), but many of these people may wait many years for the chance to resettle as demand for places overwhelms supply. In 2010, the UNHCR estimated 800,000 persons would benefit from resettlement however fewer than 80,000 places were offered.

Table 2.1 Countries accepting refugees for resettlement in 2009

United States	Canada	Australia	Germany	Sweden	Norway	United Kingdom	New Zealand	Other* (11 countries)	Total
79937	12457	11080	2069	1936	1391	955	727	1890	112442

Note: *Remaining countries accepting refugees for resettlement in 2009 included Argentina (30), Belgium (47), Brazil (33), Czech Republic (17), Denmark (433), Finland (724), Ireland (192), Luxembourg (28), Netherlands (369), Nicaragua (3), and Uruguay (14). Source: UNHCR Statistical Yearbook 2009 http://www.unhcr.org/4ce5327f9.html

To be eligible for resettlement an individual must be recognized as a refugee under the UNHCR mandate and be deemed suitable according to the guidelines and criteria outlined in the Resettlement Handbook (UNHCR, 2004b). Priority is given to protecting those whose physical security and legal rights cannot be guaranteed in the country of refuge, especially where there is a risk of *refoulement*, to women at risk, elderly, children and adolescents, survivors of torture and trauma (in particular where further trauma could result or inadequate treatment options exist), those with unmet medical needs or in cases where voluntary repatriation or local integration are not an option in the foreseeable future (UNHCR, 2010c). The selection process is coordinated by the UNHCR, which submits recommendations of individuals or groups to resettlement states for consideration. The final decision rests with the host state in accordance with its own policies and laws.

Regular discussions occur between UNHCR, settlement states and non-government organizations (NGOs) each year, during which global resettlement needs and priorities are determined. The Annual Tripartite Consultations on Resettlement (ATCR) are held in Geneva with participation from States, NGOs, intergovernmental and international organizations and the UNHCR, while Working Group on Resettlement (WGR) and bilateral meetings between UNHCR and individual states also help establish capacity and need on a more regular basis, allowing specific solutions to be worked out on a case by case situation (UNHCR, 2010c).

2.2 Refugee resettlement: New Zealand Response

New Zealand, which has been accepting refugees since the end of WW2, is still considered one of the ten core UNHCR resettlement countries. The majority of refugees settled in NZ are mandated quota refugees referred by the United Nations, although many family members of refugees already in NZ have arrived under the Family Reunification Program, while others have claimed asylum on arrival at the border or after legal entry into the

country (convention refugees/spontaneous refugees/asylum seekers) (NZ Human Rights Commission, 10 December 2010).

2.2.1 Quota refugees

The size and composition of the quota of approximately 750 refugees is determined annually following consultation with the UNHCR, NGOs, government departments involved with refugee resettlement, existing refugee communities and other stakeholders. The focus is on mandate refugees in special need of protection who have been referred by the UNHCR, taking into consideration regional and global priorities. This can be seen in arrival trends over the past ten years, as the demographic focus has gradually shifted from Afghanistan and the Middle East/Africa, to the Asian region, as arrival numbers from Myanmar and Bhutan suggest (Table 2.2). The UNHCR is the sole referral source for New Zealand resettlement applications. Of the 750 places, 75 are allocated to women-at-risk, 75 to those with special medical or disability needs (including up to 20 places for refugees with HIV/AIDS), and the remaining 600 places to families in need of priority protection. Dependent family members are included in the priority protection subcategory. Approximately 50 places are set aside for emergency resettlement submissions from regions outside the global priority zone, and these may be considered solely on a dossier basis (UNHCR, 2007).

Table 2.2 NZ Refugee Quota arrivals 2000/01-2009/10 Top Six Countries

Country	Total number quota refugee arrivals
Afghanistan	1501
Myanmar	1472
Iraq	1021
Bhutan	446
Somalia	446
Iran	395

Note: Total number of arrivals from all countries during this time n=7270, 72% of all arrivals (n=5281) were from the 6 countries listed above

Source: http://www.immigration.govt.nz/migrant/general/generalinformation/statistics/

Applications submitted by the UNHCR are processed by the Refugee Quota Branch (RQB) of the Department of Labour. Interviews with refugee applicants are conducted during RQB selection missions to the region of asylum. If interviews are not possible or practical, submissions may occasionally be considered on a dossier basis. Ideally, complete submissions with all documentation in order should be processed within six to eight weeks of the interview, with actual resettlement within six months (UNHCR, 2007).

Since 2005, a new health screening policy has been in place which requires refugees provisionally accepted under the quota to complete off shore screening for HIV/AIDS and Tuberculosis (TB). Refugees are not excluded on medical grounds; rather the policy is to ensure that adequate treatment and support facilities are in place once they arrive and that active TB cases are treated prior to travel.

Immigration NZ exclusion criteria may include a history of past criminal activity, on security grounds when an individual is considered a serious security threat or has been involved in past terrorist activity or crimes against humanity, or in rare situations where appropriate medical treatment is not available.

Families and individuals accepted under the Refugee Quota Program (RQP) are granted permanent residency status on arrival, entitling them to the same rights as NZ citizens, and are eligible to apply for citizenship after five years residence.

2.2.2 Family Reunification

New Zealand acknowledges the crucial role that family reunification plays, as it has 'the potential to improve resettlement outcomes and reduce adjustment costs for refugees by reducing the emotional and financial strain that results from being apart from family members' (NZ Department of Labour, 2004). Although demand will always exceed capacity, under the resettlement policy the focus is on reuniting separated family members, providing they were declared on the initial application. This normally applies to a spouse and dependent children under 18 years, or parents of refugee minors. Extended family members who are also recognized as refugees under the mandate may be referred directly by the UNHCR. Non-refugee extended families who do not qualify for UNHCR resettlement may apply for residence under special immigration criteria which has an annual limit of 300 places (UNHCR, 2007). This acknowledges the difficulties many family members have with meeting normal eligibility standards. The family member in NZ normally acts as the sponsor who is responsible for travel costs and support after arrival (NZ Human Rights Commission,

10 December 2010). In all other cases, the NZ Government pays for travel and settlement costs.

2.2.3 Convention refugees/Asylum seekers

For persons not already determined to be refugees as part of the UNHCR program offshore, a claim for refugee status under the Convention can be submitted in New Zealand. To do this, a person must be in New Zealand, either lawfully (holding a visa) or unlawfully, and express their intention to seek refuge to a representative of the Department of Labour or member of the NZ Police. A written claim is then submitted to the Department of Labour for processing (NZ Department of Labour, 29 September 2008). Under the Immigration Act 2009, refugees and asylum seekers can be detained without warrant for up to 96 hours, and there are no explicit guarantees against the detention of children and young people. These issues, as well as concerns over the advance screening process for airline passengers' enroute to NZ and denial of asylum seeker access to judicial review, have been criticised by the NZ Human Rights Commission (NZHRC) and Amnesty International (Amnesty International, 13 May 2011; NZ Human Rights Commission, 10 December 2010). Appeals over declined refugee status decisions have until recently been considered by the Refugee Status Appeals Authority, an independent body established in 1991, however, in December 2010 this was superseded by a new Immigration and Protection Tribunal (IPT).

Neither convention refugees, nor family reunification entrants receive the same level of support as quota refugees, for example, they are not assigned volunteer support workers, and do not receive a Resettlement Grant, participate in orientation programs or have automatic eligibility for social housing (NZ Human Rights Commission, 10 December 2010). The NZHRC has called for a comprehensive whole of government resettlement strategy to ensure equal rights and support for all refugee categories i.e. convention, quota and family refugees (NZ Human Rights Commission, 10 December 2010).

Compared with many other countries, New Zealand's geographic isolation means it has not been a popular destination for asylum seekers travelling by boat. The majority of people claiming asylum arrive by air, but the numbers are not large (1829 spontaneous border claims were submitted between 1 July 1997 and 6 November 2011, all but two were at airports (NZ Government)). In the ten years from 2000/01 to 2009/10, the total number of Refugee Status applications submitted to the Refugee Status Branch was 6669; almost half of these were from six countries (Table 2.3).

Table 2.3 NZ Refugee status (asylum) applications 2000/01-2009/10 Top Six Countries

Country of origin	Total number asylum applications
Thailand	1149
Iran	689
India	430
Sri Lanka	387
China	348
Iraq	311

Source: http://www.immigration.govt.nz/migrant/general/generalinformation/statistics/

2.2.4 Resettlement support

New Zealand has a strongly defined sense of egalitarianism and support for the welfare state, with expectations of a reasonable standard of living demanded for all citizens. With almost a quarter of the population born overseas (Ministry of Social Development), one of the highest rates in the OECD (UNHCR, 2007), attitudes to migrants are generally positive; cultural diversity is embraced and people are usually welcoming to new arrivals. However, in recognition of the fact that refugees frequently have higher needs and take longer to settle than other migrants, the New Zealand government has supported a range of initiatives for implementation by government and non-government groups involved with settlement support.

The NZ Settlement Strategy and associated National Settlement Action Plan developed in 2004, outline a collaborative 'whole of government framework to achieve agreed settlement outcomes for migrants, refugees and their families' (NZ Government, 2007b). Six goals (NZ Government, 2007a) were identified to enable people to:

- Obtain employment appropriate to their qualifications and skills
- Become confident using English in a New Zealand setting or be able to access appropriate language support
- Access appropriate information and responsive services equivalent to those that are available to the wider community
- Form supportive social networks and establish a sustainable community identity

- Feel safe expressing their ethnic identity and be accepted by and become part of the wider host society
- Participate in civic, community and social activities

One key component has been the Settlement Support initiative which helps coordinate settlement services to target local problems. The emphasis has been on encouraging the direct involvement of refugee communities in the development of settlement services and policies through the *Strengthening Refugee Voices* approach. An important part of this collaborative approach has seen refugee participation in regular regional and national Refugee Resettlement Forums since they were set up in 2005. The government promotes this as a significant step on the road to full participation in New Zealand society (Coleman, May 2009).

Most services for refugees are provided within the mainstream social welfare system, albeit with some dedicated staff appointed in key organisations, although specialised orientation facilities are available for newly-arrived groups. On arrival, quota refugees spend their first six weeks at the Mangere Refugee Resettlement Centre in Auckland. During this time, they participate in a comprehensive orientation program which includes information about life in New Zealand and promotion of cultural awareness, as well as commencing English language and adult education classes. They also meet representatives from relevant institutions and settlement service providers (Housing NZ, Immigration NZ, Refugee Services Aotearoa (formerly RMS), Work and Income etc), set up bank accounts and learn basic financial management skills. Educational and language assessments are carried out by the Auckland University of Technology. Comprehensive medical and dental checks are coordinated by the Ministry of Health with specialist referrals and further GP follow up arranged at their settlement location. Trauma counselling and therapy is also provided by Refugees as Survivors (RAS). Early intervention programs target 'at risk' individuals who may benefit from extra support. Bilingual and cross-cultural support workers assist with program delivery and liaison, and help them to develop social and coping skills in the new environment.

At the completion of the course, refugees move to new homes in one of eight resettlement locations around the country. The final location is principally determined by Refugee Services after considering existing services and support available in each city. Having a community from the same ethnic group with established cross-cultural and language support is desirable, and existing family links are also taken into consideration when

determining the eventual resettlement location (Refugee Services Aotearoa, 2011). While the majority remain in Auckland, there are now well established communities of various ethnic groups around the country.

Practical assistance for refugees settled in the community includes:

- Income support - Quota refugees receive income support paid at the level of the unemployment benefit by Work and Income New Zealand (WINZ); they are also entitled to a range of other financial allowances, including disability support, and accommodation supplements as needed. All receive a Community Services Card which entitles them to subsidised health care, free prescriptions, free outpatient and mental health services.
- A one off resettlement grant is available from WINZ for purchase of essential household items.
- Subsidised government housing is often provided, depending on availability in each location. If private rental is necessary, the National Refugee Coordinator assists families to locate a suitable property and an additional accommodation allowance helps cover some of the extra cost.
- Education and English language tuition –children are enrolled in mainstream schools, which receive additional ESOL funding for four years. Adults who have had interrupted education can attend secondary classes. All adults are eligible for English language tuition, available through work training programs, tertiary education providers or the ESOL home tutor scheme (now known as English Language Partners).
- Refugees are recognised as having special needs for employment, so they are given priority on government funded work placement and training schemes.
- Refugee Services Aotearoa, the lead NGO contracted to provide settlement services to quota refugees for the first 6-12 months, offers individual help to access social services, deal with practical housing concerns, and assist with enrolment in English language, education and work training opportunities through its Volunteer Support Worker (VSW) program. Teams of trained VSWs are assigned to each family; they help set up the house with donated furniture and goods, introduce families to local services, shopping, libraries, schools, doctors, transport etc, and provide valuable social contacts and local support. The NZQA-registered VSW program is the only

national volunteer program of its type in the world and is internationally regarded as a model of best practice (Coleman, May 2009).

In addition to Refugee Services Aotearoa, the main providers of services to refugee clients in Christchurch include Christchurch Resettlement Services (social work, counselling, youth work and health promotion), PEETO[3] Intercultural Development Trust (language and employment oriented training), and Settlement Support Christchurch. Additional educational, legal and general support is also available from English Language Partners, Interpreting Canterbury, Office of Ethnic Affairs, Hagley Community College, Community Law Canterbury, Shakti Ethnic Women's Support Group and the Canterbury Refugee Council.

Under New Zealand's constitutional framework great emphasis is placed on respect for ethnic, religious, political and cultural differences, and the right for everyone to fully participate in society (UNHCR, 2007). These rights are monitored by the Human Rights Commission, while in addition the Office of Ethnic Affairs promotes and supports cultural diversity. They provide interpreting services, organise multicultural festivals and promote community awareness, as evidenced by the number of refugee success stories being regularly reported in the press.

2.3 Refugee resettlement: Australian Response

Like New Zealand, Australia has also been accepting refugees since the Second World War, offering new homes to over 700,000 people in need of humanitarian assistance (Australian Government DIAC, June 2009). Although initially arrivals were from Europe, successive waves of conflict resulted in significant numbers of refugees from Chile, Lebanon and Vietnam arriving during the 1970s. The Humanitarian program, which is the immigration stream dealing specifically with refugees or those in refugee-like situations is broadly divided into onshore (protection) and offshore (resettlement) components (Australian Government, 2011).

In 1981, the Special Humanitarian Program (SHP) was introduced to provide settlement for people living outside their own country, who were victims of human rights violations, and had family or community links with Australia. While this program initially had an Indochinese focus, the program developed a more global orientation from the mid 1980s,

[3] Pasifika Education, Employment Training Organisation – this is now referred to simply as PEETO as the focus has shifted towards Asian, Pacific and refugee groups

and added categories for women at risk and various emergency rescue subclasses. At the same time, the onshore protection visa was introduced for those seeking asylum and visa determination processes were regulated.

Table 2.4 Australian Humanitarian Grants by category

Category	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Refugee	5511	6022	6003	6004	6499	6003
SH Offshore	6585	6736	5183	4795	4511	3233
Onshore	1065	1372	1793	2131	2492	4534
TH Concern	17	14	38	84	5	-
Total	13178	14144	13017	13014	13507	13770

SH – Special Humanitarian Offshore, TH Concern – Temporary Humanitarian Concern. Source: DIAC Fact sheet 60 http://www.immi.gov.au/media/fact-sheets/60refugee.htm

By the late 1990s, the large numbers of asylum seekers arriving by boat prompted the government to adopt a range of measures in an attempt to exert some control over unwanted arrivals. These included issuing Temporary Protection Visas (TPVs), excision of some territories from the Australian migration zone, offshore processing of asylum seekers arriving at these locations, and imposing penalties for people smuggling (Australian Government DIAC, June 2009). Following the 2007 general election, the new Labour government abolished TPVs and closed offshore processing centres on Manus Island and Nauru. However, onshore applications have continued to increase since that time, as seen in the number of humanitarian visas issued in recent years (Table 2.4). This has kept immigration in the political spotlight, with pressure from some quarters for the government to reinstate hard line deterrence policies, despite total refugee numbers remaining relatively static.

2.3.1 Humanitarian Program Onshore Protection

The onshore component of the humanitarian immigration program applies to people already in Australia who wish to apply for refugee status protection (seeking asylum under the terms of the 1951 Convention). According to the Department of Immigration and Citizenship (DIAC), Australia's fundamental obligation "is to provide protection to people who are in Australia and who face persecution in their home country on account of their race, religion, nationality, membership of a particular social group or political opinion. As previously mentioned, this includes not returning refugees or asylum seekers to places

where their lives or liberties are in danger (*non-refoulement*)" (Australian Government DIAC, June 2009). Most commonly, this includes people who are already in Australia on a valid visa and who then submit an application for asylum. The majority of these arrive lawfully on commercial flights (Australian Government DIAC, June 2009), however, boat arrivals have a much higher profile and have been the subject of media attention and increasing political and public concern since the 1990s. Refugee claims for boat arrivals are currently (2011) processed on Christmas Island (Australian Government DIAC, June 2009). In recent years, the demographic composition of boat arrivals has reflected regions of conflict, with the majority coming from Afghanistan (Table 2.5).

Table 2.5 Australian asylum applications (Onshore Protection) by country of origin

Country of origin	2008-2009	2009-2010	2010-2011 (First six months)	Total
Afghanistan	507	2654	1118	4279
Sri Lanka	77	920	251	1248
Stateless	25	457	655	1137
Iran	9	198	809	1016
Iraq	59	252	405	716

Source: http://www.immi.gov.au/media/publications/statistics/asylum/_files/asylum-stats-2010-11-full.pdf

Protection visa applications are submitted to DIAC for processing. The assessment process takes into consideration the human rights situation in the applicant's home country, and each application is considered individually (Australian Government DIAC, June 2009) to ensure applicants and their family members satisfy public interest criteria for the protection of the Australian community. Health, character and security checks are carried out during this process. In 2007-08, approximately 46% of initial applications were successful, although this varies across nationalities (Australian Government DIAC, June 2009). Declined applicants may seek a review from the Refugee Review Tribunal (RRT), an independent statutory body, alternatively through the Administrative Appeals Tribunal (AAT) for refusals on character grounds, or ministerial intervention in exceptional cases.

Applicants already legally in Australia will normally be issued with a bridging visa while their application is being processed. In many cases, they will have access to Medicare health benefits and the right to seek employment. However, those who arrive in Australian territory without a valid visa may be detained pending a decision on their status. A new

immigration detention policy was launched in July 2008, outlining seven 'Key Immigration Detention Values' (Australian Government DIAC, June 2009):

- Mandatory detention is considered an essential component of strong border control
- Three groups are subject to mandatory detention
    i. All unauthorised arrivals (to assess health, identity and security risk)
    ii. Unlawful non-citizens presenting an unacceptable risk to the community
    iii. Unlawful non-citizens who repeatedly fail to comply with visa regulations
- Children, and where possible their families will not be detained in an immigration detention centre
- Indefinite or arbitrary detention is not acceptable, length and conditions of detention will be subject to regular review
- Detention in immigration detention centres should be a last resort
- Detainees are to be treated fairly and reasonably under the law
- Detention conditions must ensure the inherent dignity of an individual

Asylum seekers are supported by a range of service providers under the Immigration Advice and Application Assistance Scheme (IAAAS). They can receive limited assistance with basic food, accommodation and financial needs while awaiting visa status determination if they are in the community (Australian Government DIAC, June 2009). Ongoing support is also provided by volunteers from a range of religious and community based groups in many areas, some of which are under the auspices of the IAAAS providers.

2.3.2 Humanitarian Program Offshore Resettlement

In Australia, the offshore component of the humanitarian program assists UN mandated refugees by offering a permanent settlement option. The Refugee category most closely resembles the quota system in New Zealand, as the majority of people are referred by the UNHCR; however, various subclasses are recognised with differing levels of state intervention. Included under the Refugee category are women at risk, emergency rescue and an in-country special humanitarian visa subclass; in addition to the majority of those proposed by the UN (Australian Government DIAC, June 2009). All travel expenses are covered by the Australian government for these groups.

The second offshore category is the Special Humanitarian Program (SHP). Applicants under this visa category will be living outside their own country after fleeing human rights abuses

and who have some existing links with Australia. In many cases, these links will be extended family members who have already settled there. All applicants must be supported by a 'proposer'; this can be an individual or organisation, who undertakes to arrange travel, orientation, accommodation and provide ongoing support for successful visa applicants. Travel expenses must be met by proposers; however, an interest-free loan scheme has been set up by the International Organisation for Migration (IOM) for this purpose (Australian Government DIAC, June 2009). Applications for SHP visas are accepted either directly from the applicant or through UNHCR or NGO channels (UNHCR, 2007b). In 2009-10, of the visas allocated for offshore resettlement, 6003 were issued under the Refugee category and 3233 for SHP places (UNHCR, 2007b), with the majority of these granted to refugees from Burma and Iraq (Table 2.6).

Table 2.6 Australian Offshore Visa Grants 2009-2010 Top Six Countries

Country of Origin	Number of visas granted
Burma	1959
Iraq	1688
Bhutan	1144
Afghanistan	951
Congo (DRC)	584
Ethiopia	392

Note: In 2009-10 a total of 13770 visas were granted, this was comprised of 9236 for Offshore component and 4534 for Onshore component Source: DIAC Fact sheet 60 http://www.immi.gov.au/media/fact-sheets/60refugee.htm

Under Australia's humanitarian program although no special provisions are made for the resettlement of refugees on medical grounds, priority is given to survivors of violence and torture who have been referred by the UNHCR (UNHCR, 2007b). There is also a proviso that individuals diagnosed with TB or other diseases such as HIV which could pose a public health risk may be automatically excluded (UNHCR, 2007b).

2.3.3 Family reunification

Provision is made under the Humanitarian program to assist 'split' families to reunite within the first five years. This usually includes immediate family members such as a spouse, dependent children or parents if the applicant is under 18 years, who were declared on the

original visa application. These people do not have to meet persecution or discrimination criteria, but must fulfil character and health conditions.

In addition, extended family members can be sponsored under general family migration categories, or if they meet humanitarian criteria in their own right, could be considered under SHP or Refugee visa categories (Australian Government DIAC, June 2009)

2.3.4 Resettlement services

Prior to departure from the country of asylum, most humanitarian visa holders will attend the Australian Cultural Orientation program (AUSCO) (Australian Government DIAC, June 2009; UNHCR, 2007b). This voluntary five day program, which is delivered by the IOM in countries of asylum, was established in 2003. The course covers a wide range of topics providing an overview of Australia's climate, geography and government, as well as information about education options, healthcare, employment, the legal system, financial expectations, cultural adjustment and support services. Logistic arrangements about travel are also covered. The aim of the course is to provide new settlers with realistic expectations of Australian life prior to arrival.

On arrival, most humanitarian refugees are granted permanent residence status. If they have existing links with Australia (this includes all arrivals on SHP visas who are linked to their proposers) they will usually settle in the same area where the linkage exists; however, for unlinked arrivals the final resettlement location is normally determined by DIAC (UNHCR, 2007b). Access is available to specialised resettlement services provided by a range of agencies that are contracted to DIAC under the Humanitarian Settlement Services program (this replaced the Integrated Humanitarian Settlement Strategy – IHSS in April 2011). The HSS uses a coordinated case management model to provide intensive settlement support for newly arrived refugees (Australian Government DIAC, 2011c). Services include offering information and orientation, assistance to find private rental accommodation and set up the house, and help with accessing community services such as Medicare (health) and Centrelink (social services/financial support). In Western Australia, the agencies currently contracted to provide HSS services are PVS Workfind (for all services except accommodation), Multicultural Services Centre of WA (accommodation only) in the Northern suburbs of Perth, and Communicare in the South(Australian Government DIAC, 2011c).

After this period, they may access or be referred to a range of settlement agencies which are funded under the Settlement Grants Program (SGP) to provide services for humanitarian entrants and family stream migrants with poor English, who have been settled between six months and five years (UNHCR, 2007b). The focus is on projects that help with orientation, community development, encourage self-reliance and offer practical assistance, and promote integration of new arrivals into the mainstream community (Australian Government DIAC, June 2009). A range of programs funded under the SGP, are offered by a diverse group of agencies in Perth; some of the larger ones include the Association for Services to Torture and Trauma Survivors (ASeTTS), Centrecare, the Edmund Rice Centre, Communicare, ISHAR, the Muslim Women's Support Centre, The Gowrie, and the Metropolitan Migrant Resource Centre (Australian Government DIAC, 2011d). SGP funding is project based and offered for periods of one, two or three years, however it is not recurrent as priorities may change over time (Australian Government DIAC, 2011e). In recognition of the key role English competency plays in successful resettlement, a range of English language programs are also funded for humanitarian entrants. The Adult Migrant English Program (AMEP)(Australian Government DIAC, 2011a), currently administered by TAFE (Technical and Further Education) centres in Western Australia, provides free tuition for 510 hours (extended up to 910 hours for humanitarian entrants with special needs), and additional English may be available through the Language, Literacy and Numeracy Program (LLNP) which is linked to Centrelink payments. English as a Second Language – New Arrivals targets school aged children, and Intensive English Centres (IECs) have also been set up at selected government primary schools and senior colleges in WA. Other education, vocational training and healthcare services are provided through mainstream systems (UNHCR, 2007b) and volunteer language support is also available.

The Medicare Benefits Schedule 714 and 716 acknowledges the special healthcare needs of refugee clients, and since 2008 humanitarian entrants with 'exceptional needs' have also been eligible for specialised intensive case management through the Complex Case Support (CCS) program. This is targeted at 'supporting clients whose needs extend beyond the scope of core settlement services' and is 'designed to work in partnership with settlement and mainstream services to address the often significant barriers these clients face in settling in Australia' (Australian Government DIAC, 2011b). The program is accessible during the first five years after arrival to refugees, SHP and Protection visa holders, including those on Temporary Protection visas, and targets mental health issues (including provision of specialised torture and trauma services), physical health issues, personal and family

relationship counselling and interventions, as well as specialised services for young people (Australian Government DIAC, 2011b).

In most cases, SHP visa holders do not receive the same level of state support that is available to those in the Refugee category. Proposers are expected to undertake many of the tasks outlined above, for example securing suitable housing, assisting with orientation and access to community services, although proposers can themselves request assistance from HSS providers to gain access to services or receive further support if necessary.

In general, Australian policies aim to promote independence and encourage self reliance. Nevertheless, strategies targeting high risk groups with early intervention and additional support recognise the special challenges faced by refugees, acknowledging the critical role this plays in achieving successful long term outcomes.

2.4 Summary of Australian and New Zealand resettlement policies

A comparative summary of resettlement policies in both locations is outlined in Table 2.7.

Table 2.7 Australian and New Zealand resettlement policies and practices

	Australia	**New Zealand**
Annual refugee intake (approx)	13000 (includes offshore & onshore components)	750 UNHCR quota
Focus	Offshore component – *Refugee* category mostly proposed by UNHCR with priority for survivors of violence and torture. Includes: -women at risk -emergency rescue -in-country special humanitarian visa subclass *Special Humanitarian Program* (SHP) – people with existing links to Australia & sponsored & supported by that proposer	Mandate refugees in special need of protection -75 women at risk -75 special medical/disability (including up to 20 HIV/AIDS) -600 priority protection families
Asylum seekers	Onshore protection component – asylum applications received in Australian territory	Application in New Zealand Do not receive resettlement grant, have automatic eligibility for government housing, receive volunteer support nor participate in orientation program.
Asylum applications pending (2009*) (UNHCR, 2010a)	2350	232 (additional to 750 annual intake of mandate refugees)

Detention of asylum seekers	Mandatory detention of all unauthorized arrivals (a significant proportion of whom are International Maritime Arrivals), unlawful non-citizens presenting unacceptable risk or who repeatedly fail to comply with visa regulations. Children & families should not be detained in immigration detention centre if possible	May be detained up to 96 hours in special cases
Health	Pre-arrival screening – those with TB or other diseases that could pose a public health risk may be automatically excluded	Pre-arrival screening for TB & HIV/AIDS. Not excluded on medical grounds, just to ensure commencement of appropriate treatment prior to travel
Exclusion criteria	Subject to health, character & security checks	History of past criminal activity, security threat, terrorism or crimes against humanity; or if appropriate medical treatment is not available
Family reunification	Split families can be reunited within the first five years. Immediate family only & must have been declared on original visa application. Do not need to meet persecution or discrimination criteria but must fulfill character & health conditions. Extended family can be sponsored under general family migration, or if meet humanitarian criteria in own right could be considered under SHP or Refugee categories. Costs generally borne by proposers (interest free loan)	Separated direct family members who are declared on initial application are reunited within the 750 quota at government expense. Extended families that are also mandate refugees may be referred directly by UNHCR. Additional 300 places are available on ballot for extended family members sponsored by someone already in New Zealand. Resettlement costs and support are responsibility of sponsor.
Status on arrival	Permanent resident	Permanent resident
Citizenship	4 years residence	5 years residence
Orientation program	Australian Cultural Orientation Program (AUSCO) voluntary 5 day program delivered in country of asylum prior to departure	6 weeks residential orientation program at Mangere refugee resettlement centre on arrival
Resettlement services for quota/offshore refugee entrants	Humanitarian Settlement Services program – help to access mainstream services Medicare, Centrelink, find private rental accommodation, set up house & access community services. Settlement Grants Program – 6 months to 5 years by various providers Adult Migrant English Program – free tuition 510 hours (up to 910 hours in special cases) Education & training provided through mainstream services	New Zealand Settlement strategy & local settlement support framework. Income support, paid at level of unemployment benefit plus other allowances as necessary Subsidised health care, free prescriptions, outpatient and mental health services. Subsidised government housing when available, or paid accommodation supplement One off resettlement grant $1200 4 years ESOL funding in schools Adults eligible for English tuition, adult education & work training schemes

	Volunteer team support for 6-12 months for every family
Refugee involvement in policy making	Strengthening Refugee Voices – collaborative approach with full refugee participation in regional and national resettlement forums

*** Source**: **UNHCR. 2009 Global Trends: Refugees, Asylum Seekers, Returnees, Internally Displaced and Stateless Persons. 2010. Available from: http://www.unhcr.org/4c11f0be9.pdf**

2.5 Australian immigration - White Australia Policy

Historically, immigration to Australia was controlled by the 'White Australia' policy until 1966, and it is likely that this has enduring influence in attitudes, policies and practices towards certain groups of asylum seekers. The White Australia policy effectively restricted immigration to white Europeans and particularly favoured British migrants over all others, and prohibited the insane, contagious, dangerous, those likely to become a burden on the state, prostitutes, criminals, and manual labourers (Australian Government, 2010). Although the basis of this policy was first enshrined in federal legislation under the Immigration Restriction Act in 1901 (Australian Government, 1901), the origins arose from competition between European and Chinese miners in the 1850s. Pacific Islanders (Kanakas) were also considered a threat to the local job market, under the perception that they were willing to accept poorer working conditions and lower pay than Australians would. By the late 1800s influential politicians were warning that 'there would be no place for 'Asiatics' or 'coloureds' in the Australia of the future', with Prime Minister William Hughes declaring in 1919 that the White Australia policy was 'the greatest thing we have achieved' (Australian Government, 2010).

The Second World War saw increasing pressure to review immigration policies, despite Prime Minister John Curtin's claim that 'this country shall remain forever the home of the descendents of those people who came here in peace in order to establish in the South Seas an outpost of the British race' (Australian Government, 2010). In 1949, non-European refugees and war brides were allowed to remain in Australia, but it wasn't until 1958 that the revised Migration Act reviewed the entry permit system and abolished the language dictation test. The focus moved to a merit based system, where qualifications and integration potential became the key issues. Despite this, the White Australia policy was not formally abolished until 1966 and a significant increase in the number of migrants from non-European countries did not occur until 1975. The end of colonisation in India, Sri Lanka

and Africa also led to an influx of people from these regions. By 2006, Census data showed 45% of Australian residents were born overseas or had at least one overseas-born parent (Australian Government, 2010), although many of these will have British or European heritage.

The current migration program accepts applications from suitably qualified individuals from any country, irrespective of their language, religion or ethnicity. However, some authors have claimed that 'ethnicity remains - implicitly and unofficially - a significant consideration in its immigration policies and practices' (Jones, 1995). Writing ten years later, Colic-Peisker (2005, p.633) observed that

> The European origin of modern Australia – its 'whiteness' and Anglo cultural predominance – has remained the main prop of the process of political and psychological nation-building. Australia remains an imagined community of white people where non-Europeans are still often perceived as 'others'. In recent decades this has only been implicit, until political developments such as the Tampa affair or a vocal right-wing party such as 'One Nation' brought it back into political focus in the late 1990s/early 2000s. The idea of social cohesion partly embedded in whiteness lingers on decades after the White Australia Policy was abolished.

More recently, evidence of this mind-set was observed in the media study described in Chapter 4. This was in response to specific incidents involving African refugees that sparked debates about cultural distance and the relative difficulty some groups experienced with integration (Anonymous, 2007; Burchell, 2007). The legacy of the White Australia policy is still deeply embedded, shaping the attitudes of many people towards non-European migrants.

2.6 The politics of asylum in Australia

Australian concerns over increasing numbers of asylum seeker arrivals, especially those arriving by boat, sparked a contentious, highly politicised debate that has been continuing since the late 1990s. Immigration concerns became central election issues and a series of high profile incidents received significant media coverage, focusing public attention not only on refugee issues, but also on broader threats to national sovereignty and security post 9/11.

2.6.1 The Tampa incident

Several of the highest profile incidents involving boat people occurred in 2001 in the days leading up to the September 11 terror attacks and during the 'war on terror' aftermath. The most widely reported was the incident commonly referred to as the 'Tampa incident'. This occurred shortly before 9/11 at a time when unprecedented numbers of Afghans were fleeing the Taliban regime, with some eventually headed for Australia assisted by 'people smugglers'. On August 23, the Palapa 1, a rickety old wooden fishing boat sailed from Pantau in Indonesia enroute for Christmas Island. With 438 people squashed onboard, it was overloaded and barely seaworthy, breaking down completely less than 24 hours into the journey. During this time, Australian authorities were monitoring the ship's progress, but despite its obvious distress as the boat started to fall apart following an overnight storm, no rescue attempts were made. It wasn't until SOS signs were displayed by the refugees on board, that an official distress call was activated. It was later revealed that Australia was attempting to pressure Indonesian authorities to respond, thus abrogating Australian responsibility (Marr & Wilkinson, 2003).

The closest ship to respond was the Norwegian freighter, the Tampa which was enroute to Singapore from Perth. By the time of the rescue on 26 August, the refugees were in a bad way; they were sick, frightened and desperate to get to their destination. Christmas Island was the closest; however, permission to land there was denied by the Australian authorities. This broke all conventions related to maritime emergency rescue, setting a dangerous precedent that might lead to ships failing to render assistance when lives were endangered. Thus began a tense political standoff; Australia wanted the asylum seekers returned to Indonesia, but feelings were running high and they threatened to riot if the ship turned back into international waters. Other countries refused to help, believing it was Australia's problem. On 29 August, an emergency bill was introduced to parliament, the Border Protection Bill 2001 which gave the Government the power to order the removal of unwanted ships from Australian territorial waters, and denying people on such ships the right to lodge asylum applications. Offshore islands were also excised from Australia's migration zone in an attempt to discourage further boat arrivals. Amid mounting international concern, the asylum seekers aboard the Tampa were finally transferred to the HMAS Manoora, and transported to detention camps in Nauru for offshore processing under a new Pacific Solution policy. The New Zealand Government agreed to accept up to 150 people, mostly family groups and unaccompanied boys straight away; while the rest remained in detention on Nauru for varying times while their applications were processed.

Most were eventually recognised as legitimate refugees and resettled in New Zealand or Australia (Marr & Wilkinson, 2003).

2.6.2 Other high profile incidents

During the weeks that followed the Tampa affair, two other boatloads of asylum seekers also gained notoriety in Australia and overseas. The first was at the centre of what became known as the 'children overboard' incident in October 1991. A 'suspected Illegal entry vessel' (designated as SIEV 4 by border protection authorities) observed heading towards Christmas Island on 6 October with 233 people on board, was intercepted by Australian personnel aboard the HMAS Adelaide. Attempts made to discourage the vessel from entering Australian territorial waters to return to Indonesia, were met with resistance and hysteria from passengers when naval personal boarded to take control. Early the following morning the boat's engines failed and it started to take on water and sink. Amid the panic people started jumping overboard and a man was observed holding his child over the rail for sailors to rescue. The story that was erroneously reported back to command headquarters was that 'passengers were throwing themselves into the water and threatening to throw in their children' (Marr & Wilkinson, 2003). Once Immigration Minister Philip Ruddock announced that 'a number of children had been thrown overboard' from the vessel (Senate Select Committee, 2002), the story was picked up by media and politicians alike. Coinciding with a federal election campaign, in which national security and border protection became key issues, this incident helped demonize asylum seekers, portraying them as the sort of people who would be unwelcome in Australia (Senate Select Committee, 2002). There were accusations that despite the navy making clear children were not thrown overboard; political opportunism on behalf of senior Liberal Government Ministers perpetuated this misrepresentation.

Just two weeks later, on 19 October 2001 another unseaworthy vessel with over 400 asylum seekers onboard (commonly referred to as SIEV X) was also enroute to Christmas Island. While still in international waters but within the temporary Australian border protection surveillance zone, the boat sank with the loss of 353 lives. This proved to be another politically controversial incident, polarizing opinions in the run up to the election. A Senate select committee established to investigate the 'children overboard' claims, SIEV X and Pacific solution policy in February 2002, concluded that 'it [is] extraordinary that a major disaster could occur in the vicinity of a theatre of intensive Australian operations and

remain undetected until three days after the event, without any concern being raised within intelligence and decision making circles' (Senate Select Committee, 2002).

More recently, in December 2010 a boatload of mainly Iraqi and Iranian asylum seekers (SIEV 221) was ship wrecked on the rocky coast of Christmas Island in rough seas. Witnesses on shore watched helplessly as the tragedy unfolded. Naval border protection vessels managed to rescue 41 survivors, however a further 27 bodies were later recovered (ABC Online, 15 December 2010; Australian Customs & Border Protection Service, 2011). Further controversy followed in relation to whether or not survivors were able to attend the funerals of dead relatives.

2.6.3 Mandatory detention: national inquiries

The early to mid 2000s saw a groundswell of public concern over Australia's mandatory detention policies for asylum seekers. In 2004, the Human Rights and Equal Opportunity Commission (HREOC) published *'A Last Resort' The report of a national inquiry into children in immigration detention (Australian Human Rights Commission, 2004)*. This report highlighted concerns about the ongoing risk of serious mental trauma in detained children, and concluded that detention was fundamentally inconsistent with the UN Convention on the Rights of the Child.

Although public opinions around the need for strong deterrent policies were polarised, many people supported refugee advocates who were drawing attention to the suffering of detained asylum seekers and seeking to document the systematic denial of their rights. This came to a head in early 2005 when reports that a mentally ill Australian resident, Cornelia Rau, had mistakenly been confined in an immigration detention centre for several months and then deported as an alien to a country where there were no mental health services available to provide adequate care for her. Although an official inquiry into this case was convened (the Palmer report - M. J. Palmer, July 2005), there were continuing calls for a full inquiry into the policies and practices of immigration detention. Based on the view that 'ordinary Australians have an obligation to act when our government is unwilling to do so', the People's Inquiry into Detention was set up in 2005 by the then Deans of Colleges of Social Work (Briskman & Goddard, November 2006). This was to be 'open, independent, transparent and inclusive, in order to bear witness to events in Australian immigration detention facilities, whose operations were largely shrouded in official secrecy', with the aim being 'to place on the public record the impact of the policies and practices that unsettled many in Australia, resulted in criticisms from human rights organisations in

Australia and abroad, and, most importantly, had a devastating impact on those directly affected' (Briskman & Goddard, November 2006). Although the main focus was on asylum seekers, anyone with some experience of immigration detention was invited to participate. This included not only former detainees, but also health professionals, lawyers and immigration department officials, detention centre workers, and refugee advocates. The response across Australia was unprecedented, with more than 200 written submissions and 174 oral testimonies recorded by the time of the final hearing in December 2006 (Briskman & Goddard, November 2006). These documented the experiences of asylum seekers arriving in Australia and their subsequent, harrowing detention stories.

2.6.4 International concerns

Although some changes to detention policies were implemented during the time of the inquiry, the policy of automatic detention wasn't abolished until 2008 under the new Labour government (Minister for Immigration and Citizenship, 29 July 2008). Although boat arrivals at excised offshore territories were still subject to mandatory detention, for those on the mainland a risk-based approach was to be applied. Providing health, security and identity checks were in order, detainees were to be released into the community and the burden would then fall on the immigration department to justify continued detention. Further policy changes were announced in October 2010, detailing moves to house children and vulnerable families in community based accommodation (Minister for Immigration and Citizenship, 18 October 2010).

Amnesty International and the UNHCR have continued to highlight concerns over several of Australia's immigration policies, particularly in relation to mandatory detention. They consider that this is not consistent with the general principle that detention should only occur in exceptional circumstances, such as when an individual is deemed to pose an unacceptable risk to the community (Amnesty International, 12 July 2010; UNHCR, July 2010). There is also concern that asylum processing on excised offshore territories, such as Christmas Island, has created a 'dual refugee status determination (RSD) system which discriminates between the classes of entrants, solely on the basis of method and place of entry to Australia' (UNHCR, July 2010). The rationale behind using excised islands is to allow processing outside of the Australian legal and protective onshore frameworks which would apply on the mainland, purely as an impediment to processing and to manage political and media attention. Offshore islands provide only limited access to health and legal services;

they are in remote, often inhospitable locations and frequently overcrowded (Amnesty International, 12 July 2010).

The number of asylum seekers continues to increase each year, with over 4500 more applications in 2009 than the previous year (Amnesty International, 12 July 2010). 6170 protection visa applications were lodged in Australia in 2009, 2671 of these were from 'boat people' arriving in excised offshore places or intercepted at sea. At the end of May 2010, 3733 people were in immigration detention including 691 women and children; the majority of these (2417 people) were detained on Christmas Island (UNHCR, July 2010). At this stage, there is no resolution in sight to the protracted international conflicts generating this influx of refugees.

2.7 Geographical and political background of refugee study populations

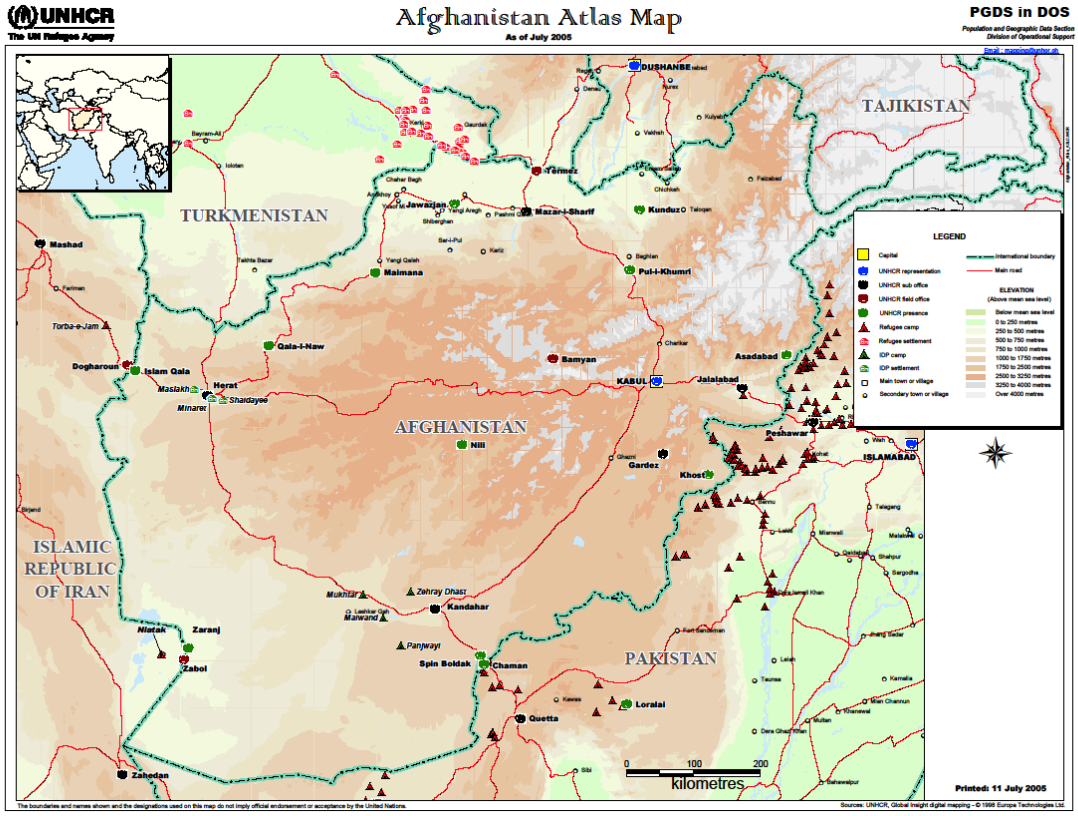
To provide context to the political situation facing many refugees in the study, a short précis of the geographical characteristics, historical background and ongoing conflict issues for each source country are presented below.

2.7.1 Afghanistan

Afghanistan is a land-locked country in South Asia, situated to the east of Iran and North and West of Pakistan (Figure 2.1). Kabul is the capital (3.6 million in 2011 estimated), with a total population of approximately 29.8 million. 77% live in rural areas.

Socially, the country has numerous ethnic groups, principally Pashtun (42%), Tajik (27%), Hazara (9%) and Uzbek (9%), with smaller numbers of Aimak, Turkmen, Baloch and other minority groups. Sunni Muslims comprise 80%, with 19% being Shi'a Muslims (including the majority of Hazaras). Social indicators are poor; life expectancy at birth is only 45 years, total fertility rate is high (5.4 children born/woman), median age is 18.2 for both males and females, and literacy is low (28% overall, estimated in 2000)(CIA, 2011a).

Figure 2.1 Map of Afghanistan and surrounding countries



Source: UNHCR: http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=44103bbd2&query=afghanistan%20map

Historically, Afghanistan was a strategic buffer state between British and Russian interests during the 'Great Game' of the 1800s, gaining independence as a monarchy from nominal British control in 1919. Since 1973, a number of coups resulted in political instability, leading to the Soviet invasion in 1979, ostensibly to support the Afghan communist regime in power at that time. Throughout the 1980s, there were ongoing conflicts between Soviet forces and the internationally supported anti-Communist *mujahidin* leading up to a Soviet withdrawal in 1989. Since then there have been a number of subsequent civil wars with large parts of the country coming under the control of various factions. In 1996, Kabul was taken over by Taliban forces, a hard line radical Islamist group with links to Pakistan which aimed to end the civil war and anarchist conditions prevailing at that time. The Taliban imposed a very strict interpretation of Islamic law, condemning what they considered liberal activities such as listening to music and severely restricting personal freedom, women's rights, and education. In particular, women were unable to work, attend school or to leave their homes without an accompanying male escort, and thousands were forced to beg to survive. Minority groups like the Hazaras were especially vulnerable due to their Shi'a Muslim beliefs (considered heretical by the Sunni Taliban) and their distinctive Asian

features which made them easy targets for persecution and violence. A number of massacres of Hazaras occurred during the late 1990s, resulting in thousands of fatalities.

Following the September 11 terrorist attacks in 2001, in response to de facto tacit support from Taliban leaders in providing refuge for al Qaeda and Osama Bin Laden, United States, Allied and anti-Taliban Northern Alliance forces effectively engaged the Taliban in military action. This eventually resulted in their downfall and led to a period of relative stability. The election of President Hamid Karzai in 2004 and National Assembly elections in 2005 were hailed as keystones for the redevelopment of Afghanistan. However, since that time there has been resurgence in Taliban activity, especially in the provinces, with continuing instability and ongoing security concerns in spite of military and peacekeeping support from international forces.

2.7.2 Iran, Iraq and the Kurds

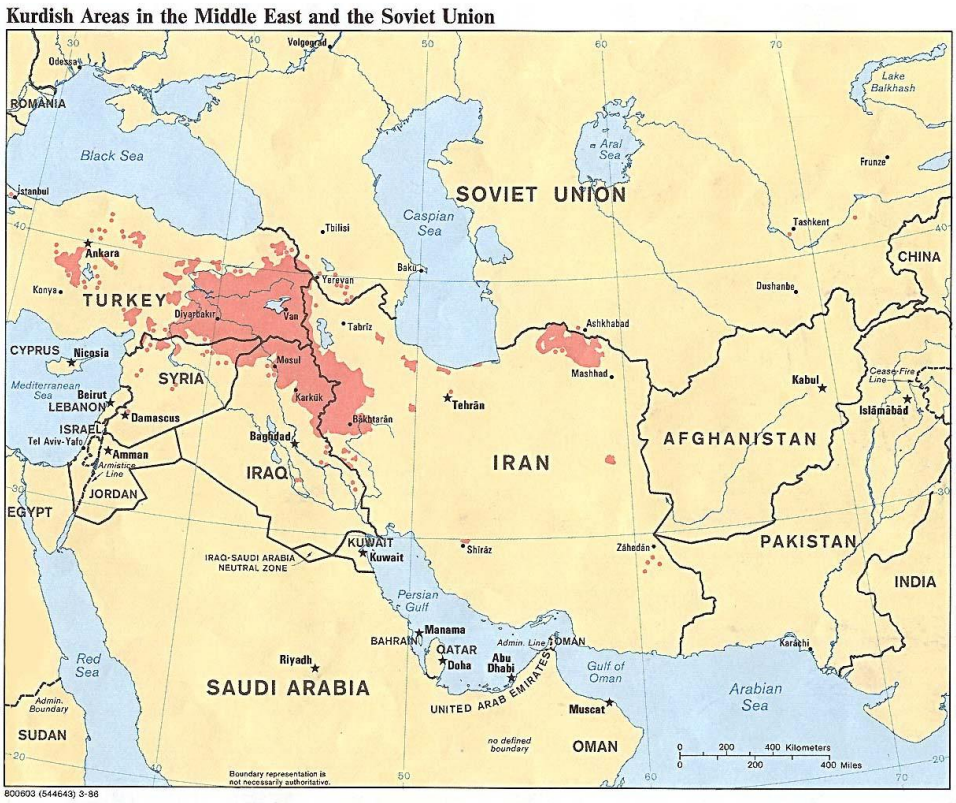
The Kurdish people have occupied a large, resource rich area of territory known as Kurdistan since antiquity. This is a land locked, mountainous region covering the area from south eastern Turkey, across northern Iraq and western Iran. The area was under Ottoman control until the First World War, when it was partitioned into four separate states: Iran, Turkey, Iraq and Syria. Small numbers of Kurds are also found in some of the former Soviet regions including Azerbaijan, Georgia and Armenia (Chaliand, 1993) (Figure 2.2). Today, they remain the only ethno-nationalist group without their own state, with population numbers estimated at anywhere between 20 to 30 million ("Kurdistan," 2011). Kurds are recognised as significant ethnic minorities in Iran (10%), Iraq (15-20%), and Turkey (18%) (CIA, 2011b, 2011c).

The Kurds have their own distinctive language (with several dialects), culture, dress and religion, although the majority nowadays are Muslim. Their economy is traditionally based on agriculture and pastoralism, although the mountainous territory of Kurdistan is also mineral and oil-rich. A strong nationalist movement has existed since the collapse of the Ottoman Empire, with varying levels of success in different states over time. This nationalist fervour is still very evident today, even amongst those of the Kurdish diaspora.

As minority populations, the Kurds have often been subjected to persecution and denial of basic human rights, such as the right to speak their own language, to use Kurdish names, and preserve their cultural identity (Chaliand, 1993). In Turkey, Kurds are often referred to as ‘mountain Turks’ in an attempt to discourage Kurdish nationalism. Anecdotal reports

suggest family members, including children, are sometimes encouraged by authorities to identify families maintaining Kurdish practices at home. Although there are significant numbers of Kurds in Turkey, because the study population for this report comprised only Kurdish refugees from Iran and Iraq, this summary is focused on the political situation and conflicts in those two countries.

igure 2.2 Map of Kurdish regions in the Middle East



Source: http://www.lib.utexas.edu/maps/middle_east_and_asia/kurdish_86.jpg (Kurdish regions shown in red)

Iran, known as Persia until 1935, was ruled by the Pahlavi dynasty with British and US influence, until 1979. The last Shah, Mohammed Reza Pahlavi was overthrown during that year in an Islamic Revolution led by Ayatollah Khomeini. In the latter years of his rule, Pahlavi policies towards the Kurds had become increasingly oppressive (Chaliand, 1993). Since 1979, the country has been governed as a theocracy with a council of Shi'a Islamic scholars and the constitution of the Islamic Republic of Iran cedes ultimate political and religious authority to a Supreme Leader (originally Ruhallah Khomeini, but since his death in 1989 this has been Ali Khamenei). Kurdish religious minority status, as predominantly Sunni Muslims in this Shi'a theocracy, is one issue of concern. In addition, Kurdish nationalism was always strong, and a number of political parties and resistance movements were active throughout the twentieth century. Following the revolution, Kurdish nationalist groups and

armed rebels (*peshmerga*) were targeted, and thousands were killed. Although Kurds can now freely express their cultural identity, membership of non-governmental political parties is still forbidden. During the 1980-1988 war with Iraq, Kurdish border areas were the frontline for the conflict, causing many people to flee for safety at that time.

As shown in the map below (Figure 2.3), the Kurdish regions of Iran and Iraq are spread along the mountainous border between the two countries. A number of UNHCR camps were set up during the 1980-1988 war to cope with refugee flows in both directions. Most of the Christchurch refugee group initially came from Kermanshah province in Iran, and the majority lived at Al Tash camp for more than 20 years. In response to the Gulf War in 2003, they fled to No Man's Land camp, eventually ending up at Ruwayshed camp in Jordan. In contrast, most of the Kurds in Perth were from the northern Kurdish regions or Baghdad and many did not spend time in the refugee camps in the region. Many of these people were professionals who left during the eight year war with Iran.

Figure 2.3 Map of Kurdish regions Iran & Iraq with UNHCR refugee camps

Source: UNHCR

The situation for Kurds in Iraq has been mixed, as the northern region of the country has always been predominantly Kurdish despite policies of 'Arabisation' by the Iraqi regime. Attempts to exert their independence from Baghdad resulted in Kurdish Iraqi wars through the 1960s and 1970s (Chaliand, 1993). In 1979, Saddam Hussein invaded Iran, sparking the

eight year Iran-Iraq war. Kurdish areas were also targeted during that time, with human rights violations common and repressive. By the late 1980s, systematic, genocidal attacks using conventional and chemical weapons were carried out by the Iraqi military against Kurdish and other minorities. Over the period of these Anfal campaigns between 1986 and 1989, it has been estimated that up to 2 million people may have been killed. The worst event occurred in 1988, when the city of Halabja was attacked with poison gas, killing many thousands of people and contaminating the environment (O'Ballance, 1996). Some of the refugees interviewed for this study were survivors of that attack.

More recently, Iraq has endured two Gulf Wars (1990-1 and 2003-transitional government period 2005), years of UN sanctions in the 1990s, and ongoing insurgency and sectarian violence. In 2005, the Kurdistan Regional Government was established in Northern Iraq and the region is currently experiencing relative stability and prosperity (CIA, 2011c).

Both Iran and Iraq continue to host refugee populations. Due to its proximity to Afghanistan, in 2007 Iran had over 91,000 Afghan refugees and 54,000 Iraqi refugees. Similarly, Iraq was housing almost 12,000 Iranian, 17,000 Turkish and between 10-15,000 Palestinian refugees, highlighting the fluid movement of refugees in both directions (CIA, 2011b, 2011c).

2.8 Community profiles of refugee study populations

Globally, the number of people in situations of concern to the UN High Commissioner continues to increase, with 36,460,330 persons recorded in the most recent UNHCR Global Appeal Update 2011 report (UNHCR, 2011b). This number includes refugees, asylum seekers, stateless individuals, returnees and internally displaced persons (IDPs) (Table 2.8).

For the purposes of this report, the focus is on refugees from Afghanistan, and Iran and Iraq as proxies for Kurdistan, as the majority of Kurds in Australia and New Zealand originally came from these two states and will therefore be included within immigration and refugee statistics for the relevant country.

Table 2.8 Annual total population of concern to UNHCR by selected country of origin

Year	Afghanistan	Iraq	Iran	All Countries
2000	3.6 million	526,000	88,000	21.8 million
2001	3.8 million	531,000	93,000	19.8 million
2002	2.5 million	422,000	138,000	20.7 million
2003	2.1 million	369,000	133,000	17.0 million
2004	2.4 million	312,000	115,000	19.5 million
2005	2.2 million	262,000	99,000	21.0 million
2006	2.8 million	3.5 million	116,000	32.9 million
2007	3.6 million	4.8 million	79,000	31.7 million
2008	3.4 million	4.8 million	80,000	34.5 million
2009	3.3 million	3.6 million	87,000	36.5 million

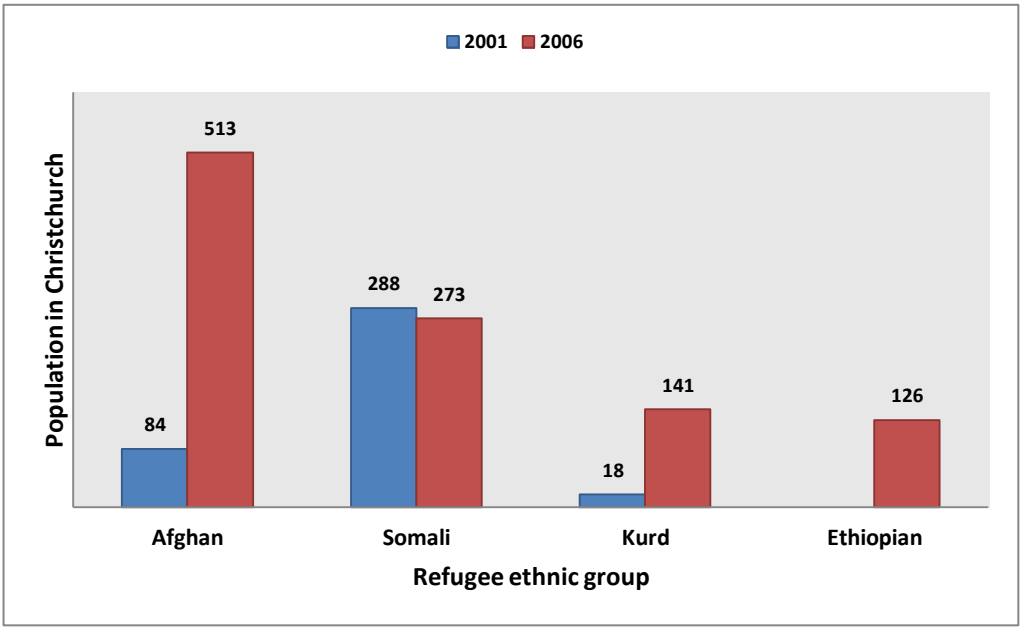
Note: Populations of concern include refugees, internally displaced persons (IDPs), asylum seekers and repatriated persons

Source: UNHCR statistical yearbooks for each year http://www.unhcr.org/pages/4a02afce6.html

2.8.1 Christchurch

In 2006-7 when the study was first proposed, there were four main refugee groups in Christchurch (Figure 2.4). Of these, the group from Afghanistan was the largest with 513 people, followed in size by Somalis, Kurdish community (n=141) and Ethiopians (CCC Monitoring and Research Team, 2007). The Somali group had been established the longest and had already been involved with other research studies in New Zealand (Dunstan & Dibley, 2004; B. Guerin, Abdi, & Guerin, 2003; P. Guerin, Diiriye, Corrigan, & Guerin, 2003), while the Ethiopian community was still in the very early stages of settlement. As differences in census numbers between 2001 and 2006 show, significant numbers of refugees were resettled in Christchurch during this time.

Figure 2.4 Christchurch Refugee Ethnic groups 2001 & 2006 census



According to 2006 census data, three minority ethnic groups (Asian, Pacific Peoples and Others) made up 11% (39,063 people) of Christchurch's population (CCC Monitoring and Research Team, 2007). Since 2006, a new category called 'Middle Eastern/Latin American/African' (MELAA) has been added to Level 1 ethnic groups, but for consistency with previous census data, MELAA was combined with the 'Other' ethnic group in the Christchurch City Council (CCC) Migrants Report (Statistics New Zealand, 2006). This lack of specificity makes it difficult to extrapolate refugee data from census statistics. Immigration NZ statistics are similarly difficult to interpret, particularly if attempting to isolate Kurdish data, as the state of origin, rather than ethnic background is normally recorded. For this reason, Kurdish groups are effectively 'hidden populations', being listed as Iraqi, Iranian, Turkish, or Syrian depending on their birthplace, and despite comprising an internationally well defined ethnic community of up to 30 million people ("Kurdistan," 2011). Very few studies have included Kurdish groups in a Western setting, possibly due to these logistic methodological challenges.

As previously mentioned, I had personal experience with resettlement of several families from both Kurdish and Afghan backgrounds in my voluntary role as a support worker for Refugee Services Aotearoa, which influenced the choice of communities for the study. Both Afghan and Kurdish groups had members who had been settled over five years, as well as newly arrived families. There were also other similarities: the majority of Kurds and Afghans are Muslims, many of those settling in Christchurch were from traditional backgrounds, and

both groups included members who had suffered from long-term ethnic and religious persecution as minorities in their countries of origin.

Prior to commencing data collection for the refugee survey in 2008, community members and leaders of local refugee organisations were consulted about the demographic profile of each group. At that time, the Kurdish community was estimated to have between 180 and 200 members, although many of these were children. The group was quite fluid, with younger members sometimes moving between Christchurch and Auckland for marriage. A strong sense of community was evident, as relationships forged in the Al Tash refugee camp went back many years. The Kurdish group were all long term refugees who were originally from Iran but had been living in refugee camps in Iraq, for up to twenty five years in many cases. Most families had a rural background and limited education. Several families had settled in New Zealand prior to the 2003 war in Iraq, but the remainder fled during this time and spent an additional two years in the No Man's Land camp on the Iraqi-Jordanian border. The majority of families in this group arrived in Christchurch in 2005. Most are Muslims, although several families followed traditional Kurdish religions (*Ahl-i Haqq*), and regular social events, organised around religious and Kurdish festivals, were enjoyed by the whole community. Their main concern as a group was that the community was too small; young people seeking marriage partners needed to look further afield, often to Auckland or back to Iran or Iraq. They were also concerned about friends and family still languishing in Jordanian refugee camps several years later.

In contrast, the Afghan group was considerably larger and more diverse, consisting of three relatively distinct groups. The first cohort started to arrive in the mid to late 1990s; these were mainly people from the cities who were often well-educated professionals and their families. The second and largest group were the 'Tampa refugees', who were mainly from the predominantly Shi'a' Hazara ethnic group fleeing persecution under the Taliban regime. Following the New Zealand government's decision to accept families rescued by the MV Tampa off the coast of Australia, many were resettled in Christchurch where they have subsequently been joined by family members from Afghanistan. Although most of the single men off the Tampa were detained on Nauru pending a decision on their refugee status, the majority eventually joined their compatriots in New Zealand. The most recent group of Afghan refugees to arrive came from India where they had been living in the community for many years until changes in visa regulations by the Indian government prompted the UNHCR to consider resettlement as a more durable solution. These families

were a mixture of ethnic groups, religious denominations and socioeconomic backgrounds, who described co-existing harmoniously in India for many years.

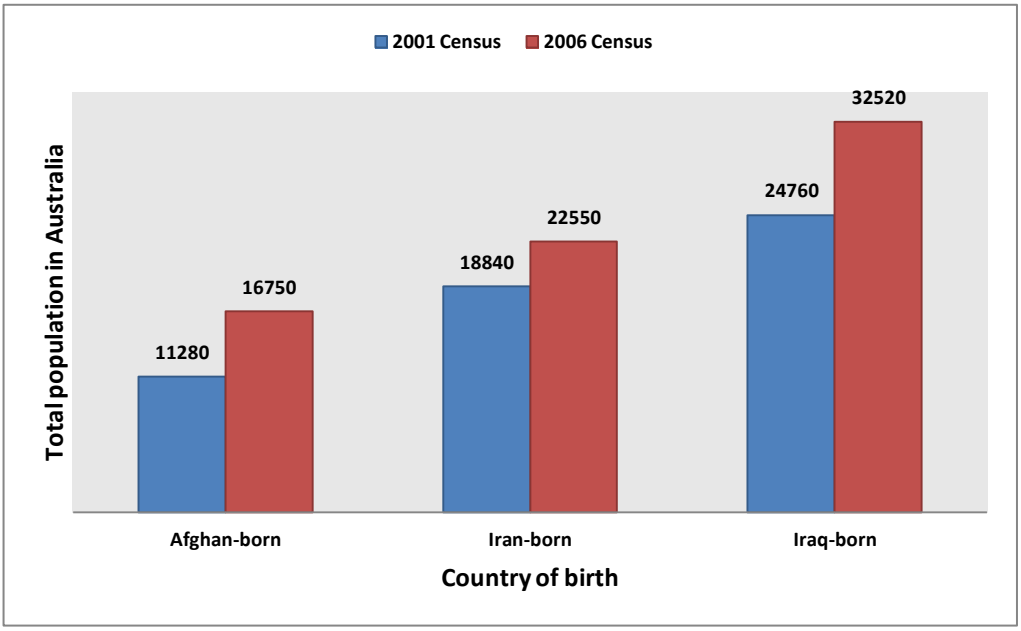
At the time of recruitment, the community size was estimated at between 1000 and 1200 people. Unlike the Kurds, the group is not cohesive and most people have little to do with other Afghans outside their own immediate social circle. The Hazaras and especially the Tampa group are the exception, with regular social events being organised around Shi'a religious festivals. This group in particular has settled well, with many men working full time and some families have even purchased their own houses. Perhaps as a result of their experiences as a persecuted minority in Afghanistan, and vulnerability during the Tampa affair, the Hazaras were especially determined to make the most of their resettlement opportunities to repay New Zealand for its support and to become fully contributing members of society.

Several people commented that since arriving in New Zealand, the Afghans have tended to segregate along ethnic lines. It is unclear whether this is simply a reflection of differences in customs often seen in migrant groups, a result of wider geo-political events polarising opinion about different groups, or a reflection of pre-existing prejudices re-establishing themselves as the community size increases. Perhaps this is a sign of 'survival-oriented mistrust' which has been observed in refugee communities elsewhere (Muecke, 1992, p. 519). For this reason, it is difficult to identify community 'leaders', or indeed to acknowledge the existence of a defined 'Afghan community' other than as a convenient collective grouping of families who identify as Afghan origin.

2.8.2 Perth

On average, Western Australia accepts between 10-15% of Australia's humanitarian arrivals each year (Refugee Council of Australia, March 2011). The majority of these people settle in Perth because of the availability of specialised services and limitations associated with travel outside the metropolitan area that is imposed by the regional geography, so statistical data of ethnic groups from Perth should be reasonably representative for the state as a whole. As shown in Figure2.5 using Census data for the whole of Australia, the numbers of people born in Afghanistan, Iran or Iraq continued to grow between 2001 and 2006. Many of these would be former refugees, although others would have arrived through normal immigration channels.

Figure 2.5 Australian ethnic group comparison 2001 & 2006 census



In addition to offshore refugee arrivals, WA is also the main point of entry for boat people who leave from Indonesia or further afield. Most of these people end up in one of the four onshore detention centres currently in operation (in addition to a residential housing unit in Perth) or in one of the three on Christmas Island (Australian Government DIAC, 2 May 2011).

Community demographics are always difficult to assess for refugee groups, other than statistics derived from country of birth. For this reason, we relied on our community contacts for a more accurate estimate of population characteristics, especially for the Kurdish group. Because we had no pre-existing links with either group in Perth, one of our initial approaches was to contact Afghan and Kurdish staff and postgraduate students at Curtin University. These people provided details of further key informants and additional historical and demographic data. Other contacts were also made through a range of ethnic associations, religious and educational groups and service providers over time.

For the Kurdish group our early links were with members of the Kurdish committee responsible for organising a Newroz[4] (Persian/Kurdish New Year) festival event. Later contacts were obtained from independent Muslim sources, through staff at Kurdish owned kebab restaurants and interpreters. According to their estimates in 2008, the Kurdish

[4] Various spellings are used in different locations throughout the wider Central & South Asian and Middle Eastern region for the observation of the spring equinox e.g. *nowruz, navroz, nauruz, novruz, nevruz* etc.

population was believed to be approximately 1000-1500 people; the majority being Iraqi, although some also came from Turkey, Syria and Iran. Most people who arrived as asylum seekers in the early 1990s were educated professionals from urban backgrounds, and they are now well settled; many were working, and they considered themselves to be relatively affluent and successful. A strong sense of community and pride in their Kurdish identity was evident, with many people keenly following events and politics back home. They were united by their national identity as Kurds, regardless of religion, or country of origin.

The Afghans had a community estimated population size of anywhere between 1000-3000. For this group, our initial contacts were again through university connections, which allowed us to approach a wide range of people from different community groups. Afghan associations and Muslim groups were also useful in providing key information and further network opportunities.

Table 2.9 Census data for WA residents born in Afghanistan, Iran and Iraq 2006

	Census Afghan-born n=1460	Census Iran-born n=2190	Census Iraq-born n=1680
Gender – Male	54%	52%	53%
Median age	28.9 years	40.4 years	35.7 years
Religion	Muslim 95%	Muslim 32%	Muslim 31%
Speaks English	68%	81%	71%
Post school qualifications	34%	59%	33%
Arrival pre-1996	27%	55%	33%

As the 2006 Census data breakdown for WA indicates (Table 2.9), slightly larger populations are reported than our tentative community profile maps compiled in 2008 would suggest. There could be several explanations for this discrepancy. Census data was collected in 2006, and with increasing numbers of asylum seekers arriving from these locations, population numbers are likely to rise further over time. Figures for Iran and Iraq-born people include all ethnic groups from those respective countries; the Kurds are minorities in countries across the region so using nationality derived data sets will produce misleading results. This is especially evident in the religion category, which includes Baha'is, Christians and other minority groups from predominantly Muslim countries. The Kurds are predominantly Muslim, but have been persecuted by their co-religionists on ethnic grounds. Similarly, Census data does not differentiate between humanitarian and other migrants, so

population counts would be higher than for refugees alone. In addition, most of our data and our key informant interviews were collected in 2008, so new arrivals of refugees and boat people would have boosted the respective populations during that time.

Two main groups of Afghans can be identified; firstly the wave of Afghan cameleers who established themselves pioneering in the 1800s, set up the first mosques and intermarried with locals, effectively assimilating into Australian society. Although it is likely that many were actually from northern parts of what is now Indo-Pakistan, among existing Afghan groups and in popular culture they are known as 'Afghans'. The latest arrivals however, have been refugees. Many of these left before or around the time of the Soviet invasion in 1979, or more recently during the Taliban era. The current ethnic makeup of the population is similar to that in Afghanistan, and recent refugee arrivals reflect this. As numbers have increased, splits along ethnic or religious lines have become more evident. Some people have attributed this to the arrival of large numbers of Shi'a Hazaras since the late 1990s, an oppressed minority who didn't traditionally mix much with other ethnic groups in Afghanistan. Over time, certain groups have built mosques, which then act as magnets for others from that group, and there are plans for building more Islamic schools.

Among the refugee groups which started to arrive during the 1980s, and have been settled longer, there were many well educated professionals who experienced a huge culture shock at first. The community at that time was very small but supportive to new arrivals; however, as numbers increased various welfare agencies took up this work. Many Afghans coming to Australia since 2000 have arrived by boat, and most of them spent varying times in detention camps. By the time of our interviews in 2008, over a third of the Hazara community had become Australian citizens; about 30% had purchased their own houses and approximately 10% were running their own businesses. Many people were looking to the future, working in the day and studying at night to get ahead. They were keen to point out how appreciative they were of their new lives; displaying a positive attitude and a desire to be seen as responsible Australians.

2.9 Refugee Stories

The following abridged refugee stories have been included to present some perspective to the refugee and resettlement experience, as outlined by two former refugees now living in New Zealand. The names and personal details have been changed to protect identity,

however their stories are not unique and the general details could apply to many of the study participants interviewed in both New Zealand and Australia.

2.9.1 Afghan life story – Ali

Safety on a sinking boat? Ali left Afghanistan in early 2001 because life was becoming very dangerous under the Taliban regime, especially for those from the minority Hazara group to which he belongs. He reported many people were being killed at that time, especially those of different "nations" (ethnic groups), and he described witnessing massacres of Hazaras, including women and children, in some areas. He left Afghanistan legally on his own passport in 2001, first travelling to Pakistan in the company of a driver who could speak several languages before eventually making his way to Indonesia. There he found many others in the same position; all were desperate to find a safe haven and resigned to paying for a boat passage to anywhere that would be safe, not necessarily Australia.

When he finally arrived at the boat, he expected to be in a group of 60-70, but was horrified to discover over 400 people, including women and children, waiting to board. They were a mix of people, mainly Afghani & Iranian as far as he could determine. The boat was much smaller and rickety than he had expected and he was quite concerned. They set sail from Indonesia; it was very cramped on board and dangerously overcrowded. Ali was worried sick about his family back in Afghanistan because he thought he might die at sea and was more concerned for his family than himself. After a couple of days at sea, as they were approaching Christmas Island there was a problem with the boat. They were still way out at sea and stranded miles from land. A large ship passed but didn't stop. That night there was a storm and the boat started to break up; it was a terrifying night and everyone was praying. One of the other refugees had heard or read somewhere that SOS means help in English so in the morning he wrote SOS on a white scarf and placed it on top of the stricken boat. They learned later that by sending out a distress message, other ships were obliged to help them. At last, they sighted a red object on the horizon, which turned out to be the Norwegian freighter Tampa that eventually rescued them from their sinking boat. They remained on board for several days during a tense political standoff with the Australian government that refused them permission to land. After finally being transferred to an Australian naval ship, they were taken to Nauru for asylum processing under Australia's newly created 'Pacific Solution' policy.

Detention - Conditions on Nauru were pretty grim for locals and refugees alike. The island was very small and hot, with phosphate mines in the interior. The refugees were in camps

with big fences and they couldn't leave in the early days. Although the island had palm trees by the beaches where most of the locals lived, the refugees were housed in camps further inland; it was barren, treeless, and very hot most of the time with many mosquitoes in some places. They lived in "long houses"; these were made from wood and plastic sheeting with people sleeping in rows inside, and they became very cramped at times. They used to squat underneath the buildings during the day for shade. Because water was limited, they tried not to waste it and didn't wash much.

The New Zealand government agreed to help those with families, so most went there straight away, but the single men remained on Nauru for varying lengths of time. It became very crowded in the camp as more boat loads arrived; these people were mostly Afghans, Iranians and later some from Sri Lanka.

Eventually, facilities were made available for the detainees to contact family back home; but Ali had no idea how to contact them in Afghanistan. He finally managed to call a cousin who was able to locate Ali's family and let them all know he was safe. By that stage, more than two years had passed and Ali's wife had delivered another baby, so he now had six children back home. His elderly mother, who had been unwell when he left, was still alive too, so he was very pleased to talk to them.

During his time in Nauru, many people in Australia were campaigning to support and help them, so they had a lot of contact with lawyers and other advocates. Ali is still very grateful for their support. He considered the idea of returning to Afghanistan while he was living on Nauru but his family advised against this as the situation at home had become even more dangerous than before. His application for asylum was finally accepted by the UNHCR, and along with most of the remainder of the refugees still on Nauru, he was eventually offered resettlement in New Zealand. He had studied English while he was living on Nauru which helped prepare him for resettlement. Altogether, Ali spent 3 years in detention.

Resettlement in New Zealand - After six weeks at the Mangere refugee reception centre in Auckland, Ali was sent to Christchurch where he lived by himself in a small flat, with support from local volunteer sponsors. It was after his arrival in Christchurch that most of his symptoms of PTSD started; he felt lonely, had trouble sleeping and missed his family a lot. Most of the other refugees had been reunited with his or her family by then. Those with families on the Tampa had already been in NZ for three years, and many others who were resettled since then had also been reunited with family members.

Family reunification - Ali soon became quite independent and once he understood the system in NZ he applied to Immigration to get his family over. He found the whole process of dealing with government officials daunting. Ali was very discouraged when he was told that there was no way he could get visas for his parents or extended family so to not even try, but just as he was about to leave the official asked him why he was there. Ali replied that if he had a money problem he would go to Work and Income, if he had a housing problem he would go to Housing NZ, so he expected to go to Immigration if he had a problem trying to get his family here. "Fair enough", said the man, he would "see what he could do".

The long wait was nerve wracking; he was finally informed that a letter had been sent, but because he hadn't received it, he had to wait until another copy was sent out before he learnt that approval had been granted for his family to come just 12 days later. It was all happening so fast, after such a long wait. Ali was initially worried about the travel logistics, arranging passports etc but NZ Immigration organized everything. It was hard for the family to travel at such short notice and difficult for family left behind in Afghanistan, especially his elderly mother who had been helping to look after his family for the past five years. Ali flew to Auckland to meet them when they finally arrived, and after spending time in Mangere, they all moved down to Christchurch six weeks later.

Although Ali is very happy to be reunited, he initially found it quite difficult to be with the children after five years apart, especially as he continues to deal with his symptoms of PTSD. As time passes however, his family has helped his recovery. He is very proud of their achievements one year on and very appreciative of the support and opportunities that they have had since coming to NZ.

At the time of interview, Ali's older children were all attending local schools, and he and his wife were studying English. They have a close knit circle of friends, mostly other families from their province in Afghanistan who were also on the Tampa, who provide good support. Ali spends much of his spare time in his vegetable garden and helping his family with their English studies.

2.9.2 Kurdish Life Story – Ahmad

Pre-revolution Iran - Until the Iranian revolution in 1979, Ahmad's family had always lived in the mountain villages of Iranian Kurdistan. He was born in a small village in Kermanshah province nearly fifty years ago where he lived with his parents, five brothers, three sisters and his cousin. The village was small with the closest town about thirty kilometres away. Most families were farmers so as an adult that was what he did too; he didn't go out to work but helped around the farm and garden and looked after the family livestock. Life under the Shah was good for Ahmad's family; they were happy and could just get on with their lives as Kurdish people. Everyone in the village was Kurdish and they used to enjoy getting together to celebrate their traditional festivals. However, once they heard Khomeini was returning, they realized life was not going to be as good for the Kurdish people in Iran. During that time leading up to the revolution, their lives started to get difficult, with many people caught up in the fighting and killed. People were firing at each other; they were all frightened about what would happen in the revolution and how difficult their lives were going to become. In 1979 the revolution started, "once the Shah was gone the 'Khomeinis' came to get the power there. There were different parties, Kurdish parties who wanted to fight them and Khomeini was on, like a jihad, against the Kurdish people." Initially the Kurds were promised his support, but this didn't eventuate and "many bad things were done to the Kurdish people". Several of Ahmad's friends simply disappeared, and were never seen again; they had been speaking out against Khomeini and anyone who did that was in great danger. Ahmad felt really bad about what was happening; he was only about 18 at the time. Everyone hoped the Khomeini regime would be destroyed, however, once he saw how popular and powerful Khomeini had become, he realised he would have to leave. He was very scared as a lot of the violence was against young people; whole groups of young people were being caught in the street, so it was very dangerous. Ahmad, like many other people, decided to leave Iran in 1979 to seek safety in Iraq. The hardest part was leaving his family behind.

Life as a refugee in Iraq - He travelled with a large group of people who were all heading to Iraq to escape the fighting and the new regime. Crossing the border was dangerous and difficult; Ahmad was on foot and it was very hard, with little or no food. The Iranian army was all around them and they were constantly at risk of being captured. They travelled at night, taking two or three days to cross the mountains to get out of Iran. Once they arrived in Iraq, it was easier; the Iraqi army wasn't a problem and they were told "OK to come". Leaving Iran was much harder than getting in to Iraq even though Ahmad didn't have any

travel papers, just his Iranian ID card. There was no going back. They were taken to a Red Cross camp where they lived in tents. The camp was more like three big camps, it was huge with thousands of people, all Kurds; too many to count. They received some money from the Iraq government, enough to live but not well. Not long after he arrived, Ahmad met his future wife and they were eventually married in the camp, living there for two years before moving to Al Tash camp near Ramadi.

During this time, the Iran-Iraq (1980-88) war started. It was a very difficult time for all the Kurdish people living in the border areas and many more people fled to Iraq, including Ahmad's family who arrived three years after him. He was very happy when the rest of his family joined him in Iraq; it was great to see them all again. When the Iraq government moved them all to Al Tash camp some people didn't want to go, but they were forced to move as the original camp was closed down. Some of the camp people fought with Iraq against Iran during that war. The people fighting for Saddam were moved to a special camp, but the rest went to Ramadi.

Al Tash was a new camp and all the residents were Kurdish, so it really became like a Kurdish town. At first, it was like a desert with tents but over time, people built their own houses by hand with mud. There was no water, just what was delivered in trucks and it was common to go ten days without a shower. In the 1980s, the Iraqi government gave the refugees money and life was OK, however during the 1990s (after the first Gulf War and imposition of UN sanctions) there was no money for refugees and people needed to work. Fortunately, it wasn't too hard to find work; most people heard about jobs by word of mouth but it was always done under the table, unofficial. When people had to travel around for work the officials turned a blind eye, but no one was ever allowed up into the Kurdish areas of Iraq. Elderly or unwell patients could get a pass to go to hospital, sometimes even to Baghdad if necessary. The Kurdish refugees weren't really free to travel around, only in to Ramadi city. If they were caught elsewhere there was a fine of 50,000 Iraqi Dinar, and a second offence would mean jail. After 1996, restrictions were eased a little and people did travel in to Ramadi, but they always risked capture at checkpoints. Until the Gulf war in 1991, life was good, but after that, they all needed to work hard. However not everyone could, so it was quite difficult for some people but their friends would help them. People shared what they had. Some people had a good life there, but some didn't. Ahmad considers he and his family had a good life in Iraq.

Initially there were about 18,000 people at Al Tash camp, although over time some gradually left, resettling in Europe or moving back to Iran. After the Gulf War in 1991 when the UNHCR took over responsibility, people began to be accepted for resettlement elsewhere. Conditions became harder throughout the 1990s and there was often not enough food for everyone. The electricity supply was good in the early days too, but after the war, the supply was erratic with less and less reliable power, often only 5-6 hours per day. They used gas for cooking but had to buy all their food. It was hard to raise their own animals, as there was no green land for them because it was in the desert, and as they had little water they couldn't grow vegetables either. The first camp run by the Red Cross was much better in that respect.

Overall life in the camp was similar to what it would have been like back home in Iran. The men needed to work so they could buy food, and some became traders. A small number had no job. Women stayed at home caring for their homes and families; cooking, cleaning and preparing piles of the large, flat *naan* bread that is a Kurdish dietary staple. For health care, there was a UN medical centre in the camp which was free. For conditions that were more serious, patients were referred to the hospital in Ramadi which was very good, although they had to pay for it. Luckily, there weren't any serious epidemic diseases while they were there, but a lot of minor complaints due to dirty water which made many of people sick. Appendicitis was also quite common. All five of Ahmad's children were born in the camp, four at home and the youngest in the camp hospital. There were no doctors or nurses to help with childbirth so ordinary people and family members assisted with deliveries. This is what they had been used to back home in Iran.

After the Gulf War in 1991, conditions got a lot worse. The refugees' perception was that the UN didn't really help much during that time and they didn't have much hope to return to Iran or move elsewhere. For twelve years, they were just working and waiting for the UN to decide their fate. Each year only about 300 people out of 18,000 in the camp were resettled so there was not much hope. When Ahmad originally left Iran, he expected to be in Iraq for perhaps one year or a year and a half at most; not long. But he ended up being there for 24 years, 22 of which were in Al Tash camp near Ramadi. Although it felt like home after so long, the life for refugees was always hard and sometimes people would be killed. The government did not always treat them well, but the people in Ramadi were generally quite good. Ahmad's father passed away in Iraq and eventually the rest of his family returned to Iran. He couldn't return because of the regime there. He remembered

when they left, everyone was sitting beside each other crying, and he hadn't seen them since.

2003 Gulf war - By 2002 and early 2003 life in the camp was getting worse and worse and there was no security. Before that, their life was pretty good; Ahmad used to drive a car and he ran a business, a small shop in the camp. But then it changed and they knew they would have to leave. Everyone had satellite TVs, as there wasn't much else to do except watch TV, so they knew there was a big war coming and that people would have to flee, or die. Once the war started no one moved, everyone stayed in the camp. There were three big primary schools and the UN put large flags on the roof of the schools to warn the US aircraft. They weren't too scared because they felt safe with the UN flags there. The water supply was especially bad at that time, very dirty and people were becoming very sick, although food was still coming in from Ramadi. They knew when the war started because there were many airplanes, with fighting and explosions nearby. Fortunately, there was no bombing near the camp because only the main strategic locations were targeted. The army was near the camp but many of the Iraqi soldiers were running from the war and they were selling their guns to other people. The Kurds were told, "If you don't fight us, we don't fight you". In one incident an Arab farmer was shooting at a plane with a rifle, shortly afterwards the planes returned, killing about 14 people there and destroying their tents.

Ahmad's family decided to leave about the time the US arrived in Baghdad. They heard there was a camp in Jordan so decided to go there. They had no idea how to get to the Kurdish parts of Iraq, so that wasn't really an option and the Jordanian border was closer. Thousands of people from the camp decided to go to Jordan, about 9,000-10,000 by that time and they were in one of the first groups to leave, only six days after the fall of Baghdad when it was very dangerous to travel by road. Iraq sent cars to the Jordan border, but the UN and Jordan didn't help with transport. Ahmad and his family travelled in a large truck, others went in cars, buses, vans or trucks taking about six hours to get to the border. No one knew who was leaving; it was very confusing as there were hundreds and thousands of people in family groups.

Life in limbo – No Man's Land camp - When the Jordanian government refused them entry, they were stuck in limbo between Iraq and the Jordanian border. For those with passports it was OK; some Palestinians had passports so they went straight to Ruweished camp in Jordan. The UN paid the Jordanian government to let the Kurdish refugees stay at No Man's Land camp so they were eventually checked and provided with food and tents. Everyone

tried hard to accept the situation, but over time, as nothing happened, people became desperate and eventually started to reject food and gifts; they just wanted to get in to Jordan. The mood in the camp was not good and there was an increasing amount of anti-Jordanian government feeling. They were initially told to return to Iraq, and people despaired whether they were ever going to be safe. One of the UNHCR officers apparently told them "If the sun rises in the west, then you can go to Jordan!" But they replied, "we are never going back to Iraq". The Kurds insisted they would not return, and needed to be strong.

Conditions at No Man's Land camp were extremely difficult and there was a lot of uncertainly. It was in the desert in the middle of nowhere. The conditions were very basic; just tents and items given by UNHCR. It was very windy, extremely hot in summer, freezing in winter and there were many snakes and scorpions. There was nothing to do there, just sleeping. Whenever anyone needed to go out it was in a small van and the police would go too. The police went everywhere with them, to the shops, the hospital; it was like a prison because they threatened them with handcuffs, even the women and children. No one understood why, because refugees are not prisoners. Some went on a hunger strike, but it wasn't until after the UN office in Baghdad was bombed that the UN finally decided Iraq was too unsafe and decided to help with resettlement for them. Finally, after two years there was an explosion and 15-20 oil tankers going to the US army were blown up by terrorists on the Iraqi side of the border. Some of the camp residents managed to catch the people responsible as they tried to escape. The UN finally decided it was not safe there so the residents were moved to Ruweished camp inside Jordan. The problem was that it was really more of the same; also like a prison with lots of wire, no space and harsh desert conditions. But at least they had a good tent. It was very big; several sewn together and even had a bathroom and four bedrooms. As Ahmad fondly recalled with a grin, compared to their living conditions in No Man's Land "It was a very, very good tent! Like a palace!" They had been stuck at that border between Iraq and Jordan in No Man's Land for two years.

A permanent home at last - Just before they left No Man's Land, the UN told Ahmad "you will have an interview with the New Zealand embassy", and then two days after they arrived at Ruweished the family was interviewed. They were very, very happy. As Ahmad described it, they would have been happy to go anywhere, even an African country, but because he already had family in New Zealand, his cousins having gone there straight from Al Tash about three years earlier, Ahmad was on the New Zealand immigration list. "We

didn't really know much about NZ but we had seen a program on TV, everyone over there has satellite TV with thousands of channels, better than here in NZ, and the Arabic channel had a program saying NZ was a very nice place to go for a holiday." They had their interview in May 2005 and arrived in Auckland five months later. The first six weeks were spent at the Mangere reception centre where the family described it as being like a normal life at last. The food in particular was very different but some local Kurds brought food and even took them to parties in Auckland. After six weeks orientation they finally arrived in Christchurch, moving in to a proper house at last which had been set up by volunteers from Refugee Services, and where they were well settled at the time of interview. Ahmad was working full time, his sons were all studying and the older boys also had part time jobs; his wife was learning English and also working part time. They had cousins living nearby and several other Kurdish families lived in the neighbourhood. "It is very different from Iraq but we are so happy to be here and very grateful to NZ for saving us".

2.9.3 Commonalities and differences

These refugee stories not only highlight the similarities of each individual refugee journey, but also many of the differences. Every refugee will have a unique experience and perspective, but will share commonalities with others. Both Ali and Ahmad were victims of minority persecution in their homelands, resulting in the decision to risk their lives on perilous journeys in search of safety and a better life. Each suffered personal danger, separation from their families, grief and loss. As a young man, Ahmad was perhaps better able to cope with leaving home; he eventually married and settled down in the camp situation, subsequently raising his family within a proxy Kurdish village environment, with good socio-cultural support. His refugee status was assured, although he never imagined experiencing 27 years of adversity as a long term refugee in a succession of conflict situations. The shared, extended nature of the refugee experience, within such a large group of other Kurdish families, forged strong bonds between families providing mutual support. Unfortunately, as part of the resettlement process families were dispersed around the world, with some remaining in limbo in Jordan for several more years. Although there was a strong sense of having to start all over again after they arrived in New Zealand, the shared experiences of the group from Al Tash camp provided a good basis of support and solidarity during the early settlement period.

In contrast, Ali was already married with a young family when he was forced to leave home. His journey to safety was much longer; it involved transiting through several countries and

risking his life on an unseaworthy vessel before being unwittingly caught up in the political events of 2001. His time in detention on Nauru was particularly difficult; the uncertainty, traumatisation from his experiences, interminable processing time for his refugee status recognition, harsh physical conditions, lack of contact with his family for several years, and the realisation that many of his contemporaries from the Tampa were already settled and reunited with their families, played heavily on his mind. Even after resettlement, the support he received from Afghan friends was always tempered by the reminder that his family was not with him. Unlike Ahmad, who came directly from a desert camp on the Iraqi border with few facilities for cultural or linguistic orientation, Ali had better opportunities to prepare for resettlement in New Zealand. The three years he was in detention allowed him to study English and become accustomed to Western norms and cultural expectations. The key factor for his successful resettlement and eventual recovery however, was reunification with his family.

Both men shared similar expectations on arrival, the desire for a safe and secure life for their families was paramount, in addition to education and work opportunities for their children. They were both especially grateful for the opportunity to start new lives characterised by safety and freedom, but there was always an element of survivor guilt when they remembered family and friends left behind. However, although they were realistic about the time needed to settle in and start working to support their families, they had not expected to be so dependent on welfare and the inherent social and economic disadvantages associated with that.

2.10 Summary

This chapter has outlined the concepts and practical implementation of refugee resettlement from an international perspective, before describing the political and social policy environment for both UN refugees and asylum seekers in New Zealand and Australia. A number of high profile incidents including the Tampa affair and concerns around mandatory detention of asylum seekers in Australia were also discussed. Descriptions of Afghan and Kurdish refugee populations, and community profiles in Christchurch and Perth, were included to provide background context to the study. The inclusion of refugee stories from two study participants provides personal perspectives and insight. The following chapter presents a review of the literature pertaining to refugee resettlement and health.

CHAPTER 3 REVIEW OF LITERATURE

> Mental health is defined as *"a state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.* (World Health Organisation)

All situations of migration have particular stresses associated with them but for refugees and asylum seekers the resettlement process can be conceptualised as a continuum of stress (Silove, 1999, p. 52), in which a complex interaction between pre-migration experiences and post-migration stressors impact on each individual's personal resources. Early research conceived the issue of refugee health in largely psychiatric terms, focusing on prevalence rates and psychiatric diagnoses, with a particular emphasis on post traumatic stress disorder. More recently, attention has shifted to the post migration period, examining socioeconomic and wider sociocultural constraints. The focus has also moved towards coping and resilience, highlighting strengths and potential facilitators to long term mental health. A large body of published literature can be identified covering each aspect of forced migration and refugee resettlement, from pre-flight traumas, to migration and asylum seeking experiences, and later post-settlement challenges. As this research project aimed to examine the overall resettlement experiences of predominantly Muslim refugees in Australia and New Zealand, this literature review will scrutinize a broad range of both pre and post migration factors that impact on resettlement in Western countries. An overview of the impact of the migration experience on health is presented initially, followed by a specific focus on refugee health. This is broken down into pre-migration and post-migration phases, highlighting the most important issues at each stage. Some of the more significant protective factors are also considered, including social support, belief systems, and self efficacy, as well as discussion around subjective well being and quality of life. Finally, the impact of discrimination is addressed, an issue which is particularly relevant for 'visibly different' groups, such as Muslim refugees from Afghanistan and the Middle East. As a media analysis component has been included in the current study, issues around discrimination and visible difference are discussed within that context. Of necessity, due to the size and diversity of the refugee literature, only a broad overview of each topic is presented.

3.1 Migration

> *Migration is a process of social change where an individual, alone or accompanied by others, because of one or more reasons of economic betterment, political upheaval, education or other purposes, leaves one geographical area for prolonged stay or permanent settlement in another geographical area (Seligman, 1975 cited in Bhugra, 2004b)*

Migration can be conceived as a universal phenomenon involving a change in location of human residence, which has occurred all over the world and throughout history. It can be an individual or collective process, and the impetus may be voluntary or forced. The reasons for, and processes of migration will vary considerably between groups, and the impact of migration on an individual will depend on a number of 'push pull' factors (Lee, 1966). For instance, the purpose of migration could be for political, economic, or personal reasons, it could be temporary and short term, or long term and permanent. Some groups who are forced to leave their homes for political reasons are never able to return. Migration can be to regions of ethnocultural similarity, or as is commonly the situation for forced migrants, to countries with a wide cultural and linguistic difference. In 2010, the number of international migrants was estimated to be 214 million (International Organization for Migration, 2010), of which more than 36 million are forced migrants of concern to the UN High Commissioner of Refugees (UNHCR, 2011b).

All situations of migration involve loss, dislocation from familiar life routines and social networks, as well as exposure to new challenges and experiences. Some of these will be perceived as positive and exciting, while others may induce stress responses which can eventually result in impaired mental health (Abbott, 1997). Environmental factors, in combination with how an individual responds to stress, as well as their own personality traits will determine how well they settle, or whether a sense of isolation and alienation is experienced (Bhugra, 2004b).

The migration process can be broken down into separate phases: pre-migration, migration or flight and post-migration. Each phase will be subject to different influences at both individual and group level. For refugees the pre-migration phase may be characterised by 'push' factors which typically involve a major resource loss (Ryan, Dooley, & Benson, 2008). These can include human rights abuses, physical and mental trauma, material losses and social upheaval. Social skills, psychological, biological and social vulnerabilities, as well as

concepts of self identity may also be challenged (Bhugra, 2004a). The act of migration is involuntary, often having been precipitated by traumatic experiences such as torture or witnessing other atrocities which add further dimensions to the psychological impact of the experience (Abbott, 1997). Incidents such as these can damage an individual's self esteem, diminish optimism and hope, or even challenge their sense of existential meaning (Ryan et al., 2008). Berry (1991) believes that it is during the pre-departure period that people often form ideas about the society and culture of potential receiving countries, which can influence destination choices and may impact on their later acculturation experiences.

The migration phase itself can represent a continuation of the trauma experience as well as posing additional challenges. In particular, this period can be defined by loss; of personal attachment bonds (Berry, 1991), and of material and social resources, which may occur at the time of departure or at any point on the journey (Ryan et al., 2008). The involuntary nature of flight may prevent people from preparing adequately, collecting important documents and personal possessions, and liquidating their assets. There may be separation from family and friends and the experience can affect an individual's sense of belonging and attachment to their physical surroundings. The journey itself may be straightforward and without difficulty, or it could be fraught with danger and suffering. In many cases, refugees will be exposed to prolonged periods of violence and uncertainty, and many people suffer sexual violation and exploitation. Material resources may become depleted, especially if funds are needed to secure transport further afield. Separation from family members, through death or physical separation is also common during this time (Ryan et al., 2008). At this stage, refugees may be in countries of first asylum, while they await the outcome of asylum claims, so this period is characterised by uncertainty. Both the asylum seeking process (Ichikawa et al., 2006; Steel et al., 2009) and the experience of living in a refugee camp (De Jong et al., 2001) have been associated with poor psychological health.

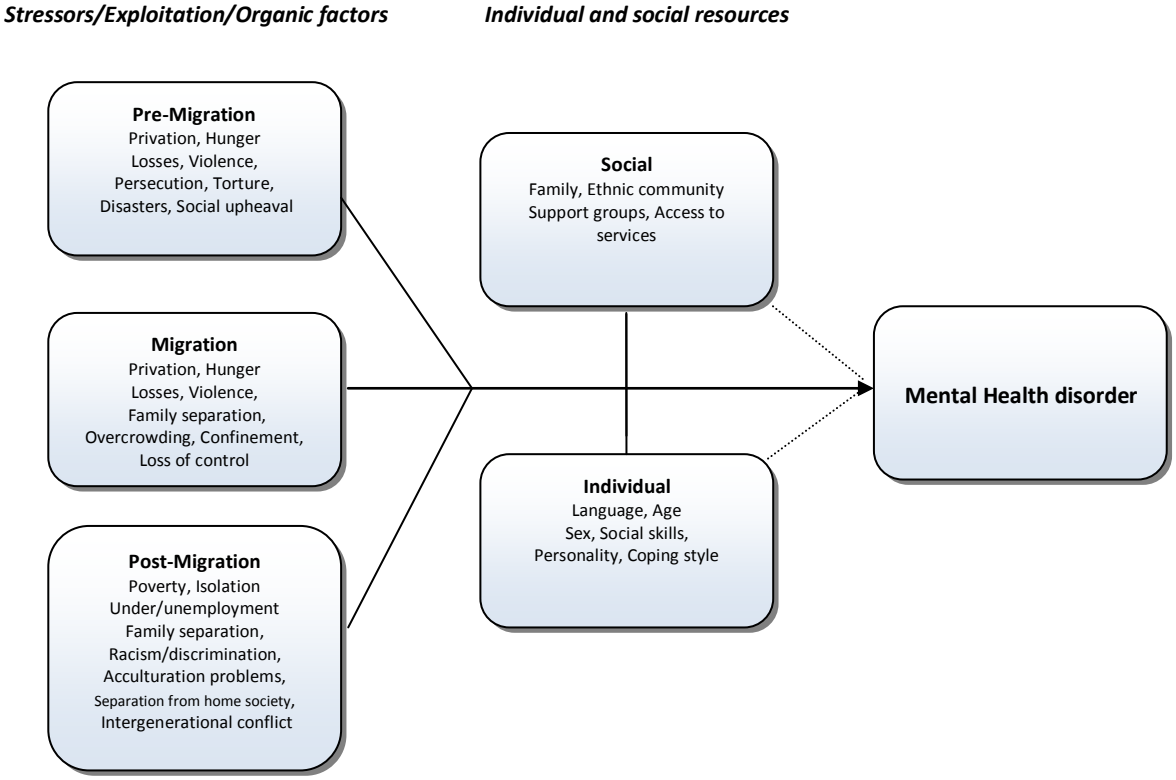
The post-migration period begins once asylum claims are accepted and resettlement places are confirmed by a host nation. In most cases, there will be a long waiting period between these two events. For migrants, the choice of destination is often well considered and extensively researched, however refugees rarely have that luxury. Instead, their final destination is decided by the United Nations and host country immigration authorities. Newly arrived refugees can be defined by their heterogeneity; their background life experiences, individual circumstances, loss of relationships, expectations and personal resources will all be dramatically different, as will the level of social support and host country influences they receive (Bhugra, 2004a). In some cases, refugees may be

dissatisfied with their final location, especially if family and friends have gone elsewhere, which can seriously impair their ability to settle down and develop social networks (Simich, 2003; Simich, Beiser, & Mawani, 2003; Simich, Beiser, Stewart, & Mwakarimba, 2005).

A number of additional losses may be experienced after arrival. Some resources can become devalued or obsolete, for example, traditional occupational skills or languages may have no transferable value in the new country, or educational or professional qualifications may not be recognised by licensing authorities (Ryan et al., 2008). Potential barriers or constraints can be either personal or environmental (Lazarus & Folkman, 1984). Environmental barriers include access to resources such as housing, health care, education, income, unemployment and social isolation (Abbott, 1997; Jafari, Baharlou, & Mathias, 2010, p. 3; O'Donovan, Bloom, & Sheikh, 2011), while personal constraints could include the impact of culturally defined gender roles or social relationships (Ryan et al., 2008). Prejudice and discrimination are also important post migration stressors for visible minorities (Colic-Peisker, 2005; Fozdar & Torezani, 2008; Pernice & Brook, 1996).

The major risk and protective factors for refugee mental health are summarised in Figure 3.1.

Figure 3.1 Factors affecting refugee and migrant mental health



Source: Abbott 1997 (adapted from Albee 1984)

The model on which the diagram is based (Albee, 1984 cited in Abbott, 1997), relates a number of organic factors, stressors and experience of exploitation which contribute to mental disorder, to protective factors such as coping skills, self esteem and social support. Prevention of psychological disorder involves reducing exposure to contributing factors, combined with strategies to enhance the protective influences (Abbott, 1997).

3.2 Forced migration and health

3.2.1 Physical health concerns

A number of health issues can challenge refugee well being, some of which are common to migrants from different geographic regions, while others are more specific to refugee groups. For refugees and asylum seekers these can include dental disease, infectious diseases such as Hepatitis B, TB, HIV and parasitic infections, nutritional deficiencies, haemoglobinopathies (McLeod & Reeve, 2005), sequelae of rape or sexual assault, as well as war and torture related injuries (NZ Ministry of Health, 2001).

Physical health problems are one of the pressing issues that need to be addressed as soon as possible after arrival in a host country, but policies regarding health screening prior to arrival vary between countries. In Australia, refugees arriving under Humanitarian category visas undergo screening prior to arrival (Australian Government DIAC, June 2009), although much of this is often repeated after arrival. In New Zealand, the only pre-travel screening carried out is for pulmonary tuberculosis (TB) and HIV/AIDS to ensure treatment can be commenced and risk of transmission avoided before travel. Full health screening, treatment and initial management for other conditions occur after arrival in Auckland (McLeod & Reeve, 2005). One study of refugee arrivals at the Mangere reception centre reported 20% suffered from significant or severe physical abuse, 14% had significant mental health issues and 7% were diagnosed with PTSD (Reeve, 1997). For asylum seekers though, the prevalence of significant psychological trauma was even higher with 38% of asylum seekers who were screened in Auckland in 1999-2000 showing symptoms of severe distress (Hobbs, Moor, Wansbrough, & Calder, 2002). Some of these conditions may be a result of torture, which can have long term implications for both physical and mental health.

One consequence of highlighting refugee health issues is the impact this could have on public perceptions, fuelling public health fears about risks from some groups. Media and public concerns in response to the arrival of record numbers of asylum seekers with high rates of physical and psychiatric morbidity in Australia, combined with anti-immigration

political rhetoric, raised the spectre of diseased refugees posing a risk to resident populations. As a result of this, in Western Australia a group of public health physicians attempted to correct misperceptions about the effect of asylum seekers on public health and to raise awareness of the needs of such socially deprived and marginalised groups (Kisely, Stevens, Hart, & Douglas, 2002). Although it appears that these concerns are not uncommon in Western countries (Lawrence, 2007), early screening and prompt treatment can help to mitigate public perceptions of risk.

Research has confirmed that health indicators are generally worse for asylum seekers than for refugees. In the Netherlands, a study looking at health outcomes in a sample of 178 refugees and 232 asylum seekers found that 59% of asylum seekers reported poor general physical health, compared to 42% of refugees, with about half of the total group suffering from at least one chronic condition (Gerritsen et al., 2006). The impact of displacement on physical health in general has also been examined. Findings from a study with a group of disadvantaged women, who were internally displaced due to conflict in Lebanon, showed that those who were displaced had significantly poorer health (Choueiry & Khawaja, 2007). Similarly, in a study of Turkish and Iranian migrants in Sweden, the risk of poor self reported health was three times higher for males and five times higher for females, than was observed in native Swedish participants (Wiking, Johansson, & Sundquist, 2004).

It is not only pre-existing physical health problems that affect refugee groups. Dietary and lifestyle changes can also impact on health and fitness after arrival (Altinkaya & Omundsen, 1999; Barnes & Almasy, 2005; B. Guerin et al., 2003; P. Guerin et al., 2003). The selection and quality of food items may be different, foods may be more processed, higher in fats and sugars, and the easy availability of junk foods may be enticing to many new arrivals. In addition, a more sedentary lifestyle often means weight gains occur as activity decreases (Devlin et al., 2011). Limited opportunities for regular exercise can also be an issue due to childminding responsibilities, costs of gym or other sport membership or a lack of culturally appropriate, gender specific fitness centres. These issues are a particular concern for many Muslim women (Barnes & Almasy, 2005; Devlin et al., 2011; P. Guerin et al., 2003).

Socioeconomic inequalities in health status may also become apparent over time. In many countries, there is an association between ethnicity and underlying socioeconomic status. Studies suggest that the lowest socioeconomic groups have the worst health, as assessed by mortality, hospitalisation and self-rated health data, and evidence in New Zealand shows that ethnic and cultural inequalities in health are largely attributable to such disparities

(National Health Committee, 1998). Low incomes may restrict the types of food available and also access to healthcare, while poor quality housing and overcrowding can lead to diseases of poverty and deprivation.

Although it is important that physical health needs are addressed, the focus of most refugee health research continues to deal with the impact of forced migration on mental health.

3.2.2 Common mental health disorders

Most early refugee research adopted a psychopathological stance, the origins of which can be traced to publication of the DSM-III (American Psychiatric Association) in 1980 which outlined the diagnostic criteria for post traumatic stress disorder (PTSD) (Kinzie, 2006). The defining characteristic was that the etiologic agent responsible was classified as an external traumatic stressor. Studies reporting prevalence rates of PTSD and other mental health disorders in refugee populations began to be published from this time (Kinzie, 2006).

Some baseline prevalence data has been provided for post conflict societies in Algeria, Cambodia, Ethiopia and Palestine (Gaza) (De Jong, Komproe, & Van Ommeren, 2003; De Jong et al., 2001). Using a population based epidemiological survey approach; a broad psychiatric assessment was undertaken using Composite International Diagnostic Interviews (CIDI). The focus was on four categories: mood disorders (dysthymia and depression), somatoform disorders (somatisation, conversion disorders, hypochondriasis, and pain disorders), post traumatic stress disorder, and other anxiety disorders (panic disorder, agoraphobia, social and specific phobias). PTSD and anxiety disorders were the most frequently reported in all groups; for those exposed to violence PTSD was most common, while those not exposed to violence were more likely to suffer from anxiety disorders. Somatoform disorders were the least common diagnosis. PTSD prevalence rates varied from 15.8% (Ethiopia) to 37.4% (Algeria) but specific patterns of risk factors were noted for each country. PTSD was not only associated with conflict violence but also a range of other stressors including camp life and daily hassles.

Prevalence rates reported in refugee groups show a huge range of variation, for example published rates for PTSD range from 4-70%, for depression symptoms 3-88% and anxiety 2-80% (Gerritsen et al., 2006; Gerritsen et al., 2004). Much of this variation can be attributed to methodological factors, including sampling issues, variation in study populations, and the use of different diagnostic or measurement instruments which make comparisons difficult

(Fazel, Wheeler, & Danesh, 2005; Gerritsen et al., 2006; Porter & Haslam, 2005; Silove et al., 2006).

A recent meta-analysis, which compared data from 181 surveys undertaken in 40 countries, with a total of 81866 refugee participants reported prevalence rates of 30.6% (range 26.3-35.2) for PTSD, and 30.8% (range 26.3-35.6) for depression (Steel et al., 2009). The authors report that non-random sampling methods, small sample sizes (less than 1000) and the use of self report questionnaires were associated with higher rates of mental disorder. After adjustment for methodological factors, the strongest factor associated with PTSD was reported torture, followed by cumulative exposure to potentially traumatic events (PTEs), the time since conflict, and the assessed level of political terror. For depression, significant factors were the number of PTEs, time since conflict, reported torture and residency status. The same article also assessed depression in 117 surveys (n=57796), highlighting widely divergence prevalence rates from 3-85.5%, with the largest survey samples reporting the most conservative estimates. The most common measurement tool used was the Hopkins Symptom Checklist (HSCL), followed by the Composite International Diagnostic Interview (CIDI) which is now considered the method of choice, due to the observation that questionnaires tend to inflate prevalence rates (Silove et al., 2006; Steel et al., 2009).

3.3 Migration phase

3.3.1 Trauma and the refugee experience

Trauma is not an inevitable consequence of the refugee experience; however, a significant number of forced migrants will have been exposed to a range of traumatic events prior to migration, during flight or in countries of first asylum. These can include war experiences, witnessing killings or torture, violent death of loved ones, imprisonment and torture, sexual violence, loss of home and material belongings, forced separation, uncertainty about the future, loss of social networks, disempowerment and other deprivations.

The impact of pre-migration trauma on mental health has been well documented (Cheung, 1994; De Jong et al., 2003; De Jong et al., 2001; K. E. Miller, Omidian, Rasmussen, Yaqubi, & Daudzai, 2008; Silove, 1999; Silove et al., 2006; Sinnerbrink, Silove, Field, Steel, & Manicavasagar, 1997; Steel, Silove, Bird, McGorry, & Mohan, 1999). A number of studies with various groups of refugees and asylum seekers have reported negative associations between trauma and distress. Asylum seekers in particular report high rates of trauma, with up to 80% of one sample describing exposure to significant traumatic events (Sinnerbrink et

al., 1997) and 51% of recently arrived refugees in another study (Silove et al., 2006). Pre-migration trauma contributed to 20% of the variance in post traumatic stress symptoms, compared with 14% for post migration factors in another study (Steel et al., 1999). Trauma was identified as the most important predictor of mental health status for Vietnamese refugees in Australia (Steel, Silove, Phan, & Bauman, 2002). Three or more trauma events have been significantly associated with increased risk, (Silove, Steel, Bauman, Chey, & McFarlane, 2007; Steel et al., 2002). However, although this risk has generally been noted to decline over time post resettlement (Fazel et al., 2005; Steel et al., 2002), one study of Cambodian former refugees living in the United States continued to report a strong dose relationship between trauma and psychiatric disorders up to twenty years after settlement (Marshall et al., 2005).

The refugee experience is frequently comprised of sequential stresses and cumulative traumas which compound over time. Silove (1999, p. 200) described this as a 'continuum of stress' which results in challenges to a number of personal adaptive systems. He contends that undue emphasis has been placed on one facet, the 'safety system' and its relationship to PTSD, whereas other systems that support psychosocial equilibrium may be equally impacted by human rights violations and war traumas. Instead, he argues that other adaptive systems, including attachment and bond maintenance, identity and circumstances, justice and existential meaning are also threatened by such experiences, resulting in instances of traumatic grief, cultural bereavement, persistent anger, alienation and emotional isolation or a distorted sense of self identity, among others. Thus, 'concepts of safety, grief, injustice, and faith may be more meaningful to traumatized survivors irrespective of their cultural backgrounds than are categories such as PTSD or depression' (Silove, 1999, p. 204). Further discussion of the use of this framework in understanding refugee acculturation is presented below.

3.3.2 Detention of asylum seekers

Since the late 1990s, increasing numbers of asylum seekers worldwide has resulted in policies of deterrence being introduced in some countries, amid a tightening of immigration policies in general. In Australia, mandatory detention for all unauthorised arrivals, including women and children was introduced during this time, and it attracted considerable controversy in the early 2000s. Apart from human rights issues, one of the main concerns has been the impact of detention on the mental health of already traumatised refugees (Silove & Ekblad, 2002; Steel et al., 2006; Steel & Silove, 2001). As already discussed,

trauma is a known risk factor for psychopathology and the trauma 'load', in addition to the type of trauma, is significant (Lie, 2004; Mollica et al., 2001; Steel et al., 2002). The detention experience itself may contribute, as either a re-traumatising factor, or the length and conditions of detention may directly contribute to psychological distress. Similarly, the use of Temporary Protection Visas (TPVs), which were introduced along with detention and offshore processing of asylum applications in Australia as part of the deterrence package, imposed a number of restrictions and considerable uncertainty on recipients. The limited support available, inability to reunite with family and long term uncertainty about their future exacerbated pre-migration traumas, resulting in chronic states of anxiety and depression (Mansouri & Cauchi, 2007; Minas & Sawyer, 2002; Steel et al., 2006).

Several independent inquiries were carried out in Australia between 1998 and 2001. The Human Rights and Equal Opportunity Commission (1998) reported mental distress in a large number of detainees, noting that there were "numerous examples of detainees attempting suicide or serious self-harm" and concluding that the indeterminate nature of detention made it more difficult to endure (cited in Steel & Silove, 2001). In addition, the Commonwealth Ombudsman's inquiry (2001) concluded that "long-term detention of immigration detainees is a source of frustration, despondency and depression often resulting in drastic action being taken by the detainees" (cited in Steel & Silove, 2001). Similarly, when members of the Parliamentary Human Rights Sub-Committee (2001) visited detention centres they were upset by the physical surroundings and the despair and depression of some refugees, particularly "their inability to understand why they were being kept in detention in isolated places, in harsh physical conditions with nothing to do" (cited in Steel & Silove, 2001). The impact of prolonged detention was also noted, with those who had been detained for a year or longer being notably more tense and depressed than people incarcerated less than a month.

A growing body of empirical evidence confirms that post-migration stresses facing asylum seekers have a cumulative effect on previous trauma (Silove & Ekblad, 2002; Silove, Steel, & Watters, 2000). Some of these findings were based on an earlier investigation carried out with a group of 40 asylum seekers in Sydney, the majority of whom reported exposure to pre-migration trauma and in many cases, torture (Sinnerbrink et al., 1997). Semi-structured interviews and a post-migratory problem checklist assessed stress levels resulting from living difficulties in Australia over the previous 12 months. The majority of participants had been in Australia for more than two years, with the mean length of time waiting for the outcome of their refugee applications being 28 months. The longest delay was over five

years. Most had left family, spouses and children elsewhere and the majority had no immediate family in Australia. Issues identified included concerns about being sent home, issues relating to the asylum-seeking process, barriers to work and social welfare services and long-term neglect of health problems. Although the findings could not be generalised due to a non-representative sample and potential reporting bias from those in the process of asylum application, the study nevertheless provides documentation of the sequential stressors experienced.

Several other studies have also examined the psychological sequelae of detention. In the US, extremely high symptom levels of anxiety, depression and PTSD were found, with a direct relationship between the length of detention and worsening levels noted (Keller et al., 2003). Interviews with detainees revealed that most people attributed their symptoms to detention, with many also blaming this for poor physical health as well. The authors concluded that besides aggravating already poor psychological health, the nature of immigration detention had a re-traumatising effect on asylum seekers. The experiences of Afghan asylum seekers in Japan have also been documented, comparing findings between those under detention with those in the community (Ichikawa et al., 2006). As reported in the US study, higher rates of PTSD, depression and anxiety were found in the detained group; with analysis confirming post migration detention as being independently related to worse mental health.

Some authors have examined structural inequalities to health screening and access to medical care, particularly for marginalised groups such as asylum seekers who may be ineligible for basic services while awaiting the outcome of their refugee application. These people are often at increased risk, due to not only the stress of uncertainty and poor living conditions, but also their often invisible presence in communities and to providers of resettlement support (ASRC, 2005). This was the situation until recently for people on Temporary Bridging Visas in Australia (Correa-Velez, Gifford, & Bice, 2005).

In Australia, a deeper understanding of the suffering and emotional responses of detainees has been revealed in a qualitative study (Sultan & O'Sullivan, 2001). This study provides an important insight into the realities of life in the detention centres and allows better understanding of some of the experiences these people endured after their arrival in Australia.

However, despite the salience of pre-migration and asylum experiences on health outcomes, a number of critics have raised concerns about the prominence of the medical model. Some of these debates will be considered in the next section.

3.4 Paradigm debates

In much of the refugee literature, psychopathology is viewed as an inevitable consequence of the refugee experience, and this has traditionally had primacy in the resettlement support process. Reporting has tended to adopt a reductionist, 'problem-focused' approach in which refugees have been classed as 'foreign, dependent and poor, and in need of (only entry level) jobs and of health care' (Muecke, 1992, p. 519). This effectively reduces 'the persona of refugees to physical bodies in need of repair' (Muecke, 1992, p. 520). In comparison, a social inclusion approach explores issues of social adaptation and integration, with an emphasis on empowerment strategies, resilience and a proactive approach to resettlement and integration (Colic-Peisker & Tilbury, 2003).

As already described, mental health problems and the sequelae of pre-migration experiences including torture have been the focus of a significant number of research studies and literature reports. Characteristic of this approach has been the tendency to focus on psychiatric diagnoses and classification of refugees according to biomedical criteria (Muecke, 1992; Ryan et al., 2008; Watters, 2001). In particular, awareness of PTSD has not only facilitated treatment and helped to secure funding (Colic-Peisker & Tilbury, 2003), but also raised awareness of the prevalence of the mental health problem in refugee groups (Muecke, 1992). Highlighting trends of worsening distress over time has prompted more in-depth studies of the determinants of refugee health (Muecke, 1992).

From a transcultural perspective however, some concerns have been raised about the applicability of western trauma concepts for non-western populations (Keyes, 2000; Ruwanpura, Mercer, Ager, & Duveen, 2006), or alternatively that a focus solely on PTSD may not comprehensively capture the full range of psychological responses generated by exposure to human rights violations and other traumas (Silove, 1999). Colic-Peisker and Tilbury (2003) claim that the current emphasis on mental health issues may be partly due to increased sensitivity to depression compared to earlier decades. In addition, they contend that refugee support agencies that provide mental health and counselling services may have vested interests in identifying and maintaining a certain level of need (Colic-Peisker & Tilbury, 2003; Watters, 2001). As explained by Watters, 'the agency may feel an

overwhelming sense of *responsibility to act* and may eschew critical analysis in favour of a pragmatism that proliferates, and adds credence, to bio-medical taxonomies' (2001, p. 1710).

Some authors contend that the medicalisation of the refugee experience may influence refugees to adopt a passive victim role. In their study of recently arrived refugees in Perth, Colic-Peisker and Tilbury (2003), developed a typology of four resettlement styles based on the social features of the refugees themselves (human, social and cultural capital) combined with host society responses and coping styles. Active strategies were found to be the most successful in attaining social and emotional well being; of the passive strategies, 'victims' were the least successful. Victims tend to simply 'give up' trying to adapt, with many adopting a 'sick role' as their main identity. Illness then becomes their escape route when challenges dealing with their new environment become too great. Because many refugees may spend several years in asylum situations, this could help explain the 'lifestyle of dependency' they develop (Muecke, 1992). Many remain welfare dependent after settlement, exhibiting signs of 'learned helplessness' (Seligman, 1975 cited in Colic-Peisker & Tilbury, 2003). Although in many cases, this may be a result of disempowerment during migration and their experiences in countries of first asylum (Muecke, 1992), the resettlement process of being 'helped' by agencies may also encourage dependence due to its emphasis on disability and vulnerability (Colic-Peisker & Tilbury, 2003).

Since Muecke's article, in which she identified a need for more work on 'healthy refugees' and resilience was published in 1992, the focus of research has shifted from refugee pathology to refugee health to accommodate this perspective (Muecke, 1992, p. 521). As defined in her article, resilience refers to 'social competence or other types of functional adequacy despite losses and stressors'. She argues that refugees 'present perhaps the maximum example of the human capacity to survive despite the greatest of losses and assaults on human identity and dignity', and that for this reason they should be seen as 'prototypes of resilience (Muecke, 1992, p. 515 & 520). Summerfield (1997, p. 1568) has also voiced concern about the 'medicalisation of distress' as a pathologic disorder, arguing that this focus distorts perceptions about the vast majority of survivors and fails to consider refugees' own perceptions and expressed priorities. Thus, the response to refugee welfare has been described as 'service-led' rather than 'user-led' (Watters, 2001, p. 1710).

More recently, the limitations of some of the major theoretical models guiding research on refugee well being have been critically examined, focusing in particular on the medical

model, the psychosocial stress model, the acculturation framework and the conservation of resources stress theory (Ryan et al., 2008). The authors claim that in the medical-based model, the focus is on trauma discourse, perceived deficiencies and psychiatric symptoms, rather than resilience and the impact of the host social environment in their daily lives. Similarly, the stress model described by Lazarus and Folkman (1984) is based on cognitive appraisal, which is also influenced by access to environmental resources and in the types of stressors an individual is exposed to, factors which Ryan and his colleague do not consider are sufficiently considered in the model. They believe the stress model does not adequately account for socially structured dimensions such as socioeconomic status, legal status, gender differences and so on, nor does it satisfactorily address the issue that some groups within society are inherently exposed to more threats to their well being than others. In other words, the nature and extent of stressors are often socially patterned and these wider social conditions need to be examined. Berry's acculturation framework is also critically examined in Ryan's article. Although credited with incorporating cross-cultural changes into a psychosocial model, critics believe it presents an 'overculturalized' view (Lazarus, 1997; Ryan et al., 2008), as acculturation factors comprise only a subset of the broader demands of resettlement. They contend that over use of the term acculturative stress in relation to refugees 'disguises the fact that many of the demands (e.g. unemployment, family separation) that they are exposed to concern the thwarting of psychological needs that are common to all humans irrespective of their ethnocultural background' (Ryan et al., 2008, p. 5). Finally, Hobfoll's conservation of resources theory (1998 & 2001 cited in Ryan et al., 2008) is critiqued. This theory identifies the key component of stress as resource loss, and this is placed in the context of a general model of social action. This provides an objective and personal appraisal to be considered, that allows an individual to avoid exposure to stressful situations, or protect against negative effects if it occurs. However, because resources are seen as both the means and end of human action, the fact that the same resources can be put to diverse uses is not considered. Furthermore, many examples of harmful stressors are not resource based, for example, experience of personal trauma or violence, violation of deeply held values, or issues of racism, are not adequately addressed by the model. Instead, the authors discuss their alternative approach, drawing on aspects of previous theories but adopting a resource based approach that takes into consideration an individual's needs, personal goals and the demands they face. These concepts can be applied to pre-migration, migration and post-migration phases of analysis, with an additional concept examining resource constraints during the post-migration period (Ryan et al., 2008).

Due to the sequential and cumulative nature of stressors on mental health, the next section focuses on the relationship between resettlement experiences and well being in the post migration period.

3.5 Post-migration phase

After resettlement, there is an assumption that refugees will start to settle down and establish new roots in their host country once their basic human needs for safety and security have been satisfied. However, there is a growing body of evidence which suggests that post migration stressors may be equally as important, if not more so, than pre-migration experiences (Beiser & Hou, 2006; Laban, Gernaat, Komproe, van der Tweel, & De Jong, 2005; Papadopoulos, Lees, Lay, & Gebrehiwot, 2004; Sondergaard, Ekblad, & Theorell, 2001; Tinghog, Hemmingsson, & Lundberg, 2007). Some of the more important structural issues will be described in the next section. These concerns are common to resettling refugees in both New Zealand and Australia, so provide context for the daily life stressors facing study participants. In many cases, these issues could be resolved through settlement support initiatives.

3.6 Social determinants of health

> *The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.* (**World Health Organization, 2008**)

Social, cultural and economic factors have been identified as the most important overall determinants of health worldwide. Those with the greatest influence on health are employment and occupation, income and poverty, education, housing and culture and ethnicity (National Health Committee, 1998). In addition to these, newly arrived refugees often face a number of additional barriers including language difficulties, social isolation and discrimination.

A study exploring barriers to achieving good health outcomes in refugee background communities has recently been undertaken in New Zealand (O'Donovan, Bloom, & Sheikh, 2011). Working within a community participatory framework, former refugees identified

both barriers to health and proposed suggestions to help address these concerns. Many of these can be broadly categorised as social determinants of health, and include housing, income and employment, language, access to information, cost of services, culturally sensitive health services, continuity and quality of care and discrimination. Other mental health concerns and separation from family are more specific to refugee groups. Because these barriers have the most relevance to the community groups involved, some of the broad categories identified in the report which have not already been examined will help to guide further discussion of other literature in this area. It must be noted that many issues are interrelated and need to be addressed in a holistic manner.

3.6.1 Income

Income is the most important modifiable determinant of health; it has a direct relationship to health and well being, with well established links between poverty and ill health identified (National Health Committee, 1998). Many refugees are supported by welfare payments, but in most cases, this is barely higher than subsistence levels given the high costs of living in western countries. Most refugees identify low incomes as contributors to post migration living difficulties (Reitmanova & Gustafson, 2009) and poor health (Porter & Haslam, 2005), either through economic disadvantage (Laban et al., 2005) or the cost of accessing health services (B. Guerin et al., 2003; O'Donovan et al., 2011).

3.6.2 Housing

The high cost of housing has a direct relationship to income, and many former refugees struggle to obtain appropriate accommodation for their families (Ager & Strang, 2008; Casimiro et al., 2007; Papadopoulos et al., 2004).

A recent study was conducted in New Zealand to assess the living conditions of refugees in Christchurch (Ravenscroft, 2008). This report highlighted a number of important factors including issues of affordability, particularly concerns about the high costs of private rental, availability of suitable properties especially for large families, and security of tenure. Although many refugees in New Zealand are provided with social housing by national or local authorities, shortages often necessitate sourcing properties on the open market which can be very expensive. In addition, there is a potential risk of discrimination from landlords who are unhappy to rent to refugees. These issues have also been raised in a larger New Zealand study, which described concerns about resettlement locations and the cultural appropriateness of some neighbourhoods (Department of Labour & Statistics New Zealand, 2008; Dunstan & Dibley, 2004).

Housing shortages and high costs can lead to situations where families share accommodation, however overcrowding or conditions of substandard temporary accommodation also pose risks to mental and physical health. Overcrowding, damp and cold can encourage the spread of infectious diseases, such as respiratory infections and meningococcal disease (National Health Committee, 1998), while cramped conditions can fray tempers resulting in family tensions and intergenerational conflicts (Casimiro et al., 2007; Laban et al., 2005; Samuel, 2009).

3.6.3 Employment

Employment is one of the main factors influencing income level. Obtaining an appropriate job promotes social status, encourages social contact, enhances self esteem and provides a means of participation in the wider community. In contrast, unemployment is detrimental to both mental and physical health (National Health Committee, 1998). Former refugees often struggle to gain and maintain employment (Casimiro et al., 2007; Taloyan, Johansson, Johansson, Sundquist, & Kocturk, 2006). In many cases, the positions they do obtain are often not commensurate with their previous experience or qualifications (Jafari, Baharlou, & Mathias, 2010; Papadopoulos et al., 2004; Sinnerbrink et al., 1997). In a number of studies, refugee unemployment has been associated with high levels of psychological distress (Beiser & Hou, 2006; Laban et al., 2005; Ralf Schwarzer, Hahn, & Jerusalem, 1993; Taloyan et al., 2006). However, contrary to the importance attributed to employment in the literature as a whole, in one study of Kurdish refugees it was not identified as a significant factor for life satisfaction (Husni, Cernovsky, Koye, & Haggarty, 2002).

Women who are former refugees have identified employment as a major step towards successful resettlement. In one study of nearly 300 refugee women in Australia, participants described positive aspects of employment that allowed them to contribute to their new country, improve their language skills, assist with their children's education, regain a sense of self respect and confidence, while also helping to fill in their time and distract them from intrusive memories. For these women, finding a job and gaining financial independence without the need for social security was a key goal, and many recognized paid work as a central component of Australian identity (Holden, 1999).

Although the following factors were identified by the women as contributing to difficulties in finding work in Australia, many of the points raised would also apply to male refugees and other migrants (Holden, 1999). They included:

- Low self esteem and lack of confidence as a result of their refugee experiences
- Poor understanding of the refugee experience by employers
- Interruption to education or work due to political upheaval prior to migration
- Family pressures due to different cultural traditions and expectations
- Lack of recognition of educational or occupational qualifications
- Discrimination and gender bias
- Lack of local work experience
- Low levels of English proficiency

Despite the acknowledged importance of employment in enhancing refugee resettlement outcomes, unemployment and under-employment are an ongoing reality for many. In some cases, people accept a low paid or physically demanding position which can in turn carry additional health and injury risks (National Health Committee, 1998). However, relatively high levels of unemployment can persist many years after settlement (Beiser & Hou, 2001, 2006; Westermeyer et al., 1989).

3.6.4 Education and Language

Education and host language proficiency are both closely interrelated with employment, and thus also associated with socioeconomic status. For many refugees, formal educational opportunities may have been disrupted due to conflict or political turmoil in their country of origin, while for those living in protracted refugee camp situations schooling may have been rudimentary, if available at all. In some cases, documentary evidence of educational achievement may have been left behind or lost during flight; similarly, non-recognition of educational and professional qualifications is an added potential obstacle to be dealt with after arrival.

There is variation in the literature regarding the impact of educational level on mental health. In general, lower levels of education are associated with poorer health (National Health Committee, 1998; Nwadiora & McAdoo, 1996), however one meta-analysis of 59 comparison studies with 22,221 refugees and 45,073 non-refugee participants reported that better educated individuals had worse mental health outcomes (Porter & Haslam, 2005). Husni and his colleagues (2002), looking at resettled Kurdish refugees found that those with less education had higher life satisfaction. They attributed this to being able to more easily and rapidly re-establish comparable social status, compared to better educated individuals who may have higher expectations.

Language fluency is another key factor in resettlement (Beiser & Hou, 2001; Casimiro et al., 2007; Gagnon, Tuck, & Barkun, 2004; B. Guerin et al., 2003; Jafari et al., 2010; A. Miller & Chandler, 2002; Nwadiora & McAdoo, 1996). Lack of fluency in the dominant language has been associated with discrimination and unemployment for refugees in Canada (Beiser & Hou, 2006), with 8% of one sample still not speaking English 10 years after resettlement. English language ability was identified as a significant predictor of depression and employment status in that 10 year group (Beiser & Hou, 2001). Similarly, amongst Amerasian refugees in America, those with poor spoken English and limited formal education experienced the highest levels of acculturative stress (Nwadiora & McAdoo, 1996). Similar findings have also been seen with migrant groups (A. Miller & Chandler, 2002).

Former refugees recognise poor language skills as one of their main barriers to employment, for accessing health and other social services (B. Guerin et al., 2003), as well as social interaction with the wider community, and this has a direct impact on their mental health and well being (Jafari et al., 2010). In one study, 80 Muslim former refugee women in Perth identified poor English as one of their primary concerns, in addition to employment, gender specific concerns and accommodation (Casimiro et al., 2007).

3.6.5 Access to information and culturally sensitive services

Often the focus of reporting has been on the difficulties facing refugees in accessing and utilizing health services in resettlement countries. A number of barriers have been identified including language difficulties and access to interpreters and suitably translated health materials, issues around informed consent, lack of understanding about health systems in the host country, as well as inadequate funding for specialist services (Cain & Miralles, 2002; Clinton-Davis & Fassil, 1992; D. Johnson, Ziersch, & Burgess, 2008; Lawrence & Kearns, 2005; Mortensen & Young, 2004). In some cases, refugee clients may present to hospital emergency departments seeking primary medical care, which can place undue strain on hospital resources given that staff may have neither the time nor expertise to deal with the complex needs of these people (D. Johnson et al., 2008; Mortensen & Young, 2004).

Other concerns have been identified by health care providers in South Australia where general practitioners have highlighted some particular challenges relating to refugee health that they have encountered. These include difficulties with GP-refugee interaction and structural inadequacies of attempting to provide such specialist services in a general

practice setting. Their recommendations included calls to establish centralised specialist services with necessary support facilities on site, similar to those provided in many other centres (D. Johnson et al., 2008).

A lack of continuity of health care providers is another identified area of concern. Former refugee participants have highlighted the difficulties of constantly interacting with different health professionals, rather than one person who knows them well (O'Donovan et al., 2011). It is particularly important that health services are culturally sensitive and responsive. For example the stigmatisation of mental illness in some cultures may result in patients presenting with somatic symptoms for underlying mental distress, so it is important that professionals are not only aware of these issues but offer continuity of care so they can be more sensitive to the nuances of different patients (Kokanovic, Petersen, & Klimidis, 2006; O'Donovan et al., 2011; Ozmen et al., 2005; Reitmanova & Gustafson, 2009).

This lack of cultural sensitivity in health care providers has been reported in several studies (O'Donovan et al., 2011; Reitmanova & Gustafson, 2009). All cultures have their own 'rich set of idioms for the expression of distress aimed at mobilizing an effective social response' (Kirmayer, 1984, p. 159), and in many cultures, this involves the presentation of physical symptoms (somatisation), rather than explicit emotional complaints or family concerns (Aragona, Monteduro, Colosimo, Maisano, & Geraci, 2008). A large corpus of literature addresses issues of cross-cultural psychology, differing explanatory models and examples of culturally sensitive practices (Al-Krenawi, 1999; Al-Krenawi & Graham, 2001; Draguns & Tanaka-Matsumi, 2003; Karasz, 2005; Kirmayer, 1984; Kirmayer, Groleau, Guzder, Blake, & Jarvis, 2003; Mercer, Ager, & Ruwanpura, 2005; Uba, 1992). Although it is beyond the scope of this literature review to do justice to this rapidly expanding field, it is important to note that health professionals and other refugee service providers should be aware of cultural differences between groups and take this into consideration during their consultations. In the New Zealand study, former refugee participants recommended that doctors also have information on gender issues, where the patient comes from, as well as current events in that country as this could be a source of ongoing stress and other health problems. An understanding of the dietary requirements of different groups is also helpful (O'Donovan et al., 2011).

3.7 Separation from family

An additional factor, unique to forced migrants is that of involuntary family separation often in very distressing circumstances. It is not uncommon for families to become separated during flight, and many people face considerable challenges trying to locate loved ones overseas. In some cases, certain family members may be left behind, to provide the resources to enable one person to escape to safety. Separation and worry for family back home or remaining in camp situations is a major cause of stress and anxiety (Abbott, 1997; Mansouri & Cauchi, 2007; O'Donovan et al., 2011). For this reason, family reunification polices comprise a crucial component of the resettlement process.

Although structural issues relating to daily settlement concerns are acknowledged stressors, a number of additional personal characteristics must also be considered. The following sections explore some of the psychological stressors individuals need to deal with, and consider a range of protective factors that may be beneficial.

3.8 Acculturative stress

Acculturation has been defined as 'those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups' (Redfield et al, 1936, p.149 cited in Sam & Berry, 2006), and more recently defined by the International Organisation of Migration as 'the progressive adoption of elements of a foreign culture (ideas, words, values, norms, behaviour, institutions) by persons, groups or classes of a given culture' (Sam & Berry, 2006). The process of acculturation therefore, results from two cultures coming into contact with one another, during which both experience some level of change; although in practice, the majority culture normally exerts more influence on or dominance over the minority group. Acculturation occurring at the individual level can manifest as psychological or social level changes. Socially these can include change in dress, diet, religion, educational aspiration, employment, gender roles and child rearing practices, while psychological adaptation could lead to acculturation, acculturative stress, assimilation or biculturalism (Bhugra, 2004b).

The most common conceptual model of the acculturation process is that described by Berry (2002). According to this scheme, acculturating individuals and groups are categorised according to one of four mutually exclusive attitudinal strategies reflecting orientation towards one's own group and others along two dimensions; relationships among groups

and maintenance of cultural heritage and identity. This interaction is most clearly seen in the table below (Table 3.1).

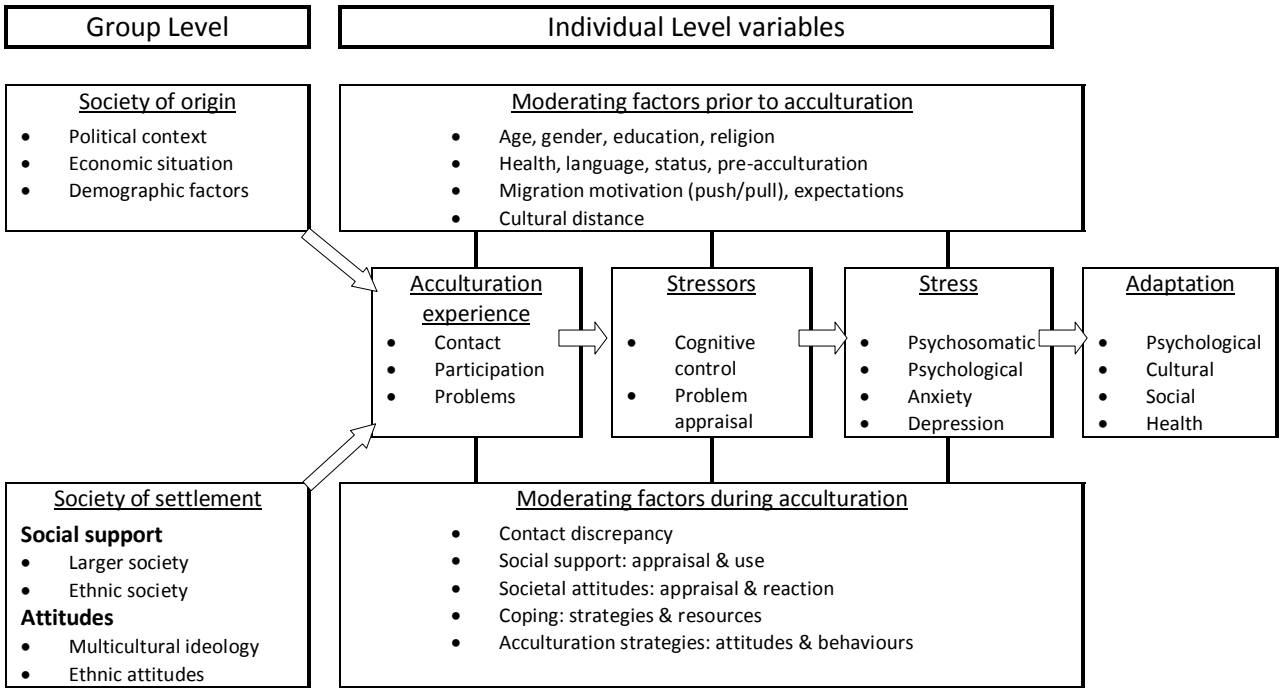
Table 3.1 Berry's Four-fold model of acculturation

		Interaction with other groups in society	
		Yes	**No**
Maintain heritage culture	**Yes**	Integration	Separation
	No	Assimilation	Marginalisation

For ethnocultural groups, these strategies can be described as integration, assimilation, separation and marginalisation. A similar model from the perspective of the larger society would reflect policies of multiculturalism, melting pot, segregation and exclusion respectively. Empirical evidence suggests that for behavioural changes, separation results in the fewest changes, with the most arising from assimilation (Berry, 2002). Marginalisation, which is associated with major heritage culture loss, often induces dysfunctional and deviant behaviour. Integration, in which elements of both host and heritage cultures are incorporated may be considered the best of both worlds and is the least stressful option. While the four-fold acculturation paradigm is widely cited by the majority of acculturation authors, it has not been without its critics. Some authors claim the overemphasis placed on acculturation in the migrant adaptation process under-represents issues not directly linked to the cultural interplay (Lazarus, 1997; Ryan et al., 2008).

Two main theoretical perspectives underlie the acculturation process. These have been defined as a 'stress, coping and adaptation' approach, and a 'cultural learning' perspective (Berry, 2006, p. 43). The main distinction between these lies in the ease with which cultural interaction occurs: when cultural and psychological changes take place in a straightforward manner through a process of cultural learning and shedding, little emotional adjustment is required. However, where greater levels of cultural conflict occur, and when the values of both groups are at odds, then acculturative stress may result. This is characterised by high levels of depression and anxiety, which require a range of coping strategies to achieve some form of adaptation (Lazarus & Folkman, 1984). This is particularly relevant when there is a wide cultural distance between societies of origin and settlement (Berry, 2006). The main factors involved in the adaptation process are outlined in Figure 3.2.

Figure 3.2 Factors affecting acculturative stress and adaptation



Source: Adapted from Berry (2006, p. 45)

For refugees the acculturation process is complicated by pre-arrival experiences and human rights violations (HRV), so a framework which helps explain the links between HRV trauma and refugee acculturation is helpful (Silove, 1999). Silove's model (mentioned earlier) describes five major adaptive systems: safety system, attachment system, identity/role system, existential meaning system, and justice system. In particular, identity, meaning and attachment systems have been linked to understanding resilience mechanisms, however these are vulnerable to both HRV and acculturative stress influences (Allen, Vaage, & Hauff, 2006).

To understand the wider determinants of acculturation within a refugee human rights framework, cultural/group level factors at both refugee group and receiving country levels need to be considered. Settlement country culture and attitudes to refugees are critical because they provide the context within which individual adaptation can occur. The status determination process for asylum claims, societal attitudes to refugees, resettlement policies, structural barriers and discrimination, all interact to produce a unique environment for each new arrival. Similarly, refugee group factors, such as culture and their collective experience of human rights violation (including asylum detention practices) are also important variables. At an individual level, characteristics include HRV experiences which will be different for every person, different gender role norms especially impacting on women, personality traits including self esteem, self efficacy beliefs, coping resources and temperament, and developmental issues, such as age at migration. The level of social support and resettlement services received, post-migration experiences of detention, and provision of health care (especially for mental health issues) are also relevant to the acculturation process (Allen et al., 2006; Berry, 2006).

A number of studies have explored different aspects of acculturative stress in refugee groups. One compared people who were forced to migrate (refugees) with those who immigrated voluntarily (Berry, Kim, Minde, & Mok, 1988), and concluded that increased levels of stress for refugees may be due to feelings of resentment tied up with the involuntary nature of travel. A number of social support variables, including sponsorship (having a recognized sponsor to provide material support), membership of a formal institution, and having close co-ethnic friends can mediate the stress-acculturation relationship. A positive association was also observed between host community interaction and reduced levels of stress which is consistent with other reports (Ager, Malcolm, Sadollah, & O'May, 2002; Jasinskaja-Lahti, Liebkind, Jaakkola, & Reuter, 2006). The positive

aspects of forming relationships with people from both cultural groups have also been highlighted (Berry, 2006). These results have implications for refugee resettlement programs, particularly the salience of family reunification policies and ensuring adequate social support is provided. Another longitudinal study of Vietnamese refugees also examined three main variables of psychosocial adjustment; acculturation, social support and psychological distress (Chung, Bemak, & Wong, 2000). Findings suggest that women suffered more psychological distress than men suffer, but tended to acculturate more easily. Ethnic identity and social networks were both found to be important variables, which reflected the collectivist orientation of Vietnamese society.

The concept of cultural or ethnic identity is closely related to acculturation, and most research is focused on understanding how individuals self-categorise or subjectively identify with different groups. Links between ethnic identity and specific aspects of acculturation have been explored, with results indicating that ethnic identity does not necessarily diminish with greater orientation towards the host culture, nor interfere with participation in that society (J. Phinney, 1992; J. S. Phinney, 2002). Members of minority groups frequently assert their group identity as a way of dealing with threats to their sense of self and empirical evidence suggests a link between discrimination and ethnic identity is likely, especially for visible minorities. This has also been observed among Middle Eastern immigrant youth in Sweden (Bredstrom, 2003) and culturally diverse migrant youth in Australia (Sonderegger & Barrett, 2004). Findings from the Australian study suggest that migrant youth actually develop a greater identity with their ethnicity over time, possibly because it may be initially hidden due to a desire for acceptance by new peers. Later appreciation of ethnicity may lead to a more secure sense of identity as part of a minority group.

Ethnicity was also identified as a factor in psychological distress in a study of 1000 individuals in New South Wales, which examined associations between ethnicity and level of disability, and ethnicity and use of health services. Individuals from non-English speaking backgrounds (NESB), especially those from South/South East Asia (including Afghanistan) and Africa/Middle East (including Iran and Iraq), recorded significantly higher levels of psychological distress and also reported lower levels of health service use (Boufous, 2005). Research into possible associations between ethnicity and disability due to mental illness is scant, and the authors suggest investigations into the reasons for this are needed for specific groups.

Refugee acculturation therefore, can be seen as a complex interaction of both pre and post migration experiences which are linked to macro/group level factors in a dynamic multidimensional construct. Two simultaneous processes occur; acculturation and trauma coping, so any understanding of resettlement outcomes needs to take both aspects into consideration and ideally monitor changes in the process over time (Allen et al., 2006).

3.9 Discrimination and visible difference

> *Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.* (Article 2, Universal Declaration of Human Rights)

Discrimination involves treating an individual or group differently on the basis of one of the characteristics outlined in Article 2 of the Universal Declaration of Human Rights, and is a particular concern for members of 'visible minority' groups. The cultural distance between groups is therefore, an important factor (Berry, 2006). A distinction can be made between attitudes (prejudice) and behaviour towards others (discrimination) (Butcher, Spoonley, & Trlin, 2006). Two types of discrimination are normally identified: institutional, and individual or interpersonal, although socioeconomic disadvantage for certain groups may also be considered a subtle form of discrimination (Karlsen & Nazroo, 2002). 'Aversive racism' has also been described by these authors, as behaviour perpetrated by people who 'endorse egalitarian values, who regard themselves as non-prejudiced but who discriminate in subtle rationalizable ways' (Dovidio & Gaertner, 2000 p.315, cited in Karlsen & Nazroo, 2002, p. 628). Such people may be outwardly welcoming to diverse groups, but still unwilling to employ individual migrants.

Institutional discrimination can occur when discriminatory practices and policies are embedded within organisational structures (Colic-Peisker & Tilbury, 2007; Gee, 2002; Karlsen & Nazroo, 2002), and can include issues such as non-recognition of qualifications or requirements for local work experience. Individual discrimination however, is more noticeable, and detrimental to health (Gee, 2002). This often involves personal derogatory comments, conflict with neighbours, difficulties accessing housing and access to employment (Butcher et al., 2006). For many people from minority groups, discrimination and social exclusion is seen as a part of daily life, something routine and to be expected (Karlsen & Nazroo, 2002), and formal complaints to relevant authorities normally only reflect the most serious occurrences (Butcher et al., 2006).

Experiences of discrimination can produce a sense of threat in victims, which can manifest as fear, anger, denial or distress. This stress response then provokes a physiological reaction involving cardiovascular, neurological, immunological and endocrine systems which impact on health (Karlsen & Nazroo, 2002). Numerous studies have described associations between discrimination and poor health (Harrell, Hall, & Taliaferro, 2003; Johnstone & Kanitsaki, 2010; Krieger & Sidney, 1996; Noh, Beiser, Kaspar, Hou, & Rummens, 1999; Paradies, 2006; Pernice & Brook, 1996; Samuel, 2009; Taloyan et al., 2006; Williams, Neighbors, & Jackson, 2003). A meta-analysis of 138 studies has confirmed links between self reported racism and ill health, especially negative mental health outcomes, for oppressed racial groups (Paradies, 2006). In particular, symptoms of anxiety, depression, apathy, marginality and alienation, as well as psychosomatic complaints have been noted (Jasinskaja-Lahti et al., 2006).

Social support provides protection against perceptions of discrimination, and this is of particular importance for people from collectivist cultures, such as those from the Middle East, where a sense of well being is determined by interpersonal connectedness (Fozdar & Torezani, 2008; Uchida, Norasakkunkit, & Kitayama, 2004). One study of immigrant groups in Finland assessed links between perceived discrimination, psychological well being and types/location of social networks (Jasinskaja-Lahti et al., 2006). Discrimination was significantly associated with lower levels of well being; however, increased contact with members of the host society was shown to have a protective effect, improving overall well being and reducing anxiety. This interaction with people from the dominant society, who do not discriminate against them, may help migrants settle in and adjust. Overseas contacts, including friends and family in the country of origin also had a protective effect for people exposed to discrimination; however, simply having ethnic friends helped to increase well being when no discrimination was reported.

In addition to protective personality factors and social support, a relativity effect has been proposed to explain why some people report positive well being, despite experiencing discrimination (Fozdar & Torezani, 2008). The underlying rationale of this approach is that in comparison to their previous life experiences, discrimination is merely an annoying irritation, rather than a life threatening event, so it is considered a small price to pay for the additional opportunities and freedom former refugees experience.

Some groups are at increased risk of discrimination, especially those who appear visibly different from the majority host society. Studies comparing refugee groups from Africa and

Eastern Europe in both the USA (Hadley & Patil, 2009) and Australia (Colic-Peisker, 2005; Colic-Peisker & Tilbury, 2007) report similar findings. Despite worse English skills, 'white' refugees who blend in with the dominant group experienced lower levels of discrimination than those from Africa and the Middle East. Although visible difference was the most dominant factor, language, gender, religion and country of origin were also implicated (Hadley & Patil, 2009). Some variations in the reason for discrimination were noted between sending regions; for Africans this was perceived as mainly language (accent) and education level, while for the Turkish group from Eastern Europe, it was based on language and religion (Islam) (Hadley & Patil, 2009).

Muslims in particular have been subjected to increased discrimination and prejudice, especially since 9/11, and this has been noted in a number of reports from New Zealand and Australia (Butcher et al., 2006; Casimiro et al., 2007; Colic-Peisker, 2005; Colic-Peisker & Tilbury, 2007; Fozdar & Torezani, 2008; HREOC, 1999; Yasmeen, 2011). In Perth, despite speaking good English and having high levels of human capital , refugees from the Middle East had the worst outcomes for employment (Colic-Peisker & Tilbury, 2007; Fozdar & Torezani, 2008) and this was related to Muslim religious practices, names and appearance. Security and fear, especially in relation to their Muslim identity were key concerns for 80 Muslim women in another study in Perth (Casimiro et al., 2007). Participants cited ignorance and negative attitudes of Australians towards Muslims for their experiences of harassment, which was a particular worry for women wearing hijab, and they attributed this to post 9/11 terrorism concerns which had been proliferated by the media. More recently, Muslim groups identified as the 'other' have felt compelled to prove their loyalty to Australia, and in many cases this has contributed to a sense of exclusion and disillusionment when the country they are proud to call home views them with such suspicion (Yasmeen, 2011).

3.9.1 Media representations of refugees and minority groups

The media plays a critical role in formulating public perceptions of different groups. In many cases it is a 'key point of contact and source of understanding between immigrant and host communities' (Spoonley & Trlin, 2004), so the capacity to marginalise particular ethnic or cultural groups or to depict them in unfavourable terms, is a potential source of concern (Nairn, Pega, McCreanor, Rankine, & Barnes, 2006). Cultivation theory is one mechanism by which public attitudes are framed or moulded over time, as continued exposure to certain viewpoints may eventually result in the perception that this is an accurate representation

of reality. A significant body of research has revealed evidence of news media reporting which depicts ethnic minorities in unfavourable ways (Gelber, 2003; Haynes, Devereux, & Breen, 2004; Koutroulis, 2009; Spoonley & Trlin, 2004; van Dijk, 1991, 2000; Vergeer, Lubbers, & Scheepers, 2000). This may lead to prejudice or situations of discrimination. According to Van Dijk (2000), much of the underlying rationale comes down to power politics, with majority elites projecting minorities as problematic, deviant or threatening in order to bolster their own advantaged position. Thus, ethnic minorities are rarely given a voice in the news, especially in conservative publications. In addition, some groups in society are more likely to perceive minority groups as threatening, based on either social identity theory (ethnocentrism), or realistic conflict theory which is centred on competition for scarce resources, such as jobs (Vergeer et al., 2000). In both cases, perception of ethnic threat is more common in less privileged social groups. Of concern is the fact that misconceptions of certain groups can affect policy maker's decisions, and in turn, the public's acceptance of such decisions (Hodgetts & Chamberlain, 2006a; Shaheen, 1985).

Arabs in general and Muslims in particular, are frequently portrayed in a negative way. For example, in a study of more than 900 films, Arab stereotypes of uncivilised, brutal fanatics, predominated (Shaheen, 2003). In only 5% of the sample were Arabs depicted as normal, human characters. Similarly, in a meta-analysis of reporting of Muslims in the medical literature, several derogatory latent themes were identified (Laird, de Marrais, & Barnes, 2007). These included the idea that being Muslim posed a health risk, that Muslims are negatively affected by 'tradition' and need to adopt 'modern' attitudes, and that 'Islam' poses a challenge for biomedical healthcare delivery. However, a less common theme linked Islamic practice with good health.

The impact of international events, such as the 9/11 terror attacks raised the profile of Muslim groups, and as this coincided with the arrival of large numbers of Middle Eastern and Afghan refugees into western countries, these groups became the target of xenophobic debates which were fuelled by media reporting. In Australia in particular, the topic of asylum seeker arrivals has been a hot topic over the past decade. Much of the debate centred on border security and national sovereignty concerns (Kampmark, 2006), and the threat that so called 'illegal' boat arrivals posed to this. Asylum seekers have been portrayed as threats to security, illegitimate refugees, social deviants, criminals and as economic threats to the country (Haynes et al., 2004), and the media has played a key role in perpetuating this 'otherness'. The depiction of certain minorities in negative stereotypical terms, as 'scapegoats', can provide justification for attributing blame through

the creation of a narrative that describes to 'in-group' majority members who it is that should be feared and why. This in turn, leads to feelings of prejudice, which may manifest as discrimination towards the minority group (Haynes et al., 2004). The 'queue' analogy was widely used to delegitimize arrivals by suggesting boat people were not following the 'rules', were abusing the Australian system by 'jumping the queue' to get ahead of other more deserving refugees already under UN protection. Thus if the queue was 'seen to represent impartiality and fairness, this helps to explain the hostility that can be shown to queue jumpers' (Gelber, 2003, p. 26), although in reality no queue exists. Above all, Muslim refugees were seen to pose a new challenge to the state, being described as a ''new ideological virus' that had taken prominence under the aegis of the 'war on terror'' (Kampmark, 2006, p. 15).

Media stereotypes can also affect intercultural communication, leading to misunderstanding and hostility. Some Australian Muslims believe the media is responsible for demonising the religion and its adherents (Kaddour, 2002), and this concern has also been reported in the United States (Keshishian, 2000). For many migrants and refugees, media images not only evoke painful emotions, but also lead to a range of long lasting consequences; affecting individuals self concept, slowing acculturation, breeding mistrust and facilitating situations of discrimination (Keshishian, 2000). In the UK, refugees and asylum seekers in one study constructed their identities around the hostility they experienced from media reports and host communities (Leudar, Hayes, Nekvapil, & Baker, 2008). On a related topic is an article addressing the impact of cultural differences and identity among immigrant youth in Sweden (Bredstrom, 2003). A media discourse analysis centred the research within the contemporary, post 9/11 world, reflecting on the influence of media and popular perceptions of immigrants from Middle Eastern countries and the impact this has had on their own identity and behavioural patterns. Although not specifically looking at refugee acculturation issues, the findings do have relevance in the current social milieu and could have important implications for individuals arriving from Muslim countries.

Although most of the articles discussed in this section have focussed on how refugees are depicted in the media, news reporting of unresolved conflicts and continuing atrocities in those countries which are the source of most refugees, also has the potential to re-traumatise former refugees. One study of Iraqi refugees in Michigan found media exposure to have comparable mental and physical health effects to war-related deaths or injuries of family or friends (Kira et al., 2008). Similar findings have been reported in Iraqi and Kurdish

groups in Sweden (Sondergaard et al., 2001), while a meta-analysis of refugee mental health studies found worse outcomes for those from countries where the initiating conflict was unresolved, and therefore still considered newsworthy (Porter & Haslam, 2005).

3.10 Factors influencing post migration adaptation

As highlighted previously, a number of personal characteristics are involved in the acculturation process. Some of the more salient factors influencing refugee adaptation are discussed below, in particular, the different coping styles and strategies that refugees employ, the crucial importance of social support, the role of self efficacy for motivation and learning, and the importance of belief systems to frame understanding and help rationalise pre-migration experiences. Key concepts relating to subjective well being and quality of life are also considered.

3.10.1 Coping processes

Coping is a process which enables an individual to deal with stressors and related negative emotions. As described by Lazarus and Folkman (1984, p. 141) it involves 'constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person'. Similarly Hobfoll (1988, p. 16 cited in Pargament, 1997, p. 85) described coping strategies as 'behaviors that are employed for the purpose of reducing strain in the face of stressors'.

A number of different typologies have been proposed; the most common is the transactional stress and coping model (Lazarus & Folkman, 1984). This approach involves cognitive appraisal of the stressful situation to determine reasons for the event occurrence, the extent to which it is threatening or controllable (primary appraisal), and evaluation of what can be done to resolve it (secondary appraisal) using problem- or emotion-focused techniques (Park, 2005). 'Problem-focused' strategies attempt to change or manage the problem causing distress , while 'emotion-focused' styles aim to reduce or regulate the emotional reaction to the stressor (Lazarus & Folkman, 1984). An additional type, 'avoidance-orientated' coping has also been described (Endler & Parker, 1990 cited in Berry, 2006, p. 47), but it is sometimes subsumed under the emotion-focused category. It is also likely that cross-cultural variation and contextual preferences exist for different ethnic groups. Noh (1999) described different approaches to coping with discrimination in a refugee sample in Canada. Problem-focused approaches, such as confrontation aimed to alter the situation and reduce their sense of helplessness and victimisation. However, a

potential concern with this style is that it may provoke increased hostility and/or conflict. In contrast, emotion based strategies, such as forbearance involved passive acceptance and failure to react to taunts. This was considered the most viable for members of visible minority groups. Among study participants, forbearance decreased the association between discrimination and depression, especially for people with a strong ethnic identity.

An alternative, but complementary schema has also been described based on 'active' or 'passive' coping styles (Diaz Guerrero, 1979 cited in Berry, 2006, p. 47). Active coping attempts to change the situation, and thus is similar to the problem-focused approach. However, for acculturating individuals, this is of only limited use if the stressor is a result of dominant country demands. In contrast, passive coping is defined by self modification and patience, in which an individual accepts imposed changes to reduce stress. Berry compares this approach to the assimilation acculturation strategy, but cautions that it only works if the majority culture is receptive. If the receiving society is hostile, it can result in situations of exclusion or unacceptable domination (2006).

As described earlier, Colic-Peisker and Tilbury (2003) explored the resettlement strategies adopted by refugees in Western Australia. Of the four styles described by their typology, individuals adopting an 'active' approach to settlement were more likely to be successful in their attempts to achieve emotional and social well being. These were further classified as achievers or consumers, with achievers identified as the ideal type. This group was characterised by having a positive attitude, being future orientated and goal oriented towards achieving their previous occupational and social status, or higher, as that is a key component of their identity. They interact with the mainstream society to improve their language skills and are prepared to study hard to realize their goals. In contrast, consumers were still goal oriented, but their main social focus was their ethnic community which restricts their resettlement focus to conforming to community expectations. Unlike achievers, they desired status symbols which were valued in their community and often worked in low skilled jobs to achieve this. Passive styles, described as 'endurers' and 'victims' were the least successful in achieving social and emotional well being.

A recent qualitative study examined the coping processes used by adult refugees in New Zealand (Pahud, Kirk, Gage, & Hornblow, 2009). Participants reported a range of resettlement difficulties including socio-economic (poverty, unemployment), socio-cultural (negative stereotyping of refugees, discrimination, culture shock, poor societal participation), practical (English language difficulties in some cases), and emotional

(uncertainty, sadness, worry and anger), which is consistent with other reports (Pernice & Brook, 1996). In addition, several factors were identified by participants as key facilitators of coping. These coping processes were broadly categorised into four themes: Personal Resources (religion/faith, resilience/self efficacy/aspirations, family members and communication/social/analysis skills), Formal Support (financial assistance, housing, and children's education), Caring Persons (being treated as an equal, practical/financial support, encouragement, being given a chance) and Personal Achievements (sense of belonging, safety/freedom, employment, and family reunification). A particular strength of this study was to highlight the connection between successful coping styles, participants own resettlement goals, and strategies to enable them to obtain a 'social position' as an end goal of successful resettlement.

3.10.2 Belief systems

Although the transactional stress and coping model is widely cited, some argue it is of limited usefulness to understand psychological adjustment to major trauma and loss when deeply held beliefs and worldviews may be challenged by the enormity of the event (Mikulincir & Florian, 1996 cited in Park, 2005, p. 708). These situations may be better understood within a 'meaning-making coping model'. This expands the transactional stress model by focusing on aspects that cannot be dealt with by problem solving strategies. In particular, two levels of meaning are identified; global meaning (concerned with ontological and epistemological beliefs about the nature of the world) and appraised meaning (relating to specific events and stressors). The extent of the discrepancy between an individual's global beliefs and their appraisal of the nature of the threat, causal attributions and degree of loss, determines the level of distress they experience. To decrease this distress, they need to 'adjust their views of the event or revise their goals and beliefs about the world to accommodate the new information' (Park, 2005, p. 710), or in other words to 'infuse tragedy with meaning' (Mayer, 2007). Techniques for achieving this include 'framing the event in a better light', redefining it as a 'new opportunity', or simply 'working through it' (Park, 2005). As religion forms the basis of global meaning for many people, meaning-making coping will often incorporate religious or spiritual elements and themes.

Studies of PTSD sufferers suggest many have trouble synthesizing their traumatic experiences into comprehensive narratives; however, interpretive patterns of coping based on religious cognitive frameworks have been shown to decrease suffering, improve mental health and enhance well being (Peres, Moreira-Allmeida, Nasello, & Koenig, 2007).

Similarly, for war traumatised refugees, Brune et al. (2002) concluded that strong political or faith-based beliefs provide protection against post traumatic disorders. Ideological conviction to a political cause can provide justification for traumatic events and also assist with reframing through a similar process.

One study of predominantly Muslim Bosnian and Kosovar refugees found the use of religious coping was positively associated with increased optimism. Over 86% of the sample (n=138) used religious coping methods, such as prayer and petitioning, both during and after the conflict even though many did not consider themselves to be particularly religious (Ai, Peterson, & Huang, 2003; Ai, Tice, Huang, & Ishisaka, 2005). Others have also mentioned the beneficial role of religion during the migration process to provide a source of strength and support (Reitmanova & Gustafson, 2009; Schweitzer, Greenslade, & Kagee, 2007), as well as a point of stability and refuge from wider societal influences (Hirschman, 2004; Mayer, 2007). For Iraqi refugees in the USA, faith became a central component of their reconstructed identities and helped establish a sense of belonging (Shoeb, Weinstein, & Halpern, 2007). Similarly, religious faith not only sustained Vietnamese refugees' hopes during migration, but also helped to reaffirm their identity after settlement (Dorais, 2007).

3.10.3 Social support

With post-migratory stress acknowledged as a significant factor impeding adjustment for many refugees, some researchers have examined the influence of mitigating factors such as social support on the resettlement process. Social support is generally considered to refer to the help an individual receives from others in times of need. It was originally defined as 'the individual belief that one is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligations' (Cobb, 1976 cited in European Union Public Health Information System, 2011) and more recently as 'the perceived availability of people whom the individual trusts and who make one feel cared for and valued as a person' (MINDFUL, 2008 cited in European Union Public Health Information System, 2011).

Many studies have demonstrated the positive effects of social support on mental health and well being through both direct and buffering mechanisms. Good support can buffer daily hassles leading to improved quality of life (Araya, Chotai, Komproe, & De Jong, 2007; Young, 2001), and a direct effect has been noted on life satisfaction and well being (Foroughi, Misajon, & Cummins, 2001; Jasinskaja-Lahti et al., 2006). In contrast, women in Kosovo who reported low levels of social support two years after the war had higher symptom levels of post traumatic stress (Ahern et al., 2004), while unemployed East

German migrants with no social support in West Berlin had the worst rates of anxiety and depression (Ralf Schwarzer et al., 1993). Concerns over lack of social support have also been highlighted by new arrivals in other qualitative studies (Jafari et al., 2010; Reitmanova & Gustafson, 2009). In Finland, the protective effects were shown to vary based on the sources of that support. Host society support helped alleviate anxiety, while a combination of ethnic contacts and host society acquaintances was linked with lower levels of depression (Jasinskaja-Lahti et al., 2006).

Some authors draw a distinction between perceived supports and received or provided support. Perceived support is a subjective evaluation obtained from research participants, which may or may not correspond to the actual support to them available in times of need. Study findings in this respect are mixed. Araya et al (2007) found that perceived social support was not associated with mental distress, but did enhance quality of life, which was also described by Foroughi et al (2001), and Cohen and Wills (1985). On the other hand, while some authors have observed a significant impact of perceived support on psychological well being (Cohen & Wills, 1985; Jasinskaja-Lahti et al., 2006), others have demonstrated no effect of received support on distress (Cohen & Wills, 1985; Ward & Kennedy, 1994).

Support can come from different sources, but commonly will consist of links to an individual's ethnic community, contacts within the host majority society, or family/ friendship links back in their home country. Distinctions are sometimes made between thick or 'bonded' ties comprised of networks of people with shared ethnic or cultural identities, and thinner 'bridged' social networks often comprised of neighbours, ESOL classmates, work colleagues etc (Atfield, Brahmbhatt, & O'Toole, 2007). One qualitative study of Sudanese refugees in Australia identified three main coping themes; religious beliefs, social support and personal qualities (Schweitzer, Melville, Steel, & Lacherez, 2006). In the pre-migration and transition periods support was primarily from family and friends, and consisted mainly of emotional support. Post-migration, due to the disruption of social networks there was greater reliance on a broader range of individuals. Participants established connections with pre-existing Sudanese groups, and they also considered it advantageous to develop friendships with members of the host community. While most felt ethnic community support was especially useful in providing help with adapting to Australian life, some people preferred to distance themselves to avoid stifling traditional cultural norms and expectations. Host friendships on the other hand were perceived as particularly useful for informational support, to assist cultural adaptation, for emotional

support and also to provide a source of distraction from ongoing problems. Similarly, another study reported that friendly, daily social interaction with members of the host society was the most important factor in helping refugees feel 'at home' (Ager & Strang, 2008). The concept of social support may itself be culturally determined and often reflects the norms and expectations of newcomers' home countries. For example, in one study, for Chinese immigrants who defined social support as a government responsibility, it was conceived mainly in tangible or practical terms, while Somalis in contrast, described a more holistic view based on traditional community and family links and a belief that helping others is religiously encouraged (Stewart et al., 2008).

Support needs also change over time, in a parallel response to the hierarchy of human needs described by Maslow (1943). In the early days, newcomers are primarily focused on their immediate survival needs, requiring assistance with housing, transport, immigration issues, finances and the expectations of the host society, so instrumental support is particularly important during this period, although other forms of assistance are also helpful (Stewart et al., 2008). However, over time, once these basic needs have been satisfied, supports that facilitate longer term goals such as employment, improved communication and assist with acculturation become more important (Atfield et al., 2007).

In a study of socially isolated refugees in Edinburgh, the relationship between community contact and mental health as an indicator of post-migratory adjustment was examined (Ager et al., 2002). The aim was to identify protective or resiliency factors that help to mitigate mental health risks in such vulnerable populations. Social support was of particular interest in the context of refugee resettlement policies that promoted dispersal. Findings suggest that those living in the UK for longer periods of time reported poorer mental health, although it is possible that other confounding factors could be responsible. Contrary to expectation, although infrequent social contact outside the home had been expected to result in higher levels of depression and anxiety, this was not observed. Of particular interest were the 'expressed priorities' of refugees for 'bridging' contacts and activities that provide insight into host country customs and practices. Participants rated this more highly than counselling services. These findings support acculturative theories based on the complementarity of co-ethnic contacts to maintain pre-existing cultural identity, combined with wider majority culture social contacts supporting acculturation into host country practices and beliefs. Despite their social isolation, as described by the authors, the refugees in this study prioritised patterns of social activity which placed them in the social mainstream, rather than at its margins. Others have also identified host support as the

most important for reducing psychological distress and improving well being (Jasinskaja-Lahti et al., 2006), with evidence suggesting that those settled with volunteer support demonstrate better psychological well being than those with only agency support (McSpadden, 1987). This gives credence to the vital role that refugee befriending programs, such as those offered under the volunteer support worker program in Christchurch can play in the overall resettlement process.

A number of other articles have focused on categories of social support for refugees in Canada (Simich, 2003; Simich et al., 2003; Simich et al., 2005; Stewart et al., 2008). Informational support was described as providing 'concrete and accurate information about a destination and about what to expect in terms of housing, employment, and education' (Simich et al., 2003, p. 880). Such information can help people prepare psychologically and thus reduce stress. In the absence of robust formal orientation programs, many were forced to rely on informal networks for advice and strategies to help them negotiate the challenges they faced on arrival. Instrumental support, which is often provided through refugee resettlement programs and support centres involves practical assistance. Typical tasks include helping set up bank accounts, negotiating government bureaucracy, facilitating health and educational enrolments, and assisting with housing issues. Emotional support on the other hand is unlikely to be provided through formal support channels; instead, new arrivals need to develop personal links, either through their existing social or kinship networks or within the wider ethnic or host communities. In some cases, newcomers evaluate their sources of support and may migrate to a different location to be closer to family or friends as a support-seeking strategy. A further category, termed 'affirmational support', emerged during their analysis and this was centred on the unique role that other refugees can provide for new settlers. For many refugees this type of support was perceived as the most important. Through their shared understanding of both pre- and post-migration experiences, peers can provide emotional coping assistance and act as a 'cultural bridge'. In this way, they function as role models for newcomers by instilling confidence that they will also be able to cope in the new situation. These findings highlight the importance of family reunification policies and acknowledge the protective resources provided by family, friends and ethnic communities during the resettlement process.

The buffering relationship between stress and subjective well-being in recently arrived and established Salvadoran refugees has also been examined (Young, 2001). Micro-level (hassles) and macro-level stressors (life events) as well as migration-related stressors were

measured. Those who were more satisfied with their social support and who had higher self-esteem reported greater quality of life and life satisfaction overall, although variations between the two groups were identified. For recent refugees, personal resources like locus of control and self-esteem were important moderators of migration stress in situations where individuals have little control over significant events in their lives; however, for established refugees experiencing stress due to life events and hassles, the moderating effect of social support was more important. Interventions promoting greater self-determination and self-confidence, combined with development and maintenance of social support systems were recommended to contribute to well-being, especially for high risk groups. More recently, the relationships between social support, stress and perceived discrimination were examined in immigrant groups in Finland (Jasinskaja-Lahti et al., 2006). The effectiveness of social support was directly related to the level of stress experienced. If stress levels were high, then active social support was found to have a protective buffering function, however no significant beneficial effects were noted in times of low stress.

The relationship between an individual and their social networks can be complex. Structural characteristics of a social network can include aspects such as size, homogeneity, density and proximity, but social support usually refers to its qualitative component and the potential to provide assistance when needed (European Union Public Health Information System, 2011). A number of individual psychological factors have also been identified, such as coping style (Araya et al., 2007; Shisana & Celentano, 1987), locus of control (Young, 2001), and self efficacy (Luszczynska, Benight, & Cieslak, 2009) that can influence this relationship between stress and health. The role of self efficacy is examined in more detail in the next section.

3.10.4 Self efficacy

The concept of self efficacy (SE) is a central component of social cognitive theory (Bandura, 1994, 1997). According to this theory, self efficacy beliefs play an important role in shaping an individual's responses through affective, cognitive, motivational, and selection processes which determine how people feel, think, motivate themselves and behave. Sources of SE include past mastery experiences, modelling based on the vicarious experiences of others, social persuasion and physiological symptoms that occur during stressful situations (Bandura, 1994).

The link between general SE and motivation has been clearly confirmed in a study with both work and academic samples (Chen, Gully, & Eden, 2004). People with a strong sense of

efficacy believe in their ability to accomplish certain tasks or face challenging situations with confidence, which not only improves their likelihood of success in a given venture, but also enhances psychological well being. By altering the perception of the task itself, from a threat to be avoided to a challenge to be mastered, those with high efficacy beliefs set themselves more challenging goals, maintaining a strong commitment to them even following failures or setbacks (Bandura, 1997). Whereas someone with low efficacy may attribute difficulties to personal deficiencies, focusing on obstacles, adverse outcomes and avoidance of the activity, highly efficacious individuals are more inclined to perceive life as a challenge, confident that they can exercise control over the threatening situation. This in turn, helps to reduce stress and vulnerability to depression.

Initially conceived as a task specific construct, more recent work has provided evidence for a global concept of generalised self efficacy (GSE) (Scholz, Dona, Sud, & Schwarzer, 2002; R Schwarzer & Scholz, 2000), with correlations noted for depression, anxiety and optimism (R Schwarzer, BaBler, Kwiatek, & Schroder, 1997). One study with 8796 participants in 5 countries confirmed a high positive association with optimism, self regulation and self esteem, and high negative associations with depression and anxiety. Academic performance was also associated with SE and findings were replicated across languages (Luszczynska, Gutierrez-Dona, & Schwarzer, 2005). However, gender differences have been noted, with females having slightly lower scores in some countries, and variations in mean scores have also been observed between locations. While these findings may be due to methodological artefacts, it is possible that culturally defined gender roles, or actual differences based on individualistic compared with collectivist societies could account for some variation (Hofstede, 1984; Scholz et al., 2002).

In studies with general populations, self efficacy has been positively associated with health outcomes. In many cases this is due to a reduction in the stress response (Kanbara et al., 2008); it has been linked to better recovery post surgery (Scholz et al., 2002), and improved health related quality of life (HRQOL) in school children (Kvarme, Haraldstad, Helseth, Sorum, & Natvig, 2009). High levels of efficacy have a protective function on health, but conversely when people with low self efficacy encounter environmental stressors they are less likely to believe they can control them; this in turn, causes distress and can impair functioning (Bandura, 1997, p. 262).

Following migration, individuals encounter a large number of acculturative stressors, or may even be subjected to situations of discrimination, which people with a low sense of

efficacy are more likely to perceive as threatening. Strong efficacy beliefs however, offer protection during such difficult transition periods, helping to mitigate against the loss of supportive relationships and employment challenges, without undue stress or health impairment (Bandura, 1997, pp. 195-196). One study with East German refugees and migrants confirmed that those with high GSE were healthier, more frequently employed and better integrated socially, 2 years after their stressful transition (R Schwarzer et al., 1997).

Trauma is a common stressor for refugees, as well as for post conflict communities and former combatants. One systematic review of cross-sectional studies described medium to large effects of SE on general distress, as well as the severity and frequency of PTSD. Self efficacy has also been related to better physical health (Luszczynska et al., 2009) and well being (Fozdar & Torezani, 2008). Another study examined the role of perceived coping self efficacy after traumatic experiences. They report coping efficacy to be a focal mediator for post traumatic recovery due to the enabling and protective function of self belief; in other words, the capacity to exercise some control in times of traumatic adversity (Benight & Bandura, 2004). For army veterans with PTSD, improving their social and emotional skills through modelling helped reduce stress and enhanced their social and emotional experiences. However, the experience of powerlessness can drastically impair personal efficacy beliefs and this can become a persisting impairment to adaptation (Bandura, 1997, pp. 321-323).

Few studies have explored self efficacy in refugee groups. Of those that have, Kia-Keating and Ellis (2007) found an association between higher SE, greater sense of belonging (school) and lower depression, while Gillespie *et al* (2000) looked at general SE, gender and the number of traumatic events in refugees from Malawi, which were all found to be significant predictors of mental health. Temporal issues may also be relevant when assessing self efficacy for resettling refugee groups. Although very little has been reported on this subject, it is known that weak SE beliefs are highly vulnerable to change and that negative experiences can impair efficacy beliefs. What is important is not the length of time elapsed, but intervening experiences which have the ability to modify self belief. However, time factors are still relevant as high SE can predict coping up to 5 years later (Bandura, 1997, pp. 67-68).

Considering the beneficial effects of high SE and the potential for modelling interventions to improve settlement outcomes, research examining this variable in refugee groups is virtually non-existent.

3.11 Subjective well being and quality of life

> *Quality of life is defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns*. (World Health Organisation, 1996)

One aim of the current study was to evaluate refugee participants' resettlement outcomes. This is a broad concept, part of which was conceptualised as subjective well being (SWB) based on the Personal Well Being Index (PWI) instrument chosen for the study, and combined with a qualitative component to discover specific positive and negative quality of life features identified by participants. Measurement of quality of life can be achieved in two ways, either by a population-based approach which focuses on indices of material well being such as access to resources, or lifestyle indicators, or by using an individual-oriented measure, such as SWB (Fozdar & Torezani, 2008). This review will focus on the latter literature.

According to Diener (1995, p. 653), SWB captures 'a person's evaluative reactions to his or her life, either in terms of life satisfaction (cognitive evaluations) or affect (ongoing emotional reactions)'. It encompasses a sense of peace, fulfilment, happiness and life satisfaction, and is dependent on both personality traits and life circumstances. Different facets of SWB can be identified, including experience of positive affect, lack of negative affect and satisfaction with life as a whole (Diener, Oishi, & Lucas, 2003). Thus, it is a multidimensional construct that incorporates physical, mental and social elements (Ekblad, Abazari, & Eriksson, 1999). A number of umbrella terms, including quality of life (QOL), well being, and life satisfaction are often used to describe similar constructs (Fozdar & Torezani, 2008; Young, 2001). Instruments for measuring SWB normally evaluate satisfaction with 'life as a whole', or break responses down into specific life domains (Wills, 2009), however concerns have been raised that many QOL instruments fail to clearly differentiate between subjective and objective dimensions of life quality, rendering comparisons difficult. The PWI used in this project measures the subjective dimension of QOL i.e. subjective wellbeing (The International Wellbeing Group, 2006).

In Australia and most other western nations, the PWI mean is 75%. This reflects a general state of personal well being in response to the question 'how satisfied are you with your life as a whole?' A theory of SWB homeostasis, which proposes that 'subjective wellbeing is actively controlled and maintained by a set of psychological devices that function under the control of personality', has been proposed to explain this stability (Cummins, Eckersley, Pallant, Van Vugt, & Misajon, 2003, p. 162). In effect, this means that average people feel their general satisfaction with life is approximately three quarters of the maximum. However, when environmental factors are sufficiently adverse, the homeostatic mechanism may be overcome and SWB will fall below the normal range (Cummins et al., 2003). In effect, people tend to have a 'positive bias', thinking they are above average, so at the 'abstract level… although specific instances of misfortune damage the sense of personal well being they are discarded in order to maintain the abstract belief' (Cummins et al., 2003, p. 162).

The concept of SWB is culture bound, and differences have been noted between individualistic and collectivist societies (Ekblad et al., 1999; Fozdar & Torezani, 2008; Lau, Cummins, & McPherson, 2005; Lu & Gilmour, 2004; Uchida et al., 2004). Cultural variations can be detected in meanings of happiness, motivations underlying happiness, and predictors of happiness (Uchida et al., 2004). In many ways, this reflects the tension between western Cartesian dualistic approaches to mind/body/spiritual interaction and non-western holistic philosophies (Ekblad et al., 1999). For those from individualistic societies, SWB is defined in terms of personal accountability, personal achievement and self esteem. In contrast, for Asians, and those from other collectivist backgrounds, SWB is socially orientated, emphasising role obligation, interpersonal connectedness and a desire to main a balance between negative and positive affects (Lu & Gilmour, 2004; Uchida et al., 2004). It is particularly important that these distinctions are taken into consideration when comparing cultural groups, to ensure they have the same baseline characteristics (Collinge, Rudell, & Bhui, 2002).

A number of articles report QOL/SWB findings from studies with participants from the wider Middle Eastern region (Ekblad et al., 1999; Foroughi et al., 2001; Fozdar & Torezani, 2008; Ghazinour, Richter, & Eisemann, 2004; Mofidi, Ghazinour, Araste, Jacobsson, & Richter, 2008; Suhail & Chaudhry, 2004; Tiliouine, Cummins, & Davern, 2009). In general, women report a stronger sense of satisfaction with their lives than men (Fozdar & Torezani, 2008; Ghazinour et al., 2004; Tiliouine et al., 2009), although no gender differences were noted in a Pakistani study (Suhail & Chaudhry, 2004). Age proved an inconclusive variable,

with older age resulting in both lower levels of SWB (Foroughi et al., 2001), and greater well being (Fozdar & Torezani, 2008). Marriage and employment also showed positive associations with quality of life (Mofidi et al., 2008; Suhail & Chaudhry, 2004; Tiliouine et al., 2009). Social support emerged as an important feature, possibly because of the emphasis placed on social connections and kinship ties in these societies (Foroughi et al., 2001; Fozdar & Torezani, 2008; Suhail & Chaudhry, 2004). In particular, one comparative study of Persians in Iran, Persian migrants in Australia and non-migrant Australians provided some interesting conclusions. The findings of this study are inconsistent with other reports that immigrants have lower levels of SWB; however, it is consistent with studies of other immigrants in Australia. For Persian migrants, reciprocal support systems were most important for overall well being. Knowing there were supports available, and being able to provide support to others appeared to be more significant than the actual experience of support (Foroughi et al., 2001). Again, this may relate to their collectivist orientation. Another interesting finding in this study was that no differences in SWB were noted between groups, despite disparities in objective QOL for the Iranian group and minority status for the Persian Australians. Possible reasons to account for this include a tendency for immigrants to adapt to the SWB levels of the host country, and Australia has high levels of SWB to compensate for minority disadvantage (Veenhoven 1994, cited in Foroughi et al., 2001), or alternatively could reflect normative values based on the theory of SWB homeostasis (Cummins et al., 2003). Another explanation could be based on relativity effects, where the comparison reference group is back in Iran.

A more recent study of refugees in Perth reported that those from the Middle East and Africa had lower levels of life satisfaction than former refugees from Europe did. However, no correlations were observed between experience of discrimination and life satisfaction. The authors also attributed this to potential relativity effects, for example to a sense of relative gratification (as opposed to relative deprivation which can work the other way) compared to their former lives in conflict situations, refugee camps, or the reality of life for family and friends left behind (Fozdar & Torezani, 2008). They recommend combining quantitative and qualitative methods to examine well being and quality of life in groups such as these.

One consistent finding has been the significance of spirituality/religion for these cultural groups (Foroughi et al., 2001; Fozdar & Torezani, 2008; Suhail & Chaudhry, 2004; Tiliouine, 2009; Tiliouine & Belgoumidi, 2009; Tiliouine et al., 2009). One explanation for its relative importance in SWB in general can be related to distinctions between hedonic (pleasure

seeking/pain avoidance) and eudaimonic paradigms of happiness. Eudaimonia is an Aristotelian concept concerned with human potential, meaning and self actualisation. It is linked to the belief that well being consists of fulfilling one's true potential. In other words, it is 'not that one is pleased with one's life, but that one has what is worth having and desiring in life' (Wills, 2009).

In the Persian/Australian study (Foroughi et al., 2001), spirituality was the most frequently noted factor contributing to high quality of life, and similar findings have emerged from Algeria where it was strongly correlated with SWB (Tiliouine, 2009; Tiliouine et al., 2009) and Pakistan (Suhail & Chaudhry, 2004). Approximately a third of Australians report no sense of spirituality or religion in their lives, compared with other cultural settings where the majority of people do (Wills, 2009). For this reason, although the domain of spirituality/religion makes no unique contribution to the construct 'life as a whole' in Australia, it can be included as an optional question in the PWI for other cultural groups (The International Wellbeing Group, 2006).

3.12 Long term settlement trends

This final section considers findings from studies looking at refugee resettlement over a longer time period. Most studies focus on people shortly after arrival. A concerning paucity of long term data describing the realities of life ten beyond years is currently the topic of an ongoing government study of quota refugees in New Zealand (Department of Labour, 2011). No such study has been identified in Australia.

Bhugra (2004b) describes few health problems for general migrants in the early days, but contends that once an individual has been settled between five and ten years, issues of acculturation and alienation can result in higher levels of stress and psychological symptoms. Furthermore, if initial aspirations have not been achieved after ten years, and additional social constructs such as racism, unemployment and poor housing are experienced, higher levels of distress and mental health problems may eventuate.

Most research with a longer term perspective has followed up groups 10 years after arrival. All report improvements in depression rates and other mental health indicators, although a number of risk factors can be identified which impact on this. These include unemployment (Beiser & Hou, 2001; Carlsson, Olsen, Mortensen, & Kastrup, 2006), lack of fluency in majority language (Beiser & Hou, 2001; Westermeyer et al., 1989) and social relations (Carlsson et al., 2006; Westermeyer et al., 1989). Although the majority of people start to

settle in after ten years, some groups are at higher risk of problems than others. Among former South East Asian boat people in Canada, 8% could still not speak English, and this was identified as significant predictor of depression and employment, especially for women and people who were long term dependents on state support (Beiser & Hou, 2001). Similarly, among Hmong former refugees in the US, although most showed positive signs of acculturation a subgroup remained illiterate, did not speak English, and only socialised with co-ethnic contacts (Westermeyer et al., 1989). Those with strong traditional ties, older age, mental and physical problems reported higher symptom levels. Although depression, somatisation and phobias decreased, levels of anxiety, hostility and paranoia remained the same. In the New Zealand study, in which preliminary findings have only recently been released, English language ability increased from 9-68% over ten years, more than one third of participants had completed some form of tertiary training, and almost 95% had good ethnic friends. In addition, 75% also reported having friends from the host community as well as from other ethnic groups. Unemployment remains a concern; although 73% had worked in some form of paid job during the previous 10 years, only 38% were currently employed. Health indicators showed less than half the group considered their health to be good or very good, 30% stated it was only fair or poor, and almost 40% suffered from a chronic condition or disability (Department of Labour, 2011).

The study with the longest term perspective followed up Cambodian refugees in the USA after twenty years (Marshall, Schell, Elliott, Berthold, & Chun, 2005). All had been traumatised prior to arrival, but 70% also reported experiencing violence after settlement. This included seeing a dead body in their neighbourhood, being robbed, threatened with a weapon and feeling their lives were in danger. Overall, the population still had high rates of PTSD and major depression, but low (4%) use of alcohol. Older age, unemployment, poverty, poor English and being retired or disabled were all associated with higher rates of PTSD and depression; these were principally linked to their traumatic life experiences.

3.13 Summary, identified gaps and research questions

This review of the literature has clearly identified that a multiplicity of factors that can affect refugee resettlement experiences. Although there is little that can be achieved retrospectively to mitigate against pre migration experiences, during the resettlement phase research findings help to highlight areas in which interventions may be most beneficial.

Right from the initial point of arrival, some groups are in a position of relative disadvantage. Those arriving in Australia by boat, who have in recent years mostly been Muslims from the Middle East and Afghanistan, have frequently been subjected to detention, suffered ongoing mental trauma during the asylum seeking process, and become potential victims of public vilification via the media and political elites. Literature reports have highlighted not only the health consequences and ongoing re-traumatisation for groups from countries where there is still ongoing conflict, but also the detrimental impact of discrimination for those who are visibly different. The media study component of this current research project explored differences in media reporting of refugee issues between New Zealand and Australia to identify trends based on each country's proximity to the asylum seeker issue and to gauge the attitudes to former refugee groups in each location.

Post-resettlement, we have seen how the cultural distance between new arrivals and host communities can impact on acculturation outcomes, with greater potential for cultural conflict more likely for some groups, and which in turn, can result in stress and mental health problems. One study which reported higher levels of psychological distress and lower levels of health service use for groups from the Middle East and Afghan regions, recommended that further work was needed on specific groups (Boufous, 2005). The study described in this thesis will address that issue, using the same psychological distress instrument (Kessler 10), with a sample of Afghan and Kurdish refugees.

A number of individual psychological factors that assist with resettlement and coping have also been identified in the literature. Because the General Self Efficacy Scale was available in Farsi and Arabic versions, it was possible to include a study of self efficacy as part of the current study. As almost no previous research has assessed SE in refugee groups, our findings provide important new data.

Very few published studies compared and contrasted similar refugee groups. Although all refugee groups show considerable heterogeneity in terms of background experiences, education and occupational status and other socioeconomic variables, in terms of similarities, each group will share certain physical, cultural, and often religious, characteristics which will help define them to the wider public. Many questions arise: how much do these broader group characteristics impact on individual settlement outcomes? Can generalisations be made between such similar groups and do their experiences depend on the location/country of resettlement? This again, links back to public attitudes and the images of refugees that are portrayed. Clearly, the level and type of support they receive is

important, so resettlement policies and practices in different locations may have an impact on this. Of particular note are those studies looking at social support, in which both host and ethnic friends provide complementary support mechanisms (Ager et al., 2002; Jasinskaja-Lahti et al., 2006). Because the impact of discrimination on psychological well being is mitigated by friendly host contacts, initiatives that promote this type of bridging contact, such as the volunteer 'befriending' programs in Christchurch, should be beneficial long term, and provide a point of policy difference in each location. Maintenance of that support over time could also be critical. The focus of the current study explores some of these potential differences and similarities between groups and locations.

Like all questions which explore complex human issues, neat, definitive answers to these questions are not possible and answers rely upon the accumulated learning from multiple imperfect studies undertaken in the real world. Some studies have suggested that groups from the Middle East report lower levels of life satisfaction and quality of life, although this did not appear to be linked to discrimination in one Western Australian study (Fozdar & Torezani, 2008). There also appears to be consensus that spirituality/religion comprises a significant component of subjective well being for groups from this region (Foroughi et al., 2001; Fozdar & Torezani, 2008; Tiliouine, 2009). It has recently been suggested that future studies of well being in refugee groups should combine quantitative and qualitative methods (Fozdar & Torezani, 2008). This current study adopted a mixed methods approach, combining quantitative assessment of SWB and separate quality of life domains, including spirituality/religion in the PWI instrument, with personal perspectives on negative and positive quality of life features for a wide range of refugees, from those newly arrived, to individuals settled up to twenty years.

Looking at the long term settlement literature, very few studies have examined refugees settled more than ten years, and almost all of those have focussed on South East Asian groups. Because the sampling frame for this project included people settled up to 20 years, it provides unique data from Muslim minority groups of their resettlement experiences both pre and post 9/11.

CHAPTER 4 MEDIA STUDY

The test of courage comes when we are in the minority. The test of tolerance comes when we are in the majority. (Ralph Washington Sockman)

The article included as part of this chapter outlines the findings of a comparative study that was conducted to assess newspaper reporting of refugee issues in New Zealand and Australia, including trends over time. Media reporting offers a window on government policy in areas such as immigration, but coverage can also reflect public attitudes and highlight debates around high profile topics like asylum seeker arrivals. As this article provides a comprehensive overview of the study procedure and findings, to avoid repetition, only a limited discussion of some of the methodological issues is presented here. A summary of media study findings is presented at the end of the chapter to help position this study within the context of the wider refugee resettlement study by providing an insight into the policy environment and public attitudes prevailing in each location.

4.1 Conceptual framework and study design

4.1.1 Aims of the study

The study aimed to explore the nature and extent of reporting of refugee issues in daily newspapers in Australia and New Zealand and to examine the role this may play in influencing public attitudes towards refugee groups in these countries.

The study was conducted to assess the social attitudes prevailing in New Zealand and Australia, to provide background context to the resettlement experiences for refugee groups living in Christchurch and Perth over this time, and to provide a complementary aspect to the refugee study as a whole.

4.1.2 Theoretical and conceptual framework

The impact of racism on mental health is well documented (Albee & Fryer, 2003), especially as it can contribute to ill health of migrant communities and ethnic minorities (Hodgetts & Chamberlain, 2006b). As the media has an important influence on public understanding, situations in which ethnic and cultural groups may be marginalised, denigrated or neglected by the media are causes for concern. Pejorative reporting of refugee issues, including negative perceptions of Muslims during the war on terror in the aftermath of the 9/11 terrorist attacks and ongoing conflicts in Afghanistan and Iraq, has the potential to impact on public attitudes, which may sway political opinions and influence acceptance of refugee

arrivals. The idea that critical reporting of refugee issues may lead to negativity or even racism or discrimination, which could in turn, contribute to ill health for migrants and ethnic minorities, forms the theoretical framework for this study.

The conceptual framework utilised content and thematic analyses of articles about refugees to compare the content and tone of reporting of refugee issues in selected Australian and New Zealand daily newspapers. Media analysis was conceived as a way of assessing public opinion around refugee issues in both countries, providing a window into policy debates and helping to gauge public opinion in each location. Comparative analysis of newspaper articles exploring differences in the tone of reporting and thematic issues raised helps to highlight differences and similarities between New Zealand and Australia. For example, does the amount of publicity given to asylum seekers in Australia have a flow on effect to all refugee issues, creating a more hostile environment for those living there, which in turn could affect their psychological wellbeing and quality of life? Quantitative variables for comparison included the position of the article in the paper to gauge the relative importance of the topic, the type of framing adopted, tone of refugee coverage, tone of policy reporting and degree of reporting of religious or ethnic classifications. Qualitative analysis was used to identify the thematic focus of each article. These were then aggregated into broader themes and concepts which were assessed by time and place to determine trends and any identifiable differences between Australia and New Zealand.

4.1.3 Study design

A mixed methods triangulation design was employed for this study, adopting a longitudinal approach to follow developments in reporting over a ten year period. The longitudinal design enabled trends to be observed over time in both countries, which could then be related to key events which were likely to affect news coverage (Neuendorf, 2002). Both qualitative and quantitative components were given approximately equal weight. Data comprised newspaper articles which were analysed separately for quantitative and qualitative aspects of interest, before being combined during the analysis and interpretation phases.

For a more detailed discussion of the underlying rationale and techniques of mixed methods research, please refer to Chapter 5 Methodology below (p.122).

4.2 Sample selection

A systematic search of five major daily newspapers was carried out in June 2008 using the Factiva online database. This is a Dow Jones and Reuters database which provides access to full text articles from more than 9000 authoritative sources. Five newspapers were included in the search, two in Australia and three in New Zealand. *The Australian* is a national broadsheet with daily circulation figures in 2006 of 131538, while the *West Australian*, which is based in Perth reports daily figures of 205610. In New Zealand, there is no national newspaper so publications from the three largest metropolitan areas were included: *New Zealand Herald* (Auckland, 200309), *Dominion Post* (Wellington, 98251) and the *Christchurch Press* (Christchurch 92465). The *Otago Daily Times* from Dunedin was originally included in the search; however, no refugee articles were identified so this paper was excluded. Based on 2006 subscription circulation figures, which are considerably smaller than readership numbers but easier to determine, the sample was similar in both locations (Australia, 337148=46%, New Zealand, 391025=54%).

Search criteria included the terms "refugee" or "asylum" and "resettlement" and "Australia" or "New Zealand", and covered the ten year period from 1 June 1998 to 31 May 2008. This yielded 376 full text articles; of these 76 were subsequently excluded as being outside the study parameters of interest. These articles discussed climate or environmental refugees, articles dealing with historical refugee issues including some relating to World War 2, and also a number referring to international refugee situations such as Darfur, or asylum seekers in Europe. Another search which also included the terms "resettlement or immigration" produced 4807 articles, which was considered unmanageable, so the original search criteria were used.

4.3 Data analysis

After data screening for duplicates and irrelevant articles, 300 articles were eventually selected for analysis. Several letters to the editor were included within this number, and when coded separately yielded a total of 337 articles. All articles were numbered and coded quantitative data were entered into SPSS 12.0 (SPSS Inc.). Chi-square statistics were calculated to assess significant differences between groups of categorical variables, using a significance level of 0.05.

The coding schedule for quantitative content analysis was prepared following a review of relevant literature and other media studies (Table 4.1). Three researchers (Professor Sandra

Thompson, a research assistant (NB) and I) developed the criteria, which were then pre-tested with fifty random articles to define the operational definitions (Riffe, Lacy, & Fico, 2005)and refined as necessary. Kappa statistics for inter-rater reliability were not calculated because quantitative coding was done by one member of the research team (CS-H), framing analysis by another (TLH) and qualitative coding was carried out by a third researcher (RA), thus ensuring consistency for each component. Every article was analysed separately by three different people; for quantitative variables based on the coding schedule below, for framing analysis and religious/ethnic descriptors, and for thematic content. Cross checking of coding was carried out to ensure consistency and all results were discussed by the research team to achieve consensus for analysis.

Table 4.1 Quantitative coding schedule for newspaper articles

	Question	Coding	Options	Criteria
1	Newspaper	1	The Australian	
		2	West Australian	
		3	Dominion Post	
		4	N Z Herald	
		5	The Press	
2	Date	1-12	Month	January coded as 1 and December as 12
		1-11	1998-2008	1998 coded as 1 and 2008 coded as 11
3	Length		Word count	Word count recorded
4	Position of article		Page number	Page number recorded where available
5	Type of article	1	General news story	General story reporting current affairs or news. May be local, national or international
		2	Editorial	Article written by editor, usually contains opinion
		3	Letters to Editor	Letters from readers reflecting public opinion
		4	Opinion piece	Similar to editorial but often written by well known person or expert in area, contains writer's opinion
		5	Feature	Longer article frequently profiling specific person, community or topic of interest
		6	Other	Article not included in above categories e.g. interviews, descriptive diary of events etc
		7	Not stated	Article not identified but not clearly within above categories – unable to classify
6	Location of article focus	1	Australia	
		2	New Zealand	
		3	Off shore/Pacific islands/territorial waters	
		4	Australia & New Zealand	
		5	Islands/sea & Australia	
		6	Islands/sea & New Zealand	
		7	Elsewhere & Australia	Other locations not included e.g. Indonesia, Africa, ME when they were discussed in the article
		8	Elsewhere & New Zealand	See (7) above
		9	Elsewhere	See (7) above
		10	Australia, New Zealand & Islands	
		11	Australia, New Zealand & elsewhere	
7	Individual's story or personal experience included	1	Yes	Personal details, including name or background of individual included in the article

	Question	Coding	Options	Criteria
		2	No	
8	Tone/language used for refugees	1	Affirming/positive/sympathetic	Portrays refugees in positive or sympathetic way, or provides background explanations explaining behaviour. Overall impression positive.
		2	Non-judgemental/neutral or balanced	Both sides of argument presented, overall balanced views
		3	Critical/negative/portrays in bad light	Critical of refugees, unsympathetic, focus on negative aspects. Overall impression negative.
9	Tone/language used for policy	1	Affirming/positive	Generally supportive of policy or programs being implemented
		2	Non-judgemental/neutral or balanced	Both sides of argument presented, balanced views or neutral perspective towards policies and programs. No overall focus on policy, non-judgemental, descriptive.
		3	Critical/negative	Critical of policy or programs being implemented
10	Dry or emotive	1	Dry	Matter of fact, straightforward, descriptive
		2	E motive	Language, topics or issues designed to arouse strong feelings. Elaborates beyond simple facts.
11	If emotive, what emotion	1	Shock	Controversial, politically incorrect, traumatic issues, extreme surprise or disgust
		2	Frustration	Focus on lack of progress, inappropriate or inadequate allocation of resources or response to problem
		3	Scepticism	Problem without hope of resolution, insoluble, extreme scepticism
		4	Hopeful	Affirms initiative, program or individual response to problem
		5	Outrage	Great anger or resentment to way problem is handled, response to act which breaks accepted standards of morality, honour and decency
		6	Sympathy	Understanding and feeling of sadness for suffering of others
		7	Concern	To worry or be bothered about the issue
		8	Warning	To advise strongly, inform in advance, make aware of approaching problem, danger or difficulty
12	Is article humorous or satirical	1	Yes	Use of humour or satire to make a point
		2	No	Serious reporting
13	Viewpoints included	1	Professionals, academics, NGOs, United Nations	May include views of lawyers, medical professionals, refugee service providers, academics, UN representatives etc
		2	Refugees, Community members	Refugees, former refugees, ethnic community representatives
		3	Politicians, government	MPs, state and national premiers incl overseas, govt and local body representatives
		4	Professionals & Refugees	Combination of 1 & 2 above
		5	Professionals & Politicians	Combination of 1 & 3 above
		6	Refugees & Politicians	Combination of 2 & 3 above
		7	None of the above	No viewpoints or quotations included
		8	All of the above	Combination of 1, 2 & 3 above
14	Religious/ethnic descriptor	1	Muslim	Stated to be Muslim, a member of a known Muslim group e.g. Rohingya, Hazara etc, or from a Muslim majority country
		2	Non-Muslim	Stated to be non-Muslim e.g. Christian asylum seekers, or from non-Muslim majority country
		3	Mixed	More than one group discussed
15	Type of framing used	1	Episodic	Depicts concrete events that illustrate specific issues
		2	Thematic	Presents collective or general evidence, offers background detail, places events in wider context

The religious/ethnic criterion was used to assess whether ethnicity or religion could be influential in portraying certain groups of refugees as a threat or potential target for

discrimination. Results were dichotomised to Muslim/non-Muslim where only one refugee group was discussed, or mixed when there was more than one group.
Framing analysis was included as it was considered to provide a suitable framework to assess the editorial stance adopted by different publications under varying circumstances. Public perceptions of an event may be altered by the way it is framed or portrayed in an article (Iyengar, 1991). Whereas thematic framing can promote wider understanding and tolerance towards groups or individuals by placing events and political issues into context, episodic framing focuses on specific events and consequences and is more likely to direct blame at the protagonist of the article. Each article was analysed separately to determine the type of framing method adopted.

All results from the five newspapers were initially analysed separately, then Australian and New Zealand data were aggregated to allow a comparison between countries. Qualitative content analysis involved a three step coding process. Each article was read carefully to identify implied and/or explicit themes which were then allocated codes representing distinct units of meaning derived from the concepts under discussion. Codes were then compared with one another to discover links between categories, which were then aggregated to produce distinct themes. By cross-tabulating themes by newspaper and time period, trends over time and place could be explored (mixing of qualitative and quantitative data). This nomothetic approach aimed to summarise the characteristics of the articles, rather than reporting every detail (Neuendorf, 2002).The study findings are presented in the following article.

4.4 Article 1: Changing images of refugees: A comparative analysis of Australian and New Zealand print media 1998-2008

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Sulaiman-Hill, C.M.R., Thompson, S.C., Afsar, R., Hodliffe, T.L. (2011). Changing images of refugees: A comparative analysis of Australian and New Zealand print media 1998-2008. *Journal of Immigrant and Refugee Studies*, 9, 345-366.

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Changing Images of Refugees: A Comparative Analysis of Australian and New Zealand Print Media 1998-2008

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Changing Images of Refugees: A Comparative Analysis of Australian and New Zealand Print Media 1998–2008

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To assess the political climate, public attitudes and overall focus of opinion around refugee issues, a comparative analysis of print media reporting was carried out on two Australian and three New Zealand newspapers between 1998 and 2008. The research questions explored were: (a) What are the characteristics of Australian and New Zealand newspaper coverage of refugee issues?; (b) How did coverage change over time in response to global events?; and (c) Was there any difference in the portrayal of Muslim and non-Muslim refugees, especially post-9/11? The main findings of the study are discussed within this context.

KEYWORDS Newspaper coverage, refugees, asylum seekers, Muslims, media, Australia, New Zealand

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INTRODUCTION

The media plays a central and powerful role in modern societies, shaping attitudes, reflecting opinion, and providing a point of contact between disparate groups. For many people it helps define their perceptions of minorities and intergroup relations, with penetrating political print media significantly contributing to quality public debate (Spoonley & Trlin, 2004). However, although media coverage can help formulate public opinion, there is also a potential reciprocal effect on policy makers, as the media itself can comprise an essential element of policy formation (Hodgetts & Chamberlain, 2006). In particular, "a false perception of collective opinion derived from biased media coverage could prove particularly detrimental when it is held by those with the power to shape public policy" (Thompsett et al., 2003, p. 242, as cited in Hodgetts & Chamberlain, 2006). As initiatives supported by the public are more likely to be implemented, it is important that media reports appropriately reflect newsworthy events, and present a balanced picture of the issues involved.

While there are positive effects of media coverage of ethnic affairs, for example by encouraging inclusion and raising awareness of diversity, the potential to reflect difference and promote "otherness" is potentially more marketable as conflict is often considered more newsworthy. Dominant negative discourses can perpetuate social distance, portraying ethnic minorities as threats and framing interaction between minority and majority groups as conflicted (Haynes, Devereux, & Breen, 2004). The marginalization of ethnic minorities can also be reinforced by the media. Viewed by some as an attempt by elite majorities to maintain power and influence by negatively representing minority groups as threatening, deviant, or different, this is often characteristic of more conservative media which focus on maintaining the status quo by silencing minority voices (van Dijk, 2000).

With only limited interaction between host societies and refugee groups, derogatory stereotypes become familiar and may subtly encourage racism, through fear of a common threat. The creation of a narrative, to identify to the majority group a reason for fear, has been identified as an essential element of this process (Haynes et al., 2004). While ethnic minorities are noticeable victims of this type of "out group" response, any visible minority group members, such as Muslims are also vulnerable. Much of the post-9/11 rhetoric, especially from the United States, built upon stereotypical media and popular culture images, where Muslims were frequently depicted as Arabs and Arabs as terrorists (Shaheen, 1985, 2003). Analysis of American presidential speeches in the wake of the terrorist attacks identified a clear model of enemy construction employing highly negative images of violence and danger, framed as dichotomies of "good versus evil" and "us versus them," which served to dehumanize out group members (Merskin, 2004). The dominance of American influence in the global media means few people would have

been immune from this insidious bias, with distinctions between refugees, asylum seekers, and terrorists becoming increasingly blurred over time.

In the West, Muslims are considered particularly challenging, having been likened by some to "a new ideological virus" (Kampmark, 2006), with "xenophobic political discourse" around immigration and asylum policies seen to foster an environment in which "Muslim" becomes synonymous with "demonized" and "threatening," unassimilated "others" (Laird, de Marrais, & Barnes, 2007). The use of public health metaphors, portraying refugees as a "moral contaminant threatening the nation" and necessitating containment, has also had the effect of sanctioning "humanly degrading inference, policies and actions" (Koutroulis, 2009). The concern here is that cultivation theory, which postulates that repeated exposure to media "cultivates" or shapes attitudes and individuals' world views (Gerbner & Gross, 1976), could lead to public acceptance of unwarranted disapproval towards particular groups. Certainly, links between exposure to negative reporting about ethnic crime and public perceptions of ethnic minorities as a threat have been established (Vergeer, Lubbers, & Scheepers, 2000), so the potential for a similar situation to occur in relation to refugee issues is a distinct possibility.

In recent years, there has been growing attention to media representations of asylum seekers and refugees, with various studies examining news sources to identify dominant frames of refugee reporting. A worldwide study of English language newspapers in 2003 and 2004 highlighted five negative themes: asylum seekers as a criminal element, illegitimacy of asylum seekers and seeking, threats to national or local identity, asylum seekers as an economic threat, and social deviancy (Haynes et al., 2004). In Australia, fear of difference has been identified as a feature of both colonial discourse, and contemporary political dialogues. A study of *The Australian* and the *Weekend Australian* newspapers between August 2001 and December 2001 identified three main refugee themes; humanitarian crisis, border protection, and human rights focus (Gale, 2004). In a further study, content analysis of media releases in 2001 and 2002 described the "unrelenting negative way" in which the federal government portrayed asylum seekers, with transformation of terms from "threat" through "other," to "illegality" and "burden" over time (Klocker & Dunn, 2003). The authors claimed that the media primarily reflected the negativity and specific references of the government, in part due to their dependence on government statements and sources, coming out in support of the "propaganda model," which holds a generally cynical view of the critical rigour of the news media.

In the wake of the 9/11 events in the United States, anti-Muslim sentiment was inflamed around the world. Large numbers of boat arrivals into Australia containing Muslim asylum seekers did little to soothe public perceptions of threat regionally or globally, despite a history of humanitarian support for refugees. Australia and New Zealand are among a small number of countries accepting refugees under the United Nations

High Commissioner for Refugees (UNHCR) humanitarian program and both provide dedicated settlement services for new arrivals. In 2005, Australia was ranked second behind the United States for refugee resettlement numbers, providing at least 13,000 places annually, and New Zealand was in seventh place accepting approximately 750 refugees under the quota system each year (New Zealand Government, 2008; UNHCR, 2004, 2006). However, one of the most politically contentious issues in Australia, that of so-called illegal boat arrivals, has had limited impact in New Zealand. In relative terms, Australia has four times the annual number of asylum applications per capita to New Zealand (Correa-Velez, Gifford, & Bice, 2005; New Zealand Government, 2008), largely a result of its geographic proximity to Asia and refugee source countries.

Although refugee issues received considerable attention in the Australian media around 2001 in response to increasing arrivals of asylum seekers, which polarized public opinion and impacted on host society attitudes to the new arrivals (Goot & Sowerbutts, 2004), in New Zealand where boat arrivals are almost unheard of, reporting tended to focus on what was happening in Australia. It is understandable that controversial issues receive significant media attention, but the question of how coverage reflects these regional variations, and in turn influences public perceptions of refugees arises. To assess the political climate, public attitudes and overall focus of opinion around refugee issues, a comparative analysis of reporting was carried out with selected Australian and New Zealand newspapers between 1998 and 2008. The study formed part of a larger project examining refugee resettlement for Afghan and Kurdish refugees in both countries, hence the comparative focus. This article presents some of the main findings of this media study, in particular addressing the research questions: (a) What are the characteristics of Australian and New Zealand newspaper coverage of refugee issues and do they differ?; (b) How did coverage change over time in response to global events in 2001?; and (c) Is there any difference in the portrayal of Muslim and non-Muslim refugees, especially post-9/11? A global and national events timeline covering the study period is presented to allow reporting trends to be placed into context (Table 1). The main trends in coverage, particularly in terms of article prominence, focus and themes are analyzed. Examination of the politicization of the refugee debate around boat people and national responses are scrutinized, before we consider how the impact of global events in the portrayal of refugees in newspaper reports may have shaped attitudes to the mainly Muslim refugees, and how they are portrayed.

METHODS

Study Design

The mixed methods study design incorporated both content and thematic analysis of newspaper articles published over a 10-year period. By choosing

TABLE 1 Timeline of International and Local Events Potentially Shaping Political and Public Attitudes to Refugee Groups

Global, Australian, and New Zealand events 1998–2008	
1998	Iraqi disarmament crisis; earthquakes Iran and Afghanistan, U.S. embassy bombings in Tanzania and Kenya, U.S. retaliation against Al Qaeda sites in Sudan and Afghanistan
	Howard government re-elected in Australia as Amnesty International condemns mandatory detention policy
1999	Kurdish rebels take embassy hostages across Europe; Kosovo war starts
	Australia sends intervention force to East Timor as relations with Indonesia worsen; New Zealand Labour party of Helen Clark wins election
2000	Bosnian Muslims killed by Serb nationalists; Palestinian intifada begins when Israeli PM Sharon visits Al Aqsa mosque; bombing of USS Cole in Yemen
	Heightened public concerns about Afghan refugees and terrorist links in New Zealand
2001	G. W. Bush sworn in as new U.S. President; 9/11 terrorist attacks; U.S. Operation Enduring Freedom commences in Afghanistan
	Australia's mandatory detention described as draconian by UNHCR amid detention center riots; increasing boatloads of AS intercepted by Australian authorities; in August over 400 AS rescued from sinking boat by Norwegian freighter, the Tampa, sparking an international incident when Australia and Indonesia deny permission to land; sinking of another ferry of AS enroute to Australia, with loss of more than 350 lives, and the"children overboard" affair occurs in October; Pacific Solution policy introduced for detention and offshore processing of AS
2002	Terrorist attacks in Nigeria, Pakistan, Moscow, and Bali bombings in October; tensions remained high in Iraq over UN weapons inspections
	Rioting and escapes at Woomera detention center, South Australia; racial violence in Hamilton and Auckland amid criticism by UNHCR over detention of AS; New Zealand PM Clark re-elected
2003	Global protests against war in Iraq which commenced in March; Saddam Hussein captured in December; massive earthquake in Iran; terrorist bombings in Chechnya, Riyadh, Casablanca, Moscow, Jakarta, Istanbul, and throughout Iraq
	Australia sends troops to Iraq amid public protests, sparking a no-confidence vote against PM in the senate; New Zealand accepts refugees processed in Papau New Guinea and Nauru, arrival of Tampa family members under New Zealand reunification policies
2004	Conflicts in Darfur, ethnic tensions between Serbs and Albanians in Kosovo; G. W. Bush re-elected; Islamist terror attacks in Madrid, Jeddah, and Philippine ferry bombing by Abu Sayyaf group
	Bombing outside Australian embassy in Jakarta; John Howard re-elected; New Zealand Immigration Minister forced to resign over AS deportation case
2005	Severe earthquakes in Iran, Kashmir, and Pakistan; ongoing war in Iraq with global protests; terrorist attacks in Egypt, bombings in Delhi, Amman, and Israel with highest profile attack in London by British-born Muslims, sparking debates on immigration, religious, and ethnic minorities in Western countries
	Racially motivated riots in Cronulla, Sydney between White and Middle Eastern youths, Islamic centers and churches targeted
2006	Terrorist bombings continue with Islamist attacks in Israel, Egypt, Bangkok, and Mumbai, as well as Canadian plots to bomb British and U.S. airlines; churches attacked in Palestine following the Pope's comments on Islam; ongoing conflicts in Iraq, Somalia, and Lebanon
	Racial tensions between residents of Tamworth, NSW and Sudanese refugees in December

(Continued on next page)

TABLE 1 Timeline of International and Local Events Potentially Shaping Political and Public Attitudes to Refugee Groups *(Continued)*

Global, Australian, and New Zealand events 1998–2008	
2007	Ongoing unrest in refugee source regions; wars in Somalia and Iraq, clashes between NATO, Taliban and Afghan forces; Al Qaeda bombings in Alegeria, suicide attacks in Iraq and Afghanistan; rioting in Kenya
	The opposition Labour party under Kevin Rudd wins Australian election.
2008	Spate of bombings during the first half of 2008; outside Danish embassy in Islamabad, and Indian embassy in Kabul, also Jaipur, Bangalore, Ahmadabad, Istanbul, Khandahar, Baghdad, and Kirkuk. Israeli air strikes in Gaza provoke international concerns.
	The new Australian government rejects Pacific Solution policies; the last refugees leave Nauru and in July, mandatory detention of AS abandoned

Note. AS = asylum seekers. Global events are presented in nonitalic font, national events in italic font.

such a wide time frame, we hoped to observe trends over time, and relate them to some of the key global and national events shaping coverage during the study period. The combination of methods provided complementary ways to examine the research questions. Quantitative content analysis techniques were used to provide comparative prevalence data between newspapers and locations, summarize characteristics of the articles overall and permit reduction of large volumes of information into some key points of interest (Neuendorf, 2002; Riffe, Lacy, & Fico, 2005). In contrast, qualitative thematic analysis allowed a more in-depth focus on specific cases and thematic trends to be identified.

Sample

Factiva online, a Dow Jones and Reuter's database providing full text access, was used to search for articles reporting on regional refugee issues in New Zealand and Australian newspapers. To ensure a representative sample, five metropolitan daily newspapers were selected: *The Australian* (national broadsheet), the *West Australian* (Perth), the *New Zealand Herald* (Auckland), the *Dominion Post* (Wellington), and *The Press* (Christchurch). The three New Zealand publications provide coverage throughout the country, as there is no national newspaper in New Zealand. As the current study was part of a larger research project examining refugee resettlement in Christchurch, New Zealand and Perth, Western Australia (the state were most asylum seeker boat arrivals occur), we included the *West Australian* to evaluate reporting trends from that region. Circulation figures indicate a good balance in subscription numbers with 337,148 for the two Australian papers (46%) and 391,025 for the three New Zealand papers (54%).

Keyword searching for the terms "refugee or asylum" and "resettlement" and "Australia or New Zealand" was performed within these papers in June 2008, covering the period from June 1, 1998 to May 31, 2008. A total of 376 full text articles were found; after screening for duplicates and irrelevant articles, 337 articles (including several letters to the editor coded separately) were eventually selected for analysis.

Analysis

Quantitative and thematic coding was done by separate members of the research team. The five newspapers were compared separately, and Australian and New Zealand papers aggregated to allow a comparison between countries.

Quantitative analysis primarily addressed the research questions: what are the characteristics of Australian and New Zealand coverage of refugee issues, how did coverage change over time in response to global events in 2001, and is there any difference in portrayal of refugees according to their religion? The coding schedule, prepared following a review of relevant literature and other media studies (Gale, 2004; Kerr & Moy, 2002; Pickering, 2001; Thompson, Green, Stirling, & James, 2007), was tested with 50 articles selected at random, and refined as necessary.

Religious coding was based on described religion, ethnic group where this was religiously specified (e.g., Rohingya Muslims from Burma), or generalized to country of origin. If more than one group was discussed, the article was coded as mixed. Refugee coverage was coded as: positive—portrayed in a positive or sympathetic way, or providing background context for behavior; neutral—both sides of argument presented with balanced views overall; critical—unsympathetic, focus on negative aspects or portrays in bad light; or mixed—article discusses several groups, and portrays them differently. Similar coding criteria were applied to policy reporting.

Framing analysis was based on Iyengar's (1991) work which outlined how differences in public perception of news events can be altered by the way the event is portrayed (framed). "Episodic framing depicts concrete events that illustrate issues, while thematic framing presents collective or general evidence" (Iyengar, 1991, p. 14). People influenced by episodic reporting of specific events are more likely to consider the individual responsible, while thematic framing, which places political issues and events into context, may promote wider understanding and tolerance by attributing causes and solutions to wider factors beyond the control of the individuals involved.

Thematic coding involved a three-step coding method, with every article initially read carefully to identify implied and/or explicit themes. The second step involved content analysis on each major theme, which were then in the third step cross-tabulated by newspaper and time period.

Statistical Analysis

All articles were numbered and coded data analysed using SPSS 12.0 software (SPSS Inc.). Frequency distributions were calculated for both individual newspapers, and country aggregates. Chi-square statistics were calculated to assess significant differences between groups of categorical variables.

RESULTS

The findings are presented to specifically address the three research questions.

Characteristics of Coverage

The main frequency and distribution data for the study sample are presented in Table 2, with a breakdown of the number of articles over time by country in Figure 1. A total of 337 articles were analysed, with almost half appearing in *The Australian*. The majority (71%) of articles were general news stories. No significant difference in the length of articles was noted.

New Zealand papers gave a relatively higher profile to refugee articles, with almost 20% being front page articles compared with less than 9% in Australia. Differences in page numbers were statistically significant, $F(1,263) = 23.3$, $p < .000$, but could reflect differences in size between national and regional publications. During periods of heightened awareness of refugee issues, articles were positioned more prominently in all papers. There was a significant peak in Australian reporting during 2001 and 2002 (Figure 1),

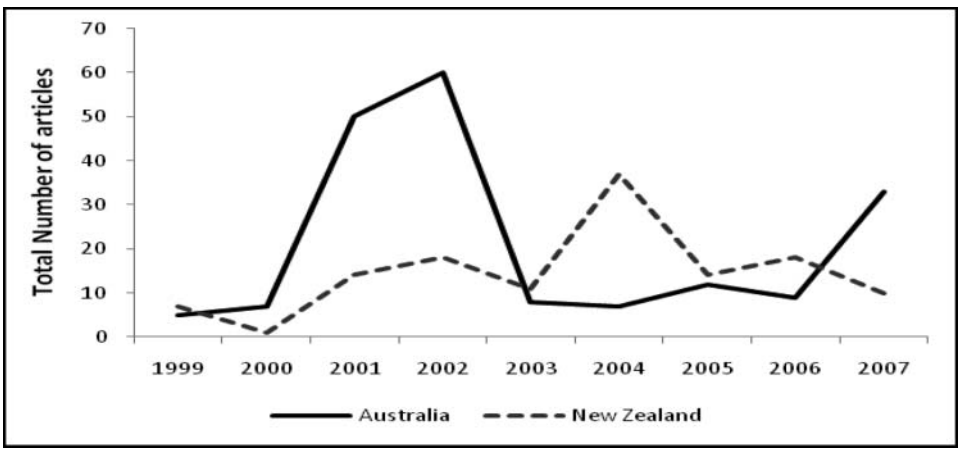

FIGURE 1 Number of Newspaper Articles by Country.

TABLE 2 Newspaper Frequency and Distribution Data

	The Australian	West Australian	Dominion Post	New Zealand Herald	The Press	Total (%)
Number of articles						
N (%)	162 (48)	36 (10.7)	33 (10)	68 (20)	38 (11.3)	337 (100)
Type of article ($n = 323$)						
General news	84	34	27	61	33	239 (74)
Editorial/opinion	12	0	0	2	1	15 (4.7)
Feature	15	1	0	1	0	17 (5.3)
Other	47	0	1	0	4	52 (16)
Position in paper ($n = 265$)						
Page 1	16	1	6	3	7	33 (12)
Pages 2–10	61	6	24	12	21	130 (49)
Page 11+	85	9	3	1	4	102 (39)
Religious/ethnic descriptor ($n = 214$)						
Muslim	41	11	16	27	15	110 (51)
Non-Muslim	21	12	10	18	7	68 (32)
Mixed groups	19	2	1	8	6	36 (17)
Framing ($n = 214$)						
Episodic	41	20	9	36	14	120 (56)
Thematic	40	5	18	17	14	94 (44)
Personal details ($n = 336$)						
Yes	22	6	17	34	12	91 (27)
No	139	30	16	34	26	245 (73)
Tone of refugee coverage ($n = 211$)						
Positive	23	6	15	15	10	69 (33)
Neutral	37	11	9	25	12	94 (44)
Critical/negative	9	8	2	10	6	35 (17)
Mixed	11	0	1	1	0	13 (6)
Tone of reporting: Policy ($n = 315$)						
Affirmative	16	5	7	3	5	36 (11)
Neutral	76	18	17	46	26	183 (58)
Critical	65	11	2	15	3	96 (31)

Note. Not all categories sum to 337, missing data not included.

coinciding with some of the events outlined previously, and another increase in reporting in 2007 around changes to the composition of the humanitarian intake. The main peak in New Zealand reporting occurred in 2004, with all but one article dealing with concerns over the deportation of a Sri Lankan girl and the related resignation of the Minister of Immigration.

Framing and Coverage

Significant differences were noted in the type of framing used between different papers overall, $\chi^2(4, 214) = 15.9$, $p < .003$, in particular the West Australian (80%) and the New Zealand Herald (69%) favored episodic reporting, while 70% of articles in the Dominion Post were thematic. No significant differences were noted between countries over time.

The type of framing technique used was significantly related to the tone of coverage, χ^2 (3, 211) = 46.3, $p < .000$, with episodic framing mainly resulting in negative (23%) or neutral (59%) coverage. In contrast, thematic frames portrayed refugees in a more positive manner overall (54% positive, 27% neutral, 8% negative) by providing background information and placing events into context. This overall trend was observed in all newspapers. An article entitled "Friendly face of help for refugees" is a good example of a thematically framed article with a positive focus. In this article which describes a Somali woman now living in Wellington, the author provided background about her impressive linguistic skills (speaking seven languages), how this has helped her to integrate in different settings, and the positive contribution she is now making through her work as a refugee health promoter and co-founder of a refugee forum for which she was recognized with a Wellington of the Year award (Palmer, 2007). In contrast, "African exiles giving way to Asians" provides an example of an episodic, negative approach (Collins, 2007). The focus of this story is on a specific event, the murder of a Sudanese refugee in Melbourne, and goes on to quote the Australian Immigration Minister, saying he was "concerned that some groups don't seem to be settling and adjusting into the Australian way of life" and that it made sense "to slow down the rate of intake from some countries such as Sudan."

Overall, 27% of articles incorporated personal details, including names and background information about individual refugees; nearly 70% of these personal stories were in New Zealand papers, χ^2 (1,336) = 39.9, $p < .000$. The tone of coverage (positive, neutral, critical/negative or mixed) was similar in both countries for negative and neutral reporting; however, New Zealand articles were significantly more likely to portray refugees positively (38%) than those in Australia (28%), χ^2 (3,211) = 8.05, $p < .045$.

Viewpoints Quoted

Overall, the majority of authoritative viewpoints quoted (29%) were solely from politicians or government representatives, with articles in some cases actually written by the Australian Minister of Immigration (Ruddock, 2000a, b). The views of professionals working with refugee clients were used in only 12% of articles, while 11% of articles did not quote any source. Australian papers and the *New Zealand Herald* mainly quote political or governmental sources, as illustrated by the reporting on mandatory detention and The Migration Amendment Bill, where eight of the 24 articles published in Australian newspapers on this topic contained the Immigration Minister's justification of the mandatory detention policy. New Zealand papers, particularly the *Dominion Post*, were more likely to include refugee voices in their coverage, for example describing previous traumas and the excitement of resettlement

(Ruscoe, 2004). Refugee views were exclusively presented in less than 5% of articles overall (*The Australian* less than 2%, *West Australian* none).

Attitudes to Policy

The language and balance of each article in relation to discussion of government policies was assessed to evaluate the tone of reporting (Table 2). Significant variations between countries were noted, χ^2 (2,312) = 20.5, $p <$ .000, with 40% of Australian stories being critical of policy, compared with only 16% from New Zealand, and many of these were actually in response to Australian policies. Support for government policies was similar in both countries, with 11% and 12%, respectively.

Thematic Analysis

Eight major themes were identified during analysis (Table 3), with differences in coverage also observed between countries (Table 4).

"Genuine refugees," the most widely reported theme overall was evenly spread between countries. However, "refugee perspectives," the second most widely covered theme, received much greater attention in New Zealand, appearing consistently throughout the period. In contrast, "mandatory detention" and the Pacific Solution ("alternative strategies") featured prominently in the Australian media, with *The Australian* alone publishing 35 articles on these topics. Following the Tampa and children overboard incidents in 2001 and the refugee policy thrust under the Howard government, the first three themes attracted disproportionate attention within the Australian media. A significant difference in the themes discussed in each country was noted, χ^2 (7,286) = 66.6, $p <$ .000.

Variations in the approach to thematic reporting are also apparent between countries. For example, where the Australian media largely covered assessment of asylum seekers and immigration policy, the focus of the New Zealand media was on resettlement plans and services, followed by personal stories of refugees. Similarly, when presenting the detention theme, Australian newspapers focused mostly on political debates around border security and people smugglers. Although the human rights aspect of detention was highlighted, it was presented in connection with United Nation concerns over Australia's refugee policy, and significantly, received less attention than ongoing political debates. New Zealand media, on the other hand, published 21 articles addressing the legal and human rights aspects of detention and refugee status assessment, normally in relation to the Australian situation.

Coverage Over Time

Data was aggregated into two time periods: 1998–2001 and 2002–2008, to assess possible variations before and after 2001. Coverage of refugees

TABLE 3 Major Themes

Theme	Distinguishing features	Illustrative headlines
1. Refugee debate	Mode of arrival of asylum seekers, legality, and border protection issues, people smugglers	"Anti-terror measures beefed up" (H; May 24, 2002) "Fellow humans in tragic straits deserve better" (A; October, 25 2001) "Blame and claim game trails a human tragedy" (A; October 27, 2001)
2. Mandatory detention	Mandatory detention and hard line refugee policies	"1200 beds for next boat wave" (A; March 13, 2002) "Ruddock argues case on refugees" (WA; October 1, 2002)
3. Alternative strategies	Detaining asylum seekers in a third country before and during their assessment, known as Pacific solution. It also includes news on attempts by Howard government to repatriate Afghan and Iraqi refugees	"How Downer hit the phones and found a life raft—THE PACIFIC SOLUTION (A; September 3, 2002) "Ruddock warns of refugee 'burden'" (A; January 4, 2002) "Talks narrow rift over refugees" (A; January 9, 2002)
4 Human rights concerns	Legality & legal challenges of specific cases, and UN concerns over mandatory detention & the plight of refugees & asylum seekers	"Treatment of illegals 'damaging'" (A; September 19, 2001) "Court told of 'secret detention policy" (H; May 11, 2002) "Court backs detaining refugees" (D; April 17, 2003)
5 Genuine refugees	Assessment of asylum seekers to determine legitimacy of their claims, also government refugee intake policies & impacts on refugee communities	"Tampa refugees' families jumping queue" (H; October 6, 2003) "New Zealand to reunite refugee families" (P; November 8, 2003) "Plans for migrants" (H; September 7, 2005)
6 Health & socio-economic impacts	Health and socio-economic impacts of refugee & immigration policy on refugees & migrants, including public health concerns and cost-effectiveness of those policies	"Health mish-mash confronts arrivals" (H; April 15, 1999) "Refugees' first-year cost $32M" (P; January 30, 2002) "Costs soar for island detainees" (A; April 16, 2002)
7 Immigration policies & politics	Bi-partisan nature of Australian refugee policy, refugee policy of major political parties, use of refugee issues as a tool for election campaign	"Howard in war refugee snub Fraser—1977 CABINET PAPERS" (A; January 1, 2008) "Howard leadership 'guided by aversion to boat people—1977 CABINET PAPERS" (A; January 2, 2008) "Ex-Lib MP to tackle refugee problems" (A; March 25, 2008)
8 Refugee perspectives	Resettlement plans, policies & services of government & private and/or voluntary organizations for refugees, also refugees' own experiences & stories of resettlement	"Tongue-tied in an alien land" (H; September 29, 2001) "Wife beating claim rejected" (P; May 2, 2005) "Ethiopian shows the way" (A; June 11, 2005) "Services brace for influx of refugees" (P; September 25, 2001)

Note, A = The Australian, WA = The West Australian, H = New Zealand Herald, D = Dominion Post, P = Christchurch Press.

TABLE 4 Distribution of Themes by Country

Theme	Australian papers		New Zealand papers		Total	
	n	%	*n*	%	*n*	%
1. Refugee debate	17	11.0	3	2.0	20	7.0
2. Detention policies	24	16.0	2	1.0	26	9.5
3. Alternative strategies	29	19.0	6	4.0	35	12.0
4. Human rights concerns	14	9.0	21	16.0	35	12.0
5. Genuine refugees	39	26.0	39	29.0	78	27.0
6. Health & Economic	3	2.0	11	8.0	14	5.0
7. Immigration politics	6	4.0	1	1.0	7	2.5
8. Refugee perspectives	20	13.0	52	39.0	72	25.0
Total	152	100	135	100	287	100

between Australia and New Zealand was similar up to 2001, but was significantly different 2002–2008, χ^2 (3,164) = 11.9, $p < .008$, with 69% of positive reporting seen in New Zealand and 90% of mixed reports portraying some groups positively and some negatively in the same article, coming from Australia. Differences were also noted for Australian coverage between the 1998–2001 and 2002–2008 time periods, χ^2 (3,105) = 11.3, $p < .010$, but this was not seen in New Zealand. Australian coverage up to 2001 showed mainly positive portrayal of refugees (50% of articles coded as positive, 6% negative), for example in "Our duty to take share of exodus" (Sheridan, 1999) the government was encouraged to accept Kosovar refugees, but from 2002 this dropped to 19% positive coverage (negative 20%, neutral 50%) amid reports that Pacific solution refugees would not receive priority placement in Australia (Barton, 2002b) and many were being offered cash incentives for repatriation (Barton, 2002a). Assessment of framing showed no significant differences between countries over time.

Thematic content showed an increasing concern after 2001 with the asylum seeker issue in Australia (Table 5), evidenced by a shift away from refugee debates and human rights concerns towards detention and alternative strategies for "burden sharing" (Saunders, 2002). An increase in presenting refugee perspectives was also noted. Focus on these themes heightened in 2001 and 2002, although the Pacific Solution received renewed attention once again in 2007 when the Labor government came into power. Mandatory detention remained a matter of political debate until 2007. In comparison, New Zealand coverage portrayed refugee perspectives and genuine refugee themes throughout the period, with the only concession to global and international events being an increase in reporting of alternative strategies after 2001. However, unlike Australia where the Pacific Solution predominated in the discussion of alternative strategies, New Zealand coverage of strategies

TABLE 5 Main Themes Before and After 2001

Theme	Number of articles (% by country) 1998–2008			
	Australia 1998–2001 (%)	New Zealand 1998–2001 (%)	Australia 2002–2008 (%)	New Zealand 2002–2008 (%)
1. Refugee debate	12 (7.9)	1 (0.7)	5 (3.3)	2 (1.5)
2. Detention policies	7 (4.6)	2 (1.5)	17 (11.3)	
3. Alternative strategies	5 (3.3)		24 (15.9)	6 (4.4)
4. Human rights concerns	8 (5.3)		6 (3.9)	21 (15.6)
5. Genuine refugees	5 (3.3)	7 (5.2)	33 (21.9)	32 (23.7)
6. Health and economic	1 (0.7)	2 (1.5)	2 (1.3)	9 (6.7)
7. Immigration policies and politics			6 (3.9)	1 (0.7)
8. Refugee perspectives	5 (3.3)	14 (10.4)	15 (9.9)	38 (28.1)
Total	43 (28)	26 (19)	108 (72)	109 (81)

included counterterrorism and intelligence gathering programmes (Oliver & Rees, 2002).

Ethno-Religious Portrayal

Characteristics of refugees were not included in all articles; however, of those that did use ethnic or religious descriptors, the majority (51%) applied to Muslim groups. Examination of coverage by religion or ethnicity showed no significant difference in the type of coverage in New Zealand reports. In Australia however, and contrary to our expectations, Muslim groups were portrayed more positively (35% positive, 8% negative) than non-Muslim groups (12% positive, 33% negative), χ^2 (6,105) = 20.2, $p < .003$, although nearly half the articles describing both groups were considered neutral (48% and 52%, respectively).

Significant differences were noted between the religious or ethnic group discussed and the type of framing used overall, χ^2 (2, 214) = 10.4, $p < .005$. Episodic frames were mainly used for Muslims (53%), while thematic frames were more likely to discuss a mixture of refugee groups (67%).

Significant differences in the type of framing used for different religious groups over time were only noted in 2001 and 2007. In 2001, refugees from Muslim countries were more likely to be portrayed in positive (65%) or neutral (82%) terms, χ^2 (3, 32) = 16.3, $p < .012$, however in 2007, Muslims were portrayed less favourably (positive coverage Muslim 22%, non-Muslim 67%), although 80% of negative coverage articles actually featured non-Muslims, χ^2(6, 31) = 17.9, $p < .007$.

DISCUSSION

This study has shown that there are identifiable differences in print media coverage of refugee issues in Australia and New Zealand, that reporting

changed after the events of 9/11 and that reporting on Muslims is more likely to frame stories in ways that are less sympathetic to their circumstances than for other refugees.

In response to Research Question 1, What are the characteristics of Australian and New Zealand newspaper coverage of refugee issues, and did they differ?, it is clear that the coverage, approach, themes and focus of the Australian and New Zealand media did show considerable variation on the refugee and asylum seeker issue between 1998 and 2008. Coverage in Australian media was larger with a diverse range of themes, although articles about refugees had greater prominence overall in New Zealand, as determined by page position and reflected a more balanced range of views. Where Australian papers quoted mainly political or professional opinions expressing concern over the refugee "problem," or frustration at government attempts to contain it, those in New Zealand celebrated the wider contribution that refugees have made to New Zealand society. This is reflected in the approach adopted by New Zealand media, with many articles incorporating a personal or human focus, differing from the refugee stereotyping, or reports linking refugees with mental illness or violence, that has occurred elsewhere (Corrigan et al., 2005). In contrast, Australian newspapers focused mainly on political and policy debates over border control and detention strategies. Although overall there was balanced coverage of issues, New Zealand papers consistently portrayed refugee issues in a largely sympathetic way, while those in Australia adopted a more political stance. As van Dijk (2000) noted, this is a general characteristic of more conservative publications. If the views of ethnic minorities are expressed at all in the Australian print media, it is almost always in combination with professional or political viewpoints. This apparent bias towards political elites and authoritative experts' views highlights an imbalance in reporting which could be construed as a dehumanizing tactic, particularly at a time when it was not politically expedient to portray the human face of the asylum seeker problem. A good deal of the difference in government policies and the way they are reported in the two countries may be attributable to the relative impact and magnitude of the asylum seeker issue.

Compared with the isolation of New Zealand, the size and geographic location of Australia in addition to its democratic traditions and safe multicultural nature of Australian society presents an attractive destination for those seeking asylum, as well as a business for "people smugglers" taking advantage of them. While Australia is a leading provider of humanitarian settlement, priding itself on dedicated resettlement programs to assist those legitimately channeled through United Nations programs, people arriving by boat (boat people) are often described as "queue jumpers" (Refugee Council of Australia, 2010). This controversial term has featured prominently in Australian political and public discourse, and whilst its legitimacy has been challenged, is now embedded in the popular lexicon. Hostility is directed at queue jumpers who abuse ideals of impartiality and fairness (Gelber,

2003). It is a way of delegitimizing asylum seekers, by its effective definition of "good" refugees, being those processed in United Nations camps (Kampmark, 2006), compared with the emotively described illegal boat people. The plight of mostly Iraqi and Afghan boat people became an increasingly contentious issue throughout the late 1990s through the 2000s, with episodic framing that focused on specific events, used to portray them in mainly neutral or negative terms. Initially generating public support, as numbers increased, political sympathy in Australia waned with debate focusing on strategies for containment and deterrence; issues to which New Zealand was largely immune and as reflected in its more positive, thematically framed coverage. A comment from a New Zealand teenager in the New Zealand Herald sums up this difference, "People are always ready to criticize refugees but they should come here and talk to the people before voicing such opinions. Once they see the human face of the problem they would be inhumane if they didn't understand" (De Boni, 2002).

Much of the Australian reporting analyzed during the study period can be defined by the events of 2001, as examined in Research Question 2, "How did coverage change over time in response to global events in 2001?" Prior to this time coverage was sparse and reactive to specific events, but after 9/11, and coinciding with a spate of high profile incidents including the Tampa incident at the end of August, the sinking of a boatload of asylum seekers en route to Australia, the "children overboard" incident, and unprecedented numbers of asylum arrivals in Australian waters, political attitudes hardened. This was reflected in media coverage which presented asylum seekers as faceless statistics, as a problem in urgent need of resolution at a time when Pacific Solution policies were being introduced. The Australian general election in November 2001 saw immigration and border security concerns emerge as a central election issue.

Reporting mirrored the increasingly politicized debates, moving from general stories presenting refugee perspectives in 1998 to debates around detention and human rights concerns in 1999 and 2000 as asylum numbers escalated. Australian articles became increasingly episodic by 2002, largely discussing Muslim groups, as reliance on politicians and professional viewpoints framed the debate in political terms, with little room for expressions of compassion or reflection of humanity. However, at the same time, a counterbalance in perspectives was provided by human rights and refugee advocates, with an increasing number of reports providing background context and refugee perspectives. In general, Australian newspapers adopted a mainly political focus, with articles expressing strong opinions both supportive and critical of current policies. For articles which were critical of policy, over half occurred in 2001–2002, with most condemning the hard line approach adopted by the Howard government. Remarks by the foreign editor of *The Australian*, Greg Sheridan, may be cited as an example of the fiercest criticism of the government policy (2001). He said:

> The government has consistently tried to dehumanize the refugees. This follows a familiar historical pattern. If you dehumanize a group of people in the public mind, it is much easier to deny them their human rights without generating a vast outcry. Thus, in typically undemocratic fashion, the media has been consistently denied access to the refugee centres lest it actually report on the harrowing stories of these people and by humanizing them generate some sympathy for them.

Significantly, the majority of articles supportive of current policies were also found in Australian newspapers during that period, corresponding to negative reporting of refugees at a time when hard line policies were being implemented. In October 2001, for example, Torrance Mendez wrote in the *West Australian*, "Australia's capacity to assist genuine refugees was undermined by wealthy asylum seekers who staked claims for residency in Australia instead of refugee camps overseas" (Mendez, 2001). In general, our results support the findings of Klocker and Dunn (2003) that media sources reflect government negativity towards asylum seekers and largely cite political sources. However, as a significant number of articles were also opposed to government policies the overall coverage provided some balance in perspective, with opinions from both pro-governmental sources and also human rights and refugee advocates critical of the policy stance adopted.

Research Question 3 asked whether there "is any difference in portrayal of Muslim and non-Muslim refugees, especially post-9/11." With the initial focus of the war on terror in Afghanistan, possible links between Muslim or Afghan refugees and radical Islamists heightened public concerns around boat people debates. However, we found that in Australian articles Muslims were generally portrayed positively. This was largely due to the predominance of Muslim groups in the news from 2001–2004 who received strong support from human rights advocates during this time. Although such fears were also raised in New Zealand, the main emphasis, in the articles from New Zealand was the on acceptance of families from the Tampa, outlining successful resettlement stories and helping to place the unfolding events into context. No difference in reporting of Muslims and non-Muslims was noted. Although current events drive selection of themes to a large extent, the question of why certain themes received greater coverage and frequency than others could be indicative of media bias towards certain issues or particular refugee groups, or that these issues report conflict and are therefore considered newsworthy. It is not only a matter of theme selection, but also the differential approach that the Australian media adopted in its treatment of Muslim Kosovar vis-à-vis Afghan and Iraqi refugees in five articles in *The Australian* in the late 1990s. All were proactive, urging the government to take immediate action for the intake of Kosovar refugees, but in contrast, when it came to Afghan and Iraqi asylum seekers a few years later, the same newspaper was more cautious, emphasizing border security aspects and

political debates on mandatory detention, largely compromising any human rights stance. Again in 2006, several interviews by the Australian Broadcasting Company (Caldwell, 2006; Rutledge, 2006; Waters, 2006) discussed Christian asylum seekers newly arrived by boat from West Papua; no reports of this were found in either *The Australian* or *West Australian* at that time, compared with extensive coverage of mainly Muslim Afghan and Iraqi boat people throughout the study period. The concern is that this could perpetuate negative stereotyping of more culturally or religiously distant groups, potentially cultivating public attitudes to perceive certain groups in a more negative light.

After 2005, discussion of non-Muslim groups predominated, again trending from negative to increasingly positive coverage as opinions became progressively more polarized. The shift in composition of the Australian refugee intake, particularly the reduction of African and increase in Asian groups, coincided with racial tensions between Sudanese refugees and residents of Tamworth, NSW in 2007. These events highlighted concerns of racism and cultural distance and raised questions about the potential for some groups to settle successfully, prompting some to liken current policies of refugee selection criteria to the "White Australia" policies of the past (Anonymous, 2007; Burchell, 2007). These issues received major attention in the Australian media that year, with several articles from New Zealand also picking this up in relation to its Muslim Somali community. Immigration Minister Kevin Andrews, a socially conservative Christian, was regarded as playing a "race card" by saying, "some groups don't seem to be settling and adjusting to the Australian way of life as quickly as we would hope, and therefore it makes sense to . . . slow down the rate of intake from countries like Sudan" (Hart & Maiden, 2007). Outside of the period analyzed in this study, Kevin Andrews was later heavily criticized for his views that, "To have a concentration of one ethnic or one particular group that remains in an enclave for a long period of time is not good" and also his suggestion that Australia needs to have a serious discussion about the growth of its Muslim population [Australian Associated Press (AAP), 2009]. A disturbing trend is a growing perception of the Muslim community as "other," a group incapable of integration into multicultural society, with concerns that the media has increasingly played a role in the social construction of ethnic groups that reproduces, rather than challenges, racist stereotypes (Poynting et al., 2004).

It is difficult to argue that Australia's "hard-line" tactics towards humanitarian arrivals arose from a position of desperation, as immigration into Australia over this time continued apace. This may reflect upon either the nature of the asylum seekers themselves or concerns about their source country and religion. Alternatively, it was primarily driven by the need for deterrence of boat arrivals from which New Zealand was largely protected by virtue of its geography, although asylum seekers in both countries are

most likely to arrive by plane (Tennant, 2009). The question remains as to how much this reporting influences public attitudes and their subsequent acceptance of refugee groups into their communities. A spike in numbers of asylum seekers arriving in Australia by boat in 2009–2010 with controversy over the government's approach to interception at sea and efforts for offshore processing, highlights how the issues of refugee boat arrivals continues to be politicized and played out as a contentious issue in the media. The extent to which negative reporting of refugee issues in Australia is tied up with discriminatory attitudes towards Muslims, and whether it reflects media bias or simply media coverage of what have been conservative and racist positions of Australian politicians' warrants further examination.

CONCLUSION

In general, where refugee issues were often framed in political tones and sometimes portrayed asylum seekers negatively in Australia, especially after 2001, in New Zealand provision of background context and refugee perspectives provided newspaper coverage that was more balanced and sympathetic. Although Muslim refugee groups were portrayed positively overall, we noted a tendency for certain themes and ethno-religious factions to receive greater coverage than others in Australia with the potential to adversely sway public opinion against particular groups.

Limitations

Although other authors have examined media portrayals of refugees and asylum seekers in the Australian press, particularly in the period around 2001, no previous comparative studies with New Zealand papers, nor any studies tracking reporting patterns over a 10-year period in this region, have been identified. However, our study was limited by utilising only five newspapers, which may not have captured a full range of opinions. Electronic media clearly has considerable coverage and influence, but is even more difficult to analyze than print media. Similarly, only articles incorporating the search terms were included in the sample, so it is possible that some relevant articles were missed from the analysis. Coding of items and themes can be subjective, so this was minimized by standardising the coding criteria, and with thematic coding done by one researcher and subject to discussion, cross checking and refinement within the research team. Future studies could extend our research by examining other types of media, as stories about Papuan asylum seekers for example, were only picked up from radio reports and online broadcasting Web sites. In addition, further work

specifically examining the portrayal of Muslims in Australasian media reports would be timely and relevant as would research exploring the resettlement experience for refugees in the different sociopolitical environments that the media reporting in Australia and New Zealand reflects.

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4.5 Summary of media study findings

This media study has provided valuable insights into the politics of the refugee debate and policy environment in New Zealand and Australia, and concluded that there are significant differences in the way refugee issues are portrayed by newspapers in each location. New Zealand is more likely to utilize thematic framing, to provide refugee perspectives through personal stories and to focus on resettlement policies and service provision concerns. Overall, articles portray refugees in a positive light, focusing on their resilience and strength and highlighting the benefits of new arrivals for the country. No change in this reporting focus was seen over time.

Australia, on the other hand is much less likely to portray refugees positively. Newspaper articles are more politicised and show an apparent bias towards the views of political elites, although both critical and supportive opinions are often presented in discussion of policy initiatives. The underlying themes are predominantly concerned with immigration policies, the 'refugee problem' and hostility towards 'queue jumping', refugee status determination, alternative off shore processing options and issues around detention. Episodic framing predominates, in which the individual actors in a specific event are more likely to be portrayed as responsible for the outcome, with little consideration of wider contextual factors.

Trends in reporting over time were also observed in the Australian sample. Reporting was mainly positive prior to 2001, but has increasingly become neutral or negative since then. The focus has shifted away from refugee debates about boat people and human rights concerns towards detention and alternative burden sharing strategies. In general, where religio-ethnic descriptors were used, Muslims have received positive portrayal, but this was partly skewed by the large number of human rights focused articles in 2001 around the Tampa affair and other high profile incidents that year, which were predominantly associated with Afghan and Iraqi asylum seekers. Post 9/11, political attitudes to asylum seekers hardened as reflected in media coverage, with increasing negativity observed towards refugees overall, and attention turning more recently to racial tensions with African groups. Although concerns have been expressed about a move towards the White Australia policies of the past in some quarters, it would not be politically expedient to promote this. However, it does suggest that public attitudes towards refugees and those who are visibly different may be shifting over time.

Media reporting provides a good window into the policy debates that have occurred in the two countries. What is not clear is whether the media is reflecting policy or whether reporting is driving policy because of the power of the media and the force of public opinion. Print media is only one type of media and while it is possible that outlets for news and current affairs reporting, such as television and radio do not mirror print reporting, this seems unlikely and observation would suggest otherwise.

CHAPTER 5 METHODOLOGY FOR REFUGEE STUDY

Mixed methods research is a research design with philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of data and the mixture of qualitative and quantitative approaches in many phases in the research process. As a method, it focuses on collecting, analyzing, and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone. (Creswell & Plano-Clark, 2007)

5.1 Conceptual framework and study design

The two articles included as part of this chapter deal with methodological issues, outlining the process for selecting instruments for use with Afghan and Kurdish groups, and providing an overview of some of the sampling challenges encountered when working with former refugee participants. To avoid repetition, the text of the chapter will focus on areas not covered in the articles, in particular outlining the theoretical and conceptual framework for the study and providing a more in depth discussion of the mixed methods study design, as well as language issues and additional details about data processing and analysis.

5.1.1 Theoretical and Conceptual framework

The theoretical framework underpinning the study was premised on the idea of resettlement stress causing or aggravating psychological distress, and which in turn, may be mitigated by receiving country policies and practices. All situations of migration are stressful but this is compounded for forced migrants by pre-arrival trauma and the involuntary nature of displacement. However, a range of post-migration factors including language barriers, socioeconomic disadvantage, unemployment and issues of wider social exclusion and discrimination may also combine to affect the mental health status of former refugees. The aim of the study was to examine whether the resettlement experiences of Kurdish and Afghan refugees were similar or different between groups and in different locations in the light of different national policies and local practices.

For the purposes of the study, it was necessary to define what was meant by 'successful resettlement'. Based on the availability of suitable quantitative instruments this was primarily conceptualised as subjective well being and psychological distress. An additional psychometric instrument was also included to assess general perceived self efficacy as this

can influence motivation and attitudes to change. Subjective morbidity and health service use were also able to be assessed using the Kessler 10 psychological distress instrument. Qualitative responses from open ended interview questions explored attitudes to resettlement, sources of stress and coping responses and provided quality of life data.

5.1.2 Research paradigms and philosophical debates

All research is shaped by the worldview or research paradigm of the researcher. This consists of 'a basic set of beliefs or assumptions that guide our inquiries' (Guba & Lincoln, 2005), and which is formed by the researcher's own personal experience and attitudes. Historically, researchers either advocated qualitative or quantitative approaches which were based on distinct paradigms, with purists engaging in heated debates over the incompatibility of mixing the two in what have been termed the 'paradigm wars' in the 1970-80s. The argument was that different methodologies and methods are philosophically incompatible, which suggests that combining them would be logically impossible (Bazeley, 2004; R. B. Johnson & Onwuegbuzie, 2004). This resulted in two research cultures, 'one professing the superiority of "deep, rich observational data" and the other the virtues of "hard, generalizable" data' (Sieber, 1973, p.1335 cited in R. B. Johnson & Onwuegbuzie, 2004). However, 'pragmatism increasingly overruled purity' (Rossman & Wilson, 1985 cited in Bazeley, 2004) as the benefits of combining methods were acknowledged, with the goal being to maximise the strengths and minimize the weaknesses of both methods in a single study (R. B. Johnson & Onwuegbuzie, 2004). As described by Miles and Huberman (1994, p. 41), 'The question, then, is not whether the two sorts of data and associated methods can be linked during study design, but whether it should be done, how it will be done, and for what purposes.'

Nowadays, the mixed methods approach is becoming more popular, with 'investigators who conduct mixed methods research … more likely to select methods and approaches with respect to their underlying research questions, rather than with regard to some preconceived biases about which research paradigm should have hegemony in social science research' (R. B. Johnson & Onwuegbuzie, 2004).

Four basic worldviews can now be described which are commonly used in research (Table 5.1). Post-positivism is usually associated with quantitative research, where the focus is on deduction, utilising large data sets to verify theories in a 'top down' manner, generalising from large samples to confirm or contradict a theory or hypothesis. Constructivism on the other hand is associated with an inductive, qualitative research approach. This adopts a

'bottom up' focus where individual perspectives are aggregated into broad themes which then guide theory development. There are no absolute truths; rather multiple meanings can be elicited from in-depth interview material. Advocacy and participatory researchers are influenced by political concerns and the desire to improve society. This type of research normally adopts a qualitative, collaborative approach including participants as active members of the research team. Finally, pragmatism is most commonly associated with mixed methods research because the focus is on the primary importance of the research question and utilization of the most appropriate methods to address this. It is pluralistic and practice oriented, using both quantitative and qualitative elements to best accomplish the research goals (Creswell & Plano-Clark, 2007).

Table 5.1 Four research worldviews

Post-positivism	*Constructivism*	*Advocacy & Participatory*	*Pragmatism*
• Determination • Reductionism • Empirical observation & measurement • Theory verification	• Understanding • Multiple participant meanings • Social & historical construction • Theory generation	• Political • Empowerment & issue oriented • Collaborative • Change oriented	• Consequences of action • Problem centred • Pluralistic • Real-world practice oriented

Source: (Creswell & Plano-Clark, 2007, p. 22)

Each worldview or research paradigm comprises a unique combination of philosophical elements, addressing issues of ontology (what is the nature of reality?), epistemology (what is the relationship between researcher and research subject?), axiology (what values are important?), methodology (what is the research process?) and rhetoric (what type of research language is used?) (Crotty, 1998 cited in Creswell & Plano-Clark, 2007, p. 24).

A pragmatic paradigm was the underlying worldview guiding this mixed methods study. As outlined by Crotty (Creswell & Plano-Clark, 2007), the implications for practice based on this paradigm include:

- Ontology – both singular and multiple realities are accepted, hypotheses can be tested and multiple perspectives included
- Epistemology – this is based on practical considerations, data is collected by whatever method works to address the research question

- Axiology – multiple stances, with both biased and unbiased perspectives considered acceptable
- Methodology – combination of both quantitative and qualitative data, which are mixed within the study
- Rhetoric – Formal and informal styles of writing are acceptable, either alone or in combination

It has been suggested that pragmatism provides the best philosophical basis for mixed methods research (Creswell & Plano-Clark, 2007; Tashakkori & Teddlie, 2003), which has been described as the '3rd research paradigm' (R. B. Johnson & Onwuegbuzie, 2004).

5.1.3 Approaches to mixed methods research

Various attempts have been made to define mixed methods or 'integrated research' designs (Tashakkori, 2009). These can vary from studies that simply include a collection of both qualitative and quantitative data, to those that incorporate a mixed research question or others which integrate both types of analysis and inferences. More recently, a 'bridged' definition has been proposed by Tashakkori and Creswell (2007) which incorporates all these elements and identifies a mixed method study as one 'in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or a program of inquiry.'

Five major purposes have been identified for conducting mixed methods research (Greene, Caracelli, & Graham, 1989):

1. TRIANGULATION focuses on convergence and corroboration, seeking to improve validity of constructs and inquiry results.
2. COMPLEMENTARITY promotes elaboration, illustration and clarification of results between methods. This helps to increase validity of constructs, improve interpretation and understanding.
3. DEVELOPMENT uses the results from one method to inform or develop the other method, which again helps to increase the validity of constructs.
4. INITIATION seeks new perspectives of frameworks by recasting of questions or results from one method with those from the other method. This helps increase the breadth and depth of results and interpretation by analyzing them from different perspectives.

5. EXPANSION aims to increase the scope of inquiry, using different methods for each component.

Based on this outline, the purpose for selecting a mixed method approach to best address the research goals for this study was complementarity. In particular, the desire for exploration of different facets of the resettlement process for the selected refugee groups. Complementary methods, such as a quantitative survey and qualitative discussion of relevant points of interest, provide a means of examining different aspects of the phenomenon of resettlement with a view to improved understanding of the experience.

It has been acknowledged that refugee studies are inherently multidisciplinary and need to draw on a range of methodological and theoretical models to address competing demands and respond to the tension between meaning and measurement that is necessary to do justice to the complexity of the subject (Gifford, Bakopanos, Kaplan, & Correa-Velez, 2007). These authors identified two major gaps in refugee research, a lack of studies with a longitudinal focus to explore changes over time, and a paucity of studies that combine methods to obtain measurement and meaning. The current study aims to address some of these issues.

5.1.4 Design of the study

A mixed methods concurrent triangulation design was chosen for the study, giving approximately equal weight to both quantitative and qualitative components. The triangulation design is the most common approach used in mixed method studies and aims 'to obtain different but complementary data on the same topic' (Morse, 1991, p.122 cited in Creswell & Plano-Clark, 2007) in order to best understand the research problem. In particular, this design is useful for comparing and contrasting 'quantitative results with qualitative findings or to validate or expand quantitative results with qualitative data' (Creswell & Plano-Clark, 2007). The study was conceived as a one-phase design, in which quantitative (numeric) and qualitative (text-based) data were collected at the same time. Quantitative data consisted of material collected using a range of psychometric survey instruments to assess psychological distress (K10), subjective well being (PWI), general perceived self efficacy (GPSE) and demographic variables. Qualitative material was obtained during face to face interviews after administration of the survey instruments. Discussion was guided by a number of open ended questions which provided participants opportunities to elaborate on topics of interest and raise other issues of concern.

Mixing of data occurred during both analysis and interpretation phases. Firstly, quantitative and qualitative data were analysed separately, then the results were converged through a process of comparison. For example, Kessler 10 scores were compared with stress themes identified from the qualitative material to elicit possible links between certain types of stressors and the level of psychological distress experienced (see "Thinking Too Much" article, p.16). Secondly, some qualitative data were transformed into quantitative variables, which allowed statistical analysis to be performed (R. B. Johnson & Onwuegbuzie, 2004). Using the same example, this was achieved by converting stress themes into categorical variables, which could then be statistically analysed against a range of other variables (see "Thinking Too Much" article, p.15). Finally, the qualitative interview questions were used to validate and expand on the quantitative findings from the survey.

The rationale for utilising a mixed methods design is that quantitative data and its analysis provide a general understanding of the research problem, presenting prevalence data for psychological distress and associated morbidity, subjective well being and associated quality of life domains, general self efficacy, and a range of demographic variables. The qualitative data help to refine and explain the statistical findings, to 'encourage or allow expression of different facets of knowledge or experience' (Bazeley, 2004) by adding 'depth or breadth to a study and perhaps even hold[ing] the key to understanding the processes which are occurring' (Jick, 1979; Mark, Feller & Button, 1997 cited in Bazeley, 2004). Although I initially intended taping and transcribing interviews, the challenges of trying to understand and transcribe heavily accented speech without visual cues proved too difficult and time consuming, especially given the large number (more than 200 including key informants) of participants involved. This means some of the richness associated with qualitative reporting was lost. Similarly, although open-ended questions do not result in such a rich, rigorous data set as a small number of in-depth interviews, the resultant themes and quotes helped to validate and embellish survey findings, while also exploring participants attitudes, providing background context and helping to identify coping strategies and important quality of life features (Creswell & Plano-Clark, 2007).

5.1.5 Research questions

The main aim of the study, as discussed above, was to examine whether the resettlement experiences of refugee participants were similar or different between groups and in different locations. A number of research questions were developed to assess this, combining quantitative, qualitative and questions with a mixed methods focus.

- What is the prevalence of psychological distress in a sample of Afghan and Kurdish refugees, and are differences observed between recent and longer settled refugees? (Quantitative)
- Is there any relationship between temporal factors and general self efficacy beliefs? (Quantitative)
- What are the main concerns identified by resettled refugees in Christchurch and Perth? (Qualitative)
- What coping strategies do they use for dealing with psychological distress? (Qualitative)
- How do resettlement experiences impact on refugee participants' quality of life and mental health status? (Mixed, utilising psychological distress scores, SWB and GSE in combination with qualitative data on sources of stress and quality of life)
- How satisfied are refugees with their lives as a whole? (Mixed, combining quantitative assessment of SWB and quality of life domains with qualitative material on positive and negative quality of life factors)

5.2 Language considerations & translation procedure

One challenge with researching linguistically diverse groups is to decide on the most appropriate language/s for the groups involved. Although some studies rely solely on English, I was concerned that many females, and those more recently arrived, would be at a disadvantage if English was the sole medium and that they could be less inclined to participate, thus introducing selection bias. Although many refugees, particularly those who have been resettled for several years have a good understanding of English, there is also an ethical imperative to ensure participants fully understand the implications and reason for the research, hence our decision to provide study materials in the most relevant languages for participants despite the additional complexities this involved.

Farsi (Persian) was selected for the main language for this study, in addition to English, as it is a national language of Afghanistan, where with minor variations it is known as Dari. It is also widely understood by the majority of Kurdish refugees living in Christchurch who originally came from Iran. This was the language that was used to guide selection of the psychometric instruments. In addition, because of anticipated variations in the demographics of the Kurdish population in Australia where more people of Kurdish background were likely to have come from Iraq or Turkey, Arabic and Turkish were also included as secondary languages with translated instruments obtained as available.

Initial instrument selection criteria were based on online searching and a review of the literature. A short list was compiled, with further searching undertaken to obtain copies of the actual questionnaires and to determine whether translations were available in Farsi or other suitable languages. If a Farsi translation was available, further journal articles reporting validity test results were reviewed. The Kessler-10, Personal Wellbeing Index and General Perceived Self Efficacy questionnaire were eventually selected for the study. All were available in Farsi and English. In addition, Arabic and Turkish versions of the Kessler-10 and GPSE were downloaded from http://www.dhi.gov.au/tmhc/resources/translations.htm and http://userpage.fu-berlin.de/~health/selfscal.htm respectively, while an Arabic translation of the Personal Well-Being Index was obtained from the website of the Australian Centre on Quality of Life http://acqol.deakin.edu.au/inter_wellbeing/index.htm These were kept as master reference copies mainly in case participants wanted to cross check from Farsi or English question sheets, although complete Arabic question packs were also provided on request. As the majority of Kurds are educated in the relevant state of origin language (normally Farsi, Arabic or Turkish), in the absence of specific Kurdish language instruments I was confident that participants would be comfortable with the selection provided.

Participant information sheets outlining the study aims and procedures as well as consent forms were translated into Farsi and also Sorani, one of the main Kurdish dialects. A standard translation-back translation procedure was used (Maneesriwongul & Dixon, 2004; Van Ommeren et al., 1999); professional interpreters employed by MLT Translation Centre in Christchurch first translated the English versions into Farsi and Sorani and these were then back translated into English by a different group of translators in Australia. As I can read Arabic and Farsi script, I went over the back translations carefully, highlighting any words or expressions that needed further clarification and double checking these with the translators. In a small number of cases, the English terms did not have the same level of specificity in Farsi or Sorani, so the word most closely reflecting the English meaning was selected. For example, the question "how much support did you receive?" was translated into Farsi using the word *hemayat*, which was back translated as "to what degree did it protect you?" The term *hemayat* can mean both protection and support. This was the only word that could be considered slightly ambiguous in the two documents that were translated from English so the Farsi and Sorani versions of participant information sheet and consent form were considered acceptable in the original translated format.

The questionnaire instruments which had initially been selected because they were available in Farsi were also checked by the first translator, and additional instructions included for clarity and consistency where necessary. A back translation into English was also performed on these instruments, even though they had been originally obtained from reliable sources in Farsi language. The following linguistic discrepancies were noted during this process:

- Kessler-10: Questions 2 and 3 in the English version refer to feeling 'nervous' but the back translation used the term 'angry'. The interpreter explained that the word *asabi* had been used which can mean nervous, but is mainly used for being 'angry'. She considered that the term *halate ezterab*, which has the exact meaning of 'being nervous' would be a better translation.
- Personal Well-Being Index: Part Two, Question Two the question relates to 'health' but the back translation interpreted this as 'well-being'. The term used in the Farsi version was *salamat* which has a broad meaning covering health, safety and security. The word *sehat*, which specifically means 'health' was considered preferable. This was to be verbally mentioned to participants at the time of interview to ensure the more specific meaning is understood.
- General Perceived Self-Efficacy Scale: There was some confusion relating to the terms used for trouble and problems. In the original Farsi version Question one used the word *mushkil* and Question nine referred to *gereftari*, however the back translation used the word trouble for both questions as both words have a similar meaning. No additional steps were taken to address this.

Due to the necessity of ensuring previously translated and validated instruments were used for the quantitative part of the study, the Farsi versions of the three questionnaires were used in their original translation, but research assistants were briefed to ensure that participants were made aware of the most specific terms in the instruments as discussed above. All documents were then professionally formatted to ensure consistency between each questionnaire version. Arabic instruments were also proof read and verified by an Arabic language teacher in Christchurch.

A demographic data sheet in English was included as part of each survey package. In the majority of cases this was self-completed, or with some assistance from the interviewer. Similarly, open-ended questions which were included within the questionnaire based interview were also in English. Discussion based on these was optional and most of those

who agreed to share their experiences were either able to communicate the meaning in English, or with interpreter help.[5]

5.3 Data handling

5.3.1 Data collection

Based on the mixed methods concurrent design, both quantitative and qualitative data were collected at the same time during face to face interviews. From the total sample of 193 participants, less than ten people were reluctant to be interviewed, requesting instead to self-complete the questionnaires and return them by mail. Everyone else participated in the full interview procedure which was conducted at a location of his or her choice, with an interpreter present if requested, and this normally lasted between one and two hours.

Prior to commencing the formal part of the interview, time was spent chatting informally to participants to put them at ease (often while drinking tea), and also to clarify the purpose of the research and explain the interview procedure. Participants were encouraged to ask questions and to ensure they understood the concepts of confidentiality and informed consent. The decision was made early on to not take audio recordings of refugee interviews. Given the anticipated sample size, the logistics of transcribing so many interviews meant it would have been prohibitively time consuming and costly, also the language issues meant recordings were often very difficult to understand without the visual prompts that aid understanding in a face to face situation. As my son and I conducted nearly all the interviews, we were able to share the tasks of data collection and transcription, taking turns to conduct interviews and record qualitative responses on the spot.

However, for key informant interviews which provided background context and insights, audio recordings were made and subsequently transcribed verbatim for analysis. Data from these sources have not been explicitly included in the results or write up, however the information gained from key informants from refugee communities, health and settlement service providers in each location informed development of study aims and sampling approaches, provided tentative demographic profiles and guided the research focus.

The first part of the refugee interview involved self completion of the three research instruments. The Kessler-10 Psychological Distress scale (K10) was administered first,

[5] Please refer to the Appendix for copies of all instruments with translations.

followed by the General Perceived Self Efficacy scale (GPSE) and the Personal Well Being Index (PWI). In the majority of cases, these were self completed; however, a few people required interpreter assistance or enlisted a family member to help if there was any confusion. The order of instruments was maintained throughout the study as we felt it was easier for participants to complete the most difficult questionnaires first, while they were still fresh and not influenced by reflection on the topics discussed as part of the qualitative component. This was followed by collection of demographic data which allowed a brief respite before the longer qualitative part of the interview began.

The main part of the interview was guided by a number of open ended questions (see Appendix) which were used to direct in-depth discussion of points of interest. The amount of data obtained during this process varied; some people provided deep insights and a large volume of rich, textual data, while others were more circumspect limiting their responses to a few sentences per topic. In total, 124 people (66%) provided some qualitative material for analysis.

5.3.2 Quantitative data processing

Prior to analysis, all survey instrument data were checked for response sets. These occur when the scores for an individual are at the top or bottom of the scale for all domains. Response sets may be due to acquiescence or a lack of understanding, and should be removed to prevent distortion of the data analysis. Data sets from individuals showing consistently maximum or minimum scores on all domains were excluded from analysis.

Personal Wellbeing Index – a total of ten cases of response set were detected, so these were not included in the final analysis. All data was converted to a standard format to allow for comparison with other studies and data sets. Values were converted to 'percentage scale maximum' (%SM) so they could be directly compared with other data rated on a 0-100 point scale. Conversion was achieved by shifting the decimal point one place to the right, so that a score of 8 becomes 80%. PWI data can be analysed either at the level of individual domains, or as an aggregated mean of domain scores which can be referenced individually or as a group score compared with the Australian normative range. Values have generally been reported around 10 percentage points lower in Asian populations due to cultural response bias (Lau et al., 2005).

5.3.3 Quantitative data analysis

As the research is exploratory, to assess differences in outcome variables between groups and locations, statistical analyses were limited to descriptive statistics, chi-square and non-parametric comparisons, rather than hypothesis testing. Non-parametric techniques can be used when data does not conform to assumptions of normality. An alternative technique would be to perform data transformations in an attempt to obtain a normal Gaussian distribution; however, as many of the data showed negative skew this also required reflection of the data prior to transformation. To achieve this, 1 was added to the largest score in the distribution and all scores were then subtracted from that value(Munro, 2005). The resulting data then showed a positive skew which required transformation by square root, log and inverse techniques. Comparative tests were then performed using raw data for non-parametric tests (Mann Whitney U, Kruskal Wallis H), and transformed data for the equivalent parametric test (t-test, ANOVA). As the results were comparable, the decision was made to perform further analyses on raw data using non-parametric methods. This was to simplify analysis and ensure data was kept in a form that was more meaningful to interpret. When performing reflections and transformations it is easy to lose sight of the relevance of results to the original data set and questionnaire output.

The following statistical tests were used:

- Descriptive and frequency distributions were calculated for each variable.
- Cross-tabulations (χ^2) provided a summary of relationships between categorical variables.
- Mann Whitney (MW) and Kruskal Wallis (KW) tests assessed relationships between continuous and categorical variables.

The MW test was used to compare two independent groups and the KW test two or more groups. Whenever the KW test showed statistical significance, further testing was required to determine which combinations of groups were significant. MW tests were then calculated for each paired combination of categories and the Bonferroni correction (to protect against Type 1 or false positive errors) was used to determine statistical significance (Munro, 2005). This involves dividing the significance level (p .05) by the number of comparisons required, for example, four groups will necessitate six comparisons (AB, AC, AD, BC, BD, CD), but for a comparison to be considered significant it would require a significance level of p.008 (i.e. p.05/6=.008).

5.3.4 Analysis of qualitative material

All qualitative materials gathered during the study were managed using NVivo 8 (QSR International). Data entered into this program included refugee interview responses to open ended questions, key informant interviews, as well as extraneous material on resettlement, refugee health, and demographics etc. Project notes, memos, relational diagrams and reflective journal comments were also added over time. It should be noted that this type of software cannot perform the actual analysis; rather it provides a useful tool for managing a large volume of textual information (Bazeley & Richards, 2000). Various levels of coding can be performed directly within documents, concepts and ideas can be stored at nodes or in memos, and different attributes, for example about the interviewee, can be recorded for further analysis.

Data from open ended interview questions were initially coded using the auto code function to allow responses to each question to be readily retrieved. These were then coded by a process of open coding in which the data from each question was broken down into distinct units of meaning. This process was then repeated for all questions, enabling similar ideas or concepts to be retrieved across the entire data set. During the axial coding phase, codes were compared with one another to discover links or similarities between the categories, then related categories were aggregated to produce the themes reported and to ensure final themes were obtained that were distinct, yet common across a number of respondents (Grbich, 1999). Consensus on the themes was achieved by discussion between the researchers (myself, my son Nick and Toshi Hodliffe, who were also involved as research assistants during the early phase of the study, and my supervisor Professor Sandra Thompson) as well as Afghan and Kurdish interpreters who had been involved with data collection (Creswell & Miller, 2000; Denzin & Lincoln, 1994).

Throughout the project, I maintained a reflective journal in which I recorded ideas, experiences, reflections and insights gathered during the initial development stage, data collection, and analysis phases (Miles & Huberman, 1994). A number of excerpts have been interspersed and reported within the thesis.

5.3.5 Mixing of data and analysis

One key aspect of mixed methods research involves the mixing of different approaches and findings to provide a better understanding of the problem than if either approach was used alone. This can be achieved in one of three ways; by bringing the two types of data together, by using one to build on the other, or by embedding one 'dataset' and findings

within the other to provide a supporting role to understanding the issue being researched (Creswell & Plano-Clark, 2007). As discussed above, for this study, data was mixed during both the analysis and interpretation phases. In the analysis phase, this involved initially analysing quantitative survey instrument data and qualitative responses to open ended questions separately. Many of these findings were reported in this form in the respective journal articles presented as part of this thesis.

However, through a process of comparison some results were also converged. In the 'Thinking Too Much' article, results were presented for subjective morbidity, which as part of the K10 response included a section on whether participants believed the source of their psychological distress to be due to a physical as opposed to a mental health problem. Similarly, the numbers of days on which participants were unable to manage or needed to cut back on the activities of daily life could also be related to their K10 scores, likely reasons for distress and their likelihood of seeking professional advice for their symptoms. For participants in the high and very high risk of psychological distress groups (those with K10 scores of 30 or higher), their qualitative responses to the open ended question about sources of stress provided an opportunity to draw conclusions about the types of stressors that are of most concern to those with the poorest mental health status. Qualitative data were also utilised in a quantitative form for analysis for this article and one focusing on longer term resettlement for those settled between eight and twenty years. The eight stress themes identified were converted into categorical variables, which were then analysed against a range of other variables, such as gender, resettlement location, ethnic group, education level, time settled and so on.

Mixing of data was not explicitly done in the longer term settlement article; rather both qualitative and quantitative results were presented separately, drawing upon both in the interpretation. Data for SWB and QOL domains were presented initially, followed by discussion of positive and negative quality of life features identified by former refugees settled up to twenty years during the qualitative part of the interview.

In the 'Learning to fit in' article, GPSE scores were again used for qualitative profiling (Sandelowski, 2000), by cross referencing GPSE scores against the 71 participants who provided responses about sources of stress. The eight stress themes were then compared by GPSE score to determine whether there were any differences in the types of stressor reported between those with low and high self efficacy beliefs.

The next sections include two published methodology articles. These discuss the instrument selection process and some of the sampling issues encountered during recruitment.

5.4 Article 2: Selecting instruments for assessing psychological wellbeing in Afghan and Kurdish refugee groups

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Selecting instruments for assessing psychological wellbeing in Afghan and Kurdish refugee groups

Cheryl MR Sulaiman-Hill[1*], Sandra C Thompson[1,2]

Abstract

Background: Afghan and Iraqi refugees comprise nearly half of all those currently under United Nations protection. As many of them will eventually be resettled in countries outside the region of origin, their long term health and settlement concerns are of relevance to host societies, and will be a likely focus for future research. Since Australia and New Zealand have both accepted refugees for many years and have dedicated, but different settlement and immigration policies, a study comparing the resettlement of two different refugee groups in these countries was undertaken. The purpose of this article is to describe the instrument selection for this study assessing mental health and psychological well being with Afghan and Kurdish former refugees, in particular to address linguistic considerations and translated instrument availability. A summary of instruments previously used with refugee and migrant groups from the Middle East region is presented to assist other researchers, before describing the three instruments ultimately selected for the quantitative component of our study.

Findings: The Kessler-10 Psychological Distress Scale (K10), General Perceived Self-Efficacy Scale (GPSE), and Personal Well-Being Index (PWI) all showed good reliability (Cronbach's alphas of 0.86, 0.89 and 0.83 respectively for combined language versions) and ease of use even for pre-literate participants, with the sample of 193 refugees, although some concepts in the GPSE proved problematic for a small number of respondents. Farsi was the language of choice for the majority of Afghan participants, while most of the Kurds chose to complete English versions in addition to Farsi. No one used Arabic or Turkish translations. Participants settled less than ten years were more likely to complete questionnaires in Farsi. Descriptive summary statistics are presented for each instrument with results split by gender, refugee group and language version completed.

Conclusion: This paper discusses instrument selection for Farsi and Arabic speaking refugee participants from the Middle East and Afghanistan, concluding that the Kessler-10, GPSE scale and PWI were suitable for use with these groups. Suitable language translations are freely available. Our experience with these instruments may help inform other studies with these vulnerable groups.

Background

Worldwide, conflict situations and the resultant number of refugees continues to increase, with over 40 million forcibly displaced people recorded in 2008 [1], and nearly half of these originally coming from Iraq or Afghanistan. As many will eventually be resettled elsewhere, their long term health and settlement concerns are of continuing relevance, providing a likely focus for research due to a high prevalence of mental health problems among these groups [2]. Since Australia and New Zealand have both accepted refugees for many years and have dedicated but distinctly different settlement policies, a study was proposed to compare the resettlement of two discrete refugee groups, Afghans and Kurds resettled and living in Christchurch or Perth, by assessing their health and subjective well-being (SWB). The main findings of the study will be reported separately. However, as a major challenge involved the selection of standardised, validated instruments in appropriate languages to measure the outcomes of interest with these ethnic groups, the aim of this article is to describe the instrument selection criteria, taking into consideration language requirements and a review of previous instruments used with refugees and groups from Afghanistan

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and the Middle East region. The three instruments eventually used for the study will be briefly outlined, and participant language preferences, instrument reliability and baseline descriptive statistics for the 193 former refugees presented to assist other researchers planning studies or working in this area.

Method

Study design

A mixed methods approach was used, combining qualitative interview data on resettlement experiences with quantitative assessment of psychological distress, general perceived self efficacy and subjective well being in a sample of adult Kurdish and Afghan former refugees settled for up to twenty years. The study was approved by the Human Research Ethics Committee, Curtin University of Technology in Perth.

Statistical analysis

Quantitative data was analysed using SPSS 12.0 (SPSS Inc.). Frequency distributions for each language version by demographic variables and baseline descriptive statistics were calculated for each instrument. Kruskal-Wallis and Mann-Whitney U tests were performed to assess differences between groups of variables. Significant results from the Kruskal-Wallis test were further analysed by pair wise comparison using the Mann-Whitney test and the Bonferroni correction to determine significance level. Cronbach's alpha was calculated to assess reliability of the instruments.

Criteria for Instrument selection

Language considerations were a major concern, as although many former refugees, especially those who have been settled for several years have a good understanding of English, there is not only an ethical imperative to ensure participants fully understand the implications and reason for the research, but because study validity could be compromised if instrument concepts are poorly understood. For this reason, the availability of pre-translated instruments in appropriate languages for the selected target populations was a key criterion in their selection. Instruments needed to be available in Farsi (Persian) as it is a national language of Afghanistan (Dari) and is also understood by many Kurdish refugees, as well as Arabic and English. No instruments were identified in any of the Kurdish dialects, however, as most Kurds have been educated in relevant the state languages, Farsi and Arabic were considered a compromise choice. In addition to availability in appropriate languages, we also required questionnaires to report adequate validity and reliability with comparable populations, measure the constructs of interest, and ideally have comparative national or local population data sets available.

Because of our Afghan and Kurdish focus, articles describing research with refugee and migrant participants from the Middle East were reviewed to identify instruments that had been selected by other authors (summarised in Table 1). This revealed no clear consensus on which to base the choice of instruments, as many authors did not discuss language details.

Following extensive database and internet searching three instruments were selected for the study, with the format, scoring, website information and comparative data sources summarised in Table 2. All are freely available from the website links listed, in a selection of languages suitable for use with groups from the Middle East region.

- ***Kessler-10 Psychological Distress Scale (K-10)***

The Kessler-10 scale is a population screening tool for psychological distress and has been used in New Zealand and Australian National Health and state surveys [3,4]. The K-10 consists of ten questions designed to measure psychological distress over the previous four weeks, scored with five response categories on a Likert scale. The sum of all ten items gives a total score with a range from 10 to 50. Variations in cut off levels have been noted; however, the NZ and Australian health surveys use the following criteria: scores of 10-15.9 indicate a low risk of psychological distress; 16-21.9 indicates an individual may be experiencing moderate levels of distress consistent with a diagnosis of moderate depression and/or anxiety disorder; 22-29.9 suggest a high level of distress; and scores of 30 or more indicate the possibility of very high or severe levels of distress. An additional four questions, which do not contribute to the final score, are included to assess the impact or degree of disability associated with the identified level of distress. Only people scoring above the minimum are asked to complete these. The questionnaire has been translated into Farsi, Arabic, and Turkish and validated by the Transcultural Mental Health Centre in NSW, Australia.

One recent study assessed the psychometric properties of the instrument with Moroccan and Turkish respondents, concluding that it is a reliable and valid screening instrument for anxiety and depression among groups from the Middle East [5]. The K-10 compares favourably with diagnostic interviews (World Health Organization Composite International Diagnostic Interview (CIDI)) and also with the General Health Questionnaire-12 (GHQ-12) [6].

- ***General Perceived Self-Efficacy Scale (GPSE)***

The GPSE aims to assess an individual's general sense of self-efficacy, reflecting their ability to cope with daily hassles and flexibility to adapt after experiencing stressful life events. It correlates positively with self-esteem and optimism and negatively with anxiety, depression and physical symptoms. Efficacy beliefs control levels of

Table 1 Published studies of health and wellbeing in Afghan and Middle Eastern refugees and migrants

Author	Instruments	Outcome variables	Study participants
Ahmad et al [22]	-PTSS-C -CPTSD-RI	PTSD stress symptoms in traumatized children	Kurdish children in Iraq and Sweden & Swedish children
Casimiro, Hancock & Northcote [23]	Qualitative	Exploring resettlement issues during first five years	80 Muslim women (35 Iraqi, 34 Sudanese, 11 Afghan) in Perth, WA
Gerritsen et al [24]	-MOS -SF36 -HTQ -HSCL25	General health, PTSD, depression & anxiety	178 refugees & 262 asylum seekers (Iranian, Afghan & Somali) in the Netherlands
Ghazinour, Richter & Eisemann [25]	-WHOQOL100 -SOC -CRI -ISSI -BDI -SCL90R	Sense of coherence, coping resources & social support	100 Iranian refugees settled in Sweden
Gilgen et al [26]	-EMIC	Health interview for common health problems	36 Bosnian, 62 Turkish/Kurdish & 48 Swiss internal migrants in Switzerland
Hafshejani [27]	-PDS -LRI	PTSD & meaning in life	59 Iranian & Afghan males who have experienced war, now in Sydney
Hosin et al [28]	-GHQ30 -CBCL	Psychological wellbeing & adjustment	61 Arab & Kurdish families (including 162 children) in London
Husni et al [29]	-CAS	Satisfaction ratings of personal safety, health, employment, food, financial security, social life & entertainment	54 Kurdish refugees, 29 living in the UK & 25 in Canada
Ichikawa, Nakahara & Wakai [30]	-HSCL25 -HTQ	Assessment of post-migration detention on mental health	55 Afghan asylum seekers in Japan
Koehn [31]	Qualitative	Transnational competence, asylum seeker & clinician perspectives	41 asylum seekers from former Soviet Union, former Yugoslavia, Kurdish areas of Middle East & Somalia in Finnish reception centres
Omeri, Lennnings & Raymond [32]	Qualitative	Access, use & appropriateness of mental & physical health services	25 general & 13 key informant Afghan immigrants & refugees in NSW, Australia
Ross-Sheriff [33]	Qualitative	Women's experiences before & during war & exile	60 repatriated Afghan refugee women in Kabul
Sondergaard, Ekblad & Theorell [34]	-LED	Life events, ongoing difficulties & self reported health	86 refugees from Iraq (Arabic & Sorani speakers) in Stockholm
Taloyan et al [35]	Swedish National Survey & Level of Living Survey data	Association between ethnicity, poor self reported health, psychological distress, sleeping difficulties & use of psychotropic drugs	Immigrant Kurdish men & native Swedish men living in Sweden

Abbreviations of Instruments: BDI = Beck Depression Inventory; CAS = Cernovsky's Assimilation Scale; CBCL = Child Behavioural Checklist (modified); CPTSD-RI = Child Posttraumatic Stress Disorder Reaction Index; CRI = Coping Resources Inventory; EMIC = Explanatory Model Interview Catalogue; GHQ12 = General Health Questionnaire 12; GHQ30 = General Health Questionnaire 30; HSCL25 = Hopkins Symptoms Checklist 25; HTQ = Harvard Trauma Questionnaire; ISSI = Interview Schedule of Social Interaction; LED = Life Events & Ongoing Difficulties; LRI= Life Regard Index; MOS = Medical Outcome Study; PDS = Posttraumatic Stress Diagnostic Scale; PTSS-C = Posttraumatic Stress Symptoms in Children; SCL90R = Symptom Checklist 90; SF36 = Short Form Health Survey 36; SOC = Sense of Coherence Scale; WHOQOL100 = WHO Quality of Life 100

motivation and perseverance, resilience to adverse situations, and they impact on an individual's vulnerability to stress and depression, as well as influencing life choices [7]. Measurement of generalised self efficacy has been subject to debate, although recent studies have confirmed it as a global construct [8,9]. The scale consists of ten questions in which respondents rate how well each statement describes their approach to problem situations on a four point Likert scale. A sum score, with a range from 10 to 40 points, can be calculated by adding all responses, or alternatively a mean score may be used. Higher scores represent higher perceived self efficacy. If there are more than three missing values, scores are not calculated. The scale is available in 30 languages from the website listed in Table 2, which also provides links to comparative data sets.

• ***Personal Well-Being Index (PWI)***

The Australian Unity Well-Being Index (Personal Well-Being Index) was selected to measure subjective wellbeing, through eight domains representing the first level deconstruction of the global question 'How satisfied are you with your life as a whole?' [10].

Table 2 Summary of instrument characteristics

	KESSLER-10	GPSE SCALE	PERSONAL WELLBEING INDEX
LANGUAGES (suitable for groups from Middle East region)	-Arabic -Persian (Farsi) -Turkish	-Arabic -Persian (Farsi) -Turkish	-Arabic -Persian (Farsi)
AVAILABILITY	Website (free)	Website (free)	Website (free)
FORMAT	-5 point Likert scale -10 questions relating to psychological distress in previous four weeks -Optional 4 questions assessing degree of disability, e.g. number of days totally unable to cope, number of days activity is cut back, number of times health professional was consulted & how many times physical problems have been the cause of distress	-4 point Likert scale -10 questions rating how well each statement describes the participants response to a problem situation	-11 point Likert scale -8 questions relating to satisfaction with quality of life domains • Standard of living • Health • Life achievement • Personal relationships • Personal safety • Community belonging • Future security • Religion/spirituality -Satisfaction with life as a whole can be included as optional first question
SCORING	-Items scored between 1 (none of the time) & 5 (all of the time) -Missing values excluded -Sum of all items gives total score with range 10 (low risk) - 50 (severe risk of distress) -Optional questions are excluded from total score	-Items scored between 1 (not at all true) & 4 (exactly true) -Sum of all items gives total score between 10-40, or mean score can be used -Scores not calculated if more than 3 missing values	-Items scored between 0 (completely dissatisfied) & 10 (completely satisfied) -Screen to remove response sets -Convert to %scale maximum value -Analyse as separate variables or aggregate to give average score for subjective wellbeing
COMPARATIVE DATA AVAILABLE	Yes (NSW Population Health Survey 2007, Australian Bureau Statistics Health surveys, NZ Health survey 2006/07 - see websites http://www.health.nsw.gov.au,http://www.abs.gov.au,http://www.moh.govt.nz)	Yes (website below)	Yes (website below)

Instruments available for download from:

Kessler-10: http://www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentDetail?Open&s=Kessler_10_measure

GPSE Scale: http://userpage.fu-berlin.de/health/selfscal.htm

Personal Wellbeing Index: http://acqol.deakin.edu.au/instruments/index.htm

Domains comprise standard of living, health, life achievement, personal relationships, and personal safety, feeling part of the community, future security and spirituality/religion. The optional religion/spirituality domain was also included as this is an important component of subjective wellbeing for groups from the Middle East [11]. Questions are scored using an 11-point Likert scale with the anchors 0 'Completely dissatisfied' and 10 'Completely satisfied'. The domains can be analysed as separate variables, or aggregated to give an average percentage score representing subjective well being, with higher values representing greater satisfaction. The questionnaire has validated Farsi and Arabic versions showing acceptable sensitivity between different demographic groups, and normative datasets for Australian and international populations are also available for comparison from the developer's website (Table 2).

As all instruments were directly downloaded in suitable languages, further translation prior to use was not necessary. We offered participants pre-translated and validated Farsi and Arabic versions, in addition to English. Turkish versions of the K-10 and GPSE were also obtained (although not needed) due to anticipated variations in the demographic profile of Kurdish groups in Australia; however, the PWI was unavailable in this language.

We had participant information sheets outlining our study objectives and procedures, as well as consent forms professionally translated into Farsi and Sorani (Kurdish dialect) using a standard back-translation procedure for the benefit of participants and interpreters. During this process, the translators also checked the original translated instruments and prepared them so that they were well presented and their format was consistent.

Open-ended questions were included in the interview to provide qualitative feedback and personal perspectives on participants' resettlement experiences. These explored differences between home and host countries, resettlement difficulties and suggestions for improvement, assessment of support, and strategies for dealing with stress and ill health. Respondents were also given the opportunity to raise any other issues of concern or interest. Results for this will be reported separately.

Participants

Participants were of Afghan or Kurdish ethnicity, 18 years or older at the time of the study, who had arrived in New Zealand or Australia as refugees or asylum seekers between 1988 and 2008 and were resident in either Perth or Christchurch at the time of the study. A link methodology sampling method was used to overcome some of the sampling challenges with socially invisible groups, including invisibility in national data sets (a particular issue for people of Kurdish ethnicity), difficulties with access and trust and concerns about research motives. Multiple access points into each of the four refugee groups helped reduce selection bias while improving representativeness of the sample [12,13]. At least six discrete snowball initiation points were used with each group, with a variety of people recruited from each entry point giving a good cross-section of each community.

Results

The sample consisted of 193 former refugees living in Christchurch (n = 98) and Perth (n = 95), 47% were Afghan and 53% Kurdish; 48% of the sample was female. Participants' ages ranged from 18-70 years, with time since resettlement ranging from several months to 20 years. Although sixteen had been minors at the time of arrival, all except two were of school age, mostly teenagers and had clear recollections of the resettlement experience. Most (86%) of participants reported themselves as having functional English ability, with everyone settled over ten years being able to speak it. Despite this, many people still preferred to use Farsi versions of the questionnaires, as outlined in Table 3.

There were significant differences in the language chosen between Afghans and Kurds (with Afghans more likely to choose Farsi versions), between those settled in Christchurch and Perth, and based on English language ability. Variations in language choice between locations were mainly due to differences in resettlement time; with participants in Perth settled longer overall. No gender differences were observed. The length of time settled influenced the language version completed. Using the Mann-Whitney test for each paired combination of categories and the Bonferroni correction (p = .008) significant results were observed between groups settled for between 1-2 years and 11-20 years (U = 404.0, Z = -4.406, p.000), 3-5 years and 11-20 years (U = 536.0, Z = -4.973, p.000), and 6-10 years and 11-20 years (U = 1121.0, Z = -4.431, p.000). This indicates that people settled 11 years or longer were more likely to complete English questionnaires.

Most participants' self-completed questionnaires in their chosen language, discussing responses to open-ended questions in English, with interpreter help as needed. No one requested Turkish copies and only a few people wanted Arabic copies as a cross reference for English. Likert formats proved easy to understand, even for pre-literate participants.

All instruments showed good reliability when tested with our data using separate English and Farsi versions, and also when combined with the entire sample of 193 participants, as shown in Table 4.

Descriptive findings from the study split by gender, refugee community, and the questionnaire language version completed, as well as the total score for the combined sample of 193 participants is presented in Table 5. A full analysis of the results will be reported separately (article in preparation). As shown, statistically significant differences in mean scores were noted by gender for each instrument, by refugee group for the PWI and between language versions for K-10 and GPSE.

Discussion

Conflicts in the Middle East have led to large numbers of refugees from Afghanistan and Iraq who seek resettlement by the United Nations. Both conflict and globalisation have increased the movement of people between countries with very different cultural backgrounds, posing a number of methodological and ethical challenges for research with such groups. In particular, quantitative measures are needed, that allow comparison between groups and monitoring of trends related to resettlement.

The validity of a study using standardised instruments may be compromised if concepts are poorly understood by participants, so provision of validated instruments in suitable languages is necessary. Many instruments have been used in previous studies with refugee groups [14], and some such as the Harvard Trauma Questionnaire (HTQ) or Vietnamese Depression Scale were specifically developed for refugee research, however many of these instruments focus on pre-migration traumatic experiences or were developed only for use with specific groups. Hollifield and colleagues, [14] in a review of 183 articles describing trauma and health status in refugees, identified 12 specific refugee instruments but none met all their evaluation criteria for definition of purpose, construct definition, design, development and testing with refugee groups, nor were any of the instruments

Table 3 Questionnaire language version selected by participants (n = 193)

Variable		English version		Farsi version		Test of significance		
		n	%	n	%	*U*	*Z*	*p*
Refugee group	Afghan	32	36	58	64	2533.0	-6.046	0.000
	Kurdish	81	79	22	21			
Resettlement location	Christchurch	45	46	53	54	3325.5	-3.608	0.000
	Perth	68	72	27	28			
Gender	Male	58	58	42	42	4467.0	-0.160	0.873
	Female	55	59	38	41			
English ability	Speaks English	108	65	58	35	3477.0	-4.541	0.000
	No English	5	18.5	22	81.5			
Time since resettlement	1-2 years	13	45	16	55	$X^2(1,192) = 23.10$		0.000
	3-5 years	17	42	24	58			
	6-10 years	37	52	34	48			
	11-20 years	46	90	5	10			

available in the published literature. Instruments such as the Hopkins Symptom Checklist (HSCL) and Beck Depression Inventory meet Hollifield's evaluation criteria, provide measures of general health status and have been adapted for use with forced migrants. These adapted instruments seemed a possibility for use, but many were not available in languages spoken by immigrants and refugees who come from the regions of our concern and have few traditional linkages to western academic or health care institutions. As the emphasis of our study was on a general overview of health and quality of life to reflect the daily realities associated with resettlement, specialised, diagnostic trauma instruments were not selected.

As described and summarised in Table 1, the next step in selecting suitable instruments was to identify instruments previously used with participants from the Middle East or Afghanistan. We included studies of refugees, asylum seekers or migrants living in resettlement countries. Of these, twenty instruments were used in ten quantitative studies, but no consensus on the suitability of different questionnaires emerged and it was unclear in many cases which language versions were used as this was rarely discussed, with the focus of most articles being on results and analysis. Of the well known instruments, the HSCL-25 and HTQ were used twice, and the General Health Questionnaire-30 (GHQ-30) was used once for assessment of mental health status. Although translations into Arabic and Farsi have been reported for some of these instruments, we could not locate them through searching published articles and the internet. In contrast, the instruments eventually chosen, although not specialised refugee tools, were freely available in translation, easy to find, did not require administration by specialist personnel and, with the exception of the GPSE, were commonly used or developed in Australasia so comparison with local national data sets was possible.

Ideally, translated instruments should have been validated with the community in question, or groups from similar cultural backgrounds, to reflect conceptual variations and different explanatory models [15,16]. If translations are not available, questionnaires need to undergo a standard translation/back translation process, taking care to ensure semantic and conceptual equivalence [17,18], avoidance of culturally sensitive material, and would need validation with each cultural group; a requirement beyond the scope of this and many other studies. The selection of previously translated versions of the instruments helped address these issues.

In practice, nearly 59 percent of study participants chose English language versions, with the remainder selecting Farsi questionnaires. We found significant differences between groups based on ethnic group, resettlement location, English language ability and resettlement time. People from Afghanistan were more likely to choose Farsi even many years after arrival, as it is their first language, while Kurdish respondents mainly chose English. No instruments were available in any of the Kurdish dialects; however most Kurds are educated in their state of origin languages, mainly Farsi, Arabic or Turkish and may not be literate in Kurdish, so this adds

Table 4 Reliability testing of instruments - Cronbach's alpha

Instrument	English version (n = 113)	Farsi version (n = 80)	Total combined (n = 193)
	α	α	α
Kessler-10	0.86	0.86	0.86
GPSE	0.88	0.89	0.89
PWI	0.86	0.77	0.83

Table 5 Participant descriptive statistics for each instrument

Variable		Kessler-10			GPSE			PWI (Subjective wellbeing)		
		Mean	SD	n	Mean	SD	n	Mean	SD	n
Male	(n = 100)	18.48	7.22	100	32.39	6.18	96	79.52	14.06	99
Female	(n = 93)	21.84	7.99	93	28.17	6.26	90	74.73	15.68	91
Afghan	(n = 90)	19.82	7.65	90	29.49	6.78	89	80.50	14.51	87
Kurdish	(n = 103)	20.34	7.90	103	31.12	6.27	97	74.45	14.93	103
English version	(n = 113)	18.75	6.66	113	32.00	5.46	110	75.56	15.55	112
Farsi version	(n = 80)	22.00	8.80	80	27.93	7.26	76	79.62	13.95	78
Total score	(n = 193)	20.10	7.77	193	30.34	6.55	186	77.22	15.01	190

	TEST OF SIGNIFICANCE FOR EACH VARIABLE & INSTRUMENT								
	Kessler-10			*GPSE*			*PWI*		
Variable	***U***	***Z***	***p***	***U***	***Z***	***p***	***U***	***Z***	***p***
Gender	3333.5	-3.401	0.001	2486.0	-5.007	0.000	3730.0	-2.046	0.041
Refugee group	4501.5	-0.345	0.730	3706.5	-1.666	0.096	3348.5	-2.999	0.003
Language version	3601.0	-2.408	0.016	2799.0	-3.833	0.000	3716.0	-1.749	0.080

Kessler-10 criteria: Low risk psychological distress 10-15.9; Moderate risk 16-21.9; High risk 22-29.9, Very high or severe risk 30-50.

GPSE: Aggregate scoring range 10-40 with higher scores suggesting higher levels of self efficacy.

PWI: Reporting subjective wellbeing as an aggregate percentage score, higher scores represent higher overall satisfaction.

an extra layer of complexity and limitation for research with these groups. In a small number of cases, mainly for pre-literate participants, questionnaires were completed with interpreter assistance, so the language version used was dependent on them. Overall, participants in Perth had been settled longer, which accounted for some variation in English ability between the two locations and was also reflected in the language versions chosen.

Questionnaires showed good reliability (Table 4) when tested for each language version and with combined results. Amongst our participants, the PWI presented no problem for completion; however, a few people had trouble with some of the GPSE questions, with seven (three English, four Farsi) failing to complete the required number for inclusion. These asked participants to rate how well each statement described their approach to various situations, for example 'I am certain that I can accomplish my goals'. For those with strong religious beliefs (97 percent, mostly Muslim), the relevance of these concepts to their personal lives was not apparent. As one woman stated, "It doesn't matter what I think, God decides". Question 10 in the K-10 which asks if participants felt 'worthless' was culturally problematic for some Kurdish respondents as it challenged their ideal of human dignity, however they understood the reason for the question and responded accordingly. Despite these minor concerns, the instruments were easy to understand, with the format and Likert scales presenting no difficulties for participants, including those with limited literacy.

Researchers need to be cautious with interpretation of results, and aware that response biases have been reported in cross-cultural surveys with other instruments. In particular, acquiescent responses to personally relevant items have been more commonly observed in collectivist cultures [19,20]. Cut-off points for each instrument and population norms, preferably with existing result databases to allow meaningful comparisons and conclusions to be drawn, should also be available if possible. Determination of cut-off values normally involves comparison with other instruments or interviews as the 'gold standard' to assess the validity of the instrument and should ideally be determined for each cultural group surveyed. For example, high prevalence of anxiety and depression are commonly reported in Afghanistan, however, a comparison of standard mental health questionnaires with psychiatric interviews indicated differences in optimal cut-off points [21]. In particular, gender disparities have been noted, with recommended cut-off points lower than normal for men and higher for women, suggesting that some studies may have over or under-estimated prevalence rates respectively. Although it was beyond the scope of the present study to determine this, mean K-10 scores for females were 21.8 and for men 18.5, so even if these were adjusted accordingly would still fall within the mild/moderate risk range for psychological distress.

Our study was exploratory as comparative assessment of similar ethnic groups in Australia and New Zealand has not previously been attempted, however, there are limitations that need to be acknowledged. Firstly, our desire to use pre-translated, culturally validated instruments in Farsi considerably limited the choice of instruments available. None of the specialised refugee instruments was available in Farsi, nor were we able to locate any other commonly used tools in that language when the study was developed in 2006-7. Some authors prohibit independent translation, and as it was beyond the scope of our study to undertake a full translation/validation procedure, a key selection criterion was suitable instrument language availability. However, because these instruments have not commonly been used with refugee groups, comparison data is limited. Although validation should ideally be carried out with each target group, we had to rely on those who translated the instruments and used Farsi-speaking groups as a proxy for our Afghan and Kurdish participants. The chain referral sampling method used also limits generalisability of our results to a wider population, although the personal endorsements characterised by this method helped break down barriers, providing reassurance to potentially suspicious participants. This proved particularly helpful for recruitment of female participants and helped ensure a large enough sample for a valid study.

Conclusion

Overall, our experience with these three instruments, the Kessler-10 Psychological Distress scale, General Perceived Self Efficacy scale and Personal Well-Being Index suggests they are suitable for use with former refugees from the Middle East and Afghanistan. They were easy to obtain in appropriate languages and scripts, generally presented no significant problems for participant completion, have population datasets available for comparison and showed good reliability when tested with our sample. The majority of Afghan participants completed Farsi language versions with most Kurdish participants preferring English questionnaires to Farsi, and no participant choosing Arabic or Turkish versions. Participants settled 11 years or longer were more likely to complete English versions than those settled ten years or less, so provision of study materials in suitable language translations for participants within this time frame is important.

Despite predictions of an increasing number of refugees in the future, at present there are limited methodological articles available to assist researchers planning studies with ethnic minority groups. Reviews of suitable instruments to allow collection of consistent and comparable data from refugees is needed. As our societies become increasingly multicultural, there is an imperative to ensure research with diverse ethnic groups is robust and conceptually sound, so instrument evaluation, cross-cultural and linguistic preferences, and interpretation of results should all be taken into consideration as part of the research process.

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Consent

Written informed consent was obtained from participants for publication of this manuscript and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

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Authors' contributions

CS-H conceived the study, participated in its design, co-ordination and data collection, and drafted the manuscript. ST participated in the design of the study and helped draft the manuscript. Both authors read and approved the final manuscript.

Competing interests

The authors declare that they have no competing interests.

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5.5 Article 3: Sampling challenges in a study examining refugee resettlement

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Sampling challenges in a study examining refugee resettlement

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Abstract

Background: As almost half of all refugees currently under United Nations protection are from Afghanistan or Iraq and significant numbers have already been resettled outside the region of origin, it is likely that future research will examine their resettlement needs. A number of methodological challenges confront researchers working with culturally and linguistically diverse groups; however, few detailed articles are available to inform other studies. The aim of this paper is to outline challenges with sampling and recruitment of socially invisible refugee groups, describing the method adopted for a mixed methods exploratory study assessing mental health, subjective wellbeing and resettlement perspectives of Afghan and Kurdish refugees living in New Zealand and Australia. Sampling strategies used in previous studies with similar refugee groups were considered before determining the approach to recruitment

Methods: A snowball approach was adopted for the study, with multiple entry points into the communities being used to choose as wide a range of people as possible to provide further contacts and reduce selection bias. Census data was used to assess the representativeness of the sample.

Results: A sample of 193 former refugee participants was recruited in Christchurch (n = 98) and Perth (n = 95), 47% were of Afghan and 53% Kurdish ethnicity. A good gender balance (males 52%, females 48%) was achieved overall, mainly as a result of the sampling method used. Differences in the demographic composition of groups in each location were observed, especially in relation to the length of time spent in a refugee situation and time since arrival, reflecting variations in national humanitarian quota intakes. Although some measures were problematic, Census data comparison to assess reasonable representativeness of the study sample was generally reassuring.

Conclusions: Snowball sampling, with multiple initiation points to reduce selection bias, was necessary to locate and identify participants, provide reassurance and break down barriers. Personal contact was critical for both recruitment and data quality, and highlighted the importance of interviewer cultural sensitivity. Cross-national comparative studies, particularly relating to refugee resettlement within different policy environments, also need to take into consideration the differing pre-migration experiences and time since arrival of refugee groups, as these can add additional layers of complexity to study design and interpretation.

Background

Globally, the number of people forcibly displaced by conflict is a continuing source of concern, with over 43 million recorded at the end of 2009 [1]. Almost half of all refugees currently under the protection of the United Nations High Commissioner for Refugees (UNHCR) originally came from Afghanistan or Iraq, and although less than 1% will eventually be resettled in new host nations [1], their long term health and settlement prospects are a matter of continuing relevance. Since 2000, Australia alone has accepted over 58,000 Afghan refugees, while more than 5000 have been re-homed in New Zealand (NZ) [2]. Refugees accepted under humanitarian programs, while eligible for state support frequently denied to asylum seekers, are still vulnerable to acculturative stress, so attitudes and policies to immigration of receiving countries potentially play an important role in resettlement outcomes. Given that Australia and NZ have

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both accepted refugees for many years and have dedicated settlement policies, an exploratory mixed method comparative study of refugee resettlement experiences in a city in each location was proposed. The main purpose of the study was to compare the resettlement of two distinct refugee groups, Afghans and Kurds, to qualitatively describe their resettlement experiences in Christchurch, NZ and Perth, Western Australia (WA) and provide a quantitative assessment of their health and quality of life, conceptualised as subjective quality of life, psychological well being, and general perceived self efficacy. To achieve this we needed practical strategies for accessing four separate communities and establishing relationships with adult former refugees who had arrived between 1988 and 2008. The aim of this paper is to discuss some of the sampling challenges encountered and describe our approach to study design and practical fieldwork strategies.

Review of previous studies

To assess the various sampling techniques adopted by other researchers working with similar refugee groups, we conducted a literature search in 2007 using Google Scholar, ProQuest and PubMed databases. Because of our ethnic focus and desire for cultural sensitivity, we only included studies in western settings involving refugee or asylum seeker participants from our target regions, namely Afghanistan, Iraq, Iran or the Kurdish areas of the Middle East. A number of published articles were identified, reporting a range of different approaches to participant selection and strategies for sampling. Many of these had a qualitative focus and as we were principally interested in quantitative sampling strategies, we carefully reviewed nine relevant articles which undertook quantitative assessment and analysis (Table 1). Of these, a range of different techniques were used: one study did not specify the sampling method [3], two obtained random samples (using national survey data, or based on country of birth) [4,5], one approximated a random sample by using a systematic technique where every 4^{th} person was included, and another attempted a random selection in collaboration with clan leaders [6,7]. However, methodological issues with these approaches can be identified. For example, a systematic technique relies on access to a database of refugees that is of sufficient size to allow an adequate sample size to be drawn, and in practice, this is often not feasible. Some concern can also be expressed about a study where collaboration with clan leaders for participant recruitment may introduce gatekeeper bias, or raise concerns about coercion [8]. Of the remaining studies, in two the investigators approached all members of the study group e.g. all asylum seekers registered with an NGO [9,10], while the other two used convenience sampling methods [11,12]. Our eventual conclusion was that there are multiple challenges in obtaining information from these vulnerable refugee population minorities and that no apparent consensus exists on the most appropriate methodologies for use with these populations.

Methods

Study design and instruments

The exploratory study adopted a mixed methods approach, combining qualitative interview responses to open ended questions about health and resettlement experiences with quantitative assessment of psychological distress, subjective wellbeing and general perceived self efficacy. The initial phase of the study involved extensive profiling of each host community through interviews with refugee community leaders, interpreters and cross cultural workers, refugee agencies, health workers, refugee legal advocates and immigration personnel [13-15]. Data obtained guided language considerations and awareness of specific cultural requirements, as well as helping to define the social structure of each community [15]. Pre-translated and culturally validated Farsi, English and Arabic versions of the Kessler-10 Psychological Distress Scale (K-10) [16,17], General Perceived Self Efficacy Scale (GPSE) [18-21], and Australian Unity Well Being Index (Personal Well Being Index PWI) [22] were provided for self completion, or with interpreter assistance if necessary, to quantitatively measure the variables of interest. Nearly 90% of questionnaires were self completed during the first part of the interview, although this varied amongst the groups with almost no Australian Kurds or New Zealand Afghans requiring extra assistance. The second part of the 1-2 hour interview involved more in-depth discussion around open ended questions; this was normally conducted in English. Translations of all additional study materials (information sheets and consent forms), prepared using standard back translation methods [23] were provided in Farsi and Sorani (Kurdish dialect), as well as English, to ensure ethical standards were maintained and to help overcome reticence to participate due to host language limitations [14]. A full description of the reasons for selection and characteristics of the instruments is available elsewhere [24].

Ethical approval for the study was obtained from the Human Research Ethics Committee, Curtin University in Perth, WA.

Participants

Study participants were of Kurdish or Afghan ethnicity, 18 years or older at the time of the study, who arrived in Australia or New Zealand as refugees or asylum seekers between 1988 and 2008, and who were resident in either Christchurch or Perth at the time of data collection in 2008. The inclusion of participants settled for up to 20 years allowed a longer term focus, and also meant that

Table 1 Selection of published research studies with Afghan, Kurdish, Iraqi or Iranian migrants, refugees or asylum seekers

Author	Sampling strategy	Outcome variables	Study participants
Ahmad et al [6]	Random in collaboration with clan leaders for names. Mixed strategy with different groups	Post Traumatic stress (PTSD) symptoms in traumatized children	78 Kurdish children in Iraq (45 Anfal survivors & 33 orphans), 66 Kurdish refugee children in Sweden & 67 Swedish children
Gerritsen et al [4]	Random by registered country of birth	General health, PTSD, depression & anxiety	178 refugees & 262 asylum seekers (Iranian, Afghan & Somali) in the Netherlands
Ghazinour, Richter & Eisemann [11]	Convenience - clinic patients and volunteers	Sense of coherence, coping resources & social support	100 Iranian refugees settled in Sweden (50 people in outpatient clinic & 50 volunteers)
Gilgen et al [9]	Convenience - All people presenting to Outpatient/ General Practice clinic	Health interview for common health problems	36 Bosnian, 62 Turkish/Kurdish & 48 Swiss internal migrants in Switzerland
Hafshejani [12]	Small group convenience	PTSD & meaning in life	59 Iranian & Afghan males who have experienced war, now in Sydney
Husni et al [3]	Not stated	Satisfaction ratings of personal safety, health, employment, food, financial security, social life & entertainment	54 Kurdish refugees, 29 living in the UK & 25 in Canada
Ichikawa, Nakahara & Wakai [10]	All asylum seekers with two Non-Governmental Organisations	Assessment of post-migration detention on mental health	55 Afghan asylum seekers in Japan
Sondergaard, Ekblad & Theorell [7]	Every 4th refugee in group	Life events, ongoing difficulties & self reported health	86 refugees from Iraq (Arabic & Sorani speakers) in Stockholm
Taloyan et al [5]	Random from Swedish National Survey & Level of Living Survey data	Association between ethnicity, poor self reported health, psychological distress, sleeping difficulties & use of psychotropic drugs	Immigrant Kurdish men (n = 111) & native Swedish men (n = 1412) living in Sweden

the Kurdish group resident in Perth, who mostly arrived during the 1990 s, could be included. Although this meant a small number of eligible participants were children at the time of arrival, in practice all except two were of school age and had clear recollections of the resettlement experience. We are unaware of any other studies looking at former refugees up to 20 years post-resettlement, so our findings should be of wider significance.

Sampling strategy

As one aim of our study was to compare groups, quantitative data was needed, so we wanted to obtain as representative a sample as possible, which reflected the composition of the groups, given these constraints. We acknowledge that truly representative samples can only be obtained through random sampling techniques, but within the context of our exploratory study of previously unstudied groups, our goal was primarily to provide as wide a cross section of participants as possible. Because former refugee communities may be socially invisible and wary of outsiders [13,25], a snowball sampling method, where identification of potential participants, introductions and approval of study objectives and researchers is assured through personal endorsement, was the preferred approach. It has been acknowledged that when 'attempting to study hidden populations for whom adequate lists and consequently sampling frames are not readily available, snowball sampling methodologies may be the only feasible methods available.' [26] However, to reduce selection bias inherent in this method, multiple entry points into the communities were used, choosing as wide a range of people as possible to provide further contacts [13,25,27]. It has been suggested that greater heterogeneity in snowball samples, and improved representativeness can be achieved by increasing sample sizes, using quotas for key demographic variables, use of multiple starting points for snowball initiation and using a small number of links within each chain [13,27]. Similarly, less reliance on community based or gatekeeper organisations for locating potential participants may ensure more marginalised or less socially active individuals are located [13]. With the exception of the Christchurch Kurdish community, between six and eight discrete snowball initiation points were used with each of the other three groups, with a variety of people radiating out from each 'entry' point. Although a quota was not formally applied, care was taken to ensure that these key people represented a cross section of each community by including a range of different Afghan ethnic groups (Hazara, Tajik, Uzbek etc) and religious affiliations (Sunni, Shi'a etc) who

move in different social circles [8]. Contacts were not generally sourced through refugee resettlement agencies to reduce possible gatekeeper bias [13,27] in selection of individuals who could provide 'appropriate' responses and also to minimise identification of the study with agency agendas. For the New Zealand Kurdish group however, the small population size and cohesive, well structured community meant all eligible adults could be approached. As our study was exploratory, rather than hypothesis testing, sample size was based upon logistical considerations, including the small size of the communities from which respondents could be drawn, so our aim was to recruit between 40-50 individuals from each group to provide sufficient data for some basic descriptive statistical comparison. The specific strategies used for community access in each location are described in Table 2.

Statistical analysis of sample characteristics

Quantitative data was analysed using SPSS 12.0 (SPSS Inc.). Frequency distributions for demographic variables were calculated, with results split by resettlement location and refugee community. Non-parametric tests were performed to assess differences between groups.

Results

The sampling response rate for each group varied. For the Kurds in Christchurch 65% of eligible people who were approached participated, while snowballing within the Christchurch Afghan community achieved an 85% response. For both Kurdish and Afghani groups in Perth the response rate was only about 40%, even with snowball endorsement.

The overall sample of 193 participants (Christchurch n = 98, Perth n = 95) reflected a good spread of participants, with a range of opinions and experiences (Table 3). There was a good gender balance, age distribution, family size (1-10), time spent as a refugee (< 1-27 years), and time since resettlement (< 1-20 years). Education level was determined by the number of years of schooling with less than one year coded as none/minimal, 1-6 years as primary, 7-13 years as secondary, and the remainder classified as tertiary level.

No significant differences in participant numbers between groups were noted for the total number of Afghan and Kurdish participants, the total number of participants in Christchurch and Perth, marital status, and household size. However, significant gender differences by location were found, with more males in Christchurch (60%) than Perth (43%). Differences by resettlement location and between refugee communities were also observed for the total time spent in a refugee situation (Kurds longer than Afghans, and those in Christchurch longer than people in Perth), the time since resettlement (participants in Perth settled longer), and education level of participants (those in Perth

Table 2 Sources of Community Access - Kurdish Afghan Refugees NZ and Australia study (KARNZA)

New Zealand	
Limited access to the communities was already established through personal and professional connections with Refugee Services Aotearoa, refugee and Muslim groups in Christchurch.	
Kurdish (Estimated community size 180-200)	The small size and cohesion of the group enabled all adult community members to be contacted and former refugees invited to participate. Initial introduction to families was through the Kurdish committee chairperson & interpreters, who provided follow up contact details. Religious (Eid), ethnic (Newroz) & marriage celebrations were attended by the lead researcher and proved valuable for establishing relationships. **Total number recruited**: 49 (27 male (55%), 22 female (45%))
Afghan (Estimated community size 1000-1200)	Initial contact points included community leaders from Afghan & Refugee associations, cross-cultural workers & interpreters, Afghan sports teams and existing contacts. A total of eight contacts provided discrete links for further referrals. **Total number recruited**: 49 (32 male (65%), 17 female (35%))
Australia	
No prior connections with either group in Perth necessitated a more general approach. Websites for ethnic and Muslim groups provided initial links and phone numbers, also Muslim women's support groups and ESOL language classes. Afghan & Kurdish academics at Curtin university provided background data on community profiles and contacts.	
Kurdish (Estimated community size 1000-1500)	Initial contacts were with members of the Kurdish committee responsible for organising a Newroz festival event, which was subsequently attended by the lead researcher. They provided additional contact information for interpreters who assisted with data collection. Several meetings took place in Kurdish-owned kebab restaurants, popular spots for community members to congregate. Additional contacts were also obtained from independent Muslim sources. A total of six separate contact people provided snowball initiation points. **Total number recruited**: 54 (28 male (52%), 26 female (48%))
Afghan (Estimated community size 1000-1500)	Six discrete people were also used to initiate sampling in the Afghan group. These included community leaders for different ethnic groups & Afghan associations, Muslim women's organisations and cross-cultural workers. ESOL classes with Farsi-speaking interpreters also proved useful for recruitment of a mixture of Afghan women. **Total number recruited**: 41 (13 male (32%), 28 female (68%))

Note: Estimates of community size were provided by representatives of the respective groups.

Table 3 Summary of participant demographics

Participant characteristics	Number of participants (n = 193)						
	Total (%)	Afghan	Kurdish	Chch	Perth	Statistic	*p*
Refugee community							
Afghan	90 (47)	90		49	41	$\chi 2(1,193) = 0.91$ (location*)	0.341
Kurdish	103 (53)		103	49	54		
Gender							
Male	100 (52)	45	55	59	41	$\chi 2(1,193) = 0.22$ (community**)	0.637
Female	93 (48)	45	48	39	54	$\chi 2(1,193) = 5.6$ (location)	0.018
Age							
18-19 years	17 (9)	4	13	11	6		
20-29 years	62 (32)	35	27	29	33		
30-39 years	56 (29)	25	31	26	30		
40-49 years	33 (17)	11	22	19	14		
50-59 years	17 (9)	10	7	8	9		
60 years & over	8 (4)	5	3	5	3		
Marital status							
Married	125 (65)	59	66	59	66	$\chi 2(1,191) = 2.51$ (community)	0.474
Never married	55 (28)	24	31	31	24	$\chi 2(1,191) = 2.06$ (location)	0.561
Previously married	11 (6)	5	6	7	4		
Religion							
Muslim	180 (93)	88	92	88	92		
Non-Muslim	8 (4)	1	7	7	1		
Education							
None	14 (7)	5	9	9	5	$\chi 2(1,193) = 10.26$(community)	0.017
Primary	28 (15)	9	19	25	3	$\chi 2(1,193) = 22.70$ (location)	0.000
Secondary	100 (52)	43	57	45	55		
Vocational/university	51 (26)	33	18	19	32		
Continuous Variables	***Range***						
Time as refugee yrs (Median)	0-27 years	4.0	8.0	15.0	2.0	U = 3451.5, Z = -2.74 (community)	0.006
						U = 2159.0, Z = -6.24 (location)	0.000
Time since resettlement yrs (Median)	0.5-20 years	6.0	7.0	4.0	11.0	U = 3675.0, Z = -2.38 (community)	0.017
						U = 1459.5, Z = -8.22 (location)	0.000
Mean household size (SD)	1-10 people	5.0 (1.8)	5.4 (2.0)	5.5 (1.9)	5.0 (1.9)		

Note: Some totals do not sum to 193, missing data not included.

*Location - Christchurch (Chch) & Perth.

**Community - Afghan & Kurdish.

reported more years of schooling overall than the group in Christchurch).

Representativeness of the sample

Lack of a clear sampling frame [13,25,26], a widely acknowledged problem with refugee research, and limitations with Census data [8,13,28] hinder attempts to accurately gauge representativeness. However, to assess the likely representativeness of our sample, aggregated Afghan and Kurdish data was compared with 2006 Census data for Western Australian (WA) residents born in Afghanistan, Iran and Iraq (Table 4) [29-31]. Appropriate Census data from New Zealand was not available for comparison, although anecdotal reports from within the communities suggest that our sample reflected local demographics. With such hidden populations, it has been suggested that construction of a 'tentative map' of community demographics developed in consultation with professionals working with the target groups or community members may be helpful in order to judge representativeness [26]. In our case, this was done informally through consultation and discussion with community members. Due to the invisibility of Kurdish ethnicity in immigration statistics, Iraqi and Iranian census data was used as a compromise substitute, although significant limitations exist with this. In particular, the Kurdish geographic region spreads across Iran, Iraq, Turkey, and Syria, with small populations elsewhere in the Middle East, and it is an individual's country of birth that is recorded in government statistics. As the Kurds comprise minority groups in these countries, a

Table 4 Comparison of total sample demographics with 2006 Census data for Western Australia

		Afghan sample (n = 90)	Census Afghan born (n = 1460)	Kurdish sample (n = 103)	Census Iraq born (n = 1680)	Census - Iran born (n = 2190)
Place of birth	Iran	4		39		
	Iraq			59		
	Afghanistan	78				
	India	4				
	Pakistan	3				
	Turkey			3		
	Not stated	1		2		
Gender	Male	50%	54%	53%	53%	52%
	Female	50%	46%	47%	47%	48%
Median age		20-29	28.9 years	30-39	35.7 yrs	40.4 yrs
Religion*	Muslim	98%	95%	89%	31%	32%
Speaks English **		76%	68%	95%	71%	81%
Post school qualifications ***		59%	34%	33%	33%	59%
Arrival pre-1996		46%	27%	52%	33%	55%

*Note that census data for Iraq and Iran-born people includes groups other than Kurds. The Iraq and Iran-born groups include Bahai's and Christians, many of whom sought refuge from religious persecution as minorities in these countries. In comparison, the majority of Kurds are Muslim with small numbers following traditional Kurdish religions. These differences are not reflected in census data.

**Refugee study data includes people with varying English language skills. They were not asked to rate their English ability, just whether they could speak functional English or not, so percentages are likely to be higher than census data reporting the ability to speak English well.

*** Census data also includes people aged 15-17 who are still likely to be at school, whereas the study included those 18 and older who have mostly left school with many going on to further study.

direct comparison with natal population demographics is likely to be misleading. However, as shown in Table 4 our sample did achieve a good gender and age balance when compared with the ethnic populations in WA. Religion was predominantly Muslim in our sample, which is consistent for people of Afghan and Kurdish background. The Iran and Iraq-born groups in WA also include a significant number of Baha'is, Armenian apostolic adherents and Catholics who sought refuge from religious persecution as minorities in the 1980 s [31], which explains the disparity with this variable. Overall, our Afghan sample was slightly better educated (59% with some form of tertiary qualification, compared with 34% of Afghans in WA), and both groups were settled longer (almost half arrived before 1996, compared with about one third of the respective populations). Our sample also appears to speak better English; however, this result is distorted by the definition of speaking English. In the Census, participants are asked to rate their English ability as speaking English very well, well, not well or not at all; only those who speak it well or very well were included in the table data. In comparison, we dichotomised responses into functional/no functional English to assess levels of English literacy, so our results will appear positively skewed for this variable.

Discussion

Numerous methodological and ethical challenges arise when conducting research studies with refugee or migrant groups. One fundamental decision is whether to adopt a quantitative or qualitative approach. Both methodologies have their own merits, depending on the research focus and desired outcomes and can be distinguished primarily by the type of data obtained (text based or numeric), the underlying logic employed (inductive or deductive), method of analysis used (interpretive or statistical) and the presumed underlying paradigm (positivist/rationalistic or interpretive/critical/naturalistic) [32]. Increasingly, researchers are adopting mixed method approaches, employing innovative strategies to combine methods that attempt to both generalise results to a wider population, while also generating in-depth understanding of individual cases [32,33]. Mixed method techniques can be used to expand the scope of a study, to corroborate data, provide deeper insights, or aid ongoing development of a project. In our study, quantitative instrument-based data was considered to provide complementary data (rather than for statistical inference) to corroborate interview findings and allow idiographic generalisations about study participants rather than nomothetic generalisation about the populations as a whole [33]. Kessler-10 scores, for example, could also be used for qualitative profiling, by allowing further in-depth qualitative analysis for participants scoring within the high or very high risk of psychological distress range.

One of the main methodological concerns with mixing methods arises when selecting the type of sampling

strategy to be used. Probability techniques, such as simple random, stratified (sampled to meet fixed quotas based on previously defined variables), systematic random or cluster sampling methods underlie quantitative methodologies, allowing statistical inferences based on generalisations from the sample to a wider population to be drawn [33-35]. These are also referred to as descending methodologies because of the focus on the general population from which the sample is drawn. In contrast, purposeful or non-probability sampling is an ascending method, working up from individual cases to draw conclusions and generate idiographic knowledge [33]. Common techniques include convenience sampling, where cases are chosen because they are readily identified or available, quota sampling (similar to stratified sampling but cases are not randomly selected), random purposeful (selection from large pool of info-rich cases) or stratified purposeful methods (based on a preset quota of info-rich cases) and snowball sampling (mainly used to identify rare cases, where sampling depends on referrals from existing cases to generate potential participants) [33,35]. For many studies the design and sampling technique will be dictated by individual research goals, however the unique set of challenges encountered when working with hidden or hard to reach populations, such as refugee groups, necessitates a more pragmatic approach. In practice, most research studies with forced migrants employ some form of non-probability sampling, adopt an ethnographic community participatory approach [8,14], or in some cases are able to utilize pre-existing data sources, such as Census or Immigration statistics [13,28] although these have only limited capacity for analysis of specific issues or identification of former refugees.

A 'hidden population' refers 'to a subset of the general population whose membership is not readily distinguished or enumerated based on existing knowledge and/or sampling capabilities' [15]. The lack of clear sampling frames means that snowball sampling may be the only feasible way of locating potential participants [26,27], despite concerns around selection bias [13,25-27]. It is conceivable that sampling frames may exist for some sub-groups of refugees, for example those currently within a resettlement program [13], however for those settled longer, individuals who may have internally migrated, asylum seekers or families arriving under reunification programs, few, if any, records will be available. Many minority groups may be socially invisible, effectively hidden within existing population statistics, which is a particular issue for those of Kurdish ethnicity who are normally categorised by their country of birth (mostly Iraq, Iran, Syria or Turkey), and presents a particular challenge for recruitment. It is not possible to obtain accurate immigration or census data for these groups, so utilisation of nationality-based databases for random selection is not feasible.

Sampling challenges are of fundamental concern when the entire validity of a research study may be questioned depending on the method selected. Due to sampling difficulties, refugee-focussed research projects often either utilise existing epidemiological databases, are conducted on a large scale through governmental or health organisations where attempts at randomisation with multiple ethnic groups are feasible, or employ purposive sampling on a smaller scale with a qualitative focus. This presents a dilemma when attempting to obtain comparable data between groups or locations; either some compromise is required to access and recruit participants, or ethnic minority groups risk exclusion from comparative research. Alternatively, studies may rely solely on qualitative content, which although offering valuable insight into individual experiences, only tells part of the story and potentially limits monitoring of resettlement outcomes. For this reason, a mixed methods approach, incorporating both qualitative and quantitative dimensions was our preferred option, although as identified during our review of previous studies, there are significant limitations with obtaining representative refugee samples with groups from our region of interest for quantitative studies. For us, and most people with an interest in the health of refugee populations, there is need reach a pragmatic compromise between representativeness and logistic feasibility; without this, there would be a lack of evidence on the health and needs of such vulnerable populations.

Both Christchurch and Perth provide dedicated settlement services and targeted support for refugees, but accurate demographic data of specific communities is scant. Obtaining statistically representative samples of such socially invisible groups is known to be problematic [13,25], given the limited size of communities, their invisibility in national data sets, the target participants' concern about research motives, power differentials between participants and the researchers, as well as difficulties with access and trust [26,36]. For refugees, some reticence may also be related to pre-migration experiences, so extra care and sensitivity around the establishment of relationships is necessary. When four distinct communities are involved, these issues are multiplied. It was important to develop good relationships with leaders and high profile members of each community, to build rapport, establish our credentials, discuss research objectives and plan access strategies [14]. This initial preparatory phase, during which we also needed to address language concerns and instrument selection, had an inevitable impact on the time required for the research. The method described here utilised a combination of strategies; the entire Kurdish group in Christchurch was contacted, as it was small and well defined, however the size

and difficulties with access to the other three groups necessitated a different approach. By employing a snowball method, we were able to access socially invisible individuals and provide reassurance about our objectives, while at the same time attempting to obtain a cross-sectional representation of the population by using multiple contacts from different groups and backgrounds. The sample size was deliberately large to enhance heterogeneity, and we had multiple, small snowball chains with initial selection guided by an informal quota [13].

Although limitations in the generalisability of this approach are acknowledged, one strength of this method was in the number of women recruited; especially those with limited education who are sometimes overlooked in research studies and would often decline to participate if approached directly. Overall we achieved a good gender balance (male 52%, female 48%), although when broken down by location the proportion varied amongst Afghan participants, with females being 35% in Christchurch, compared with 68% in Perth. Some variation may be explained by our initial recruitment strategies; as one Christchurch entry point was a male Afghan soccer team whose female relatives were generally not interested, while in Perth we were able to directly approach women through support groups and ESOL classes, achieving a good response rate. Differences in social demographics may also play a part, with many Afghan men who had settled longer in Australia too busy working to participate. In comparison, women who were often at home or attending classes during the day welcomed the opportunity to express their views as it provided them a sense of purpose and empowerment [37]. In many cases, the men initially arrived as asylum seekers, subsequently being joined by family members under reunification programs; this accounted for some gender disparity in settlement time as well as English language ability. We found more variation among different Afghan ethnic groups in Christchurch, with gender balance among Hazaras but fewer women of other ethnicities chose to participate. Interestingly, recently arrived women in Christchurch (1-2 years resettled) were more motivated to participate than those settled longer in both locations.

The groups in Christchurch had all arrived within the previous ten years, whereas over 40% of the Afghans and 60% of Kurds in Perth had been settled between 11-20 years. It was notable that the attitudes and behaviour of many of those resettled longer were more suspicious of the research objectives and less hospitable. Perhaps this was a reaction to Australian society where refugee issues are hotly debated in the media and research on these topics more common than in New Zealand, or maybe they no longer thought of themselves as refugees. Whether it was a result of research fatigue [27], a response to public attitudes towards refugees and migrants, or simple apathy, but the opportunity to visit people in their own homes to establish relationships was not really encouraged in Perth. Many Australian participants preferred minimal contact, to meet in a neutral place, or simply to complete questionnaires and return them by mail. The biggest challenge, particularly in Australia, was generating initial interest to overcome apathy and apparent suspicion, with the key feature being identification of enthusiastic people for snowball initiation. Without the chain referral endorsement of snowball sampling, it is unlikely that sufficient interest would have been generated to recruit sufficiently for a viable study. Bloch also noted differences in attitudes between similar refugees in the United Kingdom and South Africa, suggesting that larger numbers of refugees and asylum seekers and more political activists in the UK lead to increasingly suspicious attitudes to research motives [13]. Our Australian experience was a marked contrast to the support and hospitality received in Christchurch where it was not uncommon for participants to want to entertain with lavish meals once the interview was completed. Although this may be partly explained by the fact that some pre-existing relationships existed, the majority of New Zealand participants were total strangers prior to recruitment. For many, especially more recently arrived women, it was the first time their views and opinions had been sought, so participation proved a novel and rewarding experience which was often fuelled by altruistic motives to help other refugees through their own insight and experience [8,37].

Obtaining access to the different communities was a challenge. Overall, it was easier with the groups in Christchurch because we had a better understanding of community dynamics and already established connections with key individuals. Building personal relationships is essential, and an appreciation of customs and social mores fundamental to establishing researcher credentials and acceptability within the group. Taking the time to drink tea and connect on a personal level prior to commencing the formal part of the interview greatly influenced the quality of data obtained. We must have consumed hundreds of cups of tea during the data collection phase, but the opportunity to interact and chat informally provided valuable insights and enhanced our standing overall. The fact that the interviewers were Muslim also improved our respectability, especially for many older people, and helped overcome barriers despite the language issues. Maintaining Islamic proprieties was also important; ensuring interviewers were of an appropriate gender and having an accompanying male relative escort the lead interviewer when necessary, was appreciated and commented on favourably by many participants.

The selection of groups for cross-country studies poses another dilemma, as evidenced by the demographic balance of our sample. Although the entire NZ

sample arrived during the previous 10 years, more than half the Australian group were settled longer than this time, in some cases up to twenty years, and this could potentially limit the relevance of some comparative analyses. Variations in migration patterns and conflict situations, national resettlement quotas determined annually in consultation with UNHCR requirements, the presence of existing communities, and many other considerations, result in different refugee groups being accepted for resettlement at different times in different countries. The question arises whether it is better to compare groups based on temporal considerations or ethnic similarity. Because the majority of Afghans and Kurds are Muslims, many are from traditional backgrounds and include members who suffered ongoing ethnic and religious persecution as minority groups; we considered comparison between locations required that the study groups be ethnically similar.

Conclusions

Research undertaken with refugee groups presents a unique set of challenges. The adoption of a mixed methods approach allowed us to obtain a comparative evaluation of participants' health and well being status, while also providing qualitative feedback on their resettlement experiences. Although the choice of sampling strategies presented a significant dilemma, an ascending methodology was necessary to locate and identify potential participants, as well as providing reassurance about our motives and helping to break down barriers. Using a qualitative interview approach, taking time to engage with participants in an unhurried fashion, was also critical to our success and appreciated by many interviewees who complained that people they have contact with outside their own community are often too rushed or formal to accept their hospitality. The combination of data obtained allows meaningful comparison between groups to be made and conclusions drawn based on both quantitative findings and an in-depth understanding of their perspectives and concerns. In particular, qualitative feedback provided critical information about ongoing sources of stress, as well as negative and positive influences on their quality of life, contextualising the K-10 and PWI findings and suggesting strengths and weaknesses in existing resettlement support programs as well as highlighting potential areas for future research.

Although an increase in the number of refugees has been predicted, there is at present a paucity of detailed methodological articles available for researchers developing study protocols for use with ethnic minority groups. The major limitations of our approach concern a lack of representativeness if care was not taken to adequately survey the target communities in order to guide recruitment and snowball initiation points, and generalisability to a wider population if statistical inference and hypothesis testing was desired. However, despite these concerns, our experience, with its description of limitations and considerations may help inform other studies.

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Authors' contributions

CS-H conceived the study, participated in its design, co-ordination and data collection, and drafted the manuscript. ST participated in the design of the study and helped draft the manuscript. Both authors read and approved the final manuscript.

Competing interests

The authors declare that they have no competing interests.

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5.6 Summary

This chapter has discussed the methodological background of the refugee study, describing the theoretical and conceptual framework underpinning the research. Various research paradigms and philosophical debates are considered, especially within the context of mixed methods research. The study design was then outlined, giving particular attention to the advantages of mixing methods to address the research questions, and describing techniques used to combine qualitative and quantitative material during both analysis and interpretation phases. Language issues are also considered, with specific translation details included for the benefit of other researchers. Similarly, data collection, processing and analysis are outlined. The chapter concludes with two published articles, one describing instrument selection for Farsi and Arabic speaking groups, and the other highlighting sampling challenges with refugee communities.

The following chapter presents the main research findings, as reported in three published articles.

CHAPTER 6 RESEARCH FINDINGS

6.1 Introduction

As described in the previous chapter, the theoretical basis for the study was based upon resettlement stress causing or aggravating psychological distress, and that it may be mitigated by the policies and practices of the receiving country. This chapter reports the main findings of the study, which were published in three articles which form the basis of the chapter.

The first paper, entitled "'Thinking Too Much' – Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees" focuses primarily on the prevalence and causes of distress and its associated morbidity, as experienced by study participants across all groups. In particular, the sources of stress identified by people suffering the most distress were identified, revealing a number of resettlement issues that could be addressed. Insights into the various techniques adopted by these former refugees to mitigate their symptoms are also provided.

The second article draws on the findings of the first, but adopts a longer term perspective by examining the experiences of those refugees who had been settled between eight and twenty years. Although distress levels are reported, the article also focuses on subjective well being and examines some of the positive and negative influences on participants' quality of life over time. Including the views of people settled up to twenty years provides an opportunity to highlight ongoing concerns that continue to impact on former refugees' lives, well beyond the conventional time frame considered by most research studies. The eight year cut off allowed the views of the longest settled New Zealand participants to also be included.

The final article reports general perceived self efficacy findings in the context of this particular study group of resettled refugees. Although no differences in GSE were noted in relation to the length of pre-migration time spent in a refugee situation, higher levels of self efficacy were found in those settled longer. Positive associations between GSE, better psychological health and subjective wellbeing were also noted, so the potential for interventions which may enhance refugee self efficacy are discussed.

6.2 Article 4: 'Thinking Too Much' – Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees

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"Thinking Too Much": Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees

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Abstract

This article outlines the main findings of an exploratory, mixed methods study examining the health and resettlement experiences of predominantly Muslim Afghan and Kurdish refugees in New Zealand and Australia. As post-migration experiences can impact the psychological well-being of already traumatized individuals, this study aimed to identify major sources of stress and describe the coping strategies they use to deal with it. Spending too much time reflecting on past experiences and current international events, separation from family, and feeling overwhelmed by resettlement challenges and concerns were important sources of ongoing stress. High levels of psychological distress and morbidity continued to be observed for some participants, several years after arrival.

Keywords: Afghan refugees, Kurdish refugees, resettlement, psychological distress, Muslims, coping strategies, Australia, New Zealand

"Thinking Too Much": Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees

In recent years, a growing body of international literature has examined factors impacting refugee mental health. Much of the early literature was influenced by trauma psychiatry, with its emphasis on posttraumatic stress disorder (PTSD) and disability. Reported prevalence rates of mental health conditions helped raise awareness of the magnitude of the problem, (De Jong, Komproe, & Van Ommeren, 2003; Gerritsen et al., 2006; Steel et al., 2009). Although significant morbidity is associated with pre-migration trauma and torture experiences (Silove et al., 2006), post-migration influences including detention (Steel et al., 2006) have also been shown to contribute to posttraumatic stress symptoms (Steel, Silove, Bird, McGorry, & Mohan, 1999). More recently, much of the research focus has shifted to the post-migration period, exploring links between the early settlement phase and psychological wellbeing. In particular, the additional stresses and systematic constraints facing refugee arrivals, such as socioeconomic circumstances, poor housing, barriers to work and social welfare services, difficulties accessing healthcare, insecurity, and in some cases detention for indefinite periods of time, may compound existing stressors with long term health implications (Ichikawa, Nakahara, & Wakai, 2006; Silove, Steel, Bauman, Chey, & McFarlane, 2007; Silove, Steel, & Watters, 2000; Sinnerbrink, Silove, Field, Steel, & Manicavasagar, 1997; Steel & Silove, 2001).

Some critics have expressed concern about the "medicalization of distress" as a pathologic disorder (Summerfield, 1997, p. 1568). They argue that this could distort perceptions about the vast majority of survivors, reducing discussion of refugee issues to psychopathology and objectification of refugee groups (Muecke, 1992). Instead of portraying refugees as passive victims, they could instead be seen as "prototypes of resilience"(Muecke, 1992, p. 515), and the broader social, economic, and political challenges taken into account when assessing their experiences and expressed needs (Watters, 2001). Others have questioned the validity of applying Western concepts of trauma to non-Western groups, describing links between cultural, religious, and political factors in construction of mental distress (Ruwanpura, Mercer, Ager, & Duveen, 2006) and a lack of culturally specific considerations have been noted in some studies (Keyes, 2000). In particular, mixed-method studies are recommended to examine the relative influence of current stressors compared with past trauma and the impact on functioning (Tempany, 2009).

At the refugee group level, the collective experience of human rights violations may be reflected in attitudes toward contact between host and refugee culture, with groups from some cultural backgrounds settling better into a new society than others. Majority group attitudes towards migrants, social

exclusion, and perceptions of discrimination are especially relevant for visibly different groups like Muslims or Africans, and pose particular challenges to resettlement (Casimiro, Hancock, & Northcote, 2007). In particular, a high prevalence of mental health problems among Afghans and other refugee groups from the Middle East has been documented (Gerritsen et al., 2006; Hosin, Moore, & Gaitanou, 2006; Miller et al., 2006; Mofidi, Ghazinour, Araste, Jacobsson, & Richter, 2008; Taloyan, Johansson, Johansson, Sundquist, & Kocturk, 2006), which may manifest as behavioral shifts or lead to acculturative stress characterized by depression, anxiety, uncertainty, or dysphoria (Allen, Vaage, & Hauff, 2006; Berry, 2002). Although social support has been shown to enhance coping and promote health, (Ghazinour, Richter, & Eisemann, 2004; Oppedal, Roysamb, & Sam, 2004; Simich, Beiser, & Mawani, 2003) the involuntary nature of the refugee experience predisposes refugees to stress reactions. As the Middle East and Afghanistan continue to feature prominently in current affairs reports, there is an ongoing potential risk of retraumatization for those who have fled conflict situations (Porter & Haslam, 2005; Sondergaard, Ekblad, & Theorell, 2001), and, public perceptions of refugees from these regions may be tainted by stereotypes.

In recent years, Australia and New Zealand (NZ) have both accepted refugees from Afghanistan and the Middle East, the two regions currently generating nearly half of all refugees under United Nations protection (UNHCR, 2010). Since 2000, Australia alone has accepted over 58,000 Afghan refugees and New Zealand more than 5000 (UNHCR, 2009), so their long-term settlement outcomes are of ongoing relevance. Both countries have provided dedicated settlement services to humanitarian entrants for many years, with Australia admitting up to 13,000 quota refugees each year (65/100,000 population/year), and 750 (19/100,000 population/year) in New Zealand (UNHCR, 2006). A major point of difference between countries, however, is in the number of annual asylum applications, with four times the number per capita received in Australia. In particular, those referred to as 'boat people' in Australia have become the subject of intense public scrutiny and debate over the past decade, with government attempts to curb rising numbers of so-called 'illegal' arrivals resulting in the introduction of policies of mandatory detention and offshore processing in the early 2000s. While many hard-line policies have been reviewed under subsequent governments, asylum seekers continue to arrive, with public opinion polarized regarding how the problem should be managed.

Our mixed methods study aimed to explore resettlement experiences and mental health outcomes, and to identify ongoing sources of stress for former refugees from Afghanistan and the Kurdish regions of the Middle East resettled in new host countries. The presence of established communities of former refugees in Perth, Western Australia, and Christchurch, New Zealand, guided the choice of ethnic groups. The inclusion of the Kurdish groups from Iran

and Iraq, who share certain similarities with people from Afghanistan, allows opportunities for comparison. The majority are Muslims, many come from traditional backgrounds, they have often suffered persecution as ethnic and/or religious minorities, and there are still ongoing conflicts in their countries of origin. The main study findings including psychological distress scores and associated morbidity, and major sources of stress and the type of coping strategies used by participants are reported in this article.

Methods

Study design

The exploratory study utilized a mixed-methods approach to qualitatively identify major sources of stress, health-seeking, and coping strategies through open ended questions in one-to-one interviews and also to provide a quantitative assessment of psychological well-being in a sample of Kurdish and Afghan former refugees now living in NZ and Australia (KARNZA). This mixed approach helped to contextualize the quantitative findings, explore the impact of psychological distress on functioning, and highlight participants expressed needs and concerns. The study was approved by the Human Research Ethics Committee, Curtin University in Perth, Western Australia.

Participant recruitment and interview procedure

Study participants were of Afghan or Kurdish ethnicity, 18 years or older at the time of the study in 2008, who arrived in New Zealand or Australia as refugees or asylum-seekers between 1988 and 2008, and were residents of Perth or Christchurch at the time of data collection. Inclusion of participants settled for up to 20 years meant that the Kurdish group in Perth, who mostly arrived during the 1990s, could be included, and also allowed a longer-term focus. Our aim was to recruit 50 participants from each group, to give a total sample of 200. For this exploratory study, given the challenges of recruitment in difficult-to-access minority populations such as these (Faugier & Sargeant, 1997), we aimed for an indicative, rather than truly representative, sample (Colic-Peisker & Tilbury, 2007).

Snowball sampling was used, with multiple initial contacts within each of the four refugee groups to ensure a spread of people with different backgrounds and experiences (Atkinson & Flint, 2001; Bloch, 2007; Jacobsen & Landau, 2003). Short chains of contacts and the application of an informal quote to ensure a range of different Afghan ethnic groups (Hazara, Tajik, Uzbek, etc.) and religious affiliations were included, and helped to reduce selection bias and

improve representativeness. With the exception of the Christchurch Kurdish community, a small cohesive group which allowed all eligible members to be approached, at least six discrete snowball initiation points were used with each remaining group.

Comparison with 2006 census data from Western Australia for similar ethnic groups, and construction of a 'tentative map' of demographics compiled with assistance from community leaders (Faugier & Sargeant, 1997), suggests that a reasonably representative sample was recruited. Other research with Iranian groups in Australia has reported comparable demographic profiles to census data using snowball techniques (Khavarpour & Rissel, 1997; Rissel & Khavarpour, 1997). A more detailed discussion of the methodological challenges relating to sampling and recruitment in this study is reported elsewhere (Sulaiman-Hill & Thompson, 2011).

The majority of people participated in individual face-to-face interviews lasting 1–2 hours, and fewer than 10 from the total group of 193 preferred to self-complete the questions and return their responses by mail. The first part of the interview involved completion of the psychometric instruments outlined below, provided in English, Farsi, or Arabic for self-completion or with an interpreter's help if required. In the second part of the interview, open-ended questions were used to direct in-depth discussion of points of interest. These explored resettlement difficulties, perceptions of their personal experience of health and sickness, and their strategies for dealing with stress and ill health. All study materials including information sheets and consent forms were professionally translated into Farsi and Sorani (Kurdish dialect) using standard back-translation methods. Provision of translated materials and access to interpreters allowed people with limited literacy or English language skills to participate.

Instruments

A full description of the reasons for selection and characteristics of all the study instruments, as well as language considerations, is available elsewhere (Sulaiman-Hill & Thompson, 2010), but a brief summary is presented here.

Kessler-10 Psychological Distress Scale (K-10)

The main challenge was to select a generalized screening test to measure psychological well-being, which was available in suitably validated and translated versions, in particular Farsi and Arabic, for use with the study communities. The Kessler-10 scale which was developed as a population screening tool for psychological distress, has been used in New Zealand and Australian National

Health and in state surveys, and is readily available in a selection of suitable languages.

It compares favorably with diagnostic interviews (Composite International Diagnostic Interview; CIDI) and with the General Health Questionnaire-12 (GHQ-12) (Andrews & Slade, 2001). It has also been used with a range of groups from the Middle East (Fassaert et al., 2009).

The Kessler-10 consists of ten questions with five response categories designed to measure psychological distress over the previous four weeks. Each item is scored between 1 *(None of the time)* and 5 *(All of the time)*, with higher scores indicating more distress. The sum of all ten items gives the total score with a range from 10 to 50. Missing values are excluded from the total score. There is slight variation in cut-off levels but, for consistency with the NZ and Australian Health Surveys, we used the following criteria: scores of 10–15.9 indicate there is no significant feeling of distress; 16–21.9 indicates an individual may be experiencing moderate levels of distress; 22–29.9 suggests a high level of distress; and scores of 30 or more indicate the possibility of very high or severe levels of distress consistent with a diagnosis of a severe depression and/or anxiety disorder (Australian Bureau of Statistics, 2007–08; NZ Government, 2008). An additional four questions that do not contribute to the final score are included to assess the impact or degree of disability associated with the identified level of psychological distress. Only people scoring above the minimum are asked to complete these. These questions ask the respondent to identify the following: the number of days in the past four weeks when they have been totally unable to function; the number of days they have needed to cut back on activities of daily life as a result of distress; the number of times they have consulted a health professional in that period; and how many times physical problems have been the main cause of the feelings.

Statistical Analysis

Descriptive statistics were calculated for K-10 results, as well as sociodemographic variables. Cronbach's alpha was calculated to assess reliability of the instrument, scoring 0.86 for our sample. Kruskal-Wallis and Mann-Whitney U-tests were performed to assess differences between groups of variables. In addition, Kessler-10 data was aggregated into a categorical variable (psych level) based on levels of distress, which were then used to calculate X^2 statistics for subjective morbidity, reasons for distress, and help-seeking. All analyses of quantitative data were performed using SPSS 12.0 (SPSS Inc.), with significance levels of 0.05, unless stated otherwise. Qualitative responses to open-ended questions were managed using NVivo 8 (QSR International). They were initially coded using open coding in which the data from each question was broken down into distinct units of meaning. The axial coding stage involved

comparisons of the codes with one another to discover links between the categories, with related categories aggregated to produce the thematic categories reported (Grbich, 1999). Consensus on the themes was achieved by discussion between the researchers and Afghan and Kurdish interpreters.

Results

A total of 193 adult participants were recruited in Christchurch (n=98) and Perth (n=95), reflecting a good gender balance, age distribution (18–70 years), family size (1–10), time spent as a refugee (< 1–27 years), and time since resettlement (< 1–20 years). Only one participant in Perth had spent twenty years or more in a refugee situation prior to resettlement, compared to 36 (29 Kurdish, 7 Afghans) in Christchurch. Ninety participants identified as Afghan and 103 were Kurdish, and 93% of the sample was Muslim. Education level was determined by the number of years of schooling with less than one year coded as none/minimal, primary 1–6 years, secondary 7–13 years, and the remainder classified as tertiary level. All 193 participants completed standardized questionnaires and 124 provided qualitative responses to open-ended questions discussed during interview.

Psychological distress (K-10)

A summary of K-10 scores, for which there were significant differences between demographic groups, is shown in Table 1. No significant differences for psychological distress risk between groups were observed for ethnic community (Afghan [mean 19.8, *SD* 7.6, *n*=90], Kurdish [mean 20.3, *SD* 7.9, *n*=103]); resettlement location (Christchurch [mean 21.6, *SD* 9.2, *n*=98], Perth [mean 18.6, *SD* 5.5, *n*=95]); religion (Muslim [mean 20.0, *SD* 7.8, *n*=180], non-Muslim [mean 21.0, *SD* 8.5, *n*=8]); family size (living alone [mean 19.1, *SD* 9.9, *n*=7], 2–5 people [mean 19.3, *SD* 7.4, *n*=96], and 6–10 people [mean 20.9, *SD* 7.9, *n*=81]); and time since resettlement (less than 1 year–2 years [mean 20.0, *SD* 7.0, *n*=29], 3–5 years [mean 21.5, *SD* 8.8, *n*=41], 6–10 years [mean 21.0, *SD* 8.7, *n*=71] and 11–20 years [mean 17.0, *SD* 4.5, *n*=51]).

For the total sample, females scored significantly higher K-10 scores than males. Those participants who were unemployed or unable to speak English also had a higher risk of psychological distress. There was a significant difference between the level of education and Kessler-10 scores on the Kruskal-Wallis test, with those having more education reporting lower K-10 scores (lower risk of psychological distress). Further analysis using Mann-Whitney tests for each paired combination of categories indicated that people with only minimal education had significantly higher levels of psychological risk than

TABLE 1. Variables contributing to significant differences in Kessler-10 scores

	Variable	*N*	K-10 Mean	*SD*	Test of significance
Gender	Male	100	18.5	7.2	
	Female	93	21.8	8.0	U=333.5, Z=−3.40, p.001
Employment status	Working	89	18.1	7.2	
	Not working	101	22.1	7.8	U=2994.5, Z=-3.97, p.000
English ability	No English	27	22.9	6.8	
	English	166	19.7	7.9	U=1543.5, Z=-2.59, p.009
	None/minimal	17	24.5	8.0	
Education*	Primary	25	22.8	9.3	X^2(3,183)=13.83, p.003
	Secondary	92	19.3	6.6	
	Tertiary	59	19.0	8.2	
Marital status**	Never married	55	18.2	6.4	X^2(2, 191)=7.19, p.027
	Married	125	20.3	7.6	
	Previously married	11	27.0	11.1	

Note: Kruskal-Wallis test results were further analysed using Mann-Whitney tests for each paired combination of categories and the Bonferroni correction was applied to determine statistical significance for each variable.

*Education (Bonferroni p.008) – Significant results were observed between None/minimal and Secondary (U=445.5, Z=−2.64, p.008), and None/minimal and Tertiary (U=209.5, Z=−3.04, p.002)

**Marital status (Bonferroni p.017) – Significant results were observed between Never married and Previously married (U=164, Z=−2.38, p.017)

those who have had secondary or tertiary-level education. Similarly, results for marital status showed significant differences between those previously married and never married. Some previously married participants had lost spouse in traumatic circumstances and now had sole responsibility for their family, whereas many of the never-married group were in the younger age bracket and still living with extended family, and this is reflected in their lower levels of psychological distress.

Kessler-10 results were further analyzed using a split-file function to assess possible differences by gender or refugee community. Results indicated a significant difference in risk of psychological distress between males who are working (mean 17.0, *SD* 5.7, n=67) and not working (mean 22.1, *SD* 8.9, n=31), and males who can speak English (mean 18.0, *SD* 6.8, n=96) compared with the few who could not (mean 30.3, *SD* 8.8 n=4). No significant differences were noted for females. The percentage of people employed also differed significantly, with employment associated with higher English ability for both males and females [$X^2(1,190) = 22.4, p < .001$].

Subjective morbidity

Participants with K-10 scores of 20 or higher were analyzed further for morbidity; whether a physical health problem was the likely cause of the distress; and whether a health professional was consulted. Results from a total of 79

people (41% of the total sample; 32 males, 47 females; 43 Kurds, 36 Afghans; 32 in Perth, 47 in Christchurch) were used for this analysis.

The number of days that participants were totally unable to manage and days when they needed to cut back on activities was evenly spread across K-10 scores. Almost 79% of the sample with symptoms reported being totally unable to manage at some time during the previous month (median: females 4 days, males 2 days), although some reported being unable to cope with the activities of daily life for anything up to an entire month. For the number of days of cutting back on normal activities, nearly 70% reported some limitation, mostly less than 7 days in total (median: females 2 days, males 0 days). However, when the number of days they were unable to cope was compared by distress level, no significant differences were observed.

Reason for distress

Participants were asked whether any symptom or their distress was due to a physical health reason. A minority (22.5%) felt their problems were mainly physical, 34% that symptoms were sometimes physical, and 43.5% stated that the symptoms were not due to a physical health reason. When compared across psychological distress level categories, there was no significant difference between groups. Many more females (76%) reported a physical illness or limitation compared with men [35%; X^2 (1, N=62)=10.70, p.001].

Consultation with health professionals

The likelihood of visiting a doctor or other health professional differed whether they reported physical, as opposed to mental health reasons for their symptoms [X^2 (2, N=60)=14.6, p .001]. Only 3 people out of 26 (two males, one female) who believed their symptoms were due to a mental health problem consulted a health professional about them. Differences between groups reporting mental or physical reasons were significant for women, but not for men [X^2 (1, N=31) =4.21, p.040]. The percentage of people consulting a doctor about their symptoms also differed by psychological risk level category [X^2 (2, N=61)=7.40, p.025], with 75% of the moderate risk category, 79% high risk, and 43% of severe risk groups, not seeking professional medical advice.

Comparison with population data sets

K-10 scores for psychological distress were compared with findings from both New Zealand (2006–07) and Australian (2007–08) health surveys. To allow comparison with KARNZA, K-10 scores were aggregated into low risk (K-10 10–15.9), moderate (K-10 16–21.9), high (K-10 22–29.9) and very high (K-10

TABLE 2. Comparison of KARNZA K-10 Psychological distress with Australian and New Zealand national surveys

	Low risk distress %	Moderate risk distress %	High/very high risk distress %
KARNZA New Zealand	33.7	22.4	43.9
New Zealand population	78.7	14.7	6.6
KARNZA Australia	33.7	46.3	20.0
Australian population	67.3	20.6	12.0

K-10 psychological distress categories: Low risk 10-15.9, Moderate risk 16-21.9, High risk 22-29.9, Very high risk 30-50

30 or higher) risk categories with the results displayed in Table 2. The major disparity in results between Australian and New Zealand refugee participants is likely to reflect differences in resettlement time, as all people in the 11–20 year group were living in Perth. However, levels of psychological distress remained well above those of national population distribution in both New Zealand and Australia.

Major sources of stress

Participants were asked to discuss causes of ill health, particularly their mental health, to determine major ongoing sources of stress during the qualitative part of the interview. Responses were classified into nine themes (Table 3); themes reported by the majority of participants responding to this question, reflected ongoing psychological difficulties related to past experiences, retraumatization by current affairs reporting and news from home, too much time to introspect, and generally poor mental health. This theme was termed "Thinking too much", a common descriptor used by study participants for introspection and depressive and anxiety symptoms. Separation from family, especially those still in conflict settings, was another major source of stress, often closely related to news from home, as described in the first theme.

Results were further analyzed by gender. For males, a majority described "thinking too much" as the main stressor, with *separation* having a negative impact on many in the group. Feeling overwhelmed was also experienced by a number of male respondents. "Thinking too much" was also the main concern for females, but *separation* was relatively more important than for males. A similar proportion of males and females felt overwhelmed and constrained in their lives. Stressors identified by women more than males included *disempowerment*, *status dissonance*, and *social isolation*. In some cases, this was related to unfulfilled expectations, as described by one woman who had always wanted to be a teacher in Afghanistan. Although the educational opportunities are now available in New Zealand, without family support for childcare she is still unable to fulfill her dream.

TABLE 3. Major sources of stress in order of prevalence

Theme	Distinguishing Feature	Illustrative Quotes
'Thinking too much'	Past experiences & current reminders/re-traumatisation, time to introspect at home, generally sad/unhappy/ depressed	In Afghanistan there is still a lot of fighting. When we look at the news I become agitated "and can't sleep" (AMC 6 years settled) "Afghan people suffered a lot, so they have had lots of fighting and have to fear lots of troubles. All ten sion is due to lots of unexpected things happening in Afghanistan (now) and the past" (AFC 1 year) "Everything hurts us, this is why we can't learn things, we are physically in class but the mind is elsewhere" (AFC 7 years)
Separation	Family, home, past lifestyle, 'homesick'	"I feel very stressed most of the time because I am away from my family" (KFP 6 years) "We lost very close family members, and our home, lots of depression and tension" (AFC 1 year) "Lots of tension, bad times, away from family; brother, mother, sister all die at the same time. This is still a cause of problems now, 27 years on" (AMC 1 year)
Feeling overwhelmed	Feeling aimless, hopeless, no way ahead, daunted by new life	"People get sick because they can't cope with differences" (AMP 15 years) "Many people feel hopeless" (AMP 20 years) "Trying to create a good lifestyle [can affect] mental instability" (AFP 17 years)
Relationships	Family tensions, community tensions/pressures, family power structure, acceptance in host country	"A lot of people are negative and don't have good relationships. Many are quite racist and out of control. They don't have religion or control in their lives. We come from a collectivist culture [where people help and support each other]. There are a lot of problems for young people living here" (AMP 20 years) "It is hard to control children here and parents have to work too much. Parents here spend their time working while their children are free [aimless, getting bad influences]" (AFP 15 years) "We want to mix with locals but they don't seem to want to, they are quite standoffish" (KMC 3 years) "Many problems especially dealing with children and family issues. Big problem for people coming from the Middle East" (KMC 6 years) "Too much freedom here as government will support children to leave home. This undermines families" (KMC 10 years)
Status dissonance	Employment, social position, expectations	"I wanted to be a teacher but I couldn't get the education (in Afghanistan), and now because of looking after my children (with no family support) it is still hard" (AFC 9 years) "First generation people can't become professionals here" (AFP 17 years)

TABLE 3.—*Continued*

Theme	Distinguishing Feature	Illustrative Quotes
Disempowerment	Lack of control, reliance on others, dependence on welfare, humiliation	"Some (government department) people were bad with us, we got upset and it caused health problems, stress and worry. We felt humiliated by charity" (AMC 4 years) "[Refugees] don't or can't decide about everything, they can't make decisions" (AMC 6 years)
Social isolation	Language, women, elderly, housing demographics	"Life is good here, but not for me. I am all alone here" (KFC 3 years) "At home all the time you are sick" (KMC 6 years) "No one around you, always at home" (KFC 3 years) "Language is really hard, it is difficult to learn English at my age and I can't drive so it is very difficult to go out." (KFC 3 years)
Cultural/social change	Social problems (alcohol, drugs, gangs), cultural literacy of government/agency staff/public	"They (government) shouldn't expect us to change so soon. The people coming have a very different culture and religion. How to bridge the gap to not harm the family, so people can have two cultures" (AMP 2 years) "We have had problems with [indigenous gang] in our area, our son was hit, chased and attacked" (KMC 2 years) "New Zealand is good, except for beer which causes a lot of problems" (KMC 7 years)
Other	Immigration detention/ criminalisation, not believing in anything/ economic hardship/ 'problems' not further specified	"Life here is safe but the potential opportunities are hampered by difficulties with language and money. It is hard to get ahead and we have not progressed much because of the system. Finances for refugees are not enough, the system keeps people low" (KMC 3 years) "Previous poor treatment, especially they treated children like criminals in detention and they still suffer emotional stress" (AFP 15 years)

A = Afghan, K = Kurdish; M = Male, F = Female; P= Perth, C= Christchurch, & Number of years since arrival

Main issues identified by very high risk distress group

Interview data from participants identified as having a very high risk of psychological distress were further analyzed to identify any trends in the main stressors reported (Table 4). Twenty-four participants had K-10 scores of 30 or more; 83% were living in Christchurch, 67% were Kurdish, 63% were female, and 21% were working. They were evenly spread by settlement time (range 1–13 years), time spent as a refugee before resettlement (less than 1 year–27 years), and education level.

TABLE 4. Main sources of stress for very high risk group (Kessler-10 ≥30) - Themes in order of prevalence

Theme	Distinguishing Feature	Mean K-10 Score	*n*
Cultural/Religious	Lack of respect in society, especially for elders Culture clash Wearing Hijab (Muslim headscarf) Community too small (Kurdish) Concern that children have influences from negative Western traditions	35.0	11
Resettlement issues/concerns	Economic – the system keeps people low, the poor get poorer and there are many expenses Housing – shortages, locations ("the area where we are living has many problems; our son was hit, chased and attacked. We would like a house in a nice safe area, even if the house itself is not as good") Transport difficult especially for elderly when community is fragmented Perceived discrimination (especially since 9/11) Security Not enough support, especially over time Agencies difficult to deal with	34.3	10
Relationships	Don't trust anyone for personal issues Easier to mix with other migrants especially Muslims, than locals Problems with gangs (see also housing above) Desire to mix but locals don't	34.6	9
Separation	Struggling with being alone, without family Can't return home to visit family Worry about brother still in jail in Iran Daughters still in Iraqi camps	34.8	8
Language/Communication	Even English speakers have trouble with communicationi Inability to express feelings	34.9	7
Homesick/Past life/Re-trauma	Constant worry about family in war zones, especially in news reports	34.7	3
Expectations	Professionals unable to work Expectation that life would be better, but perceived as worse for different reasons Discouraged by meeting people settled for many years whose situation hadn't improved much and who still couldn't speak English.	35.7	3

Note: Most people mentioned more than one source of stress

In comparison with the themes recognized by the general group of participants in Table 3, those in the high risk distress group identified problems more specifically related to resettlement issues. These people are grappling with daily hassles, many of which could be resolved by improved settlement policies and better cross-cultural education of the public. For example, in New Zealand, most refugees are provided with subsidized social housing on arrival if available, but tensions with neighbors, especially in some low socioeconomic areas, has been an ongoing concern and cause of distress for many. In addition, limited social housing stock can result in the need for expensive private rentals; contribute to fragmentation of communities and social isolation. Dependence on welfare payments and the necessity to deal with government agencies is considered humiliating and disempowering. Although efforts to improve cultural competence among government and agency employees are to be applauded, it is often superficial and limited. During data collection, a very experienced agency worker was overheard joking with colleagues that Muslim clients had tried to obtain a prayer rug on their resettlement grant. It seemed beyond her comprehension that such an item would be considered important. When fundamental concerns are dismissed or trivialized, participants described feeling upset and stressed.

Although other cultural and religious tensions with host societies were noted, many of these are not specific to refugees.

Coping strategies

The majority of participants were aware that many of their physical symptoms related to psychological problems and used the range of coping strategies described in Table 5. Overall, exercise was the most commonly mentioned way of dealing with psychological distress. Although used by both men and women, three quarters of the people discussing exercise were men. Exercise frequently involved getting outside in the fresh air and usually included going for a brisk walk. For some people walking up in the NZ mountains, where they could experience a sense of freedom was particularly helpful. Socializing was the second most common method of handling stress, and it was mainly favored by women (of those who mentioned the importance of social interaction 70% were female, 30% male). Over half of the women in the total group interviewed reported discussing their problems with friends or family. Since it was often not considered appropriate to discuss some concerns with men or people outside the direct family group, phoning mothers and sisters overseas on a regular basis was almost universally reported, despite the cost. These family members were able to provide a level of emotional support that was otherwise lacking in their post-resettlement environment. Avoidance strategies and relaxation techniques were used equally by both men and women, however, religious practices

TABLE 5. Mental health coping strategies reported in order of frequency

Coping Strategy	Distinguishing Features
Exercise	Walking, gardening, get out in fresh air
Socialise	Talk to others, phone family back home, visit friends
Avoidance	Take mind off problem, keep busy, working, try to step away
Relaxation	Sleep, massage, take a shower
Religious	Pray, read Qur'an
Professional help	Doctor/psychologist/medication
Positive thinking/try to remedy situation	Attempt to change controllable situation, stressor or perception of it
Insoluble	Can't be treated, struggle through alone

such as reading the Qur'an and praying proved particularly important for females (90% of people who mentioned this were women). These women derived significant inner strength from their religious conviction, which proved helpful when dealing with the public reactions around asylum arrivals and international terrorism. They reported a sense of solidarity and unity with their Muslim sisters, irrespective of their various backgrounds and ethnicities. In contrast, it was interesting to note that seeking professional help, such as visiting a doctor/counselor or taking medication to relieve stress, was only mentioned by male participants.

Discussion

The present study is exploratory, aiming to assess ongoing sources of stress for resettled refugees and the impact on their mental health status. A comparison with data from New Zealand and Australian health surveys indicates that the levels of psychological distress experienced by participants is considerably higher than the general population in these countries, with over 66% of former refugees scoring in the moderate, high, or very high risk categories, compared with 21% and 32% in the general population in New Zealand and Australia, respectively. This is consistent with previous studies which have reported a high prevalence of mental health concerns among former refugee groups. In particular, we noted significant differences between groups based on gender, with females scoring higher on the distress scale than males, which is also consistent with other research (Miller et al., 2006; Porter & Haslam, 2005; Schweitzer, Melville, Steel, & Lacherez, 2006). Unemployment, not being able to speak English, being previously married (either divorced or widowed), and having only minimal education were also associated with an increased risk of psychological distress as reported elsewhere (Beiser & Hou, 2001; Laban, Gernaat, Komproe, van der Tweel, & De Jong, 2005; Nwadiora & McAdoo, 1996). Many of these variables are interrelated: learning English could be more difficult for people

with limited literacy skills and those with minimal education may have less English at the time of migration, which in turn will impact on employability. In particular, many of the Christchurch Kurdish participants were long-term refugees, spending more than twenty-five years in refugee camps prior to resettlement, and had not had the educational opportunities of some other participants, which may account for some disparities between Kurds in each location. The challenges, especially for older, pre-literate learners from traditional backgrounds, to adapt and succeed in modern, literate societies are immense and observed in our results, although age as a variable was not significant. A meta-analysis of compromised mental health among refugees found those who were older and more educated had worse outcomes (Porter & Haslam, 2005), findings which differ from the current study which found those with minimal education had higher psychological distress scores.

The description "thinking too much" was used, or understood, by almost all participants when discussing ongoing sources of stress during interview. It encompassed many depressive emotions and anxiety symptoms, as reflected in the K-10 criteria, and was the most common source of concern for both men and women. In nearly all cases, this theme reflected participants having too much time worrying about events overseas or dwelling on past experiences. A previous study with Iraqi and Kurdish participants found they were greatly influenced by political events and the situation of significant others in their home country (Sondergaard et al., 2001). This was also reported in a meta-analysis of 59 comparison studies of refugee mental health, where worse outcomes were observed for those whose initiating conflict was unresolved (Porter & Haslam, 2005). Similarly, Kira and colleagues (2008) identified an association between war media reporting and physical and mental health problems in Iraqi refugees. They report negative impacts from media exposure that was comparable to the death or serious injury of a family member or friend during the war. Participants in our study also described retraumatization, feelings of helplessness, and anxiety for the safety of family members back home, often in response to news reports and media images. This has been a particular concern for people from Afghanistan and Iraq in recent years and may be exacerbated by public ignorance and insensitivity in host countries. The psychological consequences of this are evidenced by the inability of many people to cope with daily life tasks and difficulties with concentration described. Greater understanding of the issues confronting refugees could enable better educational outcomes. This might be achieved by extending education programs over a longer timeframe to allow people time to adjust and overcome some of their initial resettlement difficulties, or greater flexibility with timetabling of English-language classes so they could study when most receptive. In addition, efforts to assist these refugees to engage in employment, or other meaningful ventures to keep them occupied may help to improve mental health outcomes.

News from home also often highlights family separation and lack of support, and the impact of this extends over many years. Separation was the second most commonly described stressor, and was more important for females than males. Women are more likely to be at home with young children, less likely to speak English well (85% of those not speaking English were female), and have greater potential for social isolation. This is compounded if husbands are working long hours to support their immediate family (and frequently also extended family back home). An examination of the coping strategies employed by females suggests the importance of social contact, especially with other women. However, for many people it is not culturally acceptable to discuss private family matters with outsiders, so the lack of contact with close female relatives was a concern for many. Family reunification policies play a crucial role in getting families back together; however, in practice sponsorship is often extended to the husband's relations; potentially further isolating women from their own close family members. In some cases, existing relationships may also fall apart due to the stress of the whole resettlement experience. In these situations, women may become more socially isolated, or even shunned by other community members for the perception that they have failed in their family 'duties' or to uphold cultural norms. The stresses for women in these situations are significant; trying to raise their children alone, socially isolated from their own ethnic community, often unable to speak English well enough to mix comfortably with locals, aware of cultural and religious distance, and reliant on government support for necessities, all impact on their levels of psychological distress.

Several study participants highlighted the problem of status dissonance, conceptualized as a conflict between professional and social expectations and reality. In common with the circumstances of many refugees and other migrants, former professionals and academics are often forced to work in low-paid and dangerous jobs, which may contribute to a continuing sense of despondency. Many are now driving taxis to make ends meet and maintain some sense of self respect, despite the inherent dangers and exposure to less-desirable elements in society. For example, the high-profile stabbing of an Afghan former refugee taxi driver in Christchurch at the end of 2008 sent shockwaves through the small, close-knit community, highlighting concerns of vulnerability and prompting many to question their long-term settlement realities amid reports that he often felt intimidated by drunken and aggressive customers and faced constant abuse and threats of violence (Anon, 7 December 2008). Discrimination has been reported as a significant stressor in previous studies (Laban et al., 2005; Taloyan et al., 2006), and, apart from this incident which occurred after data collection, most of the negative comments concerning perceived discrimination and derogatory discourses were from Australian participants. In particular, some people mentioned that attitudes to Muslims had changed

since 9/11, and they felt that this potentially affected their acceptance within the wider society, even after many years. This was seen as a particular issue for women wearing hijab and resulted in many preferring to socialize with other Muslims rather than the general population. The arrival of asylum seekers in Australia has, since 2001, been associated with a hardening of public and political attitudes toward refugees, and this may also contribute to the perception of some participants that they will never really fit in. An examination of the portrayal of Muslims or refugees in the Australian media reveals the extent of this (Sulaiman-Hill, Thompson, Afsar, & Hodliffe, 2011).

An unexpected finding was that status dissonance and disempowerment were more commonly mentioned by women than by men. We had anticipated that men would be more concerned about obtaining employment appropriate to their previous experience and qualifications, and humiliated by dependence on welfare and social services, but this was only important to few participants. Women, on the other hand, seemed to experience a reversal effect, possibly due to differing expectations in the host country and a change in their traditional roles. Some women, particularly pre-literate learners, found attending classes to be quite stressful especially when it involved trying to juggle housework and child-rearing responsibilities without extended family involvement. The whole social structure of the new host society, lack of family support, changing roles and expectations, social dispersal of ethnic groups around the city and different expectations of neighbors, contribute to a sense of social dislocation for many former refugee women. Some of these effects can be seen in the findings from the highest risk group, which highlight the impact of ongoing resettlement concerns on their mental health. Many of the stressors identified by that group, in particular housing problems, economic challenges, employment difficulties, lack of cultural awareness by agency staff and inadequate long-term support, could be addressed by targeted policies and improved support programs.

In general, the majority of participants identified the factors that impact negatively on their mental health. They were well aware of ongoing sources of stress, and have adopted a range of strategies to enable them to cope. Papadopoulos and colleagues (2004) also document this awareness. We noted a discrepancy between this and a patronizing attitude among some support workers who seem to be oblivious to the underlying reasons for refugees' distress and to consider refugees as ignorant. In our study, most participants were fully aware of the impact of both pre- and post-migration influences on their mental health, but felt many of their problems were insoluble. This is clearly reflected in attitudes towards health-seeking, with many people not obtaining professional help despite considerable morbidity. These findings add support to those reported by Boufous and colleagues (2005) in an Australian study using the same instrument (Kessler-10). They found that people from non-English speaking backgrounds, especially those from South/South East Asia and Af-

rica/Middle East recorded significantly higher levels of psychological distress and lower levels of health service use. Of note in the current study was that only male participant spontaneously mentioned considering professional help as an option, and only 21% of men (compared to 48% of women) in the high risk group actually reported visiting a doctor for any reason. Many of these women attributed their symptoms to a physical problem which may reflect gender differences in somatization (Aragona, Monteduro, Colosimo, Maisano, & Geraci, 2008). Although it is possible that attitudes to health services may be informed by social mobility or education, no differences in attributing symptoms to a physical as opposed to mental health problem (or whether a doctor was consulted) were noted based on the length of time settled or education level of the women concerned. Skepticism regarding professional support was also noted, with a few participants confessing that they gave mental health professionals the answers they wanted to hear, because they believed their problems could not be resolved and preferred to rely on their own coping mechanisms. Similar findings have been reported by Ruwanpura and colleagues (2006), who detected ambivalence among Tibetan refugees towards the use of Western therapies. Although some participants in their study group adopted a pragmatic, integrative approach to treatment options, their primary coping strategies were linked to culturally relevant family and religious support mechanisms.

This study was exploratory, as a comparative assessment of similar groups in Australia and New Zealand has not previously been attempted. However, a few limitations can be identified. The first relates to methodological challenges, particularly around sampling, which occur with many small-scale refugee research projects. The snowball method used means our results are not generalizable to a wider population, although the personal endorsements inherent in this method (which helped break down barriers and provided reassurance to potentially suspicious participants) ensured a large enough sample for a valid study. This method was particularly successful for recruiting many female refugees, who may decline to participate if approached directly; our strategy of using multiple entry points into each community resulted in a sample with reasonable representativeness based on census data and community-supplied demographic information. Using only Muslim interviewers also helped our credibility, but potentially introduced some social desirability bias as no one mentioned drinking alcohol or taking drugs to alleviate stress, despite anecdotal reports that some people (mostly men) do this. Participants may also be more likely to discuss religious coping mechanisms than they would if interviewed by non-Muslims.

In addition, cut-off points for each instrument should ideally be determined for each cultural group surveyed, so some care needs to be taken with interpretation of Kessler-10 scores (Fischer, 2004; Smith, 2004). In Afghanistan, for example, when high prevalence rates for anxiety and depression (as-

sessed using standard mental health questionnaires) were compared with a standard psychiatric interview, results indicated that the optimal cut-off points should be higher than usual for women, but lower than normal for men; this suggested that earlier studies may have over- and underestimated prevalence rates respectively (Ventevogel et al., 2007). Although it is beyond the scope of the present study to accurately determine this, mean K-10 scores for men were 18.5 and for women were 21.8, so even if these were adjusted in line with these findings, means for both men and women would still fall within the moderate risk range, significantly higher than the local populations.

Conclusion

Our study findings suggest that former refugee participants may suffer from significantly higher levels of psychological distress than the general population, and this was particularly related in our study to poorer English language ability, unemployment status, lower educational level, and female gender. Many reported considerable associated morbidity, being unable to manage or having to cut back on daily activities at some time during the previous month. Most people with symptoms did not seek professional help, but instead relied on their own coping strategies. For the group overall, the main stressors were related to past experiences/current reminders and separation; for those with the worst psychological distress scores, stressors were more tangible and immediate, and frequently related to ongoing resettlement concerns which in many cases could be ameliorated by targeted policies and longer term support. Cultural and religious worries for our predominantly Muslim sample were also of concern, although we were unable to draw any specific religiously based inferences from this study. However, these findings raise important questions about the impact that being a visibly different religious minority may have on an individual's psychological well-being, in two countries with predominantly Christian influences. Further comparative studies examining the impact of visible difference on public attitudes and acceptance of different refugee groups would be of additional value.

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6.3 Article 5: Afghan and Kurdish refugees, 8-20 years after resettlement, still experience psychological distress and challenges to well being

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Afghan and Kurdish refugees, 8-20 years after resettlement, still experience psychological distress and challenges to well being

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Abstract

Objective: To examine the resettlement experiences and provide data of well being and psychological distress for Afghan and Kurdish refugees settled between eight and 20 years in New Zealand and Australia.

Methods: Participants completed the Kessler-10 Psychological Distress Scale (K10) and Personal Well Being Index (PWI) for subjective well being. A mixed methods approach was used, with participants also discussing during interview resettlement difficulties, quality of life (QOL) and sources of stress.

Results: Data from 81 Muslim participants is reported; all spoke English, were generally well educated with 88% having secondary or tertiary level education, and the majority of those resettled before 2001 lived in Perth. Although psychological distress levels were mostly within the low-moderate risk range, significant differences were observed by gender and employment status. Participants identified a range of ongoing stressors with unemployment of particular concern. Social isolation and a sense that they would never really 'fit in' was also reported by some. Participants particularly valued the safety and improved quality of life in their host communities.

Conclusions: Despite their appreciation of the overall resettlement experience, too much time to introspect, separation from family, status dissonance and still occasionally feeling overwhelmed by resettlement challenges is a long-term ongoing reality for some former refugees.

Implications: Former refugees continue to struggle with unemployment, possible discrimination and loss of status long-term.

Key words: Subjective well being, psychological distress, long-term refugee resettlement, Afghan, Kurdish

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Within the refugee resettlement literature, few articles report the findings of longitudinal studies or present data from well-established former refugee communities to allow assessment of their long-term resettlement realities. Most published studies focus on those newly arrived or within 2-3 years of arrival, and consistently report a high prevalence of mental health conditions during the early settlement phase.[1] Pre-migration trauma, which is common in refugee populations,[2] is known to exert a major influence on mental health[3] and chronic psychological symptoms have been reported in resettled refugees.[4] Pre-arrival influences may be compounded by post-migration experiences which can include stresses related to the asylum-seeking process or detention, socioeconomic concerns, acculturation challenges, discrimination and language difficulties.[2,5] As longitudinal trends indicate, high initial rates of psychological distress and poor quality of life reported during the early period of resettlement usually improve over time with host language acquisition and improved employment prospects.[3] Employment status in particular has been identified as one of the main predictors of mental distress and negative affect for both resettled refugees[6] and migrants,[7] however unemployment remains a continuing reality for many and may be exacerbated by poor English skills and limited social contact with the wider host society.[8] Public attitudes towards refugees, which may manifest as discrimination, can also have a negative impact on resettlement experiences,[9,10] with some recent qualitative studies in Western Australia (WA) examining the impact of visible difference on refugee employment[11] and documenting the experiences of recently arrived Muslim women who face a triple hazard as female refugees from a visible religious minority.[12]

As both Australia and New Zealand (NZ) have well-established, long-term humanitarian programs for acceptance of refugees and provide dedicated settlement support, we aimed to assess the resettlement outcomes, conceptualised as psychological distress and subjective well being augmented with qualitative perspectives, for former refugees settled for many years in Christchurch, NZ, and Perth, WA, given the different policy approaches to refugees in these two countries.[13,14] Since 2000, more than 58,000 Afghans have settled in Australia, and over 5,000 in NZ.[15] As almost half of all refugees currently under the protection of the United Nations originally came from Afghanistan or Iraq,[16] we included

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Kurdish refugees from this wider region. As the lead researcher had personal experience with settlement of several Afghan and Kurdish refugee families through her support work with Refugee Services Aotearoa, these groups were a logical choice. They share a similar demographic profile to those from Afghanistan; the majority are Muslims, many come from traditional backgrounds and they have often suffered persecution as ethnic and/or religious minorities. The Kurds, comprising a stateless group of more than 30 million people scattered across Iraq, Iran, Turkey and Syria, have frequently suffered discrimination in their countries of birth. There is a well-established community of approximately 200 people in Christchurch, and community estimates in Perth suggest up to 1,500 Kurds are resident there. Government statistics, which record country of birth rather than ethnic background, mean that those of Kurdish background are effectively hidden as a population within immigration or census data. No studies have specifically examined the experiences of Muslim refugees, a vulnerable visible minority in a post 9/11 environment, assessed long-term resettlement up to twenty years, or attempted comparison of similar groups in different locations, so this article aims to address some of these issues. We report findings from our study examining the resettlement experiences of former refugees living in Christchurch and Perth in 2008 and 2009, in particular focusing on the experiences of people settled for between eight and 20 years, to assess sources of stress over time, identify positive features of their lives and report on self-rated psychological distress and subjective well being.

Methods

Design

A mixed methods approach was adopted for this exploratory study, combining quantitative assessment of psychological distress and subjective well being with qualitative interview data from open-ended questions in a sample of refugees resettled for more than eight years. This was part of a larger study which also included participants in the earlier phases of resettlement in both locations, from new arrivals up to eight years. The cross-national study was approved by the Human Research Ethics Committee, Curtin University in Perth, WA.

Participants

The sampling population was made up of adults of Afghan or Kurdish ethnicity, who had arrived in New Zealand or Australia as refugees between 1988 and 2008. For the purposes of this analysis of longer-term resettlement, we selected the subset of 81 of those participants who were resettled prior to 2001 from 193 recruited overall (42% of the total sample). For the whole study, participants were recruited through a snowball sampling method, deliberately using multiple initial contacts within each of the four refugee groups to ensure a spread of people with different backgrounds and experiences.[17-19] This method was chosen to help overcome sampling challenges which can include invisibility in national data sets (especially for Kurdish participants), concerns about research motives, and difficulties with access and trust.[20] Snowball methods have been acknowledged as the only feasible sampling option available in certain research situations, particularly for accessing hidden and vulnerable populations,[20] and when the aim is for an indicative, rather than truly representative sample.[11] The use of multiple entry points into the communities, with short chains of contacts and application of an informal quota to ensure a range of different Afghan ethnic groups (Hazara, Tajik, Uzbek, etc) and religious affiliations were included, helped to reduce selection bias and improve the representativeness of the sample. At least six discrete snowball initiation points were used for each group, with the exception of the Kurdish community in Christchurch which was small enough to allow all eligible members to be approached. The other three groups were estimated to have a population size of 1,000-1,500 people. Comparison with 2006 Census data from WA for similar ethnic groups and creation of a 'tentative map' of community demographics compiled with co-operation from key individuals within each community,[20] suggests a reasonably representative sample was recruited with comparable age/sex balance. Other research with Iranian groups in Australia reported similar demographic profiles to census data using snowball techniques.[7,21] A more detailed discussion of the methodological challenges around sampling and recruitment in this study is reported elsewhere.[22]

Language considerations

Instruments were obtained in Farsi (Persian), Arabic and English, which had previously been translated and validated for use with people from these language groups. Farsi is a national language of Afghanistan, while most Kurdish people understand Arabic or Farsi depending on their country of origin. Information sheets outlining the study aims and procedures, as well as consent forms, were professionally translated into Farsi and Sorani (Kurdish dialect) using standard back-translation methods.[23] Written informed consent was obtained and no interpreters were required for this sample.

Measures

A full description of the reasons for selection, and characteristics of all the study instruments, as well as language considerations, is available elsewhere[23] with a summary reported briefly below.

Personal Well Being Index (PWI)

Subjective well being (SWB) was assessed with the Personal Well Being Index,[24] a self-rated questionnaire of eight items of satisfaction related to quality of life domains representing the first-level deconstruction of the global question "How satisfied are you with your life as a whole?" An optional religion/spirituality domain was included, as this has been identified as an important component of subjective well being for groups from the Middle East.[25] Each question is scored using an 11-point Likert scale with anchors of

0 (completely dissatisfied) and 10 (completely satisfied). Results can be analysed either as separate variables, or aggregated to give an average percentage score representing subjective well being, with higher scores indicating greater satisfaction.

Kessler-10 Psychological Distress Scale (K10)

The Kessler-10 scale is a population screening tool for psychological distress that has been used in New Zealand and Australian National Health and state surveys.[26,27] It has been favourably compared with diagnostic interviews (CIDI) and the General Health Questionnaire-12,[28] and has been used with a range of groups from the Middle East.[29] This instrument is also self rated using a 5-point Likert scale with ten questions relating to psychological distress in the previous four weeks. The sum of all items gives a total score ranging from 10 (low risk) to 50 (severe risk of distress). Scoring criteria vary slightly; however, for consistency we applied the same criteria as the Australian and New Zealand surveys. Scores of 10-15.9 indicate no significant feeling of distress; 16-21.9 indicates moderate levels of distress consistent with a diagnosis of moderate depression and/or anxiety; 22-29.9 suggests a high level of distress; and scores of 30 or more indicate the possibility of very high or severe levels of psychological distress.[26,27]

Open-ended interview questions

Open-ended questions were used to direct discussion during interview, and allow participants to provide feedback in their own words about their resettlement experiences. The probes explored resettlement difficulties and suggestions for improvement, negative and positive quality of life aspects, assessment of support, perceptions of their personal experience of health and sickness, and their strategies for dealing with stress and ill health.

Interview procedure

The majority of people participated in individual questionnaire-based face-to-face interviews lasting one to two hours. These involved completing the K10, PWI and demographic profile, followed by discussion of open-ended questions. A small number (fewer than 10 from the total group of 193) preferred to self-complete questionnaires in their language of choice and return

Table 1: Demographic characteristics of study population (n=81).

Variable		Afghan n=30		Kurdish n=51		Total n=81	
		n	%	n	%	n	%
Age	Under 30	12	40	18	35	30	37
	30 & older	18	60	33	65	51	63
Gender	Male	17	57	28	55	45	56
	Female	13	43	23	45	36	44
Total time resettled	8-12 years	13	43	23	45	36	44
	13-16 years	11	37	26	51	37	46
	17-20 years	6	20	2	4	8	10
Time as refugee	Less than 1 year	3	10	7	14	10	12
	1-4 years	11	37	33	65	44	54
	5-9 years	11	37	2	4	13	16
	10-14 years	3	10	9	17	12	15
	15-20 years	2	6	-	-	2	3
Education	None/minimal	1	3	2	4	3	4
	Primary	3	10	3	6	6	7
	Secondary	9	30	29	57	38	47
	Tertiary	15	50	17	33	32	40
Employment status	Working full time	17	57	13	25	30	37
	Working part time	6	20	9	18	15	18
	Not working	7	23	29	57	36	45
Occupation (n=45)	Service & Sales	9	39	7	32	16	36
	Management/Self employed	7	31	6	27	13	29
	Trade	1	4	6	27	7	16
	Professional	4	18	1	4	5	11
	Technical/Assoc professional	1	4	1	4	2	4
	Clerical	1	4	-	-	1	2
	Agricultural/fishing	-	-	1	4	1	2

Note: Some totals do not sum to 81, missing data not included. Occupation percentages are calculated only for those who are working (Afghan n=23 & Kurdish n=22).

them by mail. The longer-settled participants included in this report were all interviewed in English, but completed questionnaires in their language of choice. Although discussion based around the open-ended questions was optional, the majority of people provided responses for qualitative analysis.

Analysis

Descriptive statistics were calculated for PWI (total score SWB), and K10 data, as well as socio-demographic variables. Mann-Whitney U tests were used to reduce the impact of skewed data to assess differences for all reported variables. Quantitative data were analysed using SPSS 12.0 (SPSS Inc.), using significance levels of 0.05. Interview data based on open-ended questions were managed using NVivo 8 (QSR International). They were initially coded using open coding in which the data from each question were broken down into distinct units of meaning. Codes were then compared with one another to discover similarities between the categories with related categories aggregated to produce the themes reported[30] and to ensure final themes that were distinct yet common across a number of respondents. Coding and thematic analysis were discussed between the researchers and with input from Afghan and Kurdish interpreters.

Results

Participant demographics

The majority of the 81 participants settled for longer than eight years were Kurdish (63%), living in Perth (84%), aged 30 years or more, and 56% were male. Most (54%) had spent between one and four years as a refugee prior to resettlement. This was assessed as the time between going into exile from their country of origin and their eventual arrival in Australia or NZ as humanitarian entrants or asylum seekers. Almost 90% percent of participants had completed secondary school or obtained tertiary qualifications and 98% were Muslim (one not stated). The main demographic characteristics are presented in Table 1. All except one elderly woman could speak adequate English to function in the wider society. Only half of those with university level qualifications were currently employed and this was often in unskilled or part-time work. Overall, 53% of participants in the 8-12 year group, 57% in the 13-16 year group and 63% of those settled for 17-20 years were in any form of employment at the time of data collection, despite 98% being aged less than 60 years. The most common occupations were service/sales (mainly taxi driving or working in a shop), management/self-employed (ethnic food suppliers/kebab restaurants) or trade positions. There was no female over the age of 40 in paid employment.

Psychological distress (Kessler-10)

Overall, 60% (n=49) of the sample scored above the K10 threshold level of 16; this was evenly spread by refugee community group. The summary of K10 scores for the main demographic variables (Table 2) shows median scores generally within the moderate risk range, with a range from 10-45, with significant differences between males and females and between employed and unemployed participants. Those female or unemployed had a higher risk of psychological distress.

Subjective Well Being (PWI)

Results for SWB showed significant differences between refugee groups, but no differences when tested by other demographic variables (Table 3). Results were also analysed by PWI individual variable scores, and showed significant differences between Afghan and Kurdish participants for all domains except satisfaction with personal safety. In all cases, Afghan median scores were significantly higher than Kurdish medians, indicating greater satisfaction with their lives overall (Table 4).

A further examination of results by resettlement location showed significant differences between groups living in Perth and Christchurch for satisfaction with feeling part of the community

Table 2: K10 results by demographic variables for people settled 8-20 years (n=81).

Variable		n	K10 median	Range	Test of significance
Gender	Male	45	15	10-31	Z=-2.71, *p*.007
	Female	36	19	10-45	
Refugee community	Afghan	30	16	10-45	*p.=0.*68
	Kurdish	51	17	10-38	
Resettlement location	Christchurch	13	19	10-45	*p.=0.60*
	Perth	68	17	10-33	
Employment	Working	45	16	11-45	*Z*=-2.016, *p*=.0.04
	Not working	36	19	10-38	

Possible range of K10 scores: 10-50 No significant effects were noted for age group or educational level.

Table 3: SWB results by demographic variables for people settled 8-20 years (n=81).

Variable		n	SWB median	Range	Test of significance
Gender	Male	**45**	**75**	**50-100**	*p*=0.888
	Female	36	74	23-99	
Refugee community	Afghan	30	85	23-100	*Z*=-3.921, *p*=0.00
	Kurdish	51	66	50-100	
Resettlement location	Christchurch	13	85	23-100	*p*=0.159
	Perth	68	74	50-100	
Employment	Working	45	76	23-100	*p*=0.242
	Not working	36	69	53-100	

Possible range of SWB scores: 0-100. No significant effects were noted for age group or educational level.

and spirituality/religion (Table 4). Although this suggests that participants living in Christchurch are more satisfied with both of these quality of life domains, results should be interpreted with caution due to the small sample number in Christchurch.

Positive QOL themes

Positive quality of life themes identified during interview were ranked according to prevalence (Table 5). The importance of living in a safe and secure environment was the most highly regarded feature of participants' lives, mentioned by all groups. This comment sums up the feeling of many, "Here one doesn't have the fear of life being taken by a dictator regime", while another highlights personal liberation, "I think I am a first-class citizen here, freedom is here". Lifestyle features, societal organisation and friendly, welcoming people were also valued. A few people mentioned education and opportunities for women; however, these appeared to be less important in the long-term than for those more recently arrived, based on the results of our wider study. It seems likely that these freedoms are normalised and taken for granted after several years.

Negative QOL themes

Negative quality of life aspects were also ranked according to the number of people raising them and are described in Table 6. Social/family/isolation was the most common theme discussed, and was widely spread amongst Afghan and Kurdish respondents in both Australia and NZ, and by gender and age group. Lack of extended family was a particular concern, and a few women attributed limitations of their own educational or employment opportunities to absence of family support for child minding. In Islamic culture, neighbourliness is considered an important social connection and several people were also disappointed that they had not managed to establish contact with their immediate neighbours, even after many years. Cultural and religious concerns were the second most common theme, mainly mentioned by older men (over 40) in Perth. Some people talked about discrimination, especially for Muslims after 9/11, with job opportunities seen as a particular challenge. A similar demographic profile was observed for the personal aspirations and achievement theme, again of particular concern to older males. Specifically, disappointment was expressed due to dissonance between expectations on arrival with the realities faced several years later, and was often related to under-employment, loss of social status and lack of personal fulfilment and satisfaction. One male participant described this loss, "It is a huge difference, my language is not very good and I don't have much interaction with people here. At home, I worked as a teacher but here I am not working at all; which is not a nice feeling. At home I was also a well known and popular author; here I am unknown." Many older participants appeared resigned to setting aside their own personal ambitions and happiness in favour of better life opportunities for their children.

Table 4: Comparison of PWI individual domain scores by refugee group and resettlement location.

PWI domain	Afghan			Kurdish			Test of significance between Afghan and Kurdish groups	
	n	*Median*	*Range*	*n*	*Median*	*Range*	*Z*	*p*
Satisfaction with standard of living	30	8	1-10	51	7	5-10	-3.394	0.001
Satisfaction with health	29	9	2-10	51	7	3-10	-3.030	0.002
Satisfaction with achievements in life	30	9	2-10	51	6	3-10	-4.300	0.000
Satisfaction with personal relationships	28	9	1-10	51	7	4-10	-2.939	0.003
Satisfaction with personal safety	29	9	1-10	51	8	5-10	-1.564	0.118
Satisfaction with feeling part of the community	29	8	4-10	51	6	0-10	-3.699	0.000
Satisfaction with future security	29	9	1-10	51	7	2-10	-2.522	0.012
Satisfaction with spirituality/ religion	29	10	5-10	50	7	2-10	-3.649	0.000
	Christchurch			**Perth**			**Test of significance between location groups**	
Satisfaction with feeling part of the community	13	9	4-10	67	7	0-10	-2.430	0.015
Satisfaction with spirituality/ religion	13	10	5-10	67	8	2-10	-2.684	0.007

PWI individual domains: Likert scale range 0-10

Main sources of stress

As part of the discussion on negative factors affecting quality of life, participants also commented on ongoing sources of stress in their lives (Table 7), not all of which were attributed to post-migration causes. The theme we termed 'introspection', although not necessarily a stressor itself encompassed the main complaint expressed by virtually all those interviewed, of having too much time to sit at home and worry. Quotes from two participants describe this: "It goes back to your mind, thinking a lot makes you tired, this makes you sick" and "Every Afghan has psychological stress, sitting around thinking a lot, especially older people who had education and now can't work". Similarly, feeling overwhelmed was also raised, "people feel hopeless, they can't cope with differences". This theme encompasses concepts of aimlessness, where participants' lives lack a sense of purpose or direction and they continue to be demoralised by the challenges of trying to get ahead and succeed, given inherent systematic constraints facing them, such as lack of recognition of overseas qualifications and discrimination. This, in conjunction with re-traumatisation from knowledge of ongoing conflicts in their home country and separation from family, continues to impact on the lives of these former refugees many years after settlement. However, for longer settled participants the dissonance between their previous occupational or social position and the reality of life being experienced also continues to weigh heavily.

Table 5: Positive aspects of life listed in order of prevalence

Theme	Distinguishing Feature	Examples
Security	Security, safe for family, no war or conflict, not dangerous	Very good here because in my country it used to be war [AF] Here one doesn't have the fear of life being taken by a dictator regime [KM]
Lifestyle	Comfortable life, good environment, better life, quiet & peaceful, clean & green	Everything is available, we have a good living standard and healthy life [KM] Luxuries and living standards are much higher here [AF]
Organisation	Well organised society, good facilities, government support, tax and social welfare system	Life runs easier in Australia than back in Iraq [KM] Everything is ready and at your hand [KM] Life is better in New Zealand, there are a lot more opportunities and facilities [KM]
Attitudes/people	Friendly people, welcoming attitudes, freedom	I think I am a first class citizen here, freedom is here [KM] It feels safe and welcoming here when you go in to offices [AF] People are very helpful [KM]
Other	Education, female opportunities	Happy here, education opportunities [KM] Here is freedom and education for women [KF]

A=Afghan, K=Kurdish, M=male, F=female

Table 6: Negative aspects of life listed in order of prevalence

Theme	Distinguishing Feature	Examples
Social/family/isolation	Loss of traditional support base, family separation, social isolation	In terms of social contact we don't have our extended family here and contact with neighbours is not so good as in Afghanistan [AM] I don't have any other family here, aside from my husband and children [AF]
Cultural/religious	Lack of respect, discrimination post 9/11, materialistic society	In New Zealand, there is no respect for elders and since 9/11 something changed. People and the police look at us as if we are guilty [KM] Coping with racism, especially for Muslims, from people on the street, media, in the schools, and getting jobs, is an important issue and challenge we face [AF] Here is material[ism], but there in my country was intellectuality. This difference came from the cultures and religions [AF]
Personal aspirations/ achievements	Status dissonance, unfulfilled expectations of new life	At home I was a popular, well known author, here I am unknown [KM] I am here hand worker but in my country I was social worker [AF] I wanted to be a teacher in Afghanistan but I couldn't get the education and now I am in New Zealand [but] because of looking after my children [with no family support] it is still hard [AF]
Other	Language difficulties, economic challenges	My language is not very good and I don't have much interaction with people here [KF] There should be more help for families on how to manage the family budget and economy as this is one of the main reasons for family problems and breakups [AF]

A=Afghan, K=Kurdish, M=male, F=female

Discussion

Most published research suggests that psychological distress can remain a chronic problem for people from refugee situations; especially for those who are most traumatised, but report improvements in mental health over time.[3,31] Longitudinal studies have mostly reported findings at 10-year follow up for predominantly South East Asian refugee groups, however our study, despite being cross sectional, has focused on Muslim refugees settled up to 20 years. At the time of data collection, self-reported psychological distress levels for study participants generally fell within the moderate risk distress category, with higher scores for women, and only 14% were in the high/very high risk range overall. This contrasts to the findings from those studied within eight years of resettlement, where 45% of the total sample was within this range (unpublished observations). Previous studies have also suggested that psychological distress levels decrease over time,[3] although the cross-sectional design of the current study precludes determination of causal inferences. It is possible that a cohort effect may occur, with more recently arrived refugees continuing to report high levels of distress despite the passage of time or that differing pre-resettlement experiences are major determinants of long-term outcomes.

However, qualitative responses confirm the ongoing impact of past experiences on respondents' mental health status. Having too much time to introspect and separation were the most significant stressors identified in our study of all Kurdish and Afghan refugees,[32] and as this analysis demonstrates, these continue to impact on the lives of refugees over time. Of interest with regard to this longer-term group was that the feeling of being 'overwhelmed', mentioned by several people, suggests continued and long-term despondency. While this might be expected in the early days, its ongoing impact so many years later is notable. Similarly, 'status dissonance' which reflects loss of status, social position or professional expectations compared with a person's previous life, was still keenly felt by many. The fact that only five people were working in professional positions, although many previously worked as health professionals, engineers, scientists, academics or teachers in their home country, highlights this problem of under-employment. It also suggests a problem with the social inclusiveness of both countries in welcoming arrivals from a troubled region of the world with a very different cultural, religious and language heritage and suggests a need for much earlier interventions focusing on the skills needed for successful employment.

This links to the common complaint of having too much time to sit at home and think. Participants almost universally expressed a desire to work and contribute to their host society, but despite high levels of human capital (almost half having tertiary-level education), unemployment, acknowledged as a significant stressor,[33-35] was high. One longitudinal study looking at resettlement of South East Asian refugees in Canada reported that unemployment was associated with depression for males but not females,[6] different from our findings where no difference was observed by gender. At 10 years, lack of fluency in English in their sample was also a significant predictor of depression and employment, especially for women and the long-term unemployed. Another study of Hmong refugees 10 years after arrival in the US also reported high rates of illiteracy, inability to speak English (8%) and described little social contact outside their own ethnic group. High symptom levels on self-rating scales were also observed.[8] In comparison, all our participants settled over 10 years reported fluency in English, and comprised a generally well-educated, socially mobile group that might be expected to settle with relative ease. However, despite speaking good English, the percentage of those in any form of employment only increased from 53% at 10 years to 63% by 20 years, and none of the 12 women who were working outside the home were aged over 40. These findings support those of an Australian study that examined the impact of 'visible difference' on employment outcomes for refugees, and concluded that Middle Eastern refugees experience significant discrimination in the labour market.[11]

Social isolation continues to be of concern, especially for women, with several people also reporting relationship tensions, including acceptance within society and the feeling that they would never really fit in. This perception may also be linked with cultural and religious concerns, and reflect wider societal attitudes

Table 7: Main sources of stress identified by people resettled 8-20 years in order of prevalence

Theme	Distinguishing Feature
Introspection	Thinking too much, sad/unhappy/depressed, past experiences & current reminders/re-traumatisation, too much time to introspect
Separation	Separation from family, home, past lifestyle, 'homesick'
Status dissonance	Imbalance between former employment, social position, expectations and current realities
Being overwhelmed	Daunted by new life, feeling aimless, hopeless, no way ahead
Social isolation	Language, women at home, elderly, housing demographic spread
Relationships	Acceptance in host country, discrimination
Disempowerment	Lack of control & reliance on others
Cultural & social change	Lack of cultural awareness & respect by officials & wider public
Other	Security concerns, host society not believing in anything

towards Muslims or refugees.[11,12] This was highlighted mainly by participants in Perth, which could be a result of negative political reporting and hard-line Australian government policies around boat arrivals and refugee issues since 2001 influencing public opinion. The media discourse on boat arrivals is notably more negative in Australia than NZ,[36] and Western Australia is the entry point for asylum seeker boat arrivals. Discrimination has been noted as a significant stressor in previous refugee studies,[33,35] and the lack of employment despite participants' interest and apparent capability suggests it may be occurring in this situation. Poynting and others have clearly demonstrated a history of racism towards those of Middle Eastern or Muslim background in Australia and such discrimination is likely to explain our findings through its disheartening impact over time on participants.[37,38] Despite different sample sizes, there were significant differences between those living in Christchurch and Perth for the PWI domains for 'Satisfaction with feeling part of the community', and 'Satisfaction with religion', with Christchurch residents scoring higher on both counts. This could be partly due to differing attitudes towards Muslim migrant groups in the two locations. A recent study which examined discrimination and well being of refugees in Western Australia concluded that negative experiences, such as discrimination, manifest as dissatisfaction or disappointment rather than seriously compromising overall attitudes to life satisfaction and general well being.[10] However, further confirmation of this is needed, as well as a larger comparison of New Zealand and Australian refugees.

On the positive side, security continued to be the most important factor for all groups, even many years after resettlement. As has been described in other studies, participants continued to refer to the hardships, persecution, violence and conflict of their earlier lives, reiterating the ongoing impact of re-traumatisation caused by news reports from back home and concern for significant others still in conflict or refugee situations,[39,40] this keeps focus on their own security high. Overall, Afghan participants scored higher SWB scores than their Kurdish counterparts on the PWI scale, scoring consistently higher for every quality of life domain. The reason for this is unclear, but cultural or linguistic variations in interpretation of instrument constructs may have influenced scores, as many Kurds (40% in our sample) are not literate in their own language, having been educated only in the relevant state of origin language. There may also be a difference in lifestyle expectations between those of Afghan and Kurdish ethnicity which would require more in-depth research and analysis.

In general, friendly, welcoming people, a comfortable standard of living and good environment, coupled with the advantages of living in a well-organised society, with good facilities and government support, were highlighted as positives by study respondents. However, reality falls short of that expected in many cases, as the difficulties forming relationships within the host society and concerns around discrimination and employment challenges suggest. Ideally, more support should be provided to encourage employers to take on migrant workers, perhaps through a work scheme to allow people to obtain relevant local work experience. Also, ensuring better recognition of overseas qualifications and experience would enable society to benefit from the wealth of knowledge and experience that is currently underutilised. The desire to obtain work commensurate with skills is a fundamental goal and achieving this would alleviate many of the negative factors reported. Improving public perceptions of former refugees, particularly Muslims, is likely only to be achieved through better education and personal interaction combined with responsible media reporting.

This report on long-term resettlement from a larger study comparing similar groups in Australia and New Zealand provides some unique data and a general overview of resettlement from Kurdish and Afghan refugee perspectives. However, a few limitations can be identified; firstly, a recent meta-analysis examining the impact of methodological and key risk factors in prevalence rates of depression and PTSD in post-conflict populations found that studies using self-reported measures, with small (less than 1000 participants), non-random samples generally report higher prevalence rates for depression,[41] and this should be kept in mind when considering our results. Given the snowball sampling necessary for recruitment of a range of participants within the four, discrete refugee communities, caution is needed when generalising to a wider population. The cross-sectional design also limits assessment of data over time and direct comparison with longitudinal studies. Despite these limitations, our results provide valuable information given the many challenges of researching this small minority and vulnerable group and the scarcity of literature on long-term resettlement.

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6.4 Article 6: Learning to Fit in: An Exploratory Study of General Perceived Self Efficacy in Selected Refugee Groups

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ORIGINAL PAPER

Learning to Fit in: An Exploratory Study of General Perceived Self Efficacy in Selected Refugee Groups

Cheryl M. R. Sulaiman-Hill · Sandra C. Thompson

Abstract As self efficacy beliefs help determine an individual's response to challenging situations, we explored the impact of the refugee experience on efficacy beliefs and their contribution to resettlement. General self efficacy (GSE) was assessed in 186 resettled Afghan and Kurdish refugees against a range of personal and temporal variables. Although no differences in GSE in relation to temporal factors were noted, significant relationships between self efficacy, lower psychological distress and higher subjective well being were evident. The findings suggest that GSE, because of its positive association with mental health and well being, is a variable worthy of further examination in refugees. In addition to ensuring a supportive environment for learning English, proactive employment strategies should be encouraged. Further research examining the use of successful refugee role models to promote self efficacy, enhance motivation for learning and ensure newly arrived refugees view resettlement as a challenge, rather than a threat, is recommended.

Keywords General self efficacy · Refugees · Resettlement · Mental health · Social modelling

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Background

Any migration experience provides significant challenges to individuals adapting to their new environment, and this is particularly so for refugees resettling in host societies where there are considerable cultural, linguistic and social barriers. Although there are wider pre- and post-migration influences, including human rights violations, trauma, personal loss and the involuntary nature of migration which affect refugee groups as a whole, individual psychosocial characteristics also influence the resilience and ease with which some people adapt. In particular, the concept of self efficacy (SE) may be one area worthy of further consideration for enhancing resettlement outcomes and well being for former refugees.

Self efficacy was first described by Bandura as a key component of social cognitive theory [1, 2]. According to this theory, SE beliefs help shape an individual's responses through cognitive, motivational, affective and selection processes that determine how people feel, think, motivate themselves and behave. The main sources of efficacy beliefs include mastery experiences, vicarious experiences gained by observation of social models especially those perceived as similar to the individual, social persuasion and an individual's own psychological assessment of capability.

A strong sense of efficacy promotes belief in personal accomplishment and confidence to face challenging situations, improves the likelihood of success in a given venture, and enhances psychological well being. People with high efficacy beliefs perceive tasks as challenges to be mastered in pursuit of a goal, rather than threats to be avoided, and maintain a strong commitment to these goals even following failures or setbacks. Whereas someone with low efficacy may attribute difficulties to personal deficiencies, focusing on obstacles, adverse outcomes and

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avoidance of the activity, highly efficacious individuals are more inclined to perceive life as a challenge, confident that they can exercise control over threatening situations. This in turn reduces stress and decreases vulnerability to depression. Although self efficacy was originally conceived as a domain or task specific construct, there is now increasing acceptance of a generalised efficacy concept (GSE), or "situation-independent competence beliefs", referring to a globalised confidence in one's coping ability to successfully manage a range of stressful situations [3–6]. The general self-efficacy scale therefore, aims at assessing a broad and stable sense of personal competence to deal efficiently with a variety of stressful situations.

A high level of efficacy increases motivation for work, study [7] and exercise [8], is associated with lower levels of stress and psychological distress [9, 10], has a positive relationship with health related quality of life [11], and has also been identified as an important predictor of post traumatic recovery for collective trauma survivors [12, 13]. However, few studies have examined SE in refugee groups despite a number of studies indicating that it may be important. For example, self efficacy has been identified as a significant predictor of mental health for former Malawian refugees [9], higher levels of SE and lower depression were observed among resettled Somali adolescents reporting a greater sense of school belonging [14], and East German refugees/migrants with higher GSE reported better health, higher rates of employment and improved social integration [15]. High levels of personal and collective efficacy have also been observed among Somali women in the United States in a study examining determinants of physical activity [8].

However, although a high sense of general self efficacy can have positive benefits in a number of areas, it is known that weak SE beliefs are vulnerable to change in response to intervening experiences [2]. Thus, although the beliefs themselves may be conceived and manifest in general terms such as self confidence and motivation, they may be modified by specific experiences.

As part of a larger exploratory study examining psychological distress and subjective well being (SWB) in resettled Afghan and Kurdish refugees in New Zealand and Australia, measurement of GSE was included to address the following research questions: Do those with higher levels of psychological distress have lower GSE? Is GSE related to education, English ability, or employment? Is there any relationship between the length of time someone has spent in a disempowering refugee situation and their assessed GSE? Once a refugee has been resettled in an area without persecution or conflict, does their GSE improve over time? What is the relationship between the level of GSE and the type of stressors reported?

Methods

A mixed methods approach was used for our wider study, combining quantitative assessment of psychometric data with qualitative interview responses from open ended questions. Selected findings from the quantitative component of the study relating to general perceived self efficacy are presented here. The study was approved by the Human Research Ethics Committee, Curtin University in Perth, Western Australia. Written informed consent was obtained from all participants. A full description of instrument selection, language considerations and sampling challenges is available elsewhere [16, 17], but a brief outline is presented below.

Participant Recruitment

Participants were adults of Afghan or Kurdish ethnicity, who arrived in New Zealand or Australia as refugees between 1988 and 2008 and were living in either Christchurch or Perth during data collection in 2008–2009. Snowball sampling was used for recruitment, using multiple initial contacts with short chains of contacts within each of the refugee groups to improve representativeness and reduce selection bias [18, 19]. Comparison with census data and community profile maps reassured us that this had been achieved [16]. An ascending technique helps overcome some of the sampling challenges with vulnerable, socially invisible groups, including concerns about research motives, difficulties with access and trust [20, 21], also problems with invisibility in national data sets (a particular concern for Kurdish participants). It has been acknowledged that snowballing is sometimes the only feasible approach for recruitment of hidden populations such as these [20].

Measures

General Perceived Self Efficacy Scale (GPSE)

The GPSE scale [22] consists of ten questions in which respondents rate how well each statement describes their approach to problem situations on a four point Likert scale. A sum score, with a range from 10 to 40 points, is calculated by adding all responses, or alternatively a mean score may be used. Higher scores represent higher levels of perceived self efficacy. Scores are not calculated if there are more than three missing values. Alternative language versions are available from the developer's website (http://userpage.fu-berlin.de/health/selfscal.html), and previous international studies have reported cross-cultural equivalence [5].

Kessler-10 Psychological Distress Scale (K10)

This instrument was used to assess self-rated psychological distress over the previous 4 weeks, using a Likert scale with five response categories. The sum of all ten items gives a total score ranging from 10 to 50. Cut off values vary, but for the purposes of this analysis the categories selected for the New Zealand (2006–2007) and Australian (2007–2008) Health Surveys were used [23, 24]. These classify scores between 10 and 15.9 as being at low risk of distress, moderate (K10 between 16 and 21.9), high (22–29.9) and very high risk (K10 of 30 and over). The high and very high risk groups were aggregated for this analysis. Also available in Arabic, Farsi and Turkish, the K10 has previously been used with similar refugee groups in Australia [25].

Personal Well Being Index (PWI)

Subjective well being (SWB) was assessed using the Personal Well Being Index [26], a self rated questionnaire comprised of eight items of satisfaction related to quality of life domains representing the first level deconstruction of the global question "How satisfied are you with your life as a whole?" Questions scored using an 11-point Likert scale are aggregated to give an average percentage score representing SWB, with higher scores indicating greater satisfaction. This instrument is available in Farsi and Arabic, and has been previously used with groups from the Middle East [27, 28].

Language Considerations and Data Collection

The availability of pre-translated, culturally validated instruments in appropriate languages for the target populations was a key criterion in their selection. Questionnaires also needed to report adequate validity and reliability with comparable populations, to measure the constructs of interest, and ideally have comparative national or local population data sets available. Farsi/Dari (Persian) is a national language of Afghanistan and is also understood by many Kurdish refugees, in addition to English and Arabic. No instruments were identified in any Kurdish dialects; however, as most Kurds are educated in the state language of their country of origin, Farsi and Arabic were considered a compromise choice. Similarly, all Afghan refugees in Christchurch and Perth understand Dari. Although Arabic instruments were also available for use, only Farsi and English language versions were used by participants.

Face-to-face interviews lasting 1–2 h were conducted with 186 participants. Questionnaires were self completed by respondents in their choice of Farsi [41% ($n = 76$)] or English language [59% ($n = 110$)]. In a small number of cases, interpreter assistance was required. Open-ended questions were used to direct discussion about sources of stress, with 71 participants providing some qualitative material for analysis as part of our wider study. The aim was to determine if the types of stressors reported by participants, information which cannot be determined from psychometric instruments, varied according to the level of GSE recorded.

Analysis

Quantitative data was analysed using SPSS 12.0 (SPSS Inc.). Baseline descriptive statistics were calculated, and differences between groups of variables assessed using nonparametric tests (Kruskall–Wallis (KW) and Mann–Whitney (MW)) to reduce the impact of skewed data, with initial significance levels of $P < .05$. Significant results from the KW test were further analysed by pair wise comparison using the MW test and applying the Bonferroni correction to determine relevant significance levels. Cronbach's alphas, calculated for combined language versions of 10-item GPSE and K10, and 8-item PWI with our entire sample,were .89, .86 and .83 respectively. Thematic analysis involved open coding in which data from open ended questions was broken down into distinct units of meaning. During the axial coding phase these codes were compared with one another to identify links between categories, and related categories were then aggregated to produce the themes reported [29]. Findings were discussed between the researchers with input from interpreters.

Results

The demographic characteristics of the sample, with median GPSE scores, are presented in Table 1. Statistically significant differences in self efficacy between some groups were noted, with higher scores recorded for males, those employed, and people speaking functional English. This was defined as being able to confidently communicate in English with members of the host society. A positive linear relationship was observed for the education variable with participants having minimal education recording the lowest SE scores and those with tertiary level education the highest. This was also observed for SWB; those with lower SE scores reported poorer quality of life. An inverse relationship was noted for psychological distress; participants with the highest risk of distress had the lowest median SE scores, while the highest SE scores were recorded for those with lowest risk of psychological distress.

No differences in perceived self efficacy were noted for groups based on resettlement location, ethnicity (refugee community), age, or marital status.

Table 1 Median GPSE scores by demographic variables $n = 186$

Variable	n	Median GPSE	Range	Test of significance
Resettlement location				
Christchurch	91	31	10–40	$P = .467$
Perth	95	32	10–40	
Refugee community				
Afghan	89	30	10–40	$P = .096$
Kurdish	97	32	13–40	
Gender				
Male	96	34	10–40	$Z = -5.01$, $P = .000$
Female	90	28	10–40	
Age				
Under 30	78	31	10–40	$P = .790$
30 & older	108	32	10–40	
Marital status				
Married	120	32	12–40	$P = .416$
Not married	64	30	10–40	
Time spent as refugee				
Less than 1 year	27	30	10–40	$P = .806$
1–4 years	66	31.5	12–40	
5–9 years	19	32	17–37	
10–14 years	25	32	10–40	
15–19 years	14	32	23–40	
20–24 years	17	31	13–37	
25 years or more	15	31	20–40	
Time settled[a]				
0–5 years	64	31	10–40	$\chi^2(3, 185) = 15.1$, $P = .002$
6–10 years	70	30	10–40	
11–15 years	43	34	25–40	
16–20 years	8	31	25–36	
Employment status				
Working	87	33	10–40	$Z = -2.95$, $P = .003$
Not working	96	30	10–40	
English language ability				
None/minimal	25	24	10–40	$Z = -3.97$, $P = .000$
Functional English	161	32	10–40	
Education[a]				
None/minimal	14	25	10–34	$\chi^2(3, 177) = 10.92$, $P = .012$
Primary	26	30	17–40	
Secondary	88	31	13–40	
Tertiary	49	32	13–40	
Psychological distress level (K10)[a]				
Low risk	64	34	10–40	$\chi^2(2, 186) = 27.28$, $P = .000$
Moderate risk	66	32	10–40	
High/very high risk	56	26	16–38	
Subjective well being (SWB)[a]				
0–50	8	23	18–36	$\chi^2(5, 183) = 24.07$, $P = .000$
51–60	27	28	17–39	
61–70	27	28	13–38	
71–80	38	31	10–40	
81–90	45	32	10–40	
91–100	38	35	13–40	

Not all totals sum to 186, missing data excluded

[a] Mann–Whitney U tests showed significant differences in GPSE for the following variables:

Time Settled (Bonferroni correction $P = .008$): between 0 and 5 years and 11–15 years ($z = -4.24$, $P = .000$), and 6–10 and 11–15 years ($z = -4.14$, $P = .000$)

Education (Bonferroni correction $P = .008$): between None/minimal and Secondary ($z = -2.68$, $P = .007$), and None/minimal and Tertiary ($z = -3.26$, $P = .001$)

Psychological distress level (Bonferroni correction $P = .017$): between Low risk and Moderate risk ($z = -2.56$, $P = .011$), Low risk and High/Very High risk ($z = -5.10$, $P = .000$), and Moderate risk and High/Very High risk groups ($z = -2.99$, $P = .003$)

Subjective Well Being (Bonferroni correction $P = .003$): between SWB 0–50 and 91–100 ($z = -2.98$, $P = .002$), SWB 51–60 and 91–100 ($z = -2.99$, $P = .003$), and SWB 61–70 and 91–100 ($z = -3.88$, $P = .000$)

Although significant differences were noted for the variable based on time since resettlement (Time settled), in particular between those resettled for 10 years or less and those resettled longer (with the highest SE scores observed in the 11–15 year group), no significant differences were observed for the length of time spent in a refugee situation prior to resettlement.

To control for possible improvements in GSE after resettlement, data was split into three categories: settled less than 1 year, 1–2 years, and longer than 2 years. These were then cross tabulated against time spent in a refugee situation prior to arrival to better reflect pre-migration influences. No significant differences in GSE were observed between groups.

GPSE scores were then used for qualitative profiling [30]; by cross referencing the GPSE score against participants who provided responses to open ended questions about sources of stress in their lives ($n = 71$). As this data had already been gathered as part of our larger study, the findings are included here. There was no difference based on participants' GSE levels in whether they provided a qualitative response. Eight distinct themes which had been previously identified for our entire sample (in press) were compared by GPSE score, splitting the data across the

median of 31.5 (Table 2). This cut point maximised the numbers for comparison on qualitative responses, but for most themes numbers were small and no clear differences emerged between groups with high or low GSE. Although some participants with low scores described 'feeling hopeless' (male GPSE = 12), that they 'can't decide about everything, can't make decisions' and that 'there are too many things here to think about' (female GPSE = 27), and another woman mentioned depression resulting from not 'know[ing] what they're doing with their lives' (GPSE = 21), similar sentiments were expressed by those reporting higher scores. Exploration using different cut points for GPSE was also tried, with no clear distinction between groups for the themes coded from participants' qualitative responses. However, the three themes of "feeling overwhelmed", "disempowerment" and "introspection/depression" for which there were higher numbers identified in qualitative theme coding, were disproportionately represented in those with GPSE scores below 25.

Discussion

The theoretical framework underpinning this study of resettled refugees proposes that higher GSE increases motivation to learn, and decreases levels of stress, promoting better health and overall wellbeing. The refugee experience is stressful, disempowering and frequently traumatic, resulting in life experiences that have the ability to affect self efficacy beliefs [2]. However, as neither the nature nor scope of these beliefs is static, we suggest that positive post-resettlement experiences could potentially improve GSE and enhance long term outcomes.

To answer our research questions, we firstly examined the relationship between GSE and psychological distress levels, with results confirming a clear linear relationship based on K10 results. Participants scoring lower GSE were significantly more likely to report higher distress, consistent with previous reports [4, 9]. Similarly, education, English ability and employment variables also showed significant differences by GSE. People with higher self efficacy were more likely to speak good English, have higher levels of education and to be employed. They were also more likely to report greater levels of satisfaction with their lives overall. Although these associations do not imply causality, the observed links between general efficacy beliefs and positive educational and employment outcomes confirms the salience of the GSE construct in this context. As these variables have been previously associated with well being and health for resettled refugee groups [31, 32], initiatives to improve GSE could therefore have a positive impact in these areas and prove beneficial for long term outcomes, especially as strong efficacy beliefs can predict coping behaviour and health functioning up to 5 years later [2].

In particular, there may be a benefit in providing successful role models for newly arrived refugees. In addition to mastery skills, vicarious experiences gained from social "models" can enhance efficacy beliefs. For resettling refugees, contacts with others from a similar background, who have succeeded in learning English, establishing new homes, social connections, and gained meaningful employment provide a model of success. By their transmission of knowledge, effective skills and strategies [2], models may stimulate new arrivals to not only acquire new skills, but also motivate them to persevere when times are difficult. In contrast, contact with others who have struggled may undermine confidence. One participant expressed deep concern that he had met people settled for many years who were still unable to speak adequate English and obtain employment. The sense of despondency depicted by this image had a profound effect on his motivation and desire to learn.

Our second focus was to investigate the impact of temporal factors on GSE. In particular, we were interested to explore whether the length of time spent in a refugee situation would have any impact on efficacy levels. Many refugees in our sample came from protracted, long term situations (some had spent their entire lives in a camp environment), experiencing not only the traumas and disempowerment common to the refugee experience, but also constraints on education and employment opportunities. Despite this, our results showed no significant difference in GSE based on the length of time spent as a refugee prior to resettlement. However, as 'the relation between efficacy beliefs and action is revealed more accurately when they are measured in close temporal proximity'[2], by splitting our data into those newly arrived and within the first 2 years we were able to more accurately assess efficacy

Table 2 Sources of stress, ranked by percentage of participants with GPSE below median of 31.5

Source of stress	GPSE below median $n = 32$		All participants $n = 71$	
	n	%	*n*	%
Introspection/depression	21	66	48	68
Separation	12	38	26	37
Feeling overwhelmed	7	22	13	18
Disempowerment	4	13	6	9
Relationship concerns	4	13	7	10
Social isolation	3	9	5	7
Status dissonance	3	9	8	11
Cultural or social change	2	6	3	4

Totals do not sum to 71 or 32 as some participants reported more than one source of stress

levels soon after arrival. Again, no differences in GSE were observed in the recently arrived groups based on the length of time they had been refugees.

Another question explored in this analysis was whether GSE improves over time once people are resettled in an area without persecution or conflict. We found a statistically significant difference between people settled less than 10 years and those between 11 and 15 years, which could suggest that intervening positive experiences, such as gaining meaningful employment or exposure to successful models have had a beneficial impact over time. However, the cross sectional study design and a number of potential confounding factors means causal inferences cannot be determined and this finding should be regarded with caution. Further work is therefore needed in this area. Similarly, our assessment of whether the level of GSE influences the type of stressors reported was restricted by the small number of participants scoring low GSE who also provided sufficient qualitative data for analysis. No obvious differences were apparent in the stressors reported during interview by those with high or low levels of GSE. Contrary to our expectations, we found little relationship between self reported stressors and efficacy beliefs in this sample, although only 71 participants with qualitative responses available constrained our ability to detect only substantial differences in themes based on GPSE score. Again, additional research in this area would determine whether those with low efficacy are more vulnerable to feeling overwhelmed and disempowered by the challenges of resettlement. If it is so, it suggests that assessment with instruments such as the GPSE is an important and useful supplement to inquiring into how people are faring using qualitative inquiry.

Limitations

In addition to the limitations already mentioned, snowball sampling prevents generalisation of our results to a wider population, although the personal endorsements from participants helped to break down barriers and ensure a large enough sample for a valid study. To more accurately measure trends in GSE or evaluate intervention programs, repeated cross-sectional or longitudinal studies following the same sample would be warranted. In particular, studies could focus on interventions using positive models to promote self efficacy and enhance motivation for learning.

New Contribution to Literature

Although no meaningful differences in GSE in relation to temporal factors were noted, clear associations between self efficacy, psychological distress and SWB were evident. The findings suggest that GSE, because of its positive association with mental health and well being, is a variable worthy of further consideration for refugee groups. In addition to ensuring a supportive environment for learning English, proactive employment strategies should be encouraged. Further research examining the relationship between successful role models and refugee self efficacy would be useful.

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6.5 Summary of study findings

These three articles present the main findings of the refugee study, confirming that there are levels of psychological distress in former refugees that are higher than the general population in each location, especially for women, consistent with previous research. The fact that this was still affecting people up to 20 years after resettlement is noteworthy. Similarly, although the morbidity associated with these levels of distress was significant for a number of participants; the findings revealed some unwillingness to seek professional help. People preferred to use their own coping methods, as in most cases they believed the underlying causes of their distress to be insoluble. Separation from family and friends also impacted on this long term, revealing the importance of family reunification programs, especially given the focus on family backing as a major support for coping in times of stress.

For participants at all stages of resettlement, sitting at home with no meaningful diversion, resulted in introspection and 'thinking too much'. This was closely linked to symptoms of depression and anxiety, or generally poor mental health in the minds of many participants. Exposure to bad news from conflict areas back home resulted in frequent reminders of the traumas of the past and continuing worries for loved ones left behind. This had a potentially re-traumatising influence on participants own mental health and ability to settle. Unemployment and under-employment were also critical issues in this respect, especially for those settled for many years, as expectations of a better life frequently remained elusive in this area. One unique feature of this research was the inclusion of people who arrived up to twenty years earlier. Although all participants settled more than ten years were competent in English, and the majority were very well educated and qualified, high levels of unemployment were noted. Moreover, as some longer settled participants still raised concerns about their ability to 'fit in', questions were raised about the impact of possible discrimination and lack of social inclusiveness towards visibly different groups.

Combining quantitative K10 data with qualitative responses to sources of stress also allowed identification of key stressors affecting those with a very high risk of psychological distress. Findings indicated that the issues impacting on this vulnerable group frequently relate to resettlement concerns which could be addressed by reviews of policies or implementation of targeted programs. In addition, further work examining the impact of social 'models' to enhance self efficacy is suggested. Higher self efficacy is associated with better mental health and an improved sense of well being. For individuals confronted with

challenging situations, such as those encountered by refugees struggling with resettlement challenges, a heightened sense of efficacy can provide motivation for work or study, to acquire necessary skills and improve mastery of the new language.

Finally, the research highlighted some of the positive features of life after settlement, assessed subjective well being and considered individual quality of life domains. Overall, safety and security remained the most valued factors for those from former conflict zones, but participants also appreciated the lifestyle and organisational aspects of their new homes. Disaggregating the data by ethnic/refugee group and resettlement location revealed differences between Afghans and Kurds for all domains of the Personal Well Being Index, and for subjective well being overall. Afghan participants appeared to be more satisfied with their lives than those of Kurdish heritage were. The reasons for this are unclear and further work in this area is warranted. Similarly, longer settled participants in Christchurch were apparently more satisfied with their religion and feeling part of the community than reported by those in Perth. These findings were discussed in the context of the media study and the potential impact of visible difference.

The next chapter summarises the research project as a whole, highlighting the significance of the findings, outlining limitations and providing a number of recommendations.

CHAPTER 7 GENERAL DISCUSSION & CONCLUSIONS

7.1 Introduction

This thesis has investigated the resettlement experiences of Afghan and Kurdish refugees in two major cities of Australia and New Zealand, which have different national immigration policies and local resettlement practices. The research has been centred within the current refugee literature, focusing on identified areas of concern. A comprehensive description of global refugee issues and the relevant national responses in Australia and New Zealand was provided to contextualise the findings.

This chapter provides a brief synopsis of the study findings as based on the research questions. A general discussion of additional points of interest that arose during the research process is also included. The significance of the study, limitations of the current research, recommendations and suggestions for future work are also discussed.

7.2 Synopsis of study findings

A mixed methods approach was adopted for the study overall, combining a media study, to describe newspaper reporting of refugee issues over a ten year period to provide an insight into the policy context, with refugee survey findings that aimed to quantitatively assess subjective well being, general perceived self efficacy and psychological distress. Considerable effort was made to select appropriate instruments, to ensure appropriate translations for the language groups were available and that participants could have access to an interpreter if required. Approaches to data collection were culturally appropriate at all times. Qualitative material was also used to elicit participants own perspectives on sources of stress, coping techniques and quality of life features. Several research questions were developed to facilitate the research objectives, with the findings presented in the relevant published articles. A brief summary is presented in Table 7.1 below.

Table 7.1 Summary of research questions & major findings

	Research Question	Major Findings	Publication
1	What is the prevalence of psychological distress in a sample of Afghan & Kurdish refugees, and are differences observed between recent and longer settled refugees?	-Levels of distress were higher than general population with two thirds of total sample in high/very high risk range -Risk factors included female gender, unemployment, poor English, being previously married, & minimal education -The prevalence of distress was lower in the longer settled group, with only 14% reporting symptoms in the high/very high risk category	"Thinking Too Much": Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees. (Sulaiman-Hill & Thompson, 2012) Afghan and Kurdish refugees, 8-20 years after resettlement, still experience psychological distress and challenges to well being. (Sulaiman-Hill & Thompson, 2011a)

2	What coping strategies do they use for dealing with psychological distress?	- The majority of participants favoured exercise, especially going for a brisk walk. Other strategies included social contact e.g. talking problems over with others or calling family back home, relaxation, avoidance, and religious practices. -Only a small number sought professional help or took medication to relieve stress	"Thinking Too Much": Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees. (Sulaiman-Hill & Thompson, 2012)
3	What are the main concerns identified by resettled refugees in Christchurch and Perth?	- Overall participants reported introspection/thinking too much, separation from both immediate and extended family, feeling overwhelmed, relationship concerns, status dissonance, disempowerment, social isolation and cultural/social change. - Similar findings were observed for the longer settled group, except that status dissonance and social isolation were relatively of more concern - Cultural and religious concerns were also mentioned by those settled longer. When linked with high levels of unemployment, this suggests possible discrimination in the Australian job market - Participants in very high risk category mentioned cultural/religious concerns, resettlement issues & relationship problems as risk factors -79% of those with distress levels over a K10 score of 20 reported cutting back on daily activities or not being able to manage at some stage during previous month. Most attributed this morbidity, at least partly, to a mental health reason.	"Thinking Too Much": Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees. (Sulaiman-Hill & Thompson, 2012) Afghan and Kurdish refugees, 8-20 years after resettlement, still experience psychological distress and challenges to well being. (Sulaiman-Hill & Thompson, 2011a)
4	How do resettlement experiences impact on refugee participants' quality of life and mental health status?	- QOL findings were only reported for the group settled between 8 and 20 years - Employment status significantly related to psychological distress - Qualitative material suggests a continuing impact of past experiences on mental health - Issues around loss of status, resettlement challenges, social inclusiveness and discrimination for visibly different groups has led some participants to question whether they will ever really fit into their host societies, to have a good job and be accepted	Afghan and Kurdish refugees, 8-20 years after resettlement, still experience psychological distress and challenges to well being. (Sulaiman-Hill & Thompson, 2011a)
5	How satisfied are refugees with their lives as a whole?	- SWB findings only reported for longer settled sample - Afghan participants scored higher levels of SWB and satisfaction with every QOL domain except satisfaction with personal safety, than Kurdish participants – reasons unclear - Small number of Christchurch participants reported higher levels of satisfaction with feeling part of the community & religion/spirituality than did those in Perth – interpret with caution due to disparity in sample sizes - Overall former refugees in Australia are particularly satisfied with personal safety and future security, but less happy with realities of employment and social integration	Afghan and Kurdish refugees, 8-20 years after resettlement, still experience psychological distress and challenges to well being. (Sulaiman-Hill & Thompson, 2011a)

6	Is there any relationship between temporal factors and general self efficacy beliefs?	-Results showed no difference in GSE based on time spent as a refugee prior to resettlement for those newly arrived or within 2 years of arrival -For the study sample, those settled between 11 & 15 years were more likely to have higher GSE scores than those settled less than 10 years	'Learning to Fit in': An Exploratory Study of General Perceived Self Efficacy in Selected Refugee Groups. (Sulaiman-Hill & Thompson, 2011b)
7	What are the characteristics of Australian and New Zealand newspaper coverage of refugee issues?	-Australian coverage tends to use episodic framing with a political focus. Themes relate to immigration policies, deterrence, & reflect hostility towards 'boat people' and 'queue jumpers' -New Zealand coverage is more likely to provide refugee perspectives, use thematic framing to contextualise the situation and focus on the positive benefits refugees can bring to the country -In general, refugees are portrayed more positively in New Zealand newspaper stories than those in Australia.	'Changing images of refugees': A comparative analysis of Australian and New Zealand print media 1998-2008. (Sulaiman-Hill, Thompson, Afsar, & Hodliffe, 2011)
8	How did coverage change over time in response to global events?	-New Zealand reporting showed very little change -Australian coverage gradually shifted from predominantly positive reporting prior to 2001, to mainly neutral or negative depictions of refugee issues since that time.	'Changing images of refugees': A comparative analysis of Australian and New Zealand print media 1998-2008. (Sulaiman-Hill et al., 2011)
9	Was there any difference in the portrayal of Muslims and non-Muslim refugees, especially post 9/11?	-Overall, when described, Muslims tended to be portrayed in a positive manner, but this finding was skewed by a large number of human rights stories in 2001. -Since 9/11 public and political attitudes to asylum seekers and refuge issues, as depicted in media sources hardened, with increasing attention given to racial tensions and concern that some groups may have more trouble integrating in Australian society than others.	'Changing images of refugees': A comparative analysis of Australian and New Zealand print media 1998-2008. (Sulaiman-Hill et al., 2011)

7.3 Significance of the study

Although a large body of published material exists in the field of refugee research, no comparative studies examining refugee groups between Australia and New Zealand, or comparing two similar groups such as Afghans and Kurds, have been identified. The ability to disaggregate the findings by ethnic origin is one distinctive feature of this study, revealing considerable heterogeneity among the predominantly Muslim refugees studied. Although both groups are from traditional Muslim societies and face concurrent cultural and modernisation challenges, a number of differences in refugee status, length of settlement, language skills and educational background were apparent.

This research makes a significant contribution to the knowledge and understanding of Kurdish and Afghan health and resettlement realities in this context. The cross-national comparative study provides valuable insights into participants' experiences in each location, reflecting ethnic group dynamics, and helping to identify whether differences in

immigration policies and practices have had an impact on the health and adaptation experiences for these groups of refugees. The findings confirmed the prevalence of chronic psychological distress for some participants, highlighted risk factors and revealed a preference for reliance on their own coping strategies. Analysis also noted that the main stressors affecting those with the highest risk of distress were frequently related to ongoing settlement concerns. Questions about the impact that being a visibly different religious minority may have on individual well being were also raised. In addition, data from participants settled up to 20 years has identified a number of chronic long term stressors. The findings should provide valuable information for policy makers and resettlement service providers.

Similarly, the comparative media study presents unique insights into the politics of the refugee debate and policy environment in the two locations, providing the ability to follow trends in reporting over time, and helping to contextualise the findings of the refugee survey. Although other authors have examined aspects of refugee portrayal in Australian media reporting, these mainly focussed on specific events in 2001. No previous cross-national studies were identified.

Finally, the inclusion of the general self efficacy variable provided confirmation of links between self efficacy, better mental health and well being. Since it is not yet clear whether interventions to enhance self efficacy would be helpful in providing motivation for refugees facing resettlement challenges, further work in this area is suggested. Self efficacy has not been widely reported in refugee groups, with only two previous studies located that examined this construct; so this study provides an important contribution to the literature.

7.4 General reflections

Reflecting on the study as a whole, a number of issues were observed which were not fully discussed or mentioned in the articles. These mostly concern cultural practices and expectations, areas that are not well acknowledged or addressed by current policies. Gender expectations provide one example of an area where refugee aspirations and resettlement providers' views may clash. Many male refugees, especially if they have limited education, are uncomfortable with their dependence on state support and the emphasis on 'schooling'. They find it very difficult to study full time, especially when they are older, as they have a strong sense of duty and responsibility to provide for their families. This has often been reinforced over many years living in a refugee situation where their survival skills have been honed. If they face concurrent challenges with mental health

issues and a desire to take the first job they can find, this often results in them dropping out of language classes altogether. The downside of this is that they never learn good English, which impacts on their future job prospects and income. They are often forced into menial labouring jobs or driving taxis, which can carry an increased risk of injury, limit their future earnings and affect their sense of being valued. However, as discussed in the articles, unemployment is a stark reality which impacts on their already fragile mental health. For these men, the combined humiliation of attending 'school', their dependence on welfare and the lack of a meaningful occupation can lead to frustration and despondency which has significant mental health implications. The potential for domestic violence, or even radicalisation resulting from an ongoing sense of injustice and alienation, should be acknowledged.

For women, gender role expectations are also challenged. They are torn between their traditional values and host societal expectations. For Muslim women in particular, there is a disproportionate focus on clothing and *hijab*, with western concepts of women's rights promoted at every turn. Even culturally aware service providers are sometimes guilty of projecting their own biases and expectations onto new arrivals. As described in one recent study of Muslim women in Perth, refugee women face a triple burden when trying to integrate; as Muslims, as refugees and as women (Casimiro et al., 2007). They identify concerns of psychological, cultural and personal insecurity, which have been exacerbated by their religious background and political events. The findings of the current study support their conclusions.

A number of other points were raised by participants during interview, which were beyond the scope of the study and not addressed in the material published so far. One of these concerns a form of systemic racism, where refugees settling in our societies are virtually set up to fail. Due to economic constraints many live in poor neighbourhoods frequented by undesirable people, their children attend schools in lower socio-economic areas (low decile schools); they often have no extended family support, have poor English, lack local work skills and suffer from racial profiling and discrimination. For many people the ability to ever get ahead and succeed is remote. There are often public expectations that refugees should be grateful, but in reality, there may be little to celebrate once their immediate survival needs are fulfilled. In many cases, their houses are furnished with donated second-hand goods, sometimes these are old and of very low quality, they lack long term support from agencies or volunteers, and it is easy for them to fall back, become despondent and

entrenched in the welfare system. The list of complaints raised by participants is extensive, so any initial gratitude is mitigated by reality over time.

One final issue that I became aware of during the study is that of polygamy. It is not uncommon in refugee generating conflict regions, such as the Middle East and Afghanistan, for widows to be taken as second or third wives, thus providing them with status, a home and respectability. Life as a widow in these countries can be miserable, with many women reliant on begging to sustain their families. In addition, although it is not encouraged in most countries, under Islamic law, a man can have up to four wives, provided he treats them all equally. As this is considered virtually impossible, the consensus of many scholars nowadays is to discourage the practice, although the situation remains that some men will have more than one legal wife and family to support. However, for refugees accepted into our countries, only one wife and family can be acknowledged. What happens to second wives and families was an issue of concern to some participants as they still accept responsibility for their welfare. This is such a politically and socially contentious issue in the western context that service providers were not even prepared to discuss the issue. I was informed that it was totally non-negotiable and not open for discussion. This has become such a sensitive issue that some participants were scared and apprehensive of the reactions of authorities and they would only discuss it during interview once a high level of trust had developed. The reality is that these people are torn between choosing some of their family and perhaps leaving others behind when they relocate, but they still feel a deep sense of responsibility and anguish for the welfare of those left behind. In some cases, second wives may be accepted as refugees in their own right under women-at-risk criteria, which is probably the best outcome that could be expected. Ideally, they could end up in the same country as the rest of the family. Policy makers need to accept that other cultural groups have a broader understanding of 'family' than the western nuclear family, as indeed this has already been challenged by civil unions and high rates of divorce, and additional expectations and responsibilities need to be acknowledged.

In some ways the scope of this study, with its focus on 'successful resettlement' was too broad, although for the exploratory nature of the research this was appropriate. Surveying four refugee groups in two countries, using both quantitative and qualitative methods, as well as the media study was a huge challenge. In retrospect I would like to have undertaken a longitudinal or case study approach where I followed the same groups over time to assess changes in self efficacy and mental health, monitor distress, and track employment trends. In particular, when assessing the impact of visible difference and discrimination, targeted

questions would have provided more detailed information than was possible from the generalised data obtained.

The cross national comparison was a distinctive feature of the study, although it added considerable complexity to the design, implementation and time necessary to profile the communities, establish connections and build trust with each group. Although the choice of two similar groups provided the opportunity to compare and contrast, with the aim of assessing the degree of heterogeneity that exists in any group, few differences actually emerged. Further work exploring differences and similarities between different religio-ethnic groups would be of value, to gain a better understanding of universal issues and those specific to each group. There is definite value in comparing different groups to assess the validity of the findings; how similar/different are various groups, are the issues and their responses similar, would interventions tailored to specific groups be helpful?

Clearly there is enormous diversity within any ethnic population so any model can only serve as a guide to common patterns of ethnic identity, but shared beliefs, customs and worldviews, and social behaviour patterns may aid or hinder some groups. As much of this comes back to issues of cultural distance, it becomes more important to understand those with the most divergence from the host community.

7.5 Recommendations

A number of recommendations arising from the study findings are suggested.

- It is recommended that more support be given to encourage employers to take on migrant workers, even if just in seasonal work schemes, to provide former refugees with local work skills and experience.
- Better recognition of overseas qualifications by professional bodies, as well as acknowledgment of experience and transferable skills should also be encouraged, to build on the resilience and initiative many of these people have developed during their time as refugees. Providing employers with some understanding of such international skills may also enhance their receptiveness towards migrant workers.
- It is vitally important to ensure that opportunities for employment or other meaningful activities are encouraged to reduce boredom and isolation and provide a sense of achievement and social position. Initiatives which combine language

tuition with employment opportunities, and promote diversity in the workplace are recommended.

- Access to longer term support from agencies or volunteers on an informal basis would be of use, as some former refugees would benefit from additional assistance and advice many years after settlement, especially in areas such as employment and dealing with bureaucracy.
- This research has highlighted the need to understand differences between refugee groups, especially those with a wide cultural distance from the host community, and recommends tailored programs, rather than one size fits all approaches where resources could be spent without significant benefit to those with the greatest need.
- There is also a need to acknowledge a broader concept of 'family' than the western nuclear model, and accept that family responsibilities towards unmarried siblings, orphaned children, polygamous spouses and other extended kinship ties are salient, especially for those from cultural groups where formal legal adoption is not acknowledged.

7.6 Suggestions for future research

A number of related issues were not fully explored in the current study and are suggested as areas for future research.

- Further research might investigate the relative impact of visible difference on public attitudes and the acceptance of different refugee groups.
- A more in-depth cultural analysis of specific refugee groups would also be helpful to identify particular issues of concern for each group, and determine the degree of homogeneity between different groups, as it is likely that expectations may be partially culturally defined.
- Additional research examining the relationship between successful role models and refugee self efficacy would be helpful. This should ideally adopt a repeated cross-sectional or longitudinal design to assess trends over time. However, the focus should be on interventions to address the issues documented in this study. One approach would be to use positive models to promote self efficacy and enhance motivation for learning.
- Action to change community attitudes to Muslims and to address the systemic racism which provides institutional barriers impeding life opportunities and

employment is also needed, and efforts at changes in these areas should be monitored and evaluated.

- Further work is also suggested to assess other types of media reporting. This could include online news sources, blogs or other types of social media. Studies specifically focused on the portrayal of specific groups, such as Muslims, is also recommended.
- Similarly, the results of a media study could be compared with refugee (or other group) perceptions of how they are portrayed by various media sources.
- The current study did not specifically address issues of domestic violence, or the potential for some people to become radicalised due to the frustrations and disenchantment experienced post resettlement. Further work would be beneficial in this area.
- At this point, intervention studies, perhaps using a participatory action research approach that works with resettled refugees to support them in dealing with the challenges they face, would be an appropriate means to transform the substantive findings of this research into effective policies and programs.

Although this thesis includes six published articles, a number of additional articles could have been written to explore other items of interest arising from the study material. In particular, more work on subjective well being and individual quality of life domains for the entire sample would have been desirable, as well as additional work on sources of support, health and treatment options.

7.7 Limitations of the research

It is important to note a number of methodological and cultural limitations of the studies included in this thesis. As previously described in the journal articles, the cross sectional study design for the refugee survey limits the ability to determine causality, or to accurately predict trends over time, concerns expressed by other refugee researchers (Ager et al., 2002; Tinghog et al., 2007). Caution is therefore needed in interpretation, especially for the relationship between mental health issues and other variables, such as employment status, as psychological distress and its associated symptoms may either contribute to, or be a consequence of such issues.

Attempts to draw conclusions about time sequence factors are similarly inhibited by the cross sectional design. Although the length of time participants have been settled may suggest certain outcomes related to post migration experiences, it is possible that groups

and individuals migrating at different times may have been exposed to variation in pre-migration experiences which could impact on their post-migration recovery. This is also an issue for the self efficacy findings. Longitudinal or repeated cross sectional studies following the same group over time would be needed to accurately assess these questions; however, this was beyond the scope of the current project.

Moreover, the study was not set up explicitly to look at long term settlement, rather the ability to gather data from participants settled up to 20 years was a consequence of refugee immigration patterns in Perth. As many of the Kurdish group, as well as a significant number of Afghans living in Western Australia had arrived more than 10 years previously, the decision was made to extend the inclusion criteria to 20 years to allow for a sufficient comparative sample size. While this provided a rich and unique source of material from those settled long term, it did restrict comparison with the New Zealand sample, where participant refugees had mostly arrived within a 10 year timeframe. This should be borne in mind when considering the results of the inter-country comparisons. Given the apparent underlying racism and discrimination towards refugees and Muslims revealed in the Australian newspaper reporting and the findings of the current study, it is difficult to assess whether similar findings would be seen in New Zealand over time.

Another important limitation already discussed is the impact of snowball sampling on issues of representativeness and generalisability. Concerns about sampling bias always underlie linkage methodologies, but community profile mapping, the use of informal quotas to encourage a good spread of initial contact people and restricting chain lengths to only two or three contacts, did result in a diverse sample that reflected census demographics. Thus, the sample was considered adequately representative to provide the exploratory data desired. However, generalisation to a wider population should be approached with caution. Alternative methods, such as respondent driven sampling, could be preferable for researchers wanting a probability-based, chain referral sampling method for use with 'hidden' populations (Heckathorn, 1997, 2002; Salganik & Heckathorn, 2004).

'Gatekeeper bias' was noted as a possible concern. For cultural groups from patriarchal societies, individual decisions are often vetted by the dominant male member of the family, and on a few occasions I sensed that some women and younger people may have been discouraged from participating by their husbands or fathers. Confidentiality issues were also a concern at times, when interviews conducted at participants' homes became family events. Although I was careful to ensure individuals completing the questionnaire

components were not disturbed during that process, discussion centred on the open ended questions sometimes involved considerable discussion among other family members present in the house. As in most cases, family members had experienced similar pre- and post- migration experiences; I felt that their input added extra depth to the data.

The decision to not record refugee interviews is another methodological limitation, although as already discussed, trying to understand heavily accented English without visual cues on tape was very difficult and prohibitively time consuming to process. However, audio files would have been useful for back up and clarification in some cases. Another limitation arises from not translating the open ended questions, as different interpreters could have introduced bias.

One question in the demographic profile questionnaire related to household income. As socioeconomic status has a known impact on health status (Tinghog et al., 2007), weekly income provides one means of assessing this. Unfortunately, the data obtained was so inaccurate and inconsistent that it precluded further analysis based on this variable. Discrepancies arose over whether participants reported personal or family income, total income from all sources, before or after tax income, income before or after rent was deducted, or whether extra government subsidies for child support, or housing top up benefits for those in private rental accommodation, were included. In addition, it is common for former refugees to send money to family back home on a regular basis, or to share resources with others in the community, so it is difficult to accurately assess the level of discretionary funds available for their own needs. Any questions relating to income need to take all these variables into account to ensure that data obtained is consistent and reliable.

The cross-cultural nature of the research introduced a number of other limitations. Firstly, language constraints imposed restrictions on the choice of instruments, and the literature review was conducted using only English language articles. It is possible that research material may have been published in Arabic or Farsi which could have guided study development or provided useful data for comparison. Due to the language barrier I was also reliant on interpreters or participants' own English skills for communication; this would inevitably have had some impact on my interpretation and understanding.

Cross cultural equivalence is a particular concern for quality of life analysis, as what is considered important in one culture may be less relevant in another. Much of this is reflected in the differing outlook of collectivist versus individualistic societies, gender issues

and role expectations. For refugees in particular, there are many additional facets such as the impact of relativity effects compared with their lives back home and for family members still there. It is important to consider quality of life in a holistic manner, which this study attempted to do by comparing quantitative SWB and QOL domain data with qualitative responses.

Finally, response biases have been reported in previous cross-cultural surveys (Fischer, 2004; Fozdar & Torezani, 2008; Smith, 2004), which can affect cut off points for instruments. As mentioned in the articles, even when this was taken into consideration, psychological distress scores were still above the threshold for many people. Previous studies have also reported a tendency for those from the Middle East to rate their experiences more highly on numeric scales, than those from Africa or Europe (Fozdar & Torezani, 2008). The authors attribute this to a cultural 'politeness imperative', suggesting that some cultures are reluctant to be openly critical, especially towards authority figures or government institutions. Similarly, in the case of refugees, a 'gratitude factor' often exists which may impact on responses. Despite this, it is likely that similar factors would affect all of the refugee groups in this study, helping to mitigate the impact of these issues in a comparative format. In addition, discussion of material in the open ended questions provided the opportunity to elaborate on specific issues, and participants were forthcoming with criticism and raising points of concern.

7.8 Conclusion

The research outlined in this thesis has made an important contribution to the existing literature on refugee resettlement, with its cross national focus on media representations of refugee issues and comparative analysis of Kurdish and Afghan health and resettlement realities in this context.

The major findings of the study have been presented in six published journal articles included as part of this thesis. A number of other issues, mainly around cultural practices and expectations, were also revealed during interview and these have been briefly discussed in the final chapter, with several recommendations and suggestions for further research presented.

An important outcome of the research has been to highlight the need to understand differences between refugee groups, especially those with a wide cultural difference from the host community, as those who are visibly different have a greater potential to

experience prejudice or discrimination. Possible links between public attitudes to refugees as portrayed by media reports, and wider societal attitudes towards certain groups can impact on mental health outcomes and the well being of former refugees, and in many cases, this is linked to unemployment and a lack of a meaningful social position. Support initiatives need to acknowledge and build on the resilience and initiative displayed by refugees during their migration journey, ensure meaningful employment options are available and assist people to fully integrate into their new societies and gain a positive post-resettlement sense of identity and belonging.

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APPENDICES

Appendix 1

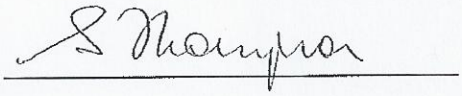
Statements of contribution by co-authors

To Whom It May Concern

I, Professor Sandra Thompson, was involved in the project examining newspaper reporting of refugee issues in Australia and New Zealand. I was involved in the initial design of the project, helped to develop and test the coding schedule, as well as analysis and discussion of the findings. I was also involved with the writing of the paper published as:

Sulaiman-Hill, C. M. R., Thompson, S. C., Afsar, R., & Hodliffe, T. L. (2011). Changing images of refugees: A comparative analysis of Australian and New Zealand print media 1998-2008. Journal of Immigrant and Refugee Studies, 9, 345-366.

The co-ordination of the study, data analysis and writing of this paper was led by Cheryl Sulaiman-Hill. I commented on the initial draft, checked and approved the final version of the article.



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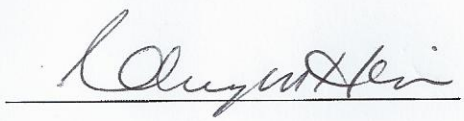
Sandra C. Thompson



(Signature of Candidate)

Cheryl M. R. Sulaiman-Hill

To Whom It May Concern

I, Dr Rita Afsar, was involved in the project examining newspaper reporting of refugee issues in Australia and New Zealand. I performed the thematic coding of newspaper articles, and contributed to discussion of the findings. I was also involved with the writing of the paper published as:

Sulaiman-Hill, C. M. R., Thompson, S. C., Afsar, R., & Hodliffe, T. L. (2011). Changing images of refugees: A comparative analysis of Australian and New Zealand print media 1998-2008. Journal of Immigrant and Refugee Studies, 9, 345-366.

The co-ordination of the study, data analysis and writing of this paper was led by Cheryl Sulaiman-Hill. I commented on the initial draft, checked and approved the final version of the article.

Rita Afsar

(Signature of Co-Author)

Rita Afsar

(Signature of Candidate)

Cheryl M. R. Sulaiman-Hill

To Whom It May Concern

I, Toshi Hodliffe, was involved in the project examining newspaper reporting of refugee issues in Australia and New Zealand. I performed framing and ethnic coding, and discussed the findings. I was also involved with the writing of the paper published as:

Sulaiman-Hill, C. M. R., Thompson, S. C., Afsar, R., & Hodliffe, T. L. (2011). Changing images of refugees: A comparative analysis of Australian and New Zealand print media 1998-2008. Journal of Immigrant and Refugee Studies, 9, 345-366.

The co-ordination of the study, data analysis and writing of this paper was led by Cheryl Sulaiman-Hill. I checked and approved the final version of the article.

Toshi Hodliffe

(Signature of Co-Author)

Toshi L. Hodliffe

(Signature of Candidate)

Cheryl M. R. Sulaiman-Hill

To Whom It May Concern

I, Professor Sandra Thompson, was involved in the project examining refugee resettlement in Australia and New Zealand. I supervised the entire project, assisted with the design and conduct of the study. I was also involved with the writing of the paper published as:

Sulaiman-Hill, C. M. R., & Thompson, S. C. (2010). Selecting instruments for assessing psychological wellbeing in Afghan and Kurdish refugee groups. BMC Research Notes, 3, 237 (doi:10.1186/1756-0500-3-237)

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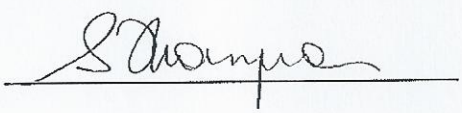

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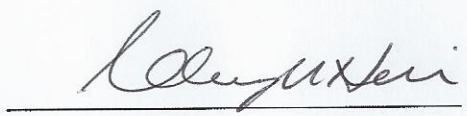

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Sulaiman-Hill, C. M. R., & Thompson, S. C. (2011). Sampling challenges in a study examining refugee resettlement. BMC International Health & Human Rights, 11:2 (doi:10.1186/1472-698X-11-2)

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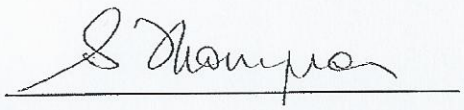

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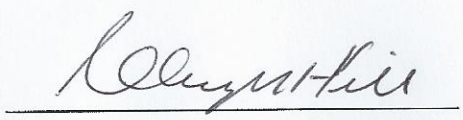

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Sulaiman-Hill, C. M. R., & Thompson, S. C. (2012). 'Thinking Too Much' – Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees. Journal of Muslim Mental Health. (In Press)

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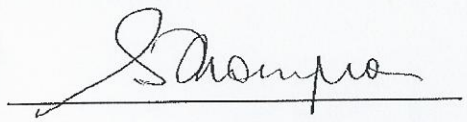

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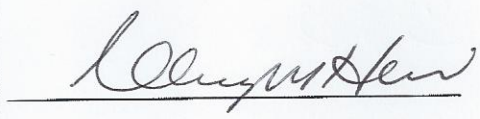

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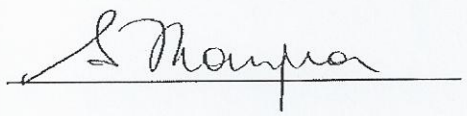

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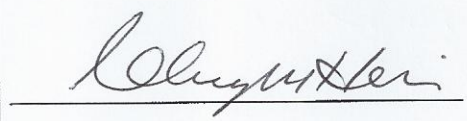

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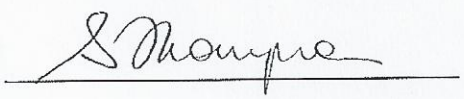

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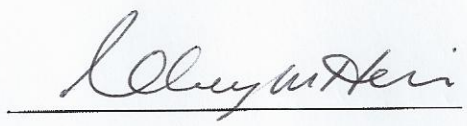
Sandra C. Thompson



(Signature of Candidate)

Cheryl M. R. Sulaiman-Hill

Appendix 2

Permission statements from publishers

Title: Changing Images of Refugees: A Comparative Analysis of Australian and New Zealand Print Media 1998–2008

Author: Cheryl M. R. Sulaiman-Hill, Sandra C. Thompson, Rita Afsar et al.

Publication: Journal Of Immigrant & Refugee Services

Publisher: Taylor & Francis

Date: Oct 1, 2011

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Appendix 3

English language data gathering instruments and forms

- Participant information sheet
- Consent form
- Kessler 10 Psychological Distress Scale
- General Perceived Self Efficacy Scale
- Personal Wellbeing Index
- Demographic data sheet
- Open ended question prompts

Centre for International Health

Participant Information Sheet

Title of Project: Resettlement Experiences of Afghan and Kurdish Refugees

السلام عليكم

My name is Ruqayya Sulaiman-Hill. I am a PhD student at Curtin University in Perth, Western Australia. For my degree I am studying the health and resettlement of Kurdish and Afghani refugees to find out if the experiences of both communities are similar or different, then I will compare the results from Christchurch with similar groups in Perth.

You are invited to take part in my study.

What is the study about?
I would like to interview Afghan and Kurdish people over eighteen who came here as refugees to hear about your resettlement experiences, especially how well the resettlement program helped you settle in to your new country, what was good and bad about it, how much support you received and what you think about your general quality of life now.

The study will also look at ideas about health and illness, what different types of treatment you might use and how healthcare here might differ from your home country.

I hope the information from this study will give refugee and health workers a better understanding of your experiences and expectations, and will help improve services. Being part of the study may not benefit you directly but it will help us better understand the needs and concerns of people like you in the future.

What will you have to do?
- You will be interviewed about your resettlement experiences, ideas of health and illness and also asked some general questions about your health and quality of life.
- Taking part is voluntary and it is your decision if you would like to be part of the study. You can pull out at any time without any problem.
- The interview should take 1-2 hours and will probably be at your home. The types of questions are not expected to cause you any harm and you don't have to answer questions you don't like.

Please note:
- Your privacy is greatly respected. A code will be used so no one can identify you. You can check any information and after 7 years it will be destroyed.
- The interviewer has signed a confidentiality form stating that they will not talk about you or mention anything you say to other people.

- I would like to record the interview so I can spend time listening rather than writing. The recording will only be used for this study. You do not have to agree to this.
- After the interview if you feel uncomfortable about anything related to the study, please contact me to discuss it. Professional support will be available if needed.
- If you agree to take part I would like you to sign a consent form confirming that you understand everything in this letter.

If you have any questions before, during or after the interview, please contact me or my supervisor:

- C. Ruqayya Sulaiman-Hill:
  P.O. Box 29027, Christchurch, New Zealand
  Ph: (+64) 021 2099 570
  Email ruqayya@actrix.co.nz

- Associate Professor Sandra Thompson:
  Centre for International Health,
  Curtin University, Perth, Western Australia
  Ph: (+61) 8 9266 4850 (Tues & Fri)
  Fax: (+61) 8 9266 2608
  Email S.Thompson@curtin.edu.au

Sample questions:

1. How does your life here differ from life in your home country? Is it like you expected before you arrived?
2. Can you describe your experience of resettlement both before and after you arrived?
3. What has been the hardest part of resettlement for you and how could it be improved?
4. What advice would you give to a new family coming to live here?
5. What do you think the government and resettlement agencies are doing well? What could be improved?
6. What does being healthy mean to you? Why do you think people get sick?
7. If you become ill what sort of things do you do to get better?
8. Is this different from what you would do in your home country?

Thank you very much for your time. Please keep this letter for your information.

This study has been approved by the Curtin University Human Research Ethics Committee. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845, Australia or by telephoning +61 8 9266 2784 or emailing hrec@curtin.edu.au

Resettlement Experiences of Afghan and Kurdish Refugees in Australasia

CONSENT FORM

- I understand the purpose and procedures of the study.
- I have been provided with the participant information sheet**.**
- I understand that the procedure may not benefit me.
- I agree to have my interview to be tape recorded. ☐ **Yes** ☐ **No**
- I understand that I may withdraw my consent at any time without penalty by advising the researcher.
- I understand that no personal identifying information like my name and address will be used and that all information will be securely stored for 7 years before being destroyed.
- I agree that excerpts from my interview may be included in the thesis and/or publications to come from this research, and that the quotations will be anonymous**.** ☐ **Yes** ☐ **No**
- I have been given the opportunity to ask questions.
- I agree to participate in the study outlined to me.

Signature _____ **Date** _____

Witness Signature _____ **Date** _____

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

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K-10

Instructions

The following ten questions ask about how you have been feeling in the **last four weeks**. For each question, mark the statement that best describes the amount of time you felt that way by placing a ☑ in the appropriate box.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last four weeks, about how often did you feel tired out for no good reason?					
2. In the last four weeks, about how often did you feel nervous?					
3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?					
4. In the last four weeks, about how often did you feel hopeless?					
5. In the last four weeks, about how often did you feel restless or fidgety?					
6. In the last four weeks, about how often did you feel so restless you could not sit still?					
7. In the last four weeks, about how often did you feel depressed?					
8. In the last four weeks, about how often did you feel that everything was an effort?					
9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?					
10. In the last four weeks, about how often did you feel worthless?					

For office use only:
K-10

Composite score _____

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

The next few questions are about how these feelings may have affected you in the **last four weeks**.

You need not answer these questions if you answered "None of the time" to **all** of the ten questions about your feelings.

11. In the last four weeks, how many days were you TOTALLY unable to work, study or manage you day to day activities because of these feelings?	_____**(Number of days)**
12. [Aside from those days], in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN onwhat you did because of these feelings?	_____**(Number of days)**
13. In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?	_____**(Number of consultations)**
14. In the last 4 weeks, how often have physical health problems been the main cause of these feelings?	
None of the time ○	
A little of the time ○	
Some of the time ○	
Most of the time ○	
All of the time ○	

Thank you for completing this questionnaire.

For office use only: Composite score _____

K-10

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

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GPSE

Instructions

The following ten questions ask you to rate how well each statement describes your approach to problem situations. On this scale **1** means the statement is Not at all true and **4** means the statement is Exactly true in describing how you feel. Please mark the statement that is closest to how you feel by placing a ☑ in the appropriate box.

	Not at all true 1	**Barely true** 2	**Moderately true** 3	**Exactly true** 4
1. I can always manage to solve difficult problems if I try hard enough				
2. If someone opposes me, I can find the ways and means to get what I want				
3. I am certain that I can accomplish my goals				
4. I am confident that I could deal efficiently with unexpected events				
5. Thanks to my resourcefulness, I can handle unforeseen situations				
6. I can solve most problems if I invest the necessary effort				
7. I can remain calm when facing difficulties because I can rely on my coping abilities				
8. When I am confronted with a problem, I can find several solutions				
9. If I am in trouble, I can think of a good solution				
10. I can handle whatever comes my way				

Thank you for completing this questionnaire.

For office use only:
GPSE

Composite score _____

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

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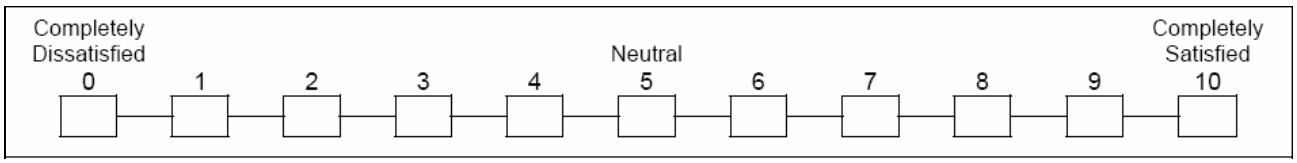
Satisfaction with Life as a Whole & PWI Scale

Instructions

The following questions ask how satisfied you feel, on a scale from zero to 10. **Zero** means you feel completely dissatisfied. **10** means you feel completely satisfied. And the **middle of the scale** is **5**, which means you feel neutral, neither satisfied nor dissatisfied. Please place a ☑ in the appropriate box.

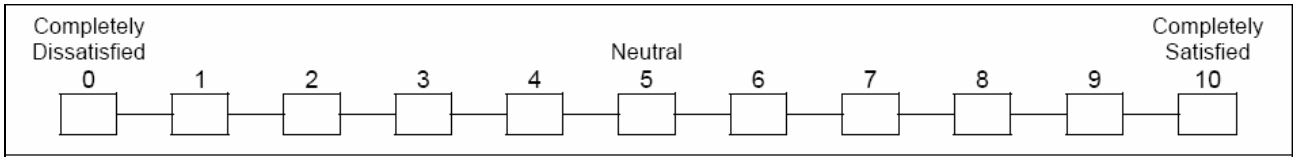
Part One

1. Thinking about your own life and personal circumstances, how satisfied are you **with your life as a whole**?

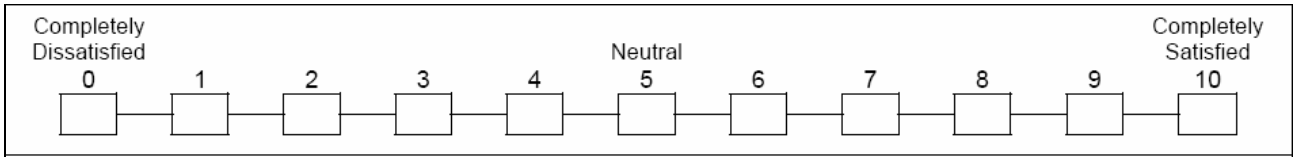


Part Two

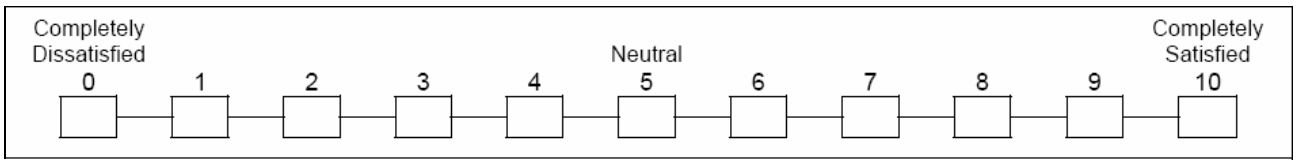
1. How satisfied are you **with your standard of living**?



2. How satisfied are you **with your health**?



3. How satisfied are you **with what you are achieving in life**?



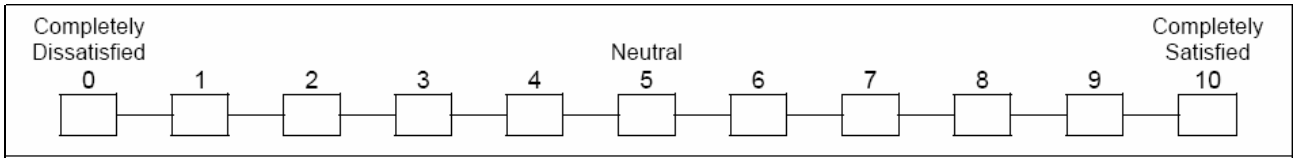
For office use only:
PWI

Composite score _____

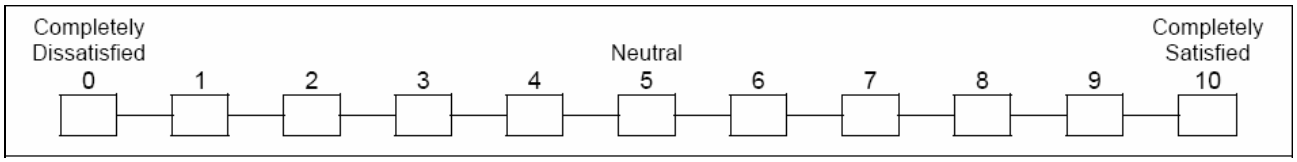
Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

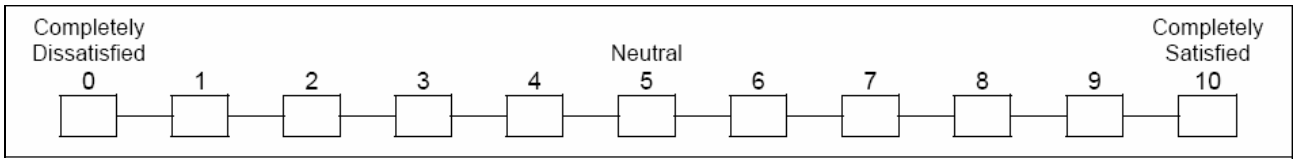
4. How satisfied are you **with your personal relationships**?



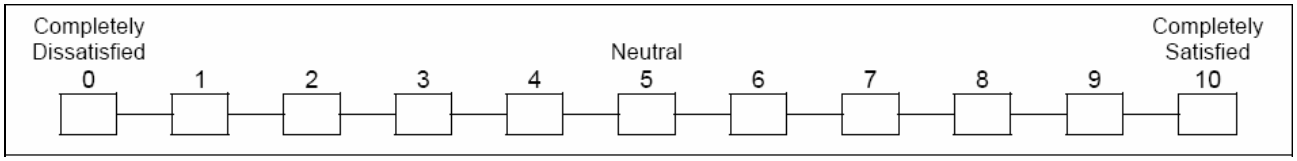
5. How satisfied are you **with how safe you feel**?



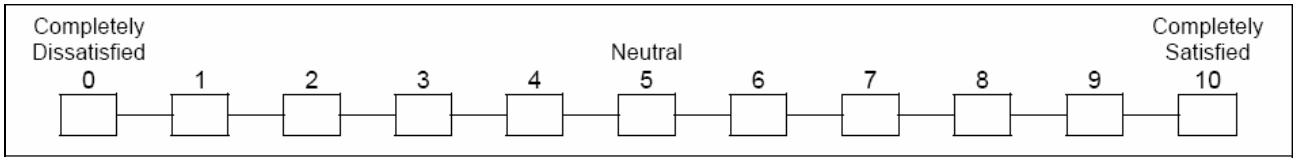
6. How satisfied are you **with feeling part of your community**?



7. How satisfied are you **with your future security**?



8. How satisfied are you **with your spirituality or religion**?



Thank you for completing this questionnaire.

For office use only:

PWI

Composite score _____

Participant ID code: _ _ _ _ _ _ _ _ _ _

Date: _ _ / _ _ / _ _ _ _

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1. Gender
    a) Male ☐
    b) Female ☐

2. Age group
    a) 18-19 years ☐
    b) 20-29 ☐
    c) 30-39 ☐
    d) 40-49 ☐
    e) 50-59 ☐
    f) 60-69 ☐
    g) 70 years and over ☐

3. Marital status
    a) Married ☐
    b) Unmarried ☐
    c) Previously married (sep/divorce/widowed) ☐

4. Birthplace
    a) _____Country

5. Ethnic group
    a) _____

6. Religion
    a) _____

7. Languages spoken
    a) _____
    b) _____
    c) _____

8. Year left home country
    a) _____ year

9. Year arrived in New Zealand/Australia
    a) _____ year

10. Refugee status
    a) UNHCR quota ☐
    b) Convention (asylum seeker) ☐
    c) Family reunion ☐

11. Number of years schooling _____ years

12. Literate in first language Yes / No / Yes in state language only

13. Post school education level

a) No qualification ☐
b) Level 1, 2 or 3 Certificate ☐
c) Level 4 Certificate ☐
d) Level 5 or 6 Diploma ☐
e) Overseas Secondary school qualification ☐
f) Bachelor degree/Level 7 qualification ☐
g) Post graduate & Honours degree ☐
h) Masters degree ☐
i) Doctorate degree ☐

14. Current work and labour force status (tick all relevant answers)
a) Employed Full time (also go to Q. 15) ☐
b) Employed Part time (also go to Q.15) ☐
c) Unemployed ☐
d) Not in labour force ☐
e) Studying full time ☐
f) Studying part time ☐

15. Occupation (if yes to 14a or 14b)
a) Management ☐
b) Professional ☐
c) Technicians & associate professional ☐
d) Clerical ☐
e) Service and sales ☐
f) Agriculture & fisheries ☐
g) Trades ☐
h) Plant and machine operators ☐
i) Residual categories/Other ☐

16. Household income (in past 12 months)
a) Nil income ☐
b) $1-$149 week ($1-$7,799 year) ☐
c) $150-$249 week ($7,800-$12,999 year) ☐
d) $250-$399 week ($13,000-$20,799 year) ☐
e) $400-$599 week ($20,800-$31,199 year) ☐
f) $600-$799 week ($31,200-$41,599 year) ☐
g) $800-$999 week ($41,600-$51,999 year) ☐
h) More than $1000/week (>$52,000/year) ☐

17. Family size
a) Number of people living together _____

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1. How is your life here different from life in your home country?

2. Is it like you expected it to be before you arrived?

3. Can you describe your experience of resettlement both before and after you arrived here?

4. What has been the hardest part of resettlement for you and how could it be improved?

5. What do you think the government and resettlement agencies are doing well?

6. What could they do better?

7. What advice would you give to a new refugee family coming to live here?

8. If you have a problem, who would you ask for help?

9. Do you have much to do with the Kurdish/Afghan community here?

10. Do you mix much with local (NZ/Aust) people?

11. What does being healthy mean to you?

12. Why do you think people get sick?

13. If you become ill what sort of things do you do to get better?

14. Is this different from what you would do in your home country?

15. Is there anything else you would like to tell me that we haven't discussed?

Appendix 4

Farsi language instruments and forms

- Participant information sheet
- Consent form
- Kessler 10 Psychological Distress Scale
- General Perceived Self Efficacy Scale
- Personal Wellbeing Index

مرکزی براي سلامت جهانی

برگه اطلاع رسانی شرکت کننده

نوع پروژه: تجارب استقرار پناهندگان افغان و کرد

السلام علیکم

نام من رقیه سلیمان – هیل است. من دانشجوی دکترا در دانشگاه کرتین پرث، واقع در غرب استرالیا هستم. برای مدرک دانشگاهی ام، در مورد سلامت و استقرار پناهندگان کرد و افغان تحقیق می کنم تا بدین وسیله به این قضیه پی ببرم که آیا تجارب دو گروه ذکر شده یکسان است و یا متفاوت و سپس نتایج به دست آمده از کرایست چرچ را با گروهی مشابه در پرث مقایسه خواهم کرد.

شما برای شرکت در این تحقیق دعوت شده اید.

تحقیق در چه رابطه ای است؟
من مایل هستم مصاحبه ای داشته باشم با افغانیان و کردهایی که بالای سن ۱۸ سال بوده و به عنوان پناهنده به اینجا آمده اند. می خواهم به تجارب شما در مورد استقرارتان گوش فرا دهم و مخصوصاً اینکه به چه میزان برنامه استقرار به شما کمک کرد تا در کشور جدید مستقر شوید، چه مواردی در این رابطه خوب بود و چه مواردی بد. به چه میزان از شما حمایت شد و همکنون در مورد کیفیت عمومی زندگی خود چه فکر می کنید.

همچنین تحقیق، مسائلی مانند سلامت و بیماری را نیز مد نظر قرار می دهد. از چه نوع معالجات مختلفی استفاده می کنید و چه تفاوت هایی میان مراقبت های پزشکی در اینجا و کشور شما وجود دارد.

امیدوارم که اطلاعات گردآوری شده از این تحقیق، درک بهتری از تجارب و انتظارات شما به پناهندگان و کارمندان امورسلامت و تندرستی بدهد و همچنین باعث شود تا خدمات بهبود بیابد. ممکن است شرکت در این تحقیق به طور مستقیم منفعتی برای شما نداشته باشد اما این به ما کمک می کند تا نیازها ودلواپسی های افرادی همچون شما را در آینده بهتر درک کنیم.

شما باید چه کاری انجام دهید؟
- با شما در مورد تجارب استقرارتان، مسائل مربوط به سلامت و بیماری مصاحبه خواهد شد. و همچنین سؤالاتی کلی در مورد سلامت و کیفیت زندگی تان خواهد شد.
- شرکت در این تحقیق داوطلبانه خواهد بود و این وابسته به میل شماست که اگر می خواهید در این تحقیق شرکت کنید. شما می توانید در هر زمانی و بدون هیچ مشکلی از تحقیق کناره گیری کنید.
- مدت زمان مصاحبه ۱ تا ۲ ساعت بوده و احتمالاً در خانه شما می باشد. سؤالات به گونه ای در نظر گرفته شده که هیچ زیانی برای شما ندارند و اگر نمی خواهید مجبور نیستید به تمام سؤالات جواب دهید.

لطفاً به خاطر بسپارید:
- به محرمانگی شما احترام والایی می گذاریم. شماره در نظر گرفته می شود تا هیچ فردی نتواند هویت شما را تشخیص دهد. شما می توانید هر اطلاعاتی را بازبینی کنید و این اطلاعات بعد از ۷ سال از بین خواهند رفت.

- مصاحبه کننده فرم راز نگاهداری را امضاء کرده است و در مورد شما و یا آنچه را که شما گفته اید، با کسی صحبت نخواهد کرد.
- من مایل هستم تا مصاحبه را ضبط کنم تا بتوانم بیشتر به شما گوش دهم به جای اینکه بنویسم. نوار ضبط شده فقط به منظور استفاده در این تحقیق می باشد. شما مجبور نیستید با این قضیه موافق باشید.
- اگر بعد از مصاحبه در هر موردی در رابطه با این تحقیق احساس ناراحت کننده ای داشتید، لطفاً با من تماس گرفته تا با یکدیگر گفتگو کنیم. اگر نیاز باشد، پشتیبانان شغلی نیز فراهم خواهد بود.
- اگر شما حاضر هستید در این تحقیق شرکت کنید، از شما خواهشمندم که فرم رضایت نامه را امضاء کنید و این بدین معناست که شما تمام آنچه که در این نامه است را متوجه شده اید.

اگر سؤالی قبل، در طی و یا بعد ازمصاحبه دارید، لطفاً با من و یا استاد راهنمایم تماس بگیرید:

- Ruqayya Sulaiman-Hill:
P.O. Box 29027, Christchurch, New Zealand
Ph: (+64) 021 2099 570
Email ruqayya@actrix.co.nz

- Associate Professor Sandra Thompson:
Centre for International Health,
Curtin University, Perth, Western Australia
Ph: (+61) 8 9266 4850 (Tues & Fri)
Fax: (+61) 8 9266 2608
Email S.Thompson@curtin.edu.au

نمونه سؤالات:

۱- چه تفاوت هایی میان زندگی شما در اینجا با زندگی شما در کشور خودتان وجود دارد؟ آیا همانگونه است که قبل از رسیدن به اینجا انتظار داشتید؟
۲- آیا می توانید در مورد تجارب خود از استقرار، هم قبل و هم بعد از وارد شدن، توضیح دهید؟
۳- چه بخشی از استقرار برای شما از همه دشوارتر بوده است و چگونه می تواند بهتر شود؟
۴- چه نصیحتی می کنید به خانواده جدیدی که می خواهند اینجا زندگی کنند؟
۵- فکر می کنید که چه چیزهایی را دولت و سازمانهای استقرار به خوبی انجام می دهند؟ چه چیزی می تواند بهتر شود؟
۶- سالم بودن برای شما به چه مفهوم است؟ چرا فکر می کنید که آدمی مریض می شود؟
۷- اگر شما بیمار شوید، برای بهتر شدن چه کارهایی انجام می دهید؟
۸- آیا این با آنچه در کشور خود انجام می دهید متفاوت است؟

از اینکه وقت خود را در اختیار ما قرار دادید متشکرم. برای اطلاع خود لطفاً این نامه را پیش خود نگه دارید.

این مطالعه از سوی کمیته اخلاقیات تحقیق انسانی* دانشگاه کرتین مورد تائید واقع شده است. اگر نیاز باشد، برگه تائید برای اثبات این مدعا می تواند به صورت کتبی از Curtin University Human Research Ethics Committee, c/– Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845, Australia یا به صورت تلفنی 2784 9266 8 61+ و یا ایمیل hrec@curtin.edu.au فراهم گردد.
* Human Research Ethics Committee

تجارب استقرارپناهندگان افغان و کرد در استرالیا

فرم رضایت نامه

- من متوجه هدف و رویه این تحقیق شده ام.
- برگه اطلاع رسانی شرکت کننده برای من فراهم گردید.
- من متوجه هستم که رویه ممکن است منفعتی برای من نداشته باشد.
- من موافق هستم که مصاحبه ام بر روی نوار ضبط شود. **بله** ❑ **خیر** ❑
- من متوجه هستم که در هر زمانی با اطلاع دادن به محقق می توانم از رضایت خود صرفنظر کنم واین بدون هیچگونه مجازاتی است.
- من متوجه هستم که هیچگونه اطلاعات مشخص کننده هویتی، همچون نام و آدرس من استفاده نخواهد شد و تمام اطلاعات به صورت امنی به مدت ۷ سال قبل از آنکه از بین رود، ذخیره خواهد شد.
- من موافق هستم که سخنان گفته شده در مصاحبه ام، در پایان نامه و یا انتشاراتی که در رابطه با این تحقیق می باشد درج گردد و نقل قول ها به صورت گمنام خواهد بود.

  بله ❑ **خیر** ❑
- این فرصت به من داده شد تا سؤال بپرسم.
- من موافق هستم که در تحقیق توضیح داده شده به من، شرکت کنم.

امضاء _____ **تاریخ** _____

امضاء شاهد _____ **تاریخ** _____

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

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K-10

راهنمائي

ده سوال زير در مورد اين است كه شما در **4 هفته گذشته** چه احساس ها و حالت هائي داشته ايد. در جلو هر سوال لطفا دايره هر ستوني را پر كنيد كه نزديكتر به زمان مشخص شده در بالاي آن ستون است.

		هيچگاه None	گاهي، بندرت Little	گاهي اوقات Some	بيشتر وقتها Most	هميشه All
1	در چهار هفته گذشته تقريبا" چند مدت بدون دليل احساس خستگي كرديد؟	O	O	O	O	O
2	در چهار هفته گذشته تقريبا" چند مدت احساس عصبي بودن كرديد؟	O	O	O	O	O
3	در چهار هفته گذشته تقريبا" چند مدت آنقدر عصبي بوديد كه هيچ چيز نميتوانست شما را آرام كند؟	O	O	O	O	O
4	در چهار هفته گذشته تقريبا" چند مدت احساس نا اميدي كرديد؟	O	O	O	O	O
5	در چهار هفته گذشته تقريبا" چند مدت احساس نا آرامي و بيقراري كرديد؟	O	O	O	O	O
6	در چهار هفته گذشته تقريبا" چند مدت اينقدر احساس نا آرامي ميكرديد كه نميتوانستيد بي حركت بنشينيد؟	O	O	O	O	O
7	در چهار هفته گذشته تقريبا" چند مدت احساس افسردگي كرديد؟	O	O	O	O	O
8	در چهار هفته گذشته تقريبا" چند مدت احساس كرديد كه همه كارها را داريد به زور انجام ميدهيد؟	O	O	O	O	O
9	در چهار هفته گذشته تقريبا" چند مدت احساس كرديد كه شما چنان غمگينيد كه هيچ چيز نميتواند شما را سر حال بياورد؟	O	O	O	O	O
10	در چهار هفته گذشته تقريبا" چند مدت احساس بي ارزش بودن كرديد؟	O	O	O	O	O

لطفا به صفحه بعد مراجعه كنيد

For office use only:
K-10 Farsi

Composite score _____

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

. سوال زير در مورد اين هستند كه اين احساس ها شما را چگونه در **چهار هفته گذشته** تحت تاثير قرار داده اند؟

شما **تمام** سوالها را با (**هرگز**) جواب داده ايد، احتياجي به جواب دادن به اين سوالها نيست.

11	در چهار هفته گذشته چند روزشما **اصلا** قادر به كار كردن، مطالعه يا سامان دادن به كارهاي روزمره بخاطر داشتن چنين احساسهائي نبوديد؟ تعداد روزها: _____
12	بغير از اين روزهائي كه نام برديد، در چهار هفته گذشته، چند روز شما قادر به كار كردن، مطالعه يا سامان دادن به كارهاي روزمره خود بوده ايد، اما بخاطر داشتن چنين احساس هائي مجبور شديد كه آنها را متوقف كنيد؟ تعداد روزها: _____
13	در چهار هفته گذشته چند بار شما پزشك و يا هر متخصص بهداشت ديگري را بخاطر اين احساسها ديده ايد؟ تعداد دفعات: _____
14	در چهار هفته گذشته چند گاه مشكل سلامت جسمي باعث اصلي اين احساس ها بوده است؟ O هيچگاه None O بندرت Little O گاهي اوقات Some O بيشتر وقتها Most O هميشه All

از اينكه اين پرسشنامه را پر كرده ايد از شما متشكريم.

For office use only: Composite score _____

K-10 Farsi

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

Curtin University of Technology

مقیاس خود کار آمدی عمومی

راهنمائی

با ده سوال زیر می خواهیم بدانیم که شما چگونه با موقعیت های مشکل کنار می آیید. در این درجه بندی شماره ۱ به این معناست که این اظهاردر مورد احساسات شما اصلاً صحیح نیست. درجه بندی ۴ بدین معناست که این اظهار کاملاً صحیح است. لطفاً در نزدیکترین محلی که احساسات شما را بیان می کند ✓، علامت بزنید.

	اصلاً صحیح نیست ۱	کمی صحیح است ۲	تا حدی صحیح است ۳	کاملاً صحیح است ۴
۱- اگر به اندازه کافی تلاش کنم همیشه قادر به حل مشکلات سخت می باشم.				
۲- اگر کسی با من مخالفت کند، می توانم راه و روشهایی برای رسیدن به آنچه می خواهم را پیدا کنم.				
۳- براحتی میتوانم اهدافم را دنبال کنم و به مقصودم برسم.				
۴- مطمئن هستم که می توانم بطور مؤثری با مسائل غیرمترقبه روبرو شوم.				
۵- بخاطر ابتکار و شایستگی ام، میدانم چطور با موقعیتهای غیر قابل پیش بینی مقابله کنم.				
۶- اگر به اندازه کافی تلاش کنم می توانم اکثر مشکلات را حل کنم.				
۷- در برخورد با مشکلات می توانم خونسردی یا آرامش خود را حفظ کنم چون به توانایی درونی خود اعتماد دارم.				
۸- وقتی با مشکلی روبرو میشوم معمولاً می توانم چندین راه حل پیدا کنم.				
۹- اگر در دردسر بیفتم یا گرفتاری برایم پیش بیاید معمولاً می توانم چاره ای بیابم.				
۱۰- مهم نیست چه در سر راهم قرار گیرد، معمولاً قادر به رفع یا حل آن می باشم.				

Ellie Nezami, Ralf Schwarzer & Matthias Jerusalem, 1996

از اینکه این پرسشنامه را پر کرده اید از شما متشکرم.

For office use only:
GPSE

Composite score _____

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

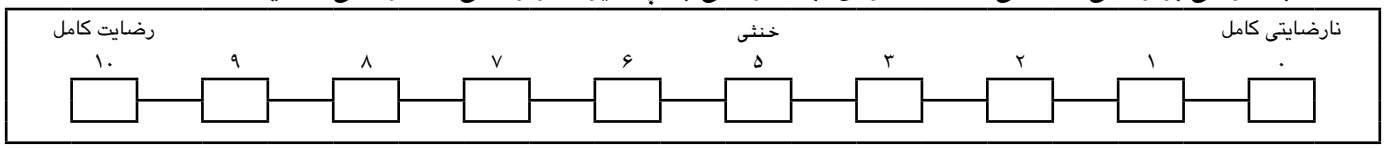
رضایت از زندگی با سنجش کلی و تندرستی شخصی

راهنمایی ها

سؤالات زیر از شما می پرسد که به چه میزان احساس رضایت می کنید و این سنجش میان عدد صفر تا ۱۰ می باشد. **صفر** به منظور این است که شما کاملاً ناراضی هستید. ۱۰به این منظور می باشد که شما کاملاً راضی هستید. و **درجه وسط** عدد ۵ به منظور داشتن احساس خنثی می باشد نه رضایت و یا نارضایتی. لطفاً در ✓ مناسب علامت بزنید.

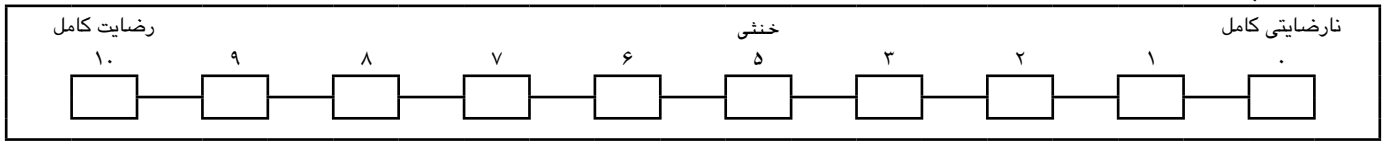
بخش اول

۱. با نگرشی بر زندگی شخصی و مسائل فردی، به طور **کلی به چه میزان از زندگی** خود راضی هستید؟

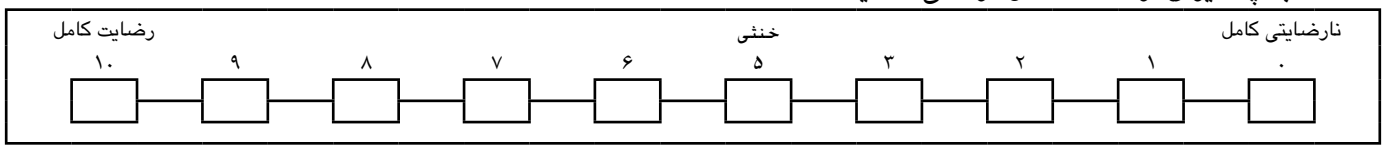


بخش دوم

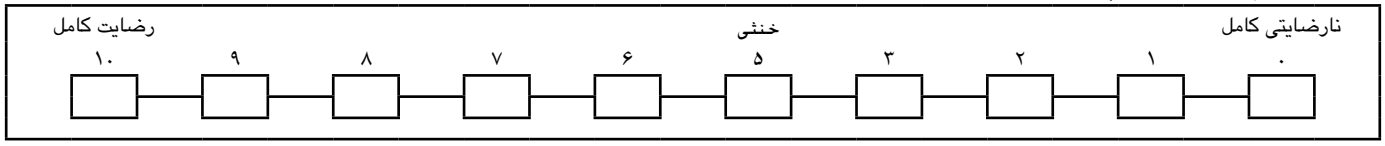
۱. به چه میزان از **استاندارد زندگی خود** راضی هستید؟



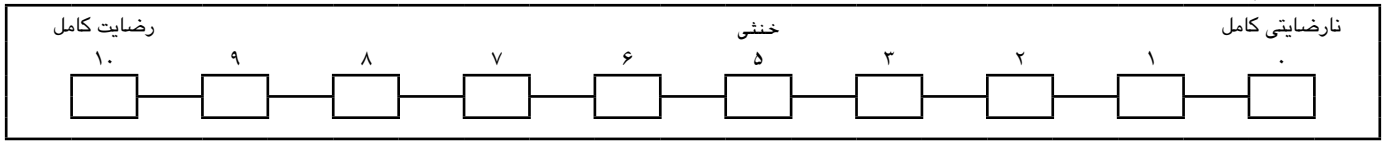
۲. به چه میزان از **سلامت خود** راضی هستید؟



۳. به چه میزان از**آنچه که در زندگی به دست می آورید**، راضی هستید؟



۴. به چه میزان از **روابط خصوصی خود** راضی هستید؟



For office use only:

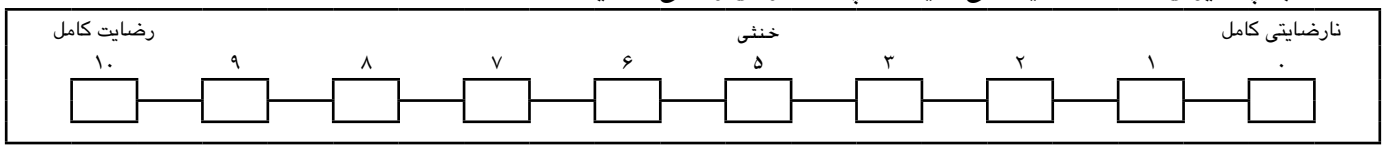
PWI

Composite score _____

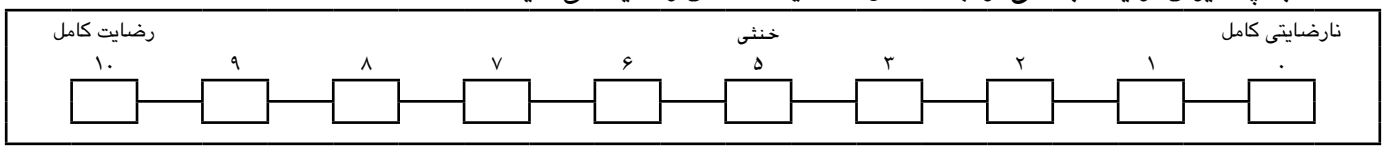
Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

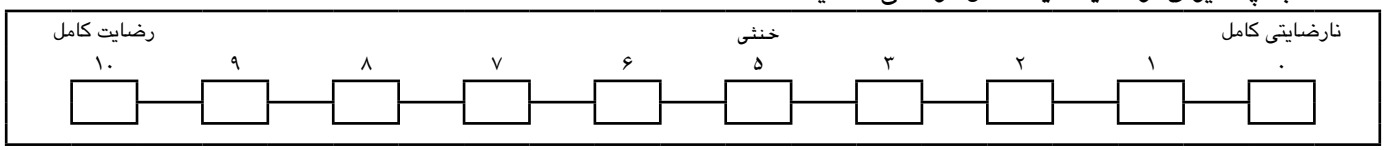
۵. به چه میزان **احساس امنیت می کنید** وتا چه حد از آن راضی هستید؟



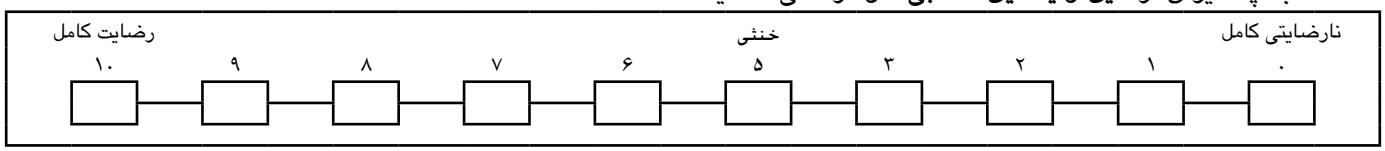
۶. به چه میزان ازاینکه **بخشی از جامعه خود هستید** احساس رضایت می کنید؟



۷. به چه میزان از **امنیت آینده خود** راضی هستید؟



۸. به چه میزان از **دین و یا آئین مذهبی خود** راضی هستید؟



از اینکه این پرسشنامه را کامل کردید متشکرم.

For office use only:
PWI

Composite score _____

Appendix 5

Arabic language instruments

- Kessler 10 Psychological Distress Scale
- General Perceived Self Efficacy Scale
- Personal Wellbeing Index

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _

الأسئلة العشر التالية تتناول مشاعرك في الأربع أسابيع الماضية. ضع علامة في الدائرة التي تعبر عن وجهة نظرك.

		إطلاقا	قليلا	أحيانا	غالبا	دائما
1	في الأربع أسابيع الماضية تقريبا كل متى كنت تشعر بالتعب الشديد دون سبب واضح؟					
2	في الأربع أسابيع الماضية تقريبا كل متى كنت تشعر بالعصبية؟					
3	في الأربع أسابيع الماضية تقريبا كل متى تشعر بالعصبية إلى حد أنه لم يوجد ما يريح أعصابك؟					
4	في الأربع أسابيع الماضية تقريبا كل متى كنت تشعر باليأس؟					
5	في الأربع أسابيع الماضية تقريبا كل متى كنت تشعر بعدم القدرة على الجلوس ساكنا؟					
6	في الأربع أسابيع الماضية تقريبا كل متى كنت تشعر بعد الارتياح نفسيا لدرجة أنه لم يمكنك الجلوس ساكنا؟					
7	في الأربع أسابيع الماضية تقريبا كل متى كنت تشعر بالاكتئاب؟					
8	في الأربع أسابيع الماضية تقريبا كل متى كنت تشعر بأن كل تفعله صار متعبا للغاية؟					
9	في الأربع أسابيع الماضية تقريبا كل متى كنت تشعر بالحزن لدرجة أنه لم يوجد ما يفرح قلبك؟					
10	في الأربع أسابيع الماضية تقريبا كل متى كنت تشعر بأن حياتك بلا معنى أو قيمة؟					

For office use only:
K10 Arabic

Composite score _____

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _

الأسئلة التالية تتناول كيف أثرت مشاعرك في نمط حياتك في الأربع أسابيع الماضية. قد لا تحتاج للإجابة عنها لو كانت كل الإجابات السابقة إطلاقا.

11. خلال الأربع أسابيع الماضية كم يوما كنت غير قادر إطلاقا على العمل – الدراسة – القيام بالأعمال اليومية العادية بسبب هذه المشاعر؟

عدد الأيام: .....

12. باستثناء هذه الأيام، في الأربع أسابيع الماضية كم يوما كنت قادر على العمل – الدراسة – القيام بالأعمال اليومية العادية لكن اضطررت للتخفيف من هذه الأعمال بسبب ما تشعر به؟

13. في الأربع أسابيع الماضية كم مرة زرت طبيبا أو أخصائيا بسبب ما تشعر به؟

عدد المرات: .....

14. في الأربع أسابيع الماضية هل كانت المشاكل الصحية الجسدية سببا رئيسيا لما تشعر به؟

- لم يحدث
- قليلا
- أحيانا
- غالبا
- دائما

نشكرك للإجابة برجاء إعادة الأوراق إلى الموظف

For office use only: Composite score _____

K10 Arabic

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /_ _ _ _

رابعا: الاستبيان

		لا	نادرا	غالبا	دائما
1	إذا عارضني شخص ما، أستطيع إيجاد طرق ووسائل لتحقيق ما أبتغيه.	1	2	3	4
2	أستطيع دائما حل المشاكل الصعبة إذا أجهدت نفسي بما فيه الكفاية.	1	2	3	4
3	يسهل علي تحقيق أهدافي ونواياي.	1	2	3	4
4	إذا فوجئت بمواقف غير متوقعة أعرف دائما كيف أتصرف.	1	2	3	4
5	أعتقد بأنني قادر على معالجة المشاكل بشكل جيد حتى ولو كانت مفاجئة.	1	2	3	4
6	أنظر إلى المصاعب بنفس هادئة "برزانة" وذلك لاعتمادي الدائم على قدراتي الذاتية.	1	2	3	4

For office use only:
GPSE Arabic

Composite score _____

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /__ _ _

ترجمة المؤشر العالمي للارتياح (الشخصي و العام أي الوطني) من اللغة الانجليزية إلى اللغة العربية[1]

جامعة وهران
كلية العلوم الاجتماعية
مخبر البحث في العمليات التربوية و السياق الاجتماعي

أخـــ(ت)ـــي،

في إطار بحث جامعي يسعى للتعرف عن مدى رضى الناس أو عدم رضاهم بحياتهم و محيطهم، يسعدنا أن نتقدم لك بمجموعة من العبارات التي نريد منك تقييمها بإعطاء درجة، أي نقطة من 0 إلى 10. فالصفر يعني أنك غير راض تماما و 10 تعني أنك راض 100 بالمئة. الاسم الشخصي غير مطلوب. شكرا مسبقا على تعاونك معنا.

الجزء الأول

* من 0 إلى 10، ما درجة رضاك عن **حياتك بشكل عام** (ضع دائرة حول النقطة التي تختارها):

غير راض تماما 0	1	2	3	4	5	6	7	8	9	10 راض تماما

الجزء الثاني

1- من 0 إلى 10، ما درجة رضاك عن **مستواك المعيشي** (ضع دائرة حول النقطة التي تختارها):

غير راض تماما 0	1	2	3	4	5	6	7	8	9	10 راض تماما

2- من 0 إلى 10، ما درجة رضاك عن **حالتك الصحية** (ضع دائرة حول النقطة التي تختارها):

غير راض تماما 0	1	2	3	4	5	6	7	8	9	10 راض تماما

3- من 0 إلى 10، ما درجة رضاك عن ما **أنجزته أو حققته في حياتك؟** (ضع دائرة حول النقطة التي تختارها):

غير راض تماما 0	1	2	3	4	5	6	7	8	9	10 راض تماما

For office use only: **Composite score** _____
PWI Arabic

Participant identification code: _ _ _ _ _ M/F

Date: _ _ /_ _ /__ _ _

4- من 0 إلى 10، ما درجة رضاك عن **علاقاتك الشخصية ؟** (ضع دائرة حول النقطة التي تختارها):

غير راض تماما 0	1	2	3	4	5	6	7	8	9	10 راض تماما

5- من 0 إلى 10، ما درجة **شعورك بالأمن؟** (ضع دائرة حول النقطة التي تختارها):

غير راض تماما 0	1	2	3	4	5	6	7	8	9	10 راض تماما

6- من 0 إلى 10، ما درجة **شعورك بالانتماء إلى مجتمعك أي أنك جزء منه** (ضع دائرة حول النقطة التي تختارها):

غير راض تماما 0	1	2	3	4	5	6	7	8	9	10 راض تماما

7- من 0 إلى 10، ما درجة شعورك ب**الأمن حول مستقبلك** (ضع دائرة حول النقطة التي تختارها):

غير راض تماما 0	1	2	3	4	5	6	7	8	9	10 راض تماما

8 - من 0 إلى 10، ما درجة رضائك عن حياتك الروحية أو الدينية؟

غير راض تماما 0	1	2	3	4	5	6	7	8	9	10 راض تماما

For office use only: **Composite score** _____

PWI Arabic

Appendix 6

Kurdish (Sorani) language forms

- Participant information sheet
- Consent forms

سەنتەری تەندروستی نێودەوڵەتی

کاغەزی زانیاری بۆ بەشداربووان

ناوی پڕۆژە: ئەزموونەکانی دووبارەنیشتەجێبوونی پەنابەرە ئەفغانی و کوردییەکان

سڵاوتان لێبێت

من ناوم <روقییە سلێمان- هیل> (Ruqayya Sulaiman-Hill) ـە. خوێندکاری دکتۆرام لە زانکۆی کێرتن (Curtin University)، لە شاری پێرس، لە وێستن ئوسترالیا. بۆ دکتۆراکەم لێکۆڵینەوە لەسەر تەندروستی و نیشتەجێبوونی پەنابەرە کورد و ئەفغانییەکان دەکەم، بۆ ئەوەی بزانم داخۆ ئەزموونی (تەجروبەی) هەر دوو کۆمەڵگەکە وەک یەکە یان جیاوازە، دواتر ئاکامەکانی چەند گروپێک لە شاری کرایسچێرچ (Christchurch) بە چەند گروپێکی هاوشێوە لە پێرس، بەراورد دەکەم.

من داوای بەشداربوونی تۆ دەکەم لە لێکۆڵینەوەکە

لێکۆڵینەوەکە لەسەر چییە؟
من دەمەوێ چاوپێکەوتن لەگەڵ هەندێک کەسی ئەفغانی و کوردی تەمەن هەژدە ساڵ بەسەرەوە بکەم، ئەوانەی وەک پەنابەر هاتوون، بۆئەوەی گوێ لە ئەزموونی نیشتەجێبوونیان بگرم، بەتایبەتی داخۆ تا چ ڕادەیەک بەرنامەی نیشتەجێبوون یارمەتیداون لە نیشتەجێبوون لە وڵاتە نوێکەیاندا، چی باش بوو و چی خراپ بوو، چەندەت پشتیوانی لێکرا، هەروەها ڕات چیە بە چلۆنایەتی ژیانت لە ئێستادا.

لێکۆڵینەوەکە لە هەمانکاتدا سەیری بیرۆکەکانی تەندروستی و نەخۆشی دەکات، چ جۆرە عیلاجێک بەکاردەهێنیت، هەروەها داخۆ چ جیاوازیەک لەنێوان چاودێری تەندروستی (healthcare) ئێرەو وڵاتەکەی پێشووی خۆتدا هەیە.

هیوادارم کە زانیارییەکانی ئەم لێکۆڵینەوەیە ببنە مایەی ئەوەی کە کارمەندانی تەندروستی و پەنابەران چاکتر لە ئەزموون و چاوەڕوانییەکانی ئێوە بگەن، هەروەها ببنە مایەی چاکترکردنی خزمەتگوزارییەکان. بەشداریکردنت لە لێکۆڵینەوەکە لەوانەیە سوودی ڕاستەوخۆی نەبێت بۆ تۆ، بەڵام یارمەتی ئێمە دەدات لە باشتر تێگەیشتن لە پێویستییەکان و نیگەرانییەکانی کەسانی وەک تۆ لە دواڕۆژدا.

تۆ دەبێ چ بکەیت؟
- چاوپێکەوتنێکت لەگەڵدا دەکرێت لەسەر ئەزموونی نیشتەجێبوون و بیرۆکەکانی تەندروستی و نەخۆشی هەروەها چەند پرسیارێکی گشتیشت لێدەکرێت لەسەر تەندروستی و چلۆنایەتی ژیانت.
- بەشداریکردن ئارەزوومەندانەیە و دەوەستێتە سەر بڕیاری تۆ لە بەشداریکردن لە لێکۆڵینەوەکە. تۆ دەتوانی بەبێ هیچ کێشەیەک لە هەر کاتێک کە حەزبکەیت خۆ لە لێکۆڵینەوەکە بکێشیتەوە.
- چاوپێکەوتنەکە 1-2 سەعات دەخایەنێت و لەوانەشە لە ماڵی ئێوە ئەنجامبدرێت. جۆری پرسیارەکان ئەگەری ئەوەیان لێناکرێت بە هیچ جۆرێک ببنە مایەی ئەزیەت دانت، سەرەڕای ئەمە تۆ مافی ئەوەت هەیە وەڵامی ئەو پرسیارانە نەدەیتەوە کە حەزیان لێناکەیت.

تکایە تێبینی ئەمانە بکە:
- تایبەتمەندی و نهێنییەکانی تۆ زۆر ڕێزیان لێدەگیرێت. کۆدێک (ژمارەیەکی نهێنی) لەبەرابەر ناوی تۆدا بەکاردەهێندرێت تاوەکو کەس نەتوانێت تۆ بناسێتەوە. تۆ دەتوانی زانیارییەکان چێک بکەیت و دوای 7 ساڵیش دەدرێندرێن.

- ئەوەی چاوپێکەوتنەکەت لەگەڵدا دەکات فۆرمی نهێنییپارێزی ئیمزاکردوە کە نابێت قسە لەسەر تۆ بکات یان ئاماژە بە شتێکی تۆ بکات بۆ کەسانی دیکە.
- من حەزدەکەم کە چاوپێکەوتنەکە تۆمار بکەم بۆ ئەوەی گوێ لە تۆ بگرم لە جیاتی نوسین. تۆمارەکە بە تەنها بۆ لێکۆڵینەوەکە بەکاردەهێنرێت. مەرج نیە تۆ ڕازی بیت لەسەر تۆمارکردنی چاوپێکەوتنەکە.
- دوای چاوپێکەوتنەکە ئەگەر نامورتاحبوویت لەسەر هەر شتێک کە پەیوەندی بە لێکۆڵینەوەکە هەیە، تکایە پەیوەندی بە منەوە بکە تا قسەی لەسەر بکەین. ئەگەریش پێویست بکات ئەوە کەسانی پسپۆڕ هەن کە یارمەتیت بدەن.
- ئەگەر تۆ ڕازیبووبیت لەسەر بەشدایکردن ئەوە من داوات لێدەکەم کە فۆرمی ڕەزامەندی (consent form) ئیمزا بکەیت کە نیشانەی ئەوەیە تۆ لە هەموو شتەکانی ناو ئەم نامەیە گەیشتویت.

ئەگەر هەر پرسیارێکت هەیە لە پێش یان لە کاتی یان دوای چاوپێکەوتنەکە ئەوە دەتوانی لەسەر ئەم ناونیشانانە پەیوەندی بە من یان بە موشریفی دکتۆراکەم بکەیت:

- Ruqayya Sulaiman-Hill (روقییە سلێمان- هیل):
P.O. Box 29027, Christchurch, New Zealand
Ph: (+64) 021 2099 570
Email ruqayya@actrix.co.nz

- Associate Professor Sandra Thompson (یاریدەدەری پرۆفیسۆر ساندرا سۆمپسن):
Centre for International Health,
Curtin University, Perth, Western Australia
Ph: (+61) 8 9266 4850 (Tues & Fri)
Fax: (+61) 8 9266 2608
Email S.Thompson@curtin.edu.au

نمونەی پرسیارەکان:

1. ئایا زیانی تۆ لێرە لەگەڵ ژیانت لە وڵاتەکەی پێشووی خۆتدا چ جیاوازییەکەی هەیە؟ ئایا وەک ئەوەیە کە پشتر چاوەنوارت دەکرد؟
2. دەکرێ وەسفی ئەزموونی (تەجروبەی) نیشتەجێبوونی خۆتمان بۆ بکەیت پێش گەیشتنت و دوای گەیشتنت؟
3. ئایا سەختترین شتی نیشتەجێبوونت چییە و چۆن دەکرێ چاکتر بکرێت؟
4. ئایا تۆ چ ئامۆژگارییەکت هەیە بۆ ئەو خێزانە نوێیانەی دێن بۆ ئێرە؟
5. ئایا تۆ پێت وایە حکومەت و ڕێکخراوەکانی نیشتەجێبوون چ جۆرە کارێک بە باشی ئەنجامدەدەن؟ چ شتێک دەکرێ چاکتر بکرێت؟
6. ئایا تەندروستبوون بۆ تۆ یانی چی؟ ئایا پێتوایە خەڵک بۆ چی نەخۆش دەکەون؟
7. ئەگەر تۆ نەخۆش بکەویت چ شتێک دەکەیت بۆ ئەوەی چاکبیتەوە؟
8. ئایا ئەوە جیایە لەوەی پێشتر لە وڵاتەکەی خۆتدا دەتکرد؟

زۆر سوپاست دەکەم بۆ ئەو کاتەی بۆ ئێمەت تەرخانکرد. تکایە ئەم نامەیە بۆ زانیاری لای خۆت بپارێزە.

ئەم لێکۆڵینەوەیە لەلایەن کۆمیتەی ئەخلاقی لێکۆڵینەوە مرۆییەکان لە زانکۆی کێرتن (*Curtin University Human Research Ethics Committee*) ڕێگەپێدراوە. ئەگەر پێویست بکات دەتوانی کۆپیەکی ڕێگەپێدانەکە بە پەیوەندیکرن بە کۆمیتەی ناوبراو لە زانکۆی کێرتن لەسەر ئەم ناونیشانە بەدەستبهێنیت: *the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845, Australia or by telephoning +61 8 9266 2784 or emailing hrec@curtin.edu.au*

ئەزموونەکانی نیشتەجێبوونی پەنابەرە ئەفغانی و کوردییەکان لە ئوستڕالەیژیا

فۆرمی ڕەزامەندی

- من لە مەبەست و شێوەی بەڕێوەچوونی لێکۆڵینەوەکە گەیشتووم.
- من کاغەزی زانیاری بۆ بەشداربووان (participant information sheet)ـم پێنیشادراوە.
- من دەزانم لەوانەیە پرۆسەکە هیچ سوودی بۆ من نەبێت.
- من ڕازیم کە چاوپێکەوتنەکەم تۆماربکرێت. ☐ **بەڵێ** ☐ **نەخێر**
- من دەزانم کە دەتوانم ڕەزامەندییەکەم لە هەر کاتێک بمەوێت، دوای ئاگادارکردەنەوەی لێکۆڵەرەوەکە (the researcher)، هەڵوەشێنمەوە بەبێ ئەوەی سزا ش بدرێم.
- من دەزانم کە نابێت هیچ زانیارییەکی شەخسی من وەک ناو و ناونیشانم بەکاربهێندرێن، هەروەها دەشزانم کە زانیارییەکان لە حەمبارێکی داخراو بۆ ماوەی ٧ ساڵ هەڵدەگیرێن پێشئەوەی بدرێندرێن.
- من ڕازیم بەشێک لە قسەکانی چاوپێکەوتنەکەم لەناو تێزی دکتۆراکە یان هەر بڵاوکراوەیەک وەک ئاکامی لێکۆڵینەوەکە، بنوسرێنەوە، دەقەکان بەبێ ئامازە بەناوی کەسەکە بڵاودەکرێنەوە. ☐ **بەڵێ** ☐ **نەخێر**
- من ڕێگەم پێدرا کە پرسیارەکانی خۆم بکەم.
- من ڕازیم بەشداری لەو لێکۆڵینەوە بکەم کە بۆم ڕونکرایەوە.

ئیمزا (Signature) _____ **ڕێکەوت (Date)** / /

ئیمزای شایەد (Witness Signature) _____ **ڕێکەوت (Date)** / /