Predictors of Wellbeing, Adaptation and Help-Seeking for Mental Health Problems in Young Hazaras from Refugee Backgrounds: A Mixed Methods Project

Carly Sarah Copolov
BSocSc, BA (Hons) in Psychology.

Department of Psychological Sciences
Faculty of Health, Arts & Design
Swinburne University of Technology

This thesis is submitted in total fulfilment of the requirements for the degree of Doctor of Philosophy

January 2019

Supervisors Associate Professor Ann Knowles, Professor Sandra Gifford and Dr Jonathan Kingsley

Thesis Contents

Abstract

Forcibly displaced persons frequently experience mental and physical health difficulties in the settlement country. Research has tended to focus on prevalence rates for psychological disorders such as post-traumatic stress disorder (PTSD) and depression in refugee populations, with varied results. The wide variation in prevalence rates suggests that refugees comprise heterogeneous groups, and that there is a need to expand beyond the focus on PTSD and depression to include a broader range of experiences and outcomes which may impact on successful settlement. According to the literature, wellbeing, adaptation, coping and help-seeking are examples of settlement experiences and outcomes that can be explored with refugee populations in order to promote successful settlement in the new country and inform interventions with these groups. Little research has focused on settlement experiences and outcomes, especially for those from ethnic minority groups such as Hazaras. A review of the literature showed an emerging paradigm which focuses on these constructs for refugee populations. As Australia has an emerging population of young adult Hazaras who have arrived on humanitarian visas and are of a refugee background, I wanted to explore this emerging paradigm using a mixed-methods methodology to address the following research aims. 1. To investigate wellbeing for young adult Hazaras with refugee backgrounds. 2. To explore, from the perspective of young adult Hazaras, their adaptive processes in Australia. 3. To explore, from the perspective of young adult Hazaras, their explanatory models of illness and healing.

To address these aims, I conducted one quantitative study and two qualitative studies, and wrote three associated papers. In Paper 1: Exploring the Predictors and Mediators of Personal Wellbeing for Young Hazaras with Refugee Backgrounds in Australia, 70 young adult Hazaras completed an anonymous self-report survey to test a model of personal wellbeing. In Paper 2: An Exploration of the Adaptation and Development after

Persecution (ADAPT) Model with Young Adult Hazaras from Refugee Backgrounds in Australia, 18 young adult Hazaras participated in a semi-structured interview, based on the ADAPT model (Silove, 1999). In Paper 3: "Everything was stuck in my inside and I just wanted to get it out": Psychological Distress, Coping and Help-Seeking for Young Adult Australian Hazaras from Refugee Backgrounds, the same 18 respondents provided data for Study 3. The young people participated in a semi-structured interview based on the explanatory model (EM) framework (Kleinman, 1978, 1987).

Results identified a model of possible pathways to personal wellbeing (Chapter 5), adaptation processes (Chapter 6) and understandings of psychological distress, its causes, coping and help-seeking for young adult Hazaras with refugee backgrounds in Australia (Chapter 7), with noteworthy gender differences. Taken together, the results contribute to an emerging paradigm in refugee mental health research, providing support for the value of taking a broader ecological approach to understanding refugee settlement. The research makes unique contributions and expands upon the literature's focus on PTSD with refugee populations. The mixed-methods methodology proved useful with this sample. It was also found that the young people were not looking backwards and instead were focusing on their futures in Australia. The implications for policy, program development and culturally appropriate training and interventions for health professionals are discussed.

Acknowledgements

First and foremost, I would like to thank the enthusiastic and brave young Hazaras who opened up their hearts and shared their stories with me. It has been a privilege to be able to research your culture, rich heritage and meet you all.

To my supervisors Associate Professor Ann Knowles, Professor Sandra Gifford and Dr Jonathan Kingsley – thank you. Thank you for all your support, your belief in this research, friendship and your involvement in every milestone. Your expertise and enthusiasm guided the research and my development as a researcher. Your passion for your work has been a true inspiration for mine. I have learnt so much from you and I am truly grateful.

Ann, thank you for the endless hours of support, feedback and chats about all facets of life since we began this journey together in 2012 during my Honours year.

Sandy, your knowledge in the area of refugee studies is boundless. Your dedication to the field is an inspiration and I thoroughly enjoyed our conversations where you would challenge me to think critically about the literature.

Jonathan, your expertise on qualitative methodology has opened my mind to the large and wonderful world of qualitative research.

I wish to also express my gratitude to every researcher who contributed to this work. Whether it was helping me with statistics, sharing your knowledge of trauma research or health services you guided me through my thesis journey.

Thank you to everyone has had had discussions with me about this research, whether students, colleagues, friends and family.

To the Swinburners – you've filled each day over the last 4 years with fun, laughs and worthy tears. You've been the sounding board of ideas, a shoulder to lean on at each milestone and it's been so special to share #PhDlife with each of you.

My parents Rachel and Mark have been my foundation of support and encouragement throughout my life (and are always there for a calming cup of tea and a cuddle from our gorgeous cocker spaniel Maya). Mum, Dad and my brother Adam, you are my constant source of strength and inspiration. Thank you for all your love, warmth and always being there for me.

To my Grandparents Nana Betty and Nono, I drew inspiration from your life experiences in my thesis and have always admired your resilience and strength. Thank you for your encouraging words of wisdom and consistent daily check-ins on ‘are you a Doctor yet?’

To my Uncle David and Aunty Chris, your direction and support throughout my studies has lead me to where I am today.

Nana Pearl, you always wished I ended up performing on the stage. To me, this is the biggest stage of all and I hope you are proud.

Miss Felmingham, because of your passion and belief in me in year 12 psychology I found my main purpose in life. I would not have achieved what I have today without your encouragement.

My PhD is a culmination of 8 years of learning at Swinburne University of Technology. From my very first day, I was welcomed into the Swinburne family and the Hawthorn Campus became my second home. I’ve been provided scholarship support through Swinburne which has enabled me to achieve my thesis dream. Swinburne has also enabled me to tutor and teach other passionate students.

To my husband and best friend, Darren living in separate states to complete my PhD has been well worth the endless phone conversations, flights back and forth and Facetime Calls. Your never ending support does not go unnoticed and I love you for that!

This PhD is dedicated to the young Hazara men who I met all those years ago in Melbourne. You shared your dreams with me and your hopes to make Australia home, and I hope this work makes you proud.

General Declaration

This examinable outcome:

1. contains no material which has been accepted for the award to the candidate of any other degree or diploma, except where due reference is made in the text of the examinable outcome;

2. to the best of the candidate's knowledge contains no material previously published or written by another person except where due reference is made in the text of the examinable outcome; and

3. where the work is based on joint research or publications, discloses the relative contributions of the respective workers or authors.

I warrant that I (the candidate) have obtained, where necessary, permission from the copyright owners to use any third party copyright material reproduced in the thesis (such as artwork, images, unpublished documents), or to use any of my own published work (such as journal articles) in which the copyright is held by another party (such as publisher, co-author).

Signature: 

Carly Sarah Copolov
18th January 2019

Authorship Indication Forms

SWINBURNE UNIVERSITY OF TECHNOLOGY

Swinburne Research

Authorship Indication Form
For PhD (including associated papers) candidates

NOTE

This Authorship Indication form is a statement detailing the percentage of the contribution of each author in each associated 'paper'. This form must be signed by each co-author and the Principal Coordinating Supervisor. This form must be added to the publication of your final thesis as an appendix. Please fill out a separate form for each associated paper to be included in your thesis.

DECLARATION

We hereby declare our contribution to the publication of the 'paper' entitled:

Exploring the predictors and mediators of personal wellbeing for young Hazaras with refugee backgrounds in Australia

First Author

Name: Carly Copolov Signature: C. Copolov

Percentage of contribution: 80 % Date: 8/5/2018

Brief description of contribution to the 'paper' and your central responsibilities/role on project: Refer to Chapter 1: overview, outline & paper. Paper 1, my contribution for further information.

Second Author

Name: Ann Knowles Signature: A Knowles

Percentage of contribution: 10 % Date: 8/5/2018

Brief description of your contribution to the 'paper':

Extensive manuscript review.

Third Author

Name: Denny Meyer Signature: D. H. Meyer.

Percentage of contribution: 10 % Date: 08/05/2018

Brief description of your contribution to the 'paper': Advice in terms of the path analysis and interpretation.

Fourth Author

Name: _____ Signature: _____

Percentage of contribution: ___% Date: __/__/____

Brief description of your contribution to the 'paper':

Principal Coordinating Supervisor: Name: Ann Knowles Signature: A Knowles

Date: 8/5/2018

In the case of more than four authors please attach another sheet with the names, signatures and contribution of the authors.

Authorship Indication Form 1 of 1

Authorship Indication Forms

SWINBURNE UNIVERSITY OF TECHNOLOGY

Swinburne Research

Authorship Indication Form
For PhD (including associated papers) candidates

NOTE

This Authorship Indication form is a statement detailing the percentage of the contribution of each author in each associated 'paper'. This form must be signed by each co-author and the Principal Coordinating Supervisor. This form must be added to the publication of your final thesis as an appendix. Please fill out a separate form for each associated paper to be included in your thesis.

DECLARATION

We hereby declare our contribution to the publication of the 'paper' entitled:

An Exploration of the Adaptation & Development after Persecution (ADAPT) model with Young Adult Hazaras from Refugee Backgrounds in Australia

First Author

Name: Carly Copolov Signature: C.Copolov.

Percentage of contribution: 80% Date: 8/5/2018

Brief description of contribution to the 'paper' and your central responsibilities/role on project: Refer to Chapter 1: Overview, outline & paper. Paper 2, my contribution for further information

Second Author

Name: Ann Knowles Signature: A Knowles

Percentage of contribution: 20% Date: 8/5/2018

Brief description of your contribution to the 'paper': Discussion about data analysis and manuscript review.

Third Author

Name: _____ Signature: _____

Percentage of contribution: ___% Date: __/__/____

Brief description of your contribution to the 'paper':

Fourth Author

Name: _____ Signature: _____

Percentage of contribution: ___% Date: __/__/____

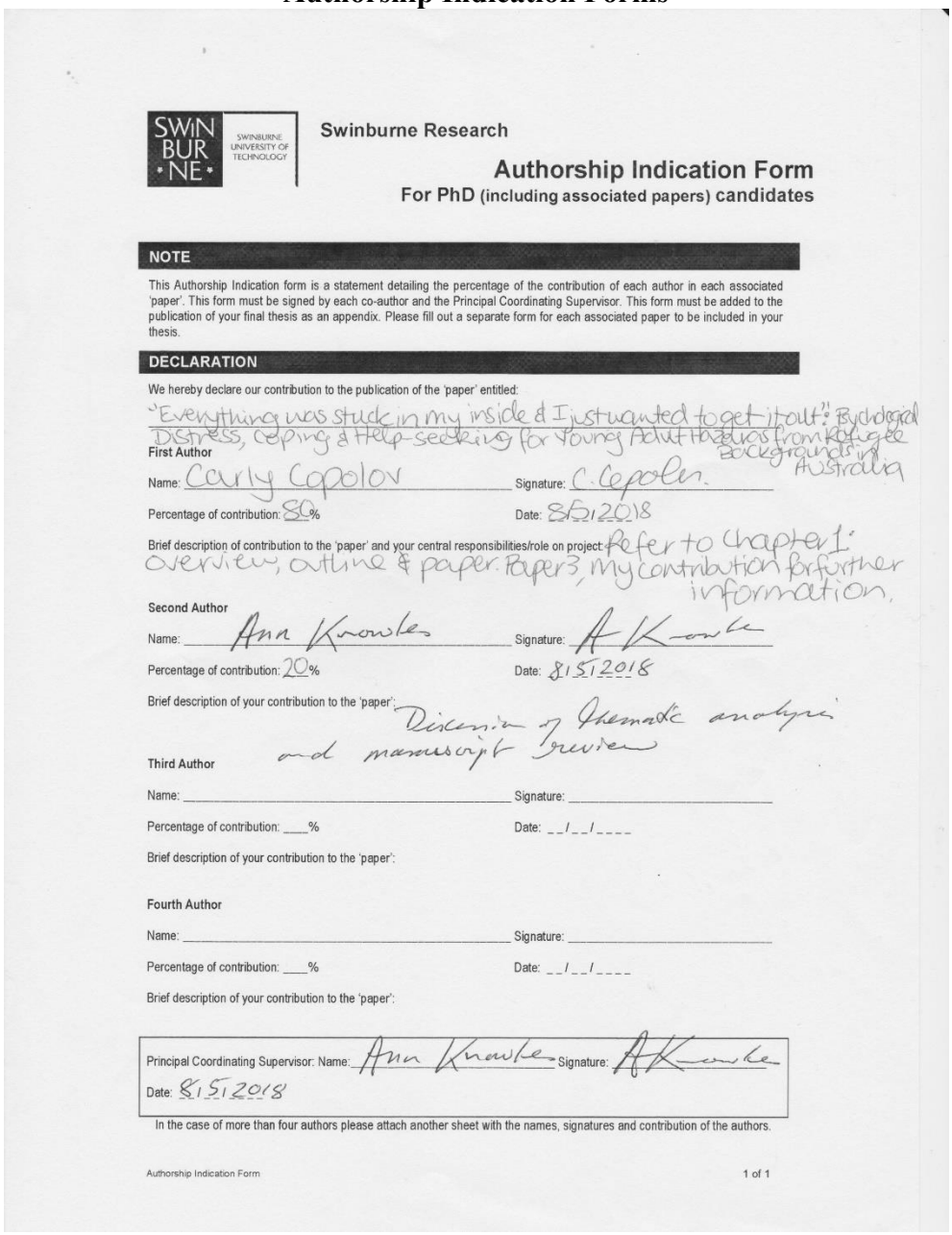
Brief description of your contribution to the 'paper':

Principal Coordinating Supervisor: Name: Ann Knowles Signature: A Knowles

Date: 8/5/2018

In the case of more than four authors please attach another sheet with the names, signatures and contribution of the authors.

Authorship Indication Forms



Swinburne Research

Authorship Indication Form
For PhD (including associated papers) candidates

NOTE

This Authorship Indication form is a statement detailing the percentage of the contribution of each author in each associated 'paper'. This form must be signed by each co-author and the Principal Coordinating Supervisor. This form must be added to the publication of your final thesis as an appendix. Please fill out a separate form for each associated paper to be included in your thesis.

DECLARATION

We hereby declare our contribution to the publication of the 'paper' entitled:

"Everything was stuck in my inside & I just wanted to get it out": Psychological Distress, Coping & Help-seeking for Young Adult Hazaras from Refugee Backgrounds in Australia

First Author

Name: Carly Capolov Signature: C. Capolov

Percentage of contribution: 80% Date: 8/5/2018

Brief description of contribution to the 'paper' and your central responsibilities/role on project: Refer to chapter 1: overview, outline & paper. Paper 3, my contribution for further information.

Second Author

Name: Ann Knowles Signature: A Knowles

Percentage of contribution: 20% Date: 8/5/2018

Brief description of your contribution to the 'paper': Discussion of thematic analysis and manuscript review

Third Author

Name: _____ Signature: _____

Percentage of contribution: ___% Date: __/__/____

Brief description of your contribution to the 'paper':

Fourth Author

Name: _____ Signature: _____

Percentage of contribution: ___% Date: __/__/____

Brief description of your contribution to the 'paper':

Principal Coordinating Supervisor: Name: Ann Knowles Signature: A Knowles

Date: 8/5/2018

In the case of more than four authors please attach another sheet with the names, signatures and contribution of the authors.

Authorship Indication Form 1 of 1

List of Tables

List of Figures

List of Acronyms

(FR) 1-9	Female respondent 1-9 with their corresponding ages
(MR) 1-9	Male respondent 1-9 with their corresponding ages
AARS	Acculturation and Resilience Scale
ADAPT	Adaptation and Development after Persecution Model
CALD	Culturally and linguistically diverse
CFI	Comparative Fit Index
CI	Confidence Interval
CMY	Centre for Multicultural Youth
DIAC	Australian Government Department of Immigration and Citizenship
DIBP	Australian Government Department of Immigration and Border Protection
DSM-V	Diagnostic and Statistical Manual of Mental Disorders
EM/s	Explanatory models and/or framework
IWbG	International Wellbeing Group
MANOVA	Multivariate analysis of variance
PTSD	Post-traumatic Stress Disorder
PWI-A	Personal Wellbeing Index-Adult
RATS	Reactions of Adolescents to Traumatic Stress Questionnaire
RCOA	Refugee Council of Australia
TLI	Tucker-Lewis Index
TPV	Temporary Protection Visas
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
URMs	Unaccompanied refugee minors
WHO	World Health Organisation
YES-R	Youth Experience Scale for Refugees

List of Papers

Paper	Thesis Chapter	Title	Journal	Status
1	5	Exploring the predictors and mediators of personal wellbeing for young Hazaras with refugee backgrounds in Australia	*Australian Journal of Psychology*	Published (Jul 2017)
2	6	An Exploration of the Adaptation and Development after Persecution (ADAPT) Model with Young Adult Hazaras from Refugee Backgrounds in Australia	*Transcultural Psychiatry*	Under review (Mar 2018)
3	7	"Everything was stuck in my inside and I just wanted to get it out": Psychological Distress, Coping and Help-Seeking for Young Adult Australian Hazaras from Refugee Backgrounds	*Transcultural Psychiatry*	Under review (May 2018)

Please note that I have made small alterations to the Papers for thesis presentation. These changes were limited to the formatting of margins, line spacing, placement of tables and figures and numbering of tables and figures.

As no other changes were made, the in-text citation style (e.g., American Psychological Association) and language (e.g., British English) requested by the relevant Journal were retained. Other Chapters (Chapter 1, 2, 3, 4, and 8) and References are in American Psychological Association (2011) style and written in British English.

List of Additional Papers

Copolov, C. & Knowles, A. (2017, March). *Hazara Young People with Refugee Backgrounds in Australia: Psychological Distress and Help-Seeking*. Poster presented at the 1st Australia and New Zealand Refugee Trauma Recovery in Resettlement Conference. Sydney, NSW, Australia.

Copolov, C. & Knowles, A. (2016, September) *Investigating the predictors of wellbeing for young Hazara refugees in Australia*. Paper presented at the Inaugural Australian Psychological Society (APS) Congress. Melbourne, Victoria, Australia.

Copolov, C. & Knowles, A. (2016, July) *Coping strategies, resource use and experiences of discrimination for young Hazara refugees in Australia*. Paper presented at the 16th Biennial Meeting of the International Society for Justice Research at the University of Kent. Canterbury, England, United Kingdom.

Preface

On the 2nd of September 1945, following the destruction, devastation and persecution of the Jewish people in Europe during World War II, my Nana Betty and her older sister Siska were left as orphans in the Netherlands. My Nana recalls that during the war the resistance knocked on farmer's doors and begged that the children be saved. My Nana and her sister were taken in by farmers, at separate houses, and made to do domestic duties around the house despite their tender age. They both survived the war and were reunited, but were left without any family in Europe. From there, their journey began in search of safety, security and a place where they could rebuild their lives after having lost everything. As the country that they had once called home did not protect them when they needed protecting, and with negative sentiments still lingering following the war towards Jewish people, they were forced to flee.

It was in 2012 in Melbourne, Australia when I responded to an advertisement to volunteer with newly arrived young people of refugee backgrounds to assist with curriculum vitae writing, supermarket shopping, using a computer and to make friends with someone born in Australia. I instantly thought of how Nana Betty and Siska must have felt when they arrived in their new countries. I realised that I was able to be of assistance to these young people and make them feel welcome.

During my first volunteering session, I learnt that the majority of the young men were of an ethnic group called Hazaras who came from Afghanistan, and some were born in Pakistan. They explained that they were in community detention and had spent time in detention centres on islands near Australia and on the Australian mainland. These young men were some of the most respectful, resilient and kind young people I had ever met. They shared their experiences from back home, in transit, in detention and in Australia, and invited me to attend community events with their Hazara community. This is where the idea for my PhD topic stemmed from. I was

studying psychology and had so many questions I wanted to ask them. Questions about their community related to their health, wellbeing and experiences in Australia. I realised these questions needed to be planned, culturally sensitive and informed by research.

As my curiosity expanded, I began researching about the culture of the Hazara people, rich in heritage with unique customs and traditions. The initial questions I wrote down were: Where had they come from? Why did they leave? Was this voluntary or forced? How and when did they get to Australia? How many Hazaras are in Australia? What are their experiences like here and how do they feel about being in Australia? Has this even been reported? What about family reunion (as they were here without family)?

After this initial research, I found out that Australia has an emerging population of young adult Hazaras who have arrived on humanitarian visas or are of a refugee background, yet their settlement experiences and outcomes remained under researched. A year later, I applied for a PhD program to investigate these questions further.

Chapter 1: Overview

1.1 Background

People who have been forcibly displaced may experience extreme mental and physical health challenges in the settlement country due to their refugee and resettlement experiences (Carlson & Rosser-Hogan, 1994; Fazel, Wheeler, & Danesh, 2005). Although some studies have reported higher prevalence rates of psychological disorders such as post-traumatic stress disorder (PTSD) and depression for adult refugee populations (Steel et al., 2009), others have reported lower prevalence rates of these mental disorders than what is expected for these groups in their new country (Steel et al., 2005). These varied results have also been found in young refugee populations studied (Montgomery, 2008, 2010, 2011; Montgomery & Foldspang, 2006), suggesting that there is a need to expand past a focus on PTSD and depression to include other constructs (Fazel, 2018; McGregor, Melvin, & Newman, 2015).

Afghan refugees are one refugee group that tends to report high levels of psychopathology in the settlement country, yet little research has focused on their settlement outcomes and experiences, especially for those from ethnic minority groups such as Hazaras (Alemi, James, Cruz, Zepeda, & Racadio, 2014; Alemi, Weller, Montgomery, & James, 2016; Ibrahimi, 2012; Iqbal, Joyce, Russo, & Earnest, 2012; Mackenzie & Guntarik, 2015). Wellbeing, adaptation, coping and help-seeking are examples of settlement experiences and outcomes that can be explored with refugee populations in order to promote successful settlement in the new country and inform interventions with these groups.

1.2 Overview of Research

A review of the literature revealed an emerging paradigm which expands upon the field's focus on PTSD for asylum seekers and refugees by

focusing on settlement experiences and outcomes for refugee populations (Porter & Haslam, 2005; Turrini et al., 2017). This paradigm and its explanations (detailed in Chapter 3) have not been explored with a young adult Australian Hazara sample. Therefore, I wanted to address the following research aims: 1.To investigate wellbeing for young adult Hazaras with refugee backgrounds. 2. To explore, from the perspective of young adult Hazaras, their adaptive processes in Australia. 3. To explore, from the perspective of young adult Hazaras, their explanatory models of illness and healing.

The overall goal for the research was to test this emerging paradigm with a young adult Hazara sample because Australia has an emerging population of young adult Hazaras who have arrived on humanitarian visas or are of a refugee background (Australian Government Department of Immigration and Citizenship; DIAC, 2012). This could pave the way for future research in public policy, programs and culturally appropriate training and specialised interventions for use with young adult Hazaras from refugee backgrounds.

Thesis structure. To explore these research aims I have conducted an in-depth examination of the constructs that make up the emerging paradigm. Initially, I tested a holistic model of predictors and mediators of personal wellbeing with psychometrically valid and reliable self-report measures (Chapter 5). I then explored participants' adaptive processes via a qualitative semi-structured interview (Chapter 6). In a final study, I explored participants' understandings of how they understand and experience illness via a qualitative semi-structured interview (Chapter 7).

The papers that make up these chapters are the core of this thesis, which also includes an overview (Chapter 1), a background chapter on Australian Hazaras (Chapter 2), a literature review (Chapter 3), and an outline of the methodology (Chapter 4), and a discussion and concluding chapter (Chapter 8). In this chapter (Chapter 1), I describe the different

components of this thesis and explain how they make up a coherent story. In Chapter 2, I outline background information about Australian Hazaras, their experiences in their homeland, as refugees and in Australia. In Chapter 3, I present the relevant psychological literature on wellbeing and settlement experiences and outcomes for refugee populations, outlining the paradigm shift, and where possible, referring to Afghan-specific studies. In Chapter 4, I present a detailed description of the overarching methodology for the thesis, and the three empirical papers. In Chapter 8, I provide a discussion which synthesises the findings from the three empirical papers by drawing upon the literature, as well as implications, limitations and strengths, and proposed future research directions.

Thematic overview of papers. In each of these studies, I explored the constructs that make up an emerging paradigm in the refugee mental health and practice literature. The quantitative self-reports of predictors and mediators of personal wellbeing (Chapter 5) and the subsequent qualitative interview studies based on the Adaptation and Development after Persecution and Trauma (ADAPT) model (Silove, 1999; Chapter 6) and the explanatory model framework (EM; Kleinman, 1978; Chapter 7), supported a broader ecological framework than often found in the literature. I found that the mixed-methods methodology, using both quantitative and qualitative methods based on the overall aims of the thesis, proved useful with a young adult Hazara sample of refugee backgrounds. I also found that despite what tends to be expected of these groups, the young adult Hazaras were doing relatively well and were not focusing on their pasts, but instead were focusing on their futures in Australia. The work constitutes a coherent and integrated framework that makes significant contributions by expanding upon the literatures focus on PTSD with refugee groups.

Outline of papers. Here I summarise the three papers, outline the scholarly contribution each makes to the refugee mental health and settlement literature, and specify my contributions.

Paper 1. Paper 1 (see Chapter 5) is entitled, 'Exploring the Predictors and Mediators of Personal Wellbeing for Young Hazaras with Refugee Backgrounds in Australia' (Copolov, Knowles, & Meyer, 2017). It was published by the *Australian Journal of Psychology* in July 2017.

Overview. Paper 1 had one research aim and three hypotheses. The study aim was to test a model of predictors and mediators of personal wellbeing for young adult Hazaras from refugee backgrounds in Australia. The first hypothesis relating to the study's aim was that presence of immediate family in Australia, acculturation and absence of trauma symptoms would predict personal wellbeing. The second hypothesis was that acculturation would mediate the relationships between both resilience and personal wellbeing and between spirituality and personal wellbeing. The final hypothesis was that there would be statistically significant positive correlations between both resilience and absence of trauma symptoms and between resilience and spirituality. Seventy participants completed an anonymous self-report survey, made up of demographic items and three questionnaires, online or via a paper-pen version. Path analysis found that Acculturation, Absence of Trauma Symptoms and Presence of Immediate Family in Australia significantly predicted Personal Wellbeing. Acculturation was found to significantly mediate the relationship between both Resilience and Personal Wellbeing and between Spirituality and Personal Wellbeing. It was also found that Resilience and Spirituality, and Resilience and Absence of Trauma Symptoms were positively correlated. These results identify possible pathways to wellbeing for young Hazaras from refugee backgrounds in Australia, supporting the use of these constructs in a model of personal wellbeing.

Scholarly contribution. While previous research has explored predictors of wellbeing such as presence of immediate family, absence of trauma symptoms and acculturation, with acculturation acting as a mediator for resilience and wellbeing and spirituality and wellbeing (Adam & Ward,

2016; Berry, Kim, Power, Young, & Bujaki, 1989; Gifford, Correa-Velez, & Sampson, 2009; Keles, Friborg, Idsøe, Sirin, & Oppedal, 2016; Montgomery, 2011), little research has examined these factors within a model. Furthermore, studies have largely focused on investigating samples made up of culturally and linguistically diverse young people including immigrants, refugees and overseas students from varied backgrounds and have focused less on one distinct refugee group (Khawaja, Moisuc, & Ramirez, 2014). Therefore, this study makes a significant contribution to the literature by identifying a model of possible pathways to wellbeing for young adult Hazaras with refugee backgrounds in Australia.

My contribution. My contribution to Paper 1 was to initiate and complete the research design, obtain ethics approval (Appendix Two), find psychometrically valid and reliable measures, build the online survey and the paper-pen version, recruit participants by building trust and rapport with the Hazara community in Melbourne, administer the survey, and collect data. Once the data were collected, I cleaned and analysed all the data under the guidance of my primary supervisor (Associate Professor Ann Knowles), and received advice in terms of the path analysis and interpretation from the third author of the paper (Professor Denny Meyer), I then wrote the first draft of the paper. After extensive manuscript reviews from my primary supervisor and the third author of the paper, I finalised the draft and submitted the paper to The Australian Journal of Psychology. I then revised the paper based on reviewer feedback and with my primary supervisor's guidance. My work constitutes approximately 80% of the work for this paper.

Paper 2. Paper 2 (see Chapter 6) is entitled, 'An Exploration of the Adaptation and Development after Persecution (ADAPT) Model with Young Adult Hazaras from Refugee Backgrounds in Australia' and was submitted to *Transcultural Psychiatry* on the 5th March 2018. It is now under review.

Overview. Paper 2 had two research aims. The first aim was to explore the applicability of the Adaptation and Development after Persecution (ADAPT) model (Silove, 1999) to young adult Hazaras' settlement experiences. The second aim was to explore whether Erikson's (1968) psychosocial stages were reflected in the young adult refugee sample to provide a developmental context for their experiences. Eighteen respondents participated in a semi-structured interview, the Youth Experience Scale for Refugees (YES-R) (McGregor, Melvin, & Newman, 2014) based on the ADAPT model (Silove, 1999) and the basis for Study 2 (Paper 2). Following this, the same respondents provided data for Study 3 (Paper 3). The interviews were conducted at the same time. The results showed the usefulness of the ADAPT framework for understanding the young adult Hazaras' adaptation in Australia. It was also evident that Erikson's (1968) psychosocial stages for adolescents and young adults were reflected in the participants' settlement experiences providing a developmental context for their adaptation (Nakeyar, Esses, & Reid, 2018).

Scholarly contribution. This paper provides a significant and original scholarly contribution to knowledge by asking a young adult sample of refugee backgrounds about their settlement experiences within the framework of Silove's (1999) ADAPT model. It demonstrated the importance of gender comparisons for a richer understanding of adaptation processes, especially for family attachments, identity development and religious beliefs and cultural views, even in a relatively homogenous group. We found insights into a group of young people of refugee backgrounds who seemed to be navigating adaptation processes relatively well and who were focusing on their futures in Australia.

My contribution. My contribution to Paper 2 was to initiate and complete the research design, obtain ethics approval (Appendix Two), identify a culturally appropriate semi-structured Australian interview schedule for use with young adult Hazaras (see Chapter 4), contact

participants who had voluntarily left their contact details at the end of Study 1 to participate in subsequent semi-structured interviews for Study 2 and Study 3 (see Chapter 4) and conduct the interview. I then transcribed the interviews verbatim and analysed them via thematic analysis, using both inductive and deductive thematic approaches, according to Braun and Clarke's (2006; 2013) six phase process. I discussed the thematic analysis process and the resulting codes and themes with my supervisors. I produced the first draft of the paper for my supervisors to review. I then made iterative changes to the paper based on their feedback prior to submission to *Transcultural Psychiatry*. My work constitutes approximately 80% of the work for this paper.

***Paper 3*.** Paper 3 is entitled, '"Everything was stuck in my inside and I just wanted to get it out": Psychological Distress, Coping and Help-Seeking for Young Adult Australian Hazaras from Refugee Backgrounds' and was submitted to *Transcultural Psychiatry* on the 4th of May 2018. *Overview.* The aim of Paper 3 was to explore, from the perspective of a community sample of young adult Hazaras of refugee backgrounds, their explanatory models of illness and healing. There were four research questions to address the aim of Paper 3: How do these young people describe their mental health? What factors do they perceive contribute to or cause their mental health problems? What strategies do they use to cope with mental health concerns? What interventions do they use to treat mental health problems? The same 18 respondents who participated in Study 2 participated in Study 3 in the same interview. They provided responses to Tempany's (2008) semi-structured interview schedule based on the EM framework (EM; Kleinman, 1978, 1987). The results described participants' understandings of mental health, its causes and ways psychological distress should be managed to achieve recovery. They also described positive and negative coping strategies used in the community, and barriers and facilitators to services. Those participants who had accessed a service

described their level of satisfaction with these services and explained that their satisfaction was highest for services provided by multicultural centres.

Scholarly contribution. This paper provides a significant and original scholarly contribution to knowledge by being one of the first studies that has examined beliefs about psychological distress, its causes, coping and help-seeking in a community sample of young people from refugee backgrounds not selected as service users. It was also found that gender comparisons, such as unaccompanied young adult Hazara men compared to those with their immediate family in Australia, provided a richer understanding of these constructs even in a relatively homogenous group. Based on the young adult Hazaras' recommendations, this paper provides key implications for culturally appropriate training and interventions for health professionals who work with young adult Hazaras in Australia.

My contribution. Please refer to the Paper 2: My Contribution section regarding the steps of research design, obtain ethics approval (Appendix Two), data collection and data analysis as the same process was used for Paper 3. For Paper 3 I again discussed the thematic analysis and themes with my supervisors and produced the first draft of the manuscript for my supervisors to review. Then, after ongoing feedback from my supervisors, I undertook further drafting prior to the submission of the paper to *Transcultural Psychiatry.* My work constitutes approximately 80% of the work for this paper.

1.3 Implications for Policy, Programs and Mental Health Professionals

I will now briefly outline some of the implications of the PhD research and state how they are relevant to policy, program development and mental health professionals who work with young Hazaras of refugee backgrounds (for more details please see Chapter 8). First, a major finding from Study 1 was the mediating role of acculturation between spirituality and personal wellbeing which has an implication for social policy. This result suggests that it is the community's responsibility to support and

encourage young Hazaras to draw strength from their spirituality during acculturation, to positively affect their wellbeing. A second implication from Study 1 is the social responsibility to provide extra support to unaccompanied young people as they may need support to successfully adapt to life in Australia. Second, a main finding from Study 2, the importance of family, friend and teacher attachments to the young Hazaras' ability to adapt to life in Australia, implies that educational settings, services and programs should focus on promoting social networks and positive adaptation for these young people. Lastly, a major implication from Study 3 was that understanding young adult Hazaras' EMs may inform the development of culturally sensitive training and interventions for health professionals. In addition, these young people tended to prefer to use coping strategies rather than seek professional help, implying that the use of these positive strategies should be encouraged with this group.

Chapter 2: Australian Hazaras: Experiences in their Homeland, as Refugees, and in Australia

Oh Hazara when will you become free from servitude?
Become possessor of a prosperous house
Become possessor of life and a prosperous house
When will you become free from servitude?
You are still silent after seeing so much oppression and cruelty
Or you are still deceived, helpless and senseless
For years you were deprived of human life
You were a porter, water carrier or in prison
After this you become free or be annihilated
When will you become free from servitude?
You have witnessed oppressions but now become a master
When will you become free from servitude?

Song composed by Sarwar Sarkhosh, a Hazara singer and dambura player (translated into English and cited in Ibrahimi, 2012, p. 16)

This chapter provides background information regarding Afghanistan, refugees and Afghan settlement in Australia. Specific details regarding Hazaras, a persecuted ethnic minority from Afghanistan (Harpviken, 1996), will be discussed where possible as they were the chosen sample for this doctoral project. The majority of thesis participants were born in Afghanistan, followed by Pakistan and Iran. To give a context to the lived experiences, voices and stories of Australian Hazara young people relevant social, cultural, political and legislative issues will be discussed.

2.1 Afghanistan: Demography, Conflicts, Family and Gender Roles and Health

2.1.1 Demography. Afghanistan is one of the poorest countries in the world. Located in Central Asia, it is bordered by Tajikistan, Turkmenistan, and Uzbekistan to the north, Iran to the west, Pakistan to the east and south and a small shared border in the north east with India and China. The capital city Kabul is located in the eastern part of the country. Afghanistan's population, estimated at 32.5 million in 2015, is young and rapidly increasing with a median age of 17.5 years (United Nations Development Programme; UNDP, 2015). The estimated life expectancy is 60.7 years; 62 years for females and 59.5 years for males. Thirty-five per cent of males and 9% of females have at least some secondary education and 84% of males and 19% of females participate in the labour force (UNDP, 2015). More than 30 years of war, tension and violence has disrupted the way of life in Afghanistan. Endemic poverty, low participation of women in the workforce, high dropout rates among school-going children, inadequate healthcare, human security and an uncertain economic outlook are some of the hardships faced by the people of Afghanistan (UNDP, 2015).

Afghanistan is deemed as a 'multiethnic' country with no fewer than 55 ethnic groups that have been identified, albeit the exact numbers are debatable. Scholars tend to agree that Pushtuns make up the largest ethnic group, followed by Tajiks, Uzbeks and Hazaras (Maley, 2009). According to Maley (2009), Afghanistan is predominantly a Muslim country, although there are small Hindu, Sikh and even Jewish minorities. While the majority of Afghanistan's Muslims adhere to the 'Sunni' stream of Islam, the 'Shiite' stream has a significant number of followers, who are mainly Hazaras, and at times, there have been intergroup conflicts with variations in doctrine and rituals. Pashto and Dari are the two main languages of Afghanistan (Banting, 2003).

2.1.2 Conflicts. The history of conflict and persecution in Afghanistan is complex and is described briefly to highlight the histories of the participants in this project, by drawing upon the work of William Maley (2009). For nearly 50 years, from 1929-1978, Afghanistan was one of the more peaceful countries in Asia as it remained neutral during World War II, avoided war with its neighbours and was virtually free of mass killings. This situation changed during the Soviet invasion of Afghanistan in 1979, where the communist government controlled urban areas. Following the Soviet withdrawal from Afghanistan in February 1989 and the collapse of the communist regime in April 1992, a new war erupted when Pakistan took an interest in Afghanistan's internal affairs, prompting a fight for power over the capital, Kabul.

The 'Taliban movement', made up of Pakistan-backed anti-modernist religious extremists from the Pashtun ethnic group, took over Kabul in September 1996 with the intention to 'stabilise' the country using repression, while at the same time providing a place for religious extremists from around the world. The third wave of war struck Afghanistan following the attacks in September 2001 on the World Trade Centre in New York City and the Pentagon in Washington DC, instructed by the Saudi Osama Bin Laden. This attack resulted in thousands of causalities and vast damage, and the United States retaliated by deploying air strikes that severely weakened the Taliban regime. However, the Taliban movement survived by finding safety for its core leaders and some of its fighters in Pakistan while the world's attention shifted to Iraq following the US invasion of that country in 2003.

Due to 33 years of unresolved conflict, Afghanistan remained the second largest refugee producing nation worldwide at the end of 2015, with an estimated refugee population of 2.7 million people (United Nations High Commissioner for Refugees; UNHCR, 2015). The UNHCR (2015) reported

that Pakistan and the Islamic Republic of Iran host the majority of documented and undocumented Afghan refugees.

2.1.3 Family and gender roles. Other than religion, family is the most important part of life in Afghanistan (Afroz & Najib, 2013). The family structure revolves around the patriarch where the men of the family make critical life decisions, this may involve male tribal chiefs and religious leaders (Emadi, 2005). As Afroz and Najib (2013) note, large and extended families are still very common in Afghanistan across all classes and have a strong influence over how people live daily. They explain that the narrow definition of family consisting of immediate relatives related by blood used in many parts of the world is not recognised by Afghans. Instead, family can be made up of parents, siblings, cousins, uncles and aunts, and distantly related members are treated with equal intimacy and respect (Tilbury, 2007).

Like other nearby countries, Afghanistan is a male-dominated society where sons are generally treated better, and better provided for, than daughters who are less valued. Males and females are socialised into clearly defined traditional gender roles, where women are expected to marry, become mothers at a young age and keep the house. Men are expected to earn and provide for their family (Afroz & Najib, 2013; Emadi, 2005). According to Afroz and Najib (2013), children are raised exclusively by the women of the family and are subject to strict parenting practices, while the men make life decisions for them, including their education, type of job and their future husband or wife.

However, decades of war have resulted in large numbers of refugees or internally displaced peoples fleeing to Pakistan and Iran. The experiences of these people have affected Afghan family values when women have returned to Afghanistan after being educated and working to support their families due to economic pressures on refugees (Afroz & Najib, 2013).

2.1.4 Health. Health services in Afghanistan are very limited and the country has some of the worst health statistics in the world. Due to years of unrest, poverty, poor sanitation, unsafe drinking water and poor infrastructure, malnutrition, HIV, tuberculosis, malaria and diarrheal illnesses are some of the common medical conditions, especially in rural areas (Australian Government Department of Immigration and Citizenship; DIAC, 2012). Because of the wars in Afghanistan, much of Afghanistan's infrastructure, including health care facilities, was destroyed (Acerra, Iskyan, Qureshi, & Sharma, 2009). According to Acerra et al. (2009), during the Taliban regime many health care workers were killed or had to flee the country and women were forbidden to go to school, which meant very few were trained as doctors or nurses during this period. Since the fall of the Taliban, health care in Afghanistan is improving with improved access to care, improved quality of care and better trained health care workers for the rural areas. However, the country still needs significant development before it meets basic health care needs (Acerra et al., 2009).

A national mental health plan, policy and legislation that address the main mental health issues were introduced in Afghanistan in 1987. However, there is no regular budget allocated to mental health so the system remains underfunded, under staffed, services are extremely scarce and inaccessible and have not improved since the collapse of the Taliban (World Health Organisation; WHO, 2006). According to van de Put (2002), those who are mentally unwell in Afghanistan are traditionally treated by Mullahs (Muslim clerics) and in extreme cases, these people are brought to traditional healing centres. Recently, Alemi et al. (2018) examined risk and protective factors for mental health status and severity of psychological distress symptoms among 232 young adults living in Kabul, Afghanistan and found that 75% of participants had poor mental health and often experienced distress symptoms (depressive, anxiety and somatoform symptoms). These findings provide support for developing culturally-

competent policies and interventions in Afghanistan that focus on building protective factors such as positive physical health and perceived hope-optimism, which were found to be protective factors for this group of young people (Alemi et al., 2018).

It is generally recognised in Afghanistan that there are two types of psychological distress – biologically based disorders such as schizophrenia and possession of jinns. Beliefs about jinns, spirits which misbehave, take any form and may become malicious if angered, are deeply ingrained in Afghan culture (Miller et al., 2006). As Miller at al. (2006) note, Mullahs will often treat the symptoms of jinns possession, which include intense bodily pain, agitation, self-destructive behaviour and catatonia, through religious prayers and rituals to gain control over one's body and mind.

To summarise, the previous sections seek to contextualise this thesis by providing information about Afghanistan. Although not all of the participants were born in Afghanistan, they stated that Afghanistan is the "motherland" for Hazaras so their experiences as refugees make up a significant part of their experiences or interpretations of Afghanistan, as the subsequent section describes.

2.2 Refugees: Experiences of Hazara refugees

2.2.1 Definition of refugee. Following the aftermath of World War II, which saw a great period of humanitarian need, the Geneva United Nations Convention Relating to the Status of Refugees (1951) was developed. The purpose of this legal framework is to protect refugees, where a "refugee" is defined as anyone who:

> owing to a 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 nationality and is unable, or, owing to such fear, is unwilling to avail himself of the protection of that country. (Article 1A (2))

Despite providing protection to millions of people since the introduction of the Convention, this definition has been critiqued as being too narrow to account for people who have had refugee experiences but do not fulfil the refugee criteria (Zetter, 2007). To illustrate this point, at the end of 2015 there was a total population of 65.3 million forcibly displaced persons worldwide (including internally displaced persons, asylum-seekers and stateless peoples) who were of concern to UNHCR, but only 21.3 million people were classified as refugees.

Despite criticisms, the Convention remains one of the main international instruments benefiting refugees today and signatory States have the opportunity to pass policies that expand the narrow requirements of the 1951 Convention (Goodwin-Gill & McAdam, 2007). The 1951 Convention encourages signatory States to cooperate with UNHCR in providing protection to refugees and finding durable solutions (UNHCR, 2015). UNHCR's three durable solutions for refugees are "local integration" into the community in the country of asylum, "voluntary repatriation" to the homeland, and "resettlement" to a third country where permanent residency is granted. However, only a small proportion of displaced people are actually resettled and instead remain in a protracted situation for many years (UNHCR, 2015).

2.2.2 Refugee experiences. Increasing numbers of people are forced to flee their countries for safety because of ongoing conflicts, persecution and human rights violations. Refugee experiences of forced migration and the resettlement process mean these people are more vulnerable to the development of mental health conditions such as post-traumatic stress disorder, major depression and anxiety (Schweitzer, Melville, Steel, & Lacherez, 2006; Turrini et al., 2017). According to Turrini et al. (2017), due to experiences of violence, torture and potentially life threatening experiences while travelling to resettlement countries and uncertainty about asylum applications, prevalence rates of psychological

distress and other mental disorders are high for asylum seekers and refugees, although these rates vary in the literature.

Young refugees who have been exposed to violence tend to experience mental health challenges, however this can be reduced if they experience a stable settlement environment and social support in the host country (Earnest, Mansi, Bayati, Earnest, & Thompson, 2015; Fazel, Reed, Panter-Brick, & Stein, 2012).

2.2.3 Unaccompanied minors. Unaccompanied refugee minors (URMs) are those under 18 years of age who are separated from their parents, who remain in the home country, transit country or settled in different settlement countries, and are forced to migrate to another country (Vervliet, Vanobbergen, Broekaert, & Derluyn, 2014). The reasons refugee minors are forced to flee their country and whether they are accompanied or not can have significant impacts on their mental health and wellbeing (El Baba & Colucci, 2017), and they remain a group of paramount concern to UNHCR (2012). This is because not only are they separated from their parents, but also because URMs are unlikely to make the decision to leave their home country themselves (Clark-Kazak, 2012). There is also evidence that URMs may not be as vulnerable as expected and instead have shown to access resources and make decisions more than those who live in households where an adult is present in the settlement country (Clark-Kazak, 2012). However, those URMs detained in immigration facilities in Australia and off-shore in Nauru and Manus Island are particularly vulnerable because the remote locations are not appropriate places to send asylum seeker children (Australian Human Rights Commission, 2013). The conditions of detention may also breach children's rights such as the right to the highest attainable standard of health, their right to education and access to health care services (Australian Human Rights Commission, 2013).

One of the highest numbers of unaccompanied and separated children applying for asylum come from Afghanistan (El Baba & Colucci, 2017;

Monsutti,2010; UNHCR, 2012), yet few research reports studying this population have been published (Vervliet et al., 2014).

2.2.4 Experiences of Hazaras as refugees. Harpviken (1996) describes five central features that make up the Hazara identity. These include phenotype, religion, territory, social status and dialect. Hazaras are stereotyped as having a Central Asian physiognomy, which is characterised by a relatively flat nose, broad face and narrow eyes, and most practise Islam (Harpviken, 1996; Ibrahimi, 2012; Ibrahimi , 2017; Monsutti, 2005). The Central Highlands of Afghanistan, known as Hazarajat or Hazaristan, is almost entirely inhabited by Shia Hazaras and they speak a particular dialect of Farsi, known as Hazaragi. Hazaras are also scattered across urban areas of the country such as Kabul, Mazar-e Sharif and Herat.

The history of the relationship between the Hazaras and the Afghan state is marked by ethnic cleansing, forced displacement, enslavement, dispossession, and social and economic exclusion (Ibrahimi, 2012; Ibrahimi, 2017; Monsutti, 2005). Hazaras in Afghanistan have been found to report severe signs of mental distress disorders due to demographic and socioeconomic factors as well as social exclusion mechanisms that were in place before conflict began (Trani & Bakhshi, 2013). As the Hazaras are a religious minority in a Sunni dominated country and are physically recognisable, they have been targeted for persecution and discrimination (Mackenzie & Guntarik, 2015). Historical persecution and safety concerns have meant the Hazaras have had to flee to nearby countries such as Pakistan and Iran, where many spend time in transit there, despite experiencing continued ethnic or religious persecution, before making their journey to Australia (Ibrahimi, 2017; Mackenzie & Guntarik, 2015).

2.3 Australian Hazaras: Settlement in Australia

> … I see myself as an Australia Hazara
>
> -Sheema, a Hazara migrant in Australia. (Mackenzie & Guntarik, 2015, p. 74)

2.3.1 Policy. Australia has a population of approximately 24.4 million people made up of Indigenous Australians, immigrants and their descendants (Census, 2016). Over 800,000 refugees and displaced persons have settled in Australia since World War II ended in 1945 (Phillips, 2015)**,** and Afghans are one of the more recent groups to arrive in substantial numbers. This is not the first time substantial numbers of Afghans have arrived in Australia. Afghan camel drivers and camels were imported in the 1860s as the white colonists depended on them for the delivery of goods and services in central Australia (Scriver, 2004).

Australia's Immigration Programme has two components, the Migration Programme for skilled and family migrants, and the Humanitarian Programme for refugees and others in refugee-like situations. The latter provided 13,750 visas in 2016-2017; 16,250 places will be available in 2017-2018 and 18,750 places in 2018-2019 (Australian Government, Department of Immigration and Border Protection; DIBP, 2016). The Humanitarian Programme is further divided into onshore and offshore categories, depending on where the visa is applied for and granted. Historically the majority of places for the Humanitarian Programme are granted to offshore refugees, who have been referred to Australia by the UNHCR, and some are given to refugees who arrived by boat or air and granted protection visas onshore (Phillips, 2015).

The Australian Government is recognised around the world as funding some of the best settlement services (Fozdar & Hartley, 2013; Sulaiman-Hill & Thompson, 2012). It is also extensively criticised for its restrictive indefinite mandatory immigration detention policy for asylum seekers who arrive without a prior visa by sea or air and who are held in immigration detention facilities in Australia, or offshore on Manus Island and Nauru (UNHCR, 2013a, 2013b). The detention centre standards of Nauru and Manus Island are still being condemned by UNHCR and other international (e.g., Amnesty International, 2013) and national bodies for

their poor conditions and the physical and mental health impacts of indefinite detention on asylum seekers, including children and unaccompanied minors. The Australian Government is also criticised for denying people seeking asylum the right to work on bridging visas and to adequate healthcare, and for the reintroduction of Temporary Protection Visas (TPVs) where people seeking asylum are unable to apply for permanent visas, citizenship or the right to family reunion (Academics for Refugees, 2016). At the time of writing, both of Australia's major political parties agree that deterrence-based policies that block access to protection in Australia and penalise those who arrive by boat, are the most effective way of stopping asylum seekers arriving by boat to Australia and also stopping deaths at sea between Indonesia and Australia (Refugee Council of Australia; RCOA, 2018). Those refugees who came to Australia by boat and have yet to achieve citizenship have virtually no opportunities for family reunion; despite being eligible to apply to sponsor family members in some situations, their applications are given "lowest processing priority" (RCOA, 2018).

According to RCOA (2018), between October 2010 and 2012, after the closure of some immigration detention facilities, the Government began releasing large numbers of asylum seekers who came by boat to Australia into the community on Bridging Visas (subclass E). These temporary visas allow people to stay in Australia pending resolution of their protection claims. As of April 2017, 23,573 people were living in the community on this visa and are eligible to work but have difficulties finding employment due to practical barriers imposed by this visa.

As RCOA (2018) note, TPVs were in place in Australia between 1999 and 2008 and were re-introduced in 2015 for people found to be owed protection but who had arrived in Australia via sea or by air without a prior valid visa. TPVs allow a refugee to stay in Australia for a maximum of three years, after which time they can have their protection claims reassessed.

Unlike the previous TPV policy, TPV holders who are found to need protection after their initial visa expires are only able to apply for another temporary visa and are not eligible for permanent residency, yet they are allowed to work in Australia.

2.3.2 Settlement statistics. According to one Australian Government source, the Afghan community in Australia is estimated to number around 35,000, of which 6,500 are ethnic Hazara (DIAC, 2012), whereas the 2011 Census quoted 28,597 Afghanistan-born people, of which 4,903 are ethnic Hazara (DIAC, 2014). This community continues to grow mainly through Australia's Humanitarian Programme, rather than through the Skilled Migration Stream (DIAC, 2012). For example, in 2015-2016, Afghanistan was in the top five countries of birth for persons granted visas through the off-shore humanitarian programme (DIBP, 2016), suggesting many Hazaras in Australia have come through this programme. Scholars have explained that it is difficult to obtain exact numbers of Hazaras as ongoing safety concerns mean they are sometimes unwilling to reveal their ethnicity (Ibrahimi, 2012).

According to DIAC (2012), between the years 2006-2011 over 14,500 Afghanistan-born residents arrived in Australian on humanitarian family and skilled visas. The majority of arrivals from Afghanistan were aged between 18 and 34 years, most commonly spoke Dari and Hazaragi, and English proficiency was deemed as generally low (DIAC, 2012). The large majority of Afghan-born peoples' religious affiliation was with Islam, 62% arrived in Australia after 2001, 24% of those over 15 years of age were attending an educational institution and 41% of those over 15 years of age were in the labour force (DIAC, 2014). According to the 2011 Census, New South Wales was the highest settlement area for Australian Hazaras with 2,185 people. The median age of this group was 22.4 years and 50% were aged between 15-34 years, indicating a young population of Hazaras (Australian Hazara Federation, 2015).

2.3.3 Health in Australia. Hazaras are eligible for "Medicare", the publicly funded universal health care system that enables people access to free or low cost pharmaceutical, medical and public hospital care in Australia, including those on Bridging Visas and TPVs (RCOA, 2018). Bridging Visa holders receive a basic living allowance and TPV holders receive income support, English language tuition, torture and trauma counselling and assistance with finding employment. Nevertheless, they are not eligible for the full range of settlement support services available to other humanitarian entrants (RCOA, 2018). There are publicly funded free mental health services available in Australia, however these service providers are only able to accept a finite number of referrals and wait times can be lengthy. These Australian mental health services have been criticised for not being sufficiently culturally competent when seeing patients from culturally and linguistically diverse backgrounds (Bond et al., 2007; Truong, Paradies, & Priest, 2014).

2.4 Summary

This chapter has described background information regarding Afghanistan, experiences of Hazaras as refugees and their settlement in Australia. The following chapter provides an overview and critique of the refugee mental health and settlement literature, and describes an emerging paradigm in the literature with refugee populations.

Chapter 3: Wellbeing and Settlement for Refugee Populations: Findings, a Paradigm Shift, and Afghan-Specific Studies

This chapter provides an overview and critique of the refugee mental health and settlement literature focusing on settlement experiences and outcomes, with a particular focus on refugee youth. It also describes an emerging paradigm for research with refugee populations and reviews Afghan-specific studies.

3.1 Refugee Wellbeing and Settlement

Forcibly displaced persons can experience extreme physical and mental health difficulties in the settlement country due to refugee and resettlement experiences (Carlson & Rosser-Hogan, 1994; Fazel et al., 2005). Studies have reported higher prevalence rates of post-traumatic stress disorder (PTSD) and depression for refugees compared to economic migrants and the general population in the settlement country (see review papers Fazel et al., 2005; Keyes, 2000). For example, a meta-analysis reporting results of 161 studies of refugees and other conflict-affected people, estimated that PTSD and depression are both prevalent in 31% of these groups (Steel et al., 2009). According to the latest *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-V*; American Psychiatric Association; APA, 2013), in order to be diagnosed with PTSD one must fulfil the requirements of the diagnostic criteria. The diagnostic criteria for PTSD include exposure to a traumatic event that meets specific conditions and symptoms from each of the four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The sixth criterion stipulates symptom duration, the seventh assesses functionality; and the eighth criterion clarifies that symptoms are not due to substance use or a co-occurring medical condition (American Psychiatric Association, 2013).

Nevertheless, other researchers have reported lower prevalence rates of mental disorders than expected in resettled groups (Steel et al., 2005).

Varied results have emerged in the literature for prevalence rates of psychological disorders such as depression, anxiety and PTSD among refugee populations, with these conditions often co-occurring, highlighting the heterogeneity of findings with refugees (Li, Liddell, & Nickerson, 2016; Slewa-Younan, Uribe Guajardo, Heriseanu, & Hasan, 2015). For example, Bogic, Njoku, and Priebe (2015) conducted a systematic review of the literature and found that 20 studies of long-settled refugee populations reported on PTSD prevalence, with prevalence rates ranging from 4% (Steel, Silove, Phan, & Bauman, 2002) to 86% (Carlson & Rosser-Hogan, 1994). Bogic et al. (2015) found that heterogeneity of prevalence rates remained high even after accounting for methodological and clinical characteristics. These varied results seem to occur because of differences in individuals' refugee experiences, cultural understandings of distress, methods used, length of time in the host country and post-migration stressors (for a review paper see Turrini et al., 2017). According to Turrini et al. (2017), the field is almost entirely focused on research and programs related to PTSD for asylum seekers and refugees, despite rates of depression and anxiety reported as being as high as rates of PTSD. These authors suggested that future research should investigate a broader range of factors for refugee populations (Turrini et al., 2017).

As evidenced, the literature has focused on prevalence rates of mental disorders and has reported issues with variability of prevalence rates with refugee populations. Moving beyond this focus, researchers suggest other settlement experiences and outcomes that should be focused on in order to promote successful settlement in the new country (Porter & Haslam, 2005). There is no agreed upon definition of wellbeing to use with refugee populations, which makes it difficult to compare results between studies (Chase, 2013). For this thesis, I draw upon the World Health Organisation; WHO (1996) definition of wellbeing as it is a holistic approach to subjective wellbeing. Wellbeing is defined as a complex

construct made up of various domains including health, personal relationships, physical safety, security and spiritual beliefs (WHO, 1996). Correa-Velez, Gifford, and Barnett (2010) draw upon work by Ager and Strang (2008) to identify wellbeing as both a resource for, and an outcome of, successful settlement for refugee youth. Wellbeing acts as a resource for successful settlement by better equipping refugee youth for the challenges of settling into their new country. It acts as an outcome of settlement by highlighting how refugee youth are engaged with and affected by challenges in their new country, especially in the first few years (Correa-Velez et al., 2010). More recently, researchers suggested that the focus on PTSD for refugee populations in the settlement country should expand to include other settlement experiences and outcomes to inform psychosocial interventions compared with trauma-focused perspectives or no treatment (Li et al., 2016; Turrini et al., 2017).

In line with the variation of prevalence rates for mental disorders in adult refugee populations studied and methods used, prevalence rates of mental disorders for young refugees are varied (Montgomery, 2008, 2010, 2011; Montgomery & Foldspang, 2006). Though it is important not to label them as a homogenous group (Iqbal et al., 2012), child and adolescent refugees tend to experience physical and mental health difficulties due to exposure to premigration violence, being unaccompanied by family, experiences of discrimination, and other post-displacement conditions in the settlement country (Ziaian, de Anstiss, Antoniou, Sawyer, & Baghurst, 2012). Thus, despite high levels of resilience and agency, young people may experience depression, anxiety, PTSD, grief and other mental health problems in the settlement country (Vervliet et al., 2014).

Research by Montgomery (2011) reviewed evidence of trauma and exile-related mental health in young refugees from the Middle East who had been resettled in Denmark and found that these young people did not generally experience PTSD symptoms. Instead, the large majority were

suffering from anxiety, sleep disturbance and/or depressed mood. It was also found that these psychological problems reduced over time in a positive and supportive settlement environment. These findings were supported by Bronstein, Montgomery, and Dobrowolski's (2012) research with asylum-seeking male adolescents from Afghanistan in the United Kingdom, which found the majority of participants were not likely to have PTSD and instead, the authors suggested they may have high levels of resilience. It is therefore likely that young refugees may have greater mental health difficulties than that of the general population in the settlement country, although research needs to expand past a focus on PTSD and include other constructs (Fazel, 2018; McGregor et al., 2015).

3.2 A Paradigm Shift in Refugee Mental Health Research and Practice

3.2.1 Predictors and mediators of refugee wellbeing. In the refugee mental health literature, the focus has shifted from the relationship between pre-migration trauma and psychopathology to understanding predictors and mediators of wellbeing for refugees in the settlement country. Recently, refugee wellbeing has been a focus of concern for research in Australia and overseas as positive wellbeing is deemed important for resettled populations to overcome challenges in the settlement country (Correa-Velez et al., 2010; Davidson, Murray, & Schweitzer, 2008; Gifford et al., 2009). It is also argued that positive wellbeing encourages participation in education, employment, community engagement and language proficiency (Correa-Velez, Gifford, & McMichael, 2015).

In their Australian longitudinal study of 97 refugee youth, Correa-Velez et al. (2010) found reduced wellbeing to be associated with social exclusion from the host society through experiences of discrimination and bullying, or being excluded due to ethnicity, religion or colour. In a sample of 81 Afghan and Kurdish Muslim refugees living in Australia (Sulaiman-Hill & Thompson, 2012), reduced wellbeing was also associated with other settlement stressors such as separation from family, status dissonance,

feeling overwhelmed by resettlement challenges and too much time to introspect. It is therefore imperative to understand potential predictors and mediators of personal wellbeing for young people with refugee backgrounds to mitigate risks of reduced wellbeing and encourage them to thrive in the settlement country.

Exploring predictors and mediators of wellbeing and other settlement experiences and outcomes such as adaptive processes (Silove, 1999, 2013), psychosocial development (Erikson, 1968) and coping strategies and help-seeking (Colucci, Szwarc, Minas, Paxton, & Guerra, 2012; Markova & Sandal, 2016) can provide a useful framework to inform possible interventions with these groups. This paradigm will be discussed in detail in the next sections, including the views of refugees themselves on these issues.

It has been proposed that psychological factors such as personal wellbeing, acculturation, resilience, spirituality and an absence of trauma symptoms may impact on the settlement experience and outcomes (Adam & Ward, 2016; Berry et al., 1989; Keles et al., 2016; Montgomery, 2011). The social context, such as the presence of supportive family (Gifford et al., 2009; Schweitzer et al., 2006), has also been found to be implicated during settlement.

Presence of immediate family. Family is often both the most important predictor of wellbeing and the biggest cause of distress for refugees, especially for refugee young people (McMichael, Gifford, & Correa-Velez, 2011; McDonald-Wilmsen & Gifford, 2009). For example, an Australian mixed-methods longitudinal study with refugee young people found that having supportive family who lived in Australia was the main predictor of positive wellbeing, and successful settlement as family contributed to a sense of belonging (Gifford et al., 2009). However, the young people who were without family faced problems related to separation, and financial obligations to those family members overseas

(Gifford et al., 2009), which supports Australian quantitative and qualitative research with other refugee young people (Atwell, Gifford, & Mcdonald-Wilmsen, 2009; Lawrence, Kaplan, & Collard, 2016; Robertson, Wilding, & Gifford, 2016). These findings also support an earlier large Australian qualitative study of 76 young people from refugee backgrounds that found separation from family and friends who were still overseas caused considerable stress (Brough, Gorman, Ramirez, & Westoby, 2003). These studies highlight the importance of having supportive family in the settlement country for the wellbeing of young refugees.

Acculturation. Acculturation has been found to be a key predictor and mediator of wellbeing (Murray et al., 2014). Earlier research defined acculturation as psychological and behavioural change that occurs when individuals from different cultures interact with one another, including stresses associated with this process which are termed acculturative stress (Berry et al., 1989). More recently, research has found that individuals who adapt psychologically during acculturation by dealing with stressors associated with change, such as drawing upon coping strategies, resilience and social support, are expected to show higher levels of wellbeing (Berry, 2010; Berry & Hou, 2017; Sam & Berry, 2010).

For young immigrants and refugees, findings are mixed about the relationship between acculturation and wellbeing outcomes. Most research supports the view that young immigrants and refugees who adopt a balance between their cultural heritage and expectations of the new society in the settlement country, have better psychological outcomes including higher levels of wellbeing (Beiser, Duran, & Hou, 2015; Sam & Berry, 2010; Schick et al., 2016). This was found in a large international study of acculturation among immigrant youth (Berry, Phinney, Sam, & Vedder, 2006) and an Australian study with international students and a culturally and linguistically diverse (CALD) sample (Khawaja et al., 2014), where

those who successfully managed this balance reported lower stress levels and better psychological and adaptation outcomes.

Despite receiving significant attention in psychological research over the last decade, researchers argue the impact of acculturation on individuals' mental health and adjustment remains empirically unclear, suggesting more complex relationships may exist (for a review paper see Nguyen & Benet-Martinez, 2013). More specifically, this includes the existence of more complex relationships between acculturation and wellbeing for young refugees in Australia (Earnest, 2005), and these relationships will be explored in Study 1 of the thesis (see Chapter 5).

Resilience. Resilience is one factor that has been found to assist the acculturation process. Khawaja et al. (2014) drew upon the literature to define resilience as an individual's ability to cope effectively with significant life stressors and adverse situations. These authors discussed how it is an individual's ability to bounce back to a state of normal functioning by drawing upon person strengths and behaviours to reduce negative effects following adversities. Khawaja et al. argued that resilience is not a trait, and instead is an ongoing process of drawing upon interpersonal and intrapersonal capacities to help with successful adaptation to life stressors, this argument differs to others who believe resilience is a trait (see Sleijpen, Boeije, Kleber, & Mooren, 2016). However, as we use Khawaja et al.'s Acculturation and Resilience measure in the thesis (see Chapter 5), their definition of resilience is used as this brings with it a particular frame for resilience that we explored.

For children and youth who have experienced disadvantage and adversity, the study of resilience has moved away from deficit-focused models and has moved towards documenting how common resilience is in childhood as it is a normal part of adaptation (Masten & Obradović, 2006; Zautra, Hall, & Murray, 2008). According to Masten and Obradović (2006), resilience may be compromised when people face adversity, yet those who

possess higher levels of resilience will cope better during negative experiences. Over the past decade, researchers have increasingly used a resilience framework with immigrant and refugee young people and found it to be key for overcoming settlement challenges and increasing wellbeing (Earnest et al., 2015; Güngör & Perdu, 2016; Ziaian, de Anstiss, Antoniou, Baghurst, & Sawyer, 2013).

However, little is known about resilience processes among unaccompanied refugee young people. A recent study of 918 unaccompanied refugees in Norway aimed to address this gap in the literature and found that participants who were resilient had a more positive acculturation context leading to better mental health outcomes, compared to participants who were less resilient (Keles et al., 2016). These findings indicate that resilience and acculturation need to be understood together to determine positive mental health trajectories (Keles et al., 2016; Marshall, Butler, Roche, Cumming, & Taknint, 2016; see review paper of qualitative studies, Sleijpen et al., 2016).

Absence of trauma symptoms. An absence of trauma symptoms has been found to predict wellbeing. Many young refugees who have had traumatic experiences do not report clinical levels of PTSD; instead they appear to use their resilience to reduce trauma symptoms over time (Brough et al., 2003; Ellis et al., 2016; Montgomery, 2010; Schweitzer, Greenslade, & Kagee, 2007). As discussed earlier, research by Bronstein et al. (2012) in the United Kingdom found that a substantial majority of Afghan unaccompanied asylum-seeking children participants who had experienced trauma did not report clinical levels of PTSD, raising the possibility of resilience acting as a protective factor for this at-risk population in the settlement country. Research has therefore shifted its focus to understanding how individual, social and adaptive processes may reduce trauma symptoms over time, leading to higher levels of wellbeing (Montgomery, 2011; Realmuto et al., 1992; Schweitzer et al., 2007). The proposed paradigm of

research in the current project is focusing on absence of trauma symptoms as a predictor of wellbeing, as well as the relationship between absence of trauma symptoms and resilience.

Spirituality. A construct that has been found to relate to both acculturation and resilience in refugees is spirituality. Spirituality in the context of this thesis is defined as a set of beliefs, including religious beliefs, and behaviours that involve meditation, prayer or rituals that can assist with migration challenges (Khawaja, White, Schweitzer, & Greenslade, 2008). Spirituality has been found to impact wellbeing for acculturating Muslim immigrants in New Zealand (Adam & Ward, 2016). Further, Adam and Ward (2016) found that spirituality (including religious beliefs) was core to their adaptation, supporting the wider literature on Muslim immigrants (Johns, Mansouri, & Lobo, 2015; Saroglou & Mathijsen, 2007). One Australian study developed a scale to measure resilience, positive acculturation and spirituality of CALD individuals to address a major gap in the literature (Khawaja et al., 2014). The authors suggested using their scale with refugee populations, suggesting the need for research to explore these constructs among refugee samples. Similar to findings with adults, spiritual beliefs and practices can help children who have experienced trauma and adversity with social support, improve personal growth and development, provide meaning to their lives during adaptation, strengthen family relationships and foster resilience (Crawford, Dougherty Wright, & Masten, 2006).

As evidenced in the previous sections, a model of wellbeing that explores more complex relationships for refugee young adults is needed. Specifically, the model needs to explore whether the presence of immediate family, acculturation and absence of trauma symptoms directly predicts personal wellbeing, and whether acculturation mediates the relationship between both resilience and wellbeing and between spirituality and wellbeing. Further, it needs to explore relationships between both resilience

and absence of trauma symptoms and resilience and spirituality. This model proposes a more holistic approach to wellbeing, which draws inspiration from definitions and holistic models of wellbeing that have been developed in the Australian Aboriginal health literature (see Kingsley, Townsend, Henderson-Wilson, & Bolam, 2013 for a review of such models).

The importance of understanding ways to promote wellbeing for young refugees has been demonstrated. Although, this should not be studied in isolation as the applicability of an adaptation framework, including a developmental context, and exploring coping and help-seeking from the perspective of young refugees can inform the understanding of experiences and outcomes for young people of refugee backgrounds in the settlement country.

3.2.2 Adaptation and psychosocial processes. There has been a shift in the refugee mental health literature towards more holistic and ecologically-based models of psychological wellbeing and adaptation in the settlement country. These models have been developed by authors such as De Haene, Grietens and Verschueren (2007), Papadopolous (2007), Porter (2007) and Silove (1999). While adaptation models have previously been explored with various research samples, such as incarcerated African American adolescent females (Latham et al., 2010), and unemployed South Africans (Griep, Baillien, Vleugels, Rothmann, & De Witte, 2014), this thesis will focus on Silove's (1999) Australian model which was recently applied to the experiences of refugee adolescents in Australia (McGregor, Melvin, & Newman, 2016).

Silove (1999) developed a conceptual framework to identify core adaptive processes that may be threatened in individuals who have suffered human rights violations and war. Drawing upon findings from Holocaust studies, Silove noticed that these refugee populations showed relatively low rates of PTSD despite exposure to extremely traumatic experiences, suggesting that solely focusing on PTSD was too reductionistic or

exclusionary (Silove, Steel, & Psychol, 2006; Porter, 2007). He proposed that the focus should shift to examining adaptive processes specifically for refugees, as gross human rights violations may affect adaptation, contributing to the symptoms that make up PTSD in refugee groups (Porter, 2007; Silove, 2013).

The Core Adaptive Systems Model or the Adaptation and Development after Persecution and Trauma (ADAPT) model (Silove, 1999, 2013) was therefore developed with the intention of addressing perceived flaws in the Western diagnostic paradigm of refugee mental health that has focused on PTSD. The ADAPT model suggests that because of traumatic experiences, refugees' five adaptive systems may be threatened: personal safety (*the safety system*), maintenance of attachment and bonds (*the attachment system*), justice (*the justice system*), identity and role maintenance (*the identity/ role system*) and existential meaning (*the existential meaning system*).

The safety system of the ADAPT model involves ongoing "threats to life" because of pre-displacement traumas and stressful resettlement experiences that need to be addressed to successfully adapt in the settlement country (Silove, 1999). Ongoing conditions of threat, lack of control over one's life, uncertainty about the future and an absence of resources or social support to achieve recovery can trigger PTSD symptoms. Therefore, environmental conditions of safety, stability and predictability need to be established to achieve mental health recovery to assist with adaptation in the new country (Silove, 2013).

Regarding the attachment system, Silove (1999) posits that people from refugee backgrounds and survivors of torture often experience disruptions to interpersonal bonds and wider social supports. These experiences also symbolise loss of connections to place, culture and disconnections between generations. These communities need to be reunited with families and pre-existing interpersonal networks in order to achieve

recovery in the settlement country, especially unaccompanied minors who may experience more complex grief reactions without the availability of social connections due to their isolation (Silove, 2013).

According to Silove (1999), the justice system suggests that refugees and torture survivors may feel a profound sense of injustice due to experiences which were intended to humiliate, dehumanise and degrade them. He believes that persistent preoccupation with past injustices can maintain psychological symptoms following persecution and human rights violations. Silove (2013) writes that anger and frustration are normal emotional reactions to injustices, and policies and practices in post-conflict societies need to genuinely reflect human rights lessons of the past in order to reduce the chronic feelings of injustice.

The identity/ role system proposes that refugees and torture survivors can have a profoundly threatened self-concept and sense of identity (Silove, 1999). Disrupted roles within the family and society can impacts people's connection to their culture, ethnicity and nationality. Ongoing unstable conditions for survivors of mass conflict, such as statelessness, time spent in refugee camps or detention centres or living as an asylum seeker in societies that are not welcoming, might affect the person's capacity to re-establish their identity and meaningful roles in the new country (Silove, 2013). Being unemployed, marginalised, experiencing prejudice or discrimination can also contribute to identity confusion, which may result in adverse psychological and psychiatric outcomes (Murray, 2010; Silove, 2013). Silove (2013) suggests that access to education and employment opportunities means refugees can develop new roles and identities and may even adopt a hybrid identity, blending elements of their heritage and their new society.

Lastly, the existential meaning system according to Silove (1999) suggests that refugees may face a "crisis" following trauma that disrupts their meaning, trust and faith systems. He believes these existential

processes were often central to psychopathology for refugees and torture survivors (Silove, 1999). Silove (2013) argues that this is particularly pertinent to those refugees from communities with traditional backgrounds that are grounded in a single dominant belief system and who are resettled in pluralist societies where many faiths, lifestyles and world views co-exist. Silove encourages countries to adopt a multicultural approach to all sectors of society and to be welcoming to multiple world views.

Erikson's (1963, 1968, 1997) psychosocial stages can be applied to young refugee samples to provide a developmental context during adaptation in the settlement country (e.g., Nakeyar, Esses, & Reid, 2018). Erikson believed that psychosocial crises occur at each of the eight stages of psychosocial development, from infancy to adulthood, and individuals have to successfully resolve each of these crises, otherwise they can face difficulties when completing further stages and develop an unhealthy personality and sense of self. For example, Erikson believed that having a fully formed sense of self which is established during the identity versus role confusion stage for adolescence is essential for forming intimate relationships in the young adult stage (intimacy versus isolation).

Thus, the two stages that may be relevant to young adult refugees are the psychosocial stage for adolescence (identity versus role confusion) and the psychosocial stage for young adults (intimacy versus isolation). During adolescence, Erikson (1968) believed that young people need to focus on their future and develop their identity in terms of occupational and educational roles. He also believed that during this stage young people may begin to experiment with different lifestyles, such as being involved in political activities.

During young adulthood, Erikson (1968) asserts that the major conflict during this stage centres on establishing intimate, loving relationships with other people. He believed that young adults should forge strong relationships with family and friends while establishing lasting

romantic relationships. Erikson suggested that young adults should have friends from similar ethnic backgrounds as well as those unlike themselves, which can contribute positively to their wellbeing. Success in this stage results in strong lasting relationships while failure results in negative feelings related to isolation and loneliness. Adults who fail to resolve this stage tend to experience poor romantic relationships, may never share deep intimacy with their partners or face difficulties with developing any relationships at all.

McGregor et al. (2014) developed a semi-structured interview schedule, the Youth Experience Scale for Refugees (YES-R), based on the ADAPT model (Silove, 1999) to explore adolescent refugees' adaptive processes. The authors then tested the YES-R with a sample of 43 adolescent refugees from varied backgrounds living in Australia and found it to be a useful framework for understanding these young peoples' settlement experiences (McGregor et al., 2016). McGregor et al. (2016) also applied Erikson's (1968) psychosocial development stage for adolescence (identity versus role confusion) to their findings and found it to be useful for understanding the young peoples' experiences.

3.2.3 Refugee concepts of mental health. Earlier anthropological research by Kleinman (1978, 1987), demonstrated that Western concepts of mental health tend to be defined by the biomedical model of treatment, which focuses on curing a patient's disease rather than working with the patient to understand how they understand and experience their illness. According to this model, disease has very specific symptoms and treatment options and the meaning behind a patient's illness is ignored. Kleinman believed understandings of illness and disease are represented by explanatory models (EMs; Kleinman, Eisenberg, & Good, 1978) which are held by both patients and clinicians. He argued that health professionals in Western countries tend to endorse scientific models of disease and treatment, whereas people from non-Western cultures may hold very

different EMs of illness, its causes and healing based on religion, cultural beliefs, education and experiences with illness (May, Rapee, Coello, Momartin, & Aroche, 2014).

Clinician and patient EMs of disease and illness need to be made explicit and negotiated for best therapeutic practice. To be effective, both cultural aspects (symbolic meanings and beliefs) and social aspects (social relationships) between clinician and patient need to be understood, to ensure the best possible mental health outcomes (Kleinman, 1978; Markova & Sandal, 2016). Where clinician EMs may focus on aetiology, symptoms, pathophysiology, and course of illness and treatment options (Kleinman et al., 1978), patient EMs may be less concrete, difficult to articulate, inconsistent and not justified by any medical evidence. It is important for these different EMs to be understood between clinician and patient in order for therapeutic goals to be reached (Kleinman et al., 1978).

According to Kleinman (1978, 1987), there are three sectors where help-seeking is sought: *popular; professional; and culturally specific arenas*. The popular arena is made up of social supports such as family and friends as well as the wider community, the professional sector includes Western formal health care and the culturally specific arena includes non-professional healing specialists such as religious figures (Kleinman, 1978). EMs have demonstrated the impact of culture on help-seeking for certain groups with refugee backgrounds. For example, for a sample of Somali Muslim refugees in Norway, help-seeking was mainly sought within the social group or from religious practices, with Western individual therapy conflicting with their collectivist culture (Markova & Sandal, 2016). These authors suggest future research should focus on incorporating spiritual beliefs into therapeutic practices with Muslim groups.

Following Kleinman's (1978) earlier work, laypeople's concepts of illness and healing have been extensively researched within Western countries (see Haslam, Ban, & Kaufmann, 2007)**.** For example, an

Australian study (Tempany, 2008) interviewed a sample of Sudanese Australian refugee youth based on the EM framework (Kleinman, 1978). From the perspective of the Sudanese refugee youth, Tempany (2008) explored their mental health and wellbeing, causes of mental ill health and strategies used to support recovery. Results showed that family, social supports, religion, culture, pre-arrival experiences, settlement experiences and individual differences contributed to these young refugees' concepts of mental health and wellbeing. Further, participants preferred to use coping strategies or receive informal help from social supports such as friends and family rather than seeking professional help.

Psychological distress is defined as sadness, anxiety, frustration, and normal emotional responses to adversity (Carney, & Freedland, 2002), which may involve symptoms of depression and traumatic stress that impair functioning (Alemi, James, Cruz, Zepeda, & Racadio, 2014). While research has explored how adult refugees from varied backgrounds conceptualise illness, its causes and healing, few studies have explored EMs for Afghan refugees, especially those from ethnic minority groups (Alemi et al., 2014; Alemi, Weller, Montgomery, & James, 2016), or EMs for young refugees (de Anstiss, Ziaian, Procter, Warland, & Baghurst, 2009; Markova & Sandal, 2016).

3.2.4 Coping and help-seeking. Understanding coping strategies and help-seeking from the perspective of refugees is an area of research which has recently received more attention. Research with adult refugees has documented the importance of coping strategies to deal with mental health problems in the settlement country. For example, Markova and Sandal (2016) conducted a mixed-method study with adult Somali refugees resettled in Norway and found that they preferred to cope with depression by using religious practice, relying on friends, family and their ethnic and religious groups, rather than seeing a health professional such as a doctor or psychologist. Participants reported that this was also influenced by the

views of elders, fathers and spiritual leaders who seemed to act as "gatekeepers" to mental health services.

Despite an increase in research with adult refugees into coping strategies, research with young refugees and coping strategies remains limited (de Anstiss et al.,2009; Ziaian, de Anstiss, Antoniou, Puvimanasinghe, & Baghurst, 2016; Ellis, Miller, Baldwin, & Abdi, 2011; Schweitzer et al., 2007). Research that has been conducted with young people exploring help-seeking has focused on adolescents in the general population, and even this research is very limited. When research has explored refugee young people and their help-seeking, such as when de Anstiss and Ziaian (2010) presented findings from 13 focus group held with 85 refugee adolescents from a variety of countries, results showed that most do not seek help for psychological problems beyond their network of close friends due to cultural, individual and service-related barriers.

For young refugees, research on barriers and facilitators to mental health services is another area that tends to be ignored in the literature (Colucci, Minas, Szwarc, Paxton, & Guerra, 2012a; Colucci, Szwarc, Minas, Paxton, & Guerra, 2012). For instance, Australian researchers conducted a systematic literature review of mental health service use by young refugees and identified only 11 studies in this area (Colucci et al., 2012). The authors suggested their search strategy may not have included all relevant material and that there may be other data in unpublished literature (Colucci et al., 2012). Nevertheless, the lack of attention to this area is of note considering the importance of these issues for young people trying to deal with mental health problems.

Colucci et al. (2012) also note that only a few of these studies explored gender differences and suggest future research attempt to shed light on how gender and gender roles might impact on health service utilisation among young refugees. Recently, an Australian qualitative study (Valibhoy, Szwarc, & Kaplan, 2017) explored barriers to accessing mental

health services from the perspective of young refugees. They found that barriers included stigma, unfamiliarity with relevant services, negative expectations about mental health professionals, structural obstacles and social exclusion. These young people received help from outside existing health services and felt a need for autonomy over their mental health problems.

Recent Australian research on mental health service use by young refugees has tended to focus on the views of service users or service providers rather than community samples of non-service users. For example, in one study a round table meeting with six young people from refugee backgrounds was conducted (Centre for Multicultural Youth; CMY, 2011). Following this meeting 12 health professionals from government, academic and service provider backgrounds were invited to discuss barriers and facilitators to accessing mental health services for young refugees (Colucci et al., 2012; Colucci, Minas, Szwarc, Guerra, & Paxton, 2015), and develop a research agenda for mental health (Colucci, Minas, Szwarc, Paxton, & Guerra, 2012b). This project included a dialogue between the health professionals and young people of refugee backgrounds to discern implications of the findings.

Interestingly, a major research recommendation was that young refugees should be interviewed separately from service providers and that research should focus on understanding mental health service use from the perspective of young refugees who have and have not been service users. As evidenced previously, interviewing samples of young refugees who have not been selected as service users might shed light on personal coping strategies and informal help seeking from social supports. These strategies seem to be preferred by young refugees. Such an approach may also uncover further barriers and facilitators to accessing and engaging with mental health services.

This Australian research team attempted to address some of their own future research recommendations in subsequent studies (see Colucci, Valibhoy, Szwarc, Kaplan, & Minas, 2017). They conducted separate interviews with young refugee service users and service providers and found that both groups reported similar barriers and facilitators to service use for young refugees. Despite these similarities, a gap remains for research to be conducted with community samples of young people from refugee backgrounds who are not selected as service users.

3.3 Synthesis of Background Research and Rationale for Present Study

3.3.1 Rationale for the choice of sample and topic. International and Australian research with adult Afghan refugees has found that they tend to report moderate to high levels of depression and post-traumatic stress symptoms (Mghir, Freed, Raskin, & Katon, 1995; Sulaiman-Hill & Thompson, 2012).

According to a recent systematic review of the literature, research on mental health problems among Afghan refugees needs to engage Afghans in the research process to better account for psychological distress experienced, mental health service utilisation patterns and culturally relevant strategies (Alemi et al., 2014). Despite generally high levels of psychopathology reported for this group, little research has focused on mental health outcomes for Afghan refugees in the settlement country, especially those from ethnic minority groups such as Hazaras (Alemi et al., 2014; Alemi et al., 2016; Ibrahimi, 2012; Iqbal et al., 2012; Mackenzie & Guntarik, 2015).

As Australian and international research on mental health and settlement for young people with refugee backgrounds have used samples made up of varied backgrounds, it can be hard to generalise findings from these studies, suggesting refugees are not a homogenous group (Correa-Velez et al., 2015). Instead, by focusing on one refugee group that tends to share cultural and religious views and practices, and because Australia has

an emerging population of young adult Hazaras who have arrived on humanitarian visas or are of a refugee background, the current project focused on one distinct refugee group – young adult Hazaras. It has been found that Afghan women tend to report higher levels of psychological distress compared to Afghan men. For example, Sulaiman-Hill and Thompson (2012) found that Afghan women tended to report higher levels of psychological distress because of discrimination from wearing the hijab, family separation and changing roles and expectations in the settlement country compared to Afghan men, which is consistent with the wider literature (see Schweitzer et al., 2006; Sossou, Craig, Ogren, & Schnak, 2008; Vromans et al., 2017). This suggests gender is an important avenue to be explored and thus this thesis explored the possibility of significant gender differences.

Li et al. (2016) suggest research should focus on one country when analysing experiences of people of refugee backgrounds, as countries all over the world have variable settlement environments due to different migration policies and views on people of refugee backgrounds. Therefore, the current thesis is set in, and analysed from, the perspective of the Australian context.

3.4 Research Aims, Hypotheses and Research Questions

The main constructs that were measured and explored in this thesis have been attributed various meanings in the literature. Therefore, I have operationalised each of these by describing how they were measured in this section. The first broad aim of this thesis was to investigate wellbeing for young adult Hazaras with refugee backgrounds, which was investigated in the first quantitative empirical study (Chapter 5). Personal wellbeing was defined by the WHO (1996) definition of wellbeing, as being made up of various domains including personal relationships, health, physical safety, security and spiritual beliefs. This was measured by the self-report Personal Wellbeing Index-Adult (PWI-A; International Wellbeing Group; IWbG, 2013**)** which has been found to have good reliability and validity with ethnically diverse populations (see Chapter 4). Chapter 4 also describes the other measures used in Study 1. The specific aim of this study was to:

(a) Test a model of predictors and mediators of personal wellbeing for young adult Hazaras from refugee backgrounds in Australia.

The following hypotheses were made relating to the study's aim:

(a) That presence of immediate family in Australia, acculturation and absence of trauma symptoms would predict personal wellbeing.
(b) That acculturation would mediate the relationships between both resilience and personal wellbeing and between spirituality and personal wellbeing.
(c) That there would be statistically significant positive correlations between both resilience and absence of trauma symptoms and between resilience and spirituality.

The second overarching aim of this thesis was to explore, from the perspective of young adult Hazaras, their adaptive processes in Australia, which was investigated in the second qualitative empirical study (Chapter 6). Respondents participated in a semi-structured interview, the Youth Experience Scale for Refugees (YES-R) (McGregor et al., 2014) based on

the ADAPT model (Silove, 1999). The ADAPT model explores adaptive processes that may be threatened for refugee populations, defined as: personal safety (*the safety system*), maintenance of attachment and bonds (*the attachment system*), justice (*the justice system*), identity and role maintenance (*the identity/ role system*) and existential meaning (*the existential meaning system*). The specific aims of Study 2 were to:

(a) Explore the applicability of the Adaptation and Development after Persecution (ADAPT) model (Silove, 1999) to young adult Hazaras' settlement experiences.
(b) Explore whether Erikson's (1968) psychosocial stages were reflected in the young adult refugee sample to provide a developmental context for their experiences.

The third and final aim of this thesis was to explore, from the perspective of young adult Hazaras, their explanatory models of illness and healing. This was investigated in the third qualitative empirical study (Chapter 7). The specific research questions of this study were explored using a modified version of Tempany's (2008) interview schedule based on the EM framework (EM; Kleinman, 1978, 1987; Kleinman et al., 1978). It was intended that this measure would elicit participants' understandings of how they understand and experience illness. Drawing upon the following questions:

(a) How do these young people describe their mental health?
(b) What factors do they perceive contribute to or cause their mental health problems?
(c) What strategies do they use to cope with mental health concerns?
(d) What interventions do they use to treat mental health problems?

3.5 Summary

This thesis aimed to examine mental health and settlement for young adult Hazaras in Australia from a broader ecological framework. Building upon suggestions from the literature (Khawaja et al., 2014), it focused on a

homogenous group from refugee backgrounds for a more precise investigation of the study variables. First, the focus on PTSD in the literature for refugee populations (Turrini et al., 2017) was expanded to identify possible predictors and mediators of personal wellbeing for young Hazaras of refugee backgrounds. Second, adaptive processes were explored from the perspective of the young Hazaras, as conceptualised by the ADAPT model (Silove, 1999), and a developmental framework was provided for their adaptation. Lastly, in line with the EM framework, the young Hazaras' understandings of mental health, its causes, coping strategies and help-seeking were explored using Tempany's (2008) methodology.

The following chapter gives an overview to the background of the methodology for this thesis and the three empirical research papers.

Chapter 4: Methodology

4.1 Introduction

The present chapter provides an expanded description of the overarching methodology for the thesis, and the three empirical research papers that follow this chapter. Firstly, a rationale for the thesis' methodological approach will be presented, which will be elaborated on in subsequent sections relating to the methodology of the three empirical papers. Secondly, the study procedures, including recruitment and data collection will be described. Thirdly, participant details for each empirical study will be reported, along with the measures used, further to what is provided in the three empirical papers. Fourthly, an expanded data analysis section is presented pertaining to the quantitative and qualitative methods used. Lastly, ethical, methodological and linguistic issues anticipated in the planning phase and encountered during data collection are described.

4.2 Rationale for the Methodological Approach

A mixed-methods study was designed and conducted in this thesis. Mixed-methods research is defined as a combination of methods, research design and philosophical orientation which are chosen based on the research questions (Teddlie & Tashakkori, 2010, 2012). The key components involved in designing and conducting a mixed-methods study. include: The researcher collects and analyses both quantitative and qualitative data in response to research questions and hypotheses; integrates the two types of data and their results; organises these into research designs and organises the procedures for conducting the study; and frames these procedures within theory and philosophy (Creswell, 2010). When designing the mixed-methods study for this thesis, I drew upon Creswell and Plano Clark's (2011, 2018) adapted version of Crotty's (1998) four major elements for designing a mixed-methods study. At the highest level, there are philosophical assumptions or beliefs that guide the study, such as worldviews held by mixed-methods researchers which affect their study. In

turn, these assumptions may inform a theoretical lens taken by the researcher to provide direction to the project. This theoretical foundation then informs the methodology used, such as a research design. Lastly, the methodology involves the use of methods to gather, analyse and interpret the data. It is generally understood that mixed-methods can be both a method but also involves a strategy for conducting research and therefore Creswell and Plano Clark classify it under Crotty's methodology level. These elements will be discussed below in more detail by drawing upon the literature in relation to the current thesis.

4.2.1 Assumptions and paradigm worldview. Initially, the basic assumptions I had coming into this research were informed by previous volunteer experiences with community detained young Hazara men and from researching Australian mixed-methods studies on refugee wellbeing. I first found out about the Hazara ethnic group when I volunteered with young Hazara men where they told me about their experiences back home as well as in Australia. After these discussions, I realised I needed to immerse myself in the literature to uphold an objective and informed view of the relevant research that had been conducted with this group, or with similar groups of young people from refugee backgrounds. For example, I learnt from Gifford et al.'s (2009) Australian longitudinal study on predictors of wellbeing and mental health with young people of refugee backgrounds, what questions were most meaningful and which procedures were most appropriate for answering their questions. Following this, one of my supervisors recommended I read McGregor's (2014) thesis as it was a mixed-methods study with adolescent refugees to learn about how best to design and conduct a mixed-methods thesis. She also suggested I read Tempany's (2008) qualitative thesis to learn about how best to use qualitative methods when researching with young people of refugee backgrounds.

Once I had immersed myself in the literature, I contacted Hazara community leaders to guide the research. I contacted some of the Hazara men that I had volunteered with who were over the age of 18 as we had become friends following the program to ask their opinion on who I could discuss these ideas with. They referred me onto Hazaras who they deemed as community leaders in Melbourne and I contacted these leaders to meet with them. I met with these leaders in an informal manner at coffee shops to discuss these ideas. All of the community leaders came to Australia as asylum seekers, one worked for a Not-for-Profit Organisation, one had previously run for state election and the other was a journalist. These leaders acted as key informants as they reported on various aspects of their communities in which they perform significant roles.

Individual discussions ensued about the anticipated nature of the study, its aims, potential research questions, consent and sampling considerations and methods. The community leaders explained that potential language barriers, culture and social norms were essential to understand for obtaining informed consent from participants. These key informants suggested that in order to maximise participation of young Hazaras in this research, the age range of 16-30 years should be used. They explained that 16 year olds were likely to be in the school system in Australia so they may have higher levels of English language proficiency, which would be useful for conducting interviews in English with them. The leaders also suggested extending the age range to 30 years as these older participants might have higher levels of English language proficiency as they may have been in Australia for longer. Following their suggestions, I checked that including 16-17 year olds in the research was ethical and it was decided that 16 – 17 year olds could consent to participate in the research as they may be separated from their parents or guardian (National Statement on Ethical Conduct in Human Research, 2007, 2014). Initially, this suggestion from the community leaders was seen as a potential negative bias if this

definition for young adults did not fit within what was used in the literature. The age range for young adults of multicultural backgrounds that tends to be used in the literature is 18-25 (CMY, 2013) although, a consensus about the age range has not yet been reached for these young adults in the literature. Instead, the age range for young adults used in the current thesis is more aligned with other descriptions of young adults defined as those who are 15-29 years of age (Australian Bureau of Statistics, 2011).

In relation to methods, I discussed with the leaders that the thesis would be mixed-methods and explained that many studies in the literature used both quantitative and qualitative methods with similar young people from refugee backgrounds. The leaders suggested I include Dari versions of self-report measures as part of the quantitative methods as Dari and the Hazaragi dialect of Dari are the most commonly spoken languages at home by Afghans in Australia (DIAC, 2014). They explained that Dari is more commonly used for reading comprehension by Afghans as children learn to read Pashto and Dari at school, the two main languages of Afghanistan (Banting, 2003). I believed that this suggestion was important because if the participants did not understand the questions it could have jeopardised the validity and reliability of the self-report measures (Sulaiman-Hill & Thompson, 2010). The leaders suggested some credible translators in the community who were experts at translating English to Dari for the measures. They also suggested ways to be culturally sensitive when asking questions about mental health concerns and issues faced by young Hazaras upon settlement in Australia. Lastly, they suggested they were happy to help publicise the research through their personal connections in the community.

The worldview that was the focus for this thesis was Pragmatism because it provides an umbrella worldview for mixed-methods research. Pragmatism involves using multiple methods of data collection to inform the problems under study (Biesta, 2010). As Pragmatism is typically associated with mixed-methods research and is primarily focused on the

questions asked rather than the methods used (Biesta, 2010), this worldview was deemed as the most relevant for this thesis. Because of the nature of the research questions for the thesis, the Pragmatic mixed-methods study provides a richer understanding of the complete picture of the investigated concepts by using quantitative and qualitative methods (Kelle, 2006). In line with the Pragmatic approach, the thesis included both deductive and inductive elements as I mixed both quantitative and qualitative data in order to answer the research questions. The first aim of the thesis used a deductive approach based on hypotheses in response to the literature. The second and third aims of the thesis used inductive approaches based on exploring research questions to narrow the scope of the study.

Postpositivism and Constructionism were not chosen as the worldview for this thesis. Postpositivism is most commonly associated with quantitative approaches because its focus is on determinism or cause and effect, it has a narrowed focus on selected measured variables and involves testing and refinement of theories (Cruickshank, 2012). Constructivism is associated with qualitative approaches based on participants' understanding and meaning behind phenomena, as their subjective views make up this worldview (Cruickshank, 2012). This approach looks for multiple perspectives from participants which may result from various interviews (Cruickshank, 2012). As mentioned earlier, the Pragmatic approach is deemed as more appropriate for this thesis than these two separate worldviews as its focus is on the research question rather than the methods used and uses multiples methods (both quantitative and qualitative) to address the research questions.

4.2.2 Theoretical foundation. The next stage in Crotty's (1998) model for designing a mixed-methods study, is deciding on the theory that the researcher expects to inform the study (Creswell & Plano Clark, 2011, 2018). According to Creswell and Plano Clark (2011, 2018), in quantitative research, theory is used to identify the key variables of study, is translated

into hypotheses or questions, and is then tested with the data to determine if the theory is supported or not. In contrast, in qualitative research, theory tends to be developed during the research process and be presented at the end of the study as an explanation for what was found (Creswell & Plano Clark, 2011, 2018). Creswell and Plano Clark explain that theory can also be used as a preliminary framework in some qualitative studies which can be explored or modified into a new theory based on the data. For mixed-method studies such as the current thesis, Creswell and Plano Clark explain that *social science theories* are presented at the beginning of the study providing a framework that guides the type of questions asked and that data may be collected either quantitatively, qualitatively or both. They suggest that it may be presented as a literature review, a conceptual model or as a theory that can be tested in a study.

4.2.3 Mixed-method design. The mixed-methods design that best matched the research problem for the current thesis was the *explanatory sequential design* (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). Based on the research questions it was evident that quantitative research alone would be insufficient for understanding the phenomena of interest and thus qualitative research was needed (see Bryman, 2016; Plano Clark & Badiee, 2010). A major advantage of this design which suited the current thesis is that it can be used for guiding purposeful sampling for a qualitative phase based on participant characteristics from the quantitative phase (Hanson et al., 2005). I anticipated that accessing and recruiting enough participants would be the biggest challenge of the research because I was researching with a particular ethnic group of young adults. Therefore, a major advantage of this type of design is that I could conduct the research in more than one phase with the ability to return to the same participants for the qualitative data collection in step two (Creswell & Plano Clark, 2011, 2018; see Section 4.4.2). I anticipated that recruiting a larger number of participants in the quantitative phase meant I could ask those participants

whether they would be interested in participating in follow up interviews in the qualitative phase, so I would not have to recruit more participants. Another major advantage of this design was as I was the sole investigator of the thesis and had limited resources, this design allowed me to collect one type of data and analyse it at a time (Creswell & Plano Clark, 2011, 2018).

In line with suggestions from the literature (Bryman, 2016; Hanson et al., 2005), the following procedures were implemented in the thesis for an explanatory sequential design. In the first step, aims and hypotheses were designed and quantitative data were collected and analysed based on validated measures (see Section 4.5.2). In the second step, I identified that the quantitative results required additional exploration and I drew upon these results to guide the further development of the qualitative phase. For example, I was mindful of the findings of personal wellbeing, absence of trauma symptoms, presence of immediate family, spirituality, resilience and acculturation for the young people in the quantitative phase and attempted to further explore these results in the qualitative phase. The recruitment procedures I put in place in the quantitative phase to help recruit for the sample in the qualitative phase proved to be useful. The third step involved me implementing the qualitative phase by collecting and analysing qualitative data based on two semi-structured interviews to explore the research questions. Two qualitative studies were conducted in the qualitative phase at the same time however, they had separate aims and were measuring different constructs. Lastly, I interpreted the overall findings from the mixed-methods study in relation to answering the study's research questions. Both quantitative and qualitative phases were of equal importance as they contributed to the emerging paradigm which was the main argument of the thesis. A visual representation of the procedures implemented in the thesis for an explanatory sequential mixed-methods design is described in detail in Figure 4.1.

4.2.4 Methods of data collection. Quantitative research methods are usually critiqued as "numbers based" techniques (Bryman, 2016). However, they may be required in refugee research to allow for comparisons between groups and the ability to monitor trends related to resettlement and settlement in a new country (Sulaiman-Hill & Thompson, 2010). Standardised quantitative instruments may be compromised if psychological concepts are misunderstood by participants, so validated measures in suitable languages are needed to be cross-culturally sensitive (Sulaiman-Hill & Thompson, 2010). For this reason, two validated measures were made available by the authors for the quantitative phase, one in Dari (see Bean, 2006), and one in Farsi (Dari is a dialect of Farsi; see International Wellbeing Group; IWbG, 2013), as part of the Dari version of the survey in the quantitative phase.

In contrast, qualitative research techniques were used to explore research questions, and sought to acknowledge socially constructed phenomena through the perspective of research participants (Ashworth, 2003; Braun & Clarke, 2013). Qualitative methods were used because of the ability to use inductive and deductive approaches (as described in previous and subsequent sections); suitability with ethnic-diverse populations; the flexible and exploratory approach; and giving voice to a sample that has had limited opportunity to do so in the wider literature (Alemi et al., 2014; Braun & Clarke, 2006; Kleinman, 1987; Weisner & Fiese, 2011).

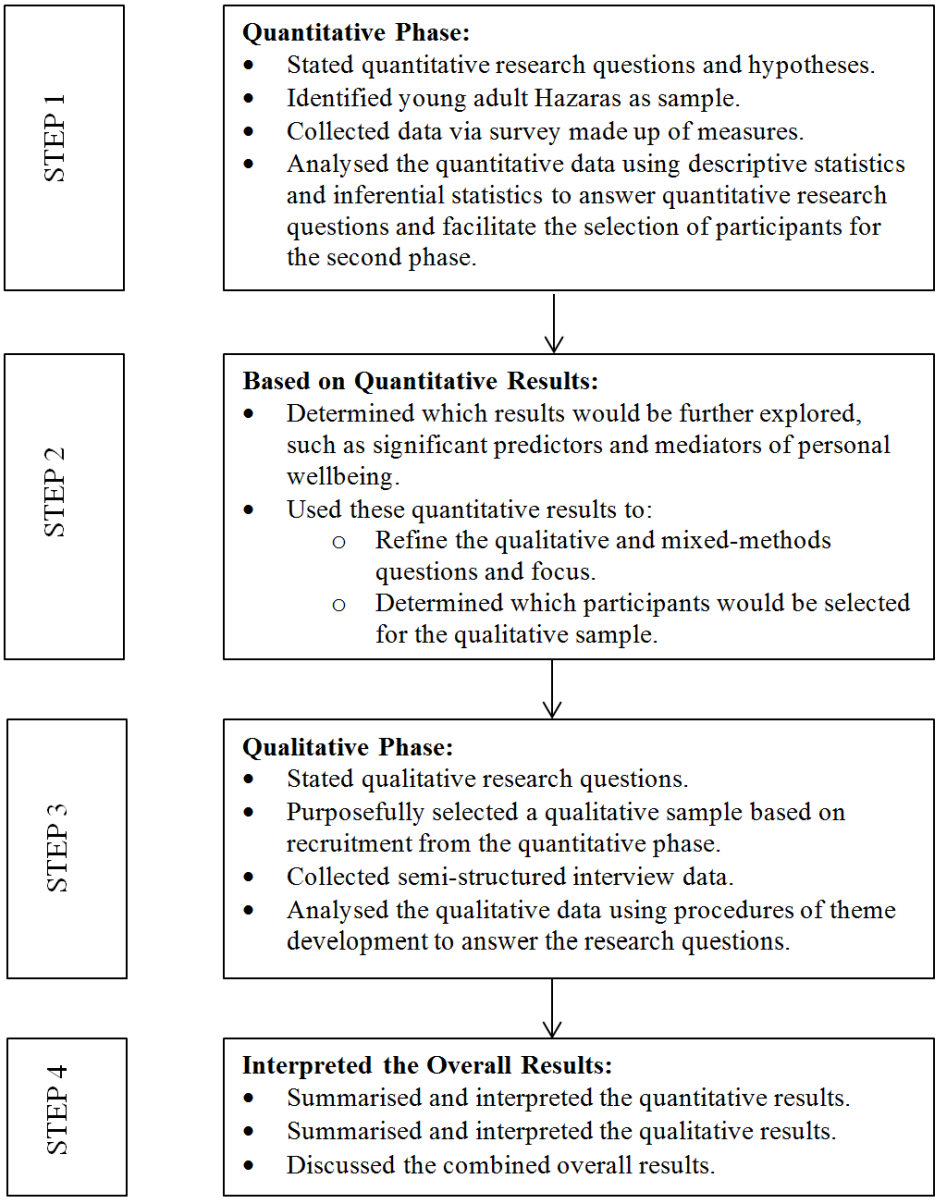


Figure 4.1. Flowchart of the procedures implemented in the thesis based on an explanatory sequential mixed-methods design. Adapted from Creswell and Plano Clark (2011) in Creswell and Plano Clark (2018).

As it has been suggested in the literature that research should translate into policy and service provision (Zardo & Collie, 2015), qualitative methods are able to engage young ethnically diverse people by encouraging them to reflect on their lives while also producing findings that could inform policy and service providers (Block, Warr, Gibbs, & Riggs, 2012; Gifford, Bakopanos, Kaplan, & Correa-Velez, 2007).

The applicability of Westernised constructs of mental health to an ethnically diverse population was a consideration of this study. As described in Chapter 3, there are issues pertaining to the validity of Westernised constructs, such as a diagnosis of PTSD, in reducing posttraumatic stress in refugee populations (Bronstein et al., 2010; Fazel et al., 2005; Silove, 1999). In contrast, other constructs, such as predictors of wellbeing (Adam & Ward, 2016; Gifford et al., 2009; Keles, et al., 2016; Montgomery, 2011), adaptation processes (Silove, 1999, 2013), coping strategies (Markova & Sandal, 2016), and help-seeking (Alemi et al., 2014; Valibhoy et al., 2017) were considered as more cross-culturally sensitive ways that psychological distress may be reduced. Given qualitative techniques may be used to elaborate on quantitative findings, it was hoped that this research would expand on the field's focus on PTSD for these groups (Gifford et al., 2007). As a result, both quantitative and qualitative methods were used in the current thesis.

4.3 Procedure

The procedures applied in this thesis were approved by the Swinburne University of Technology Human Research Ethics Committee. First, the quantitative phase received ethical approval (SHR Project 2014/324; Appendix Two). Following the analysis and interpretation of the findings from the quantitative phase and some modifications to the research questions for the qualitative phase, the qualitative phase received ethics approval (SHR Project 2015/273; Appendix Two). In the following sections, the quantitative phase will be described as the survey (Study 1) and the

qualitative phase will be described as the semi-structured interviews (Study 2 and Study 3).

4.3.1 Recruitment and data collection procedures. As mentioned previously, given the anticipated difficulty in recruiting participants for this study, multiple approaches were used. During data collection for the thesis two older Hazaras approached me to volunteer their time and knowledge about young Hazaras within the community (i.e., the best places to recruit, how best to approach young Hazaras and suggestions for how to become involved with the community) to encourage the recruitment of participants. Participants were also recruited via convenience and snowball sampling through contacts previously established through volunteer work, from flyers put up at relevant community centres, and from social media advertisements.

Prospective respondents could participate in the survey online or via a paper-pen version, in English or Dari. An overview of the research project and full information about rights as a research participant were provided to respondents by an Informed Consent Form (Appendix Three). A translated Informed Consent Form was also made available in Dari for participants in Study 1 (Appendix Three). Young adults wishing to take part in the study were asked to either return the completed survey to the researcher via replied paid envelope or were told to complete the online survey for successful participation and consent was implied from completion of the survey. At the conclusion of the survey, respondents could express interest in participating in follow up semi-structured interviews to explore the findings further. An initial sample of 124 participants (this included those who were later dropped from all analyses due to incomplete surveys) took part in Study 1, with a final sample of 70. Given the way in which participants were informed of the project (through various recruitment techniques), it was not possible to determine how many potential participants were provided with information about the study, therefore

response rates were unable to be documented. Figure 4.2 provides an overview of the recruitment and associated data collection procedures.

Study 1 helped recruit participants for the subsequent studies so further recruitment was not required. Initially 22 people expressed their interest in participating in follow up semi-structured interviews however, 3 people were either uncontactable or ineligible to participate, and this resulted in a final sample of 18 participants who took part in both Study 2 and Study 3. An overview of the research project and full information about rights as a research participant were provided to respondents by an Informed Consent Form (Appendix Four). Participants gave written or verbal consent to participate in Study 2 and Study 3, depending on their preference. According to the literature, it may be inappropriate to obtain written consent from people of refugee backgrounds for reasons related to culture, previous coercion or violations of human rights, and fear of one's identity being uncovered (Ellis et al., 2007; Ibrahimi, 2012; Mackenzie et al., 2007; Smith, 2009), and for these reasons ensuring participant confidentiality was paramount. As mentioned earlier, Study 2 and Study 3 were conducted at the same time however, they had separate aims and were measuring different constructs.

4.4 Participants

This section details the selection criteria, participant details, and the sampling methods used to select participants for each study, expanding on the details presented in the associated sections of each empirical paper (Chapters 5, 6 and 7).

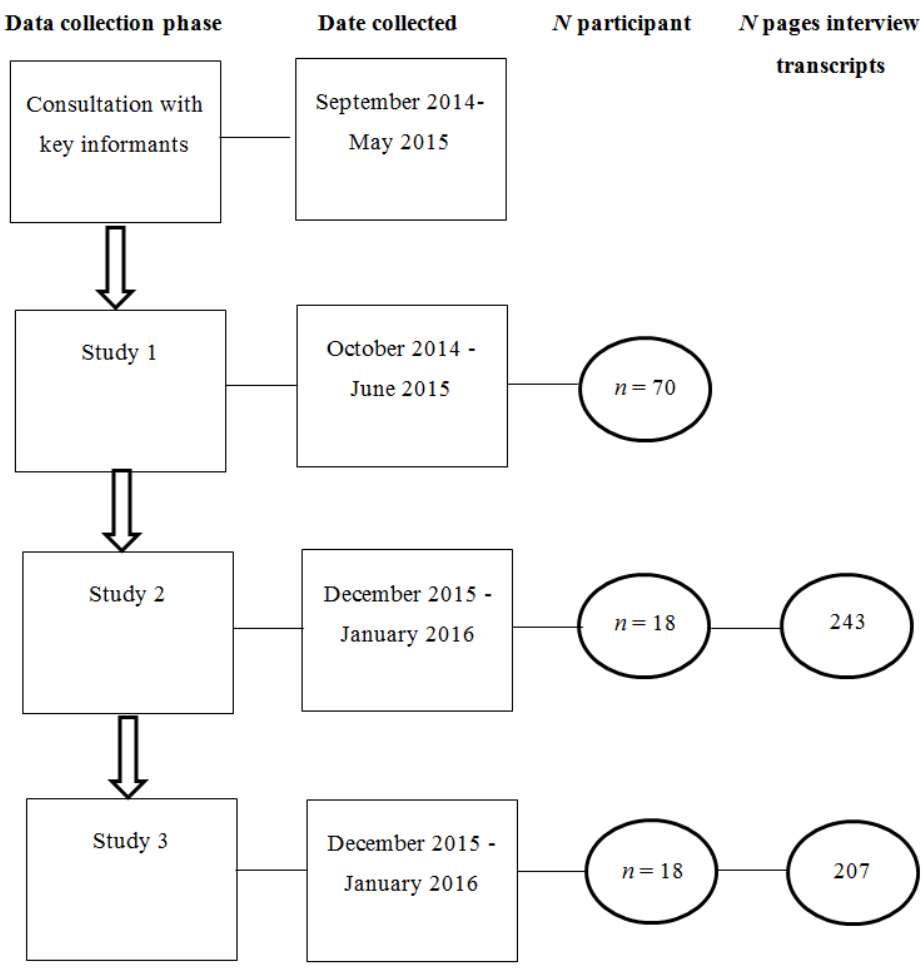


Figure 4.2. Overview of recruitment procedures.

4.4.1 Selection criteria. Selection criteria for the study were left deliberately broad in order to enhance recruitment. They comprised: (a) that prospective participants' self-identity as being of Hazara ethnicity and from a refugee or asylum-seeker background; (b) aged between 16 and 30 years of age; (c) residing in Australia; (d) have sufficient English language capabilities for all studies, or Dari language reading comprehension for Study 1; (e) may require access to the internet for Study 1and telephone, or Skype for Study 2 and Study 3.

4.4.2 Sampling and recruitment: Studies 1, 2 and 3.

Study 1. For Study 1, the initial sample consisted of 124 Hazara young people with refugee backgrounds, 37 of whom only completed the demographic questions, 15 did not complete 2 of the measures, and 2 were deemed as outliers on 1 of the measures, therefore these participants were removed from the sample. This resulted in a final sample of 70 participants, 50 males and 20 females, who had been living in Australia on average 5 years and 2 months (range 1-15 years), and were aged 22 years on average. As detailed in the empirical study (Chapter 5), participants were categorised in terms of whether they were with their immediate families (parents, siblings, cousins, uncles and aunts) in Australia at the time of their participation in the study, where all female participants were living with immediate family members, as were 33% of males. This definition of immediate family was used in the project in accordance with the Hazara definition of immediate family which is broader than the nuclear family of mother, father and children which is accepted by Western cultures (Tilbury, 2007). Full details pertaining to the participants' demographic characteristics for Study 1 are presented in Chapter 5.

Study 2 and Study 3. For Study 2 and Study 3, the initial sample consisted of 22 young Hazaras (13 males; 9 females) who left their contact information at the end of Study 1, and the researcher attempted to arrange interviews with each of them. Three male participants were not contactable and one male participant's lack of English proficiency deemed him ineligible to participate. This resulted in a final sample of 18 participants, 9 males and 9 females, who were living in 3 Australian cities: Perth (n = 9), Melbourne (n = 8), or Sydney (n = 1), that had been living in Australia on average 7.17 years (range 1 year to 16 years), and were aged between 18 to 30 years (M = 22.39, SD = 3.35). All of the women were with their immediate family in Australia and five men were separated from their immediate family. Respondents participated in an interview schedule for

Study 2 and a second interview schedule as part of Study 3, which will be elaborated on in the Measures section. Chapters 6 and 7 present participant demographic data for these studies.

4.5 Measures

4.5.1 Demographics. As part of the survey for Study 1, demographic data pertaining to participants' ages, gender, birthplace, religion, and length of time in transit after leaving one's birthplace and before arriving in Australia, length of time in Australia, education status, accommodation, employment status and familial makeup was collected. The same demographic items were asked in the semi-structured interviews as part of Study 2 and Study 3. Additional demographic items were asked in these studies as it was deemed more appropriate to ask these questions in an interview than through an anonymous survey. These items included: relationship status; time spent in a refugee camp or detention centre; mode of transport to Australia; and visa applied for and received in Australia.

4.5.2 Participant self-report measures. Study 1 involved three self-report measures that made up the survey: the Personal Wellbeing Index-Adult (PWI-A; IWbG, 2013; Appendix Three), the Acculturation and Resilience Scale (AARS; Khawaja et al., 2014; Appendix Three), and the Reactions of Adolescents to Traumatic Stress Questionnaire (RATS; Bean, 2000; Bean, 2006; Bean, Eurelings-Bontekoe, Derluyn, & Spinhoven, 2004; Appendix Three). For the English and Dari versions of the full anonymous survey used in Study 1 please refer to Appendix Three.

Personal wellbeing. The PWI-A (IWbG, 2013), is an Australian 7-item self-report inventory measuring seven domains (satisfaction with standard of living, health, life achievement, personal relationships, personal safety, feeling part of the community and future security). It is designed to predict satisfaction with life as a whole, demonstrating personal wellbeing. An optional item representing the domain of satisfaction with spirituality or religion was included. The PWI-A measures the personal wellbeing of

participants on a 5-point Likert scale, from 1 (not at all satisfied) to 5 (completely satisfied) with the total score divided by the number of items to achieve a maximum range of 1 to 5. Higher scores indicate higher personal wellbeing (IWbG, 2013). The English version and Farsi version of the PWI-A have good internal consistency (Sulaiman-Hill & Thompson, 2010), and had an internal consistency of Cronbach's $\alpha = .85$ in the current study

Aside from the measure's good psychometrics, the PWI was chosen because it has been used previously, with good reliability, with ethnically diverse populations. This includes university students from Hong Kong and Australia (Lau, Cummins, & McPherson, 2005); adolescents from Spain, Brazil and Chile (Casas et al., 2012); Muslims from Algeria (Tiliouine, 2009); and Afghan and Kurdish refugees (Sulaiman-Hill & Thompson, 2010; Sulaiman-Hill & Thompson, 2011; Sulaiman-Hill & Thompson, 2012b).

Acculturation, resilience and spirituality. The AARS (Khawaja et al., 2014), is an Australian 27-item self-report inventory with three subscales: Acculturation, Resilience and Spirituality. The AARS measures the acculturation, resilience, spiritual and religious beliefs of immigrants on a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). The authors refer to the subscale for spiritual and religious beliefs as Spirituality. Total scores were divided by the number of items to give a range of scores from 1 to 5. Higher scores indicate higher Acculturation, Resilience and Spirituality as defined by Khawaja et al. (2014). An example item from the Acculturation subscale is, "I am okay with accepting both Australian and my own cultural values", an example from the Resilience subscale is, "I can find many ways to solve a problem" and from the Spirituality subscale is, "My religious beliefs help me manage migration challenges". The three subscales are reported to have good internal consistencies (Khawaja et al., 2014). In the present study, internal consistencies for the Acculturation,

Resilience and Spirituality subscales were Cronbach's α = .82, .87 and .85, respectively.

To the researcher's knowledge, the AARS has not been used with refugee populations in previous research. Despite this, the measure was chosen for use in this study due to its demonstrable construct validity and the fact that it has been tested with a culturally and linguistically diverse sample and international students (Khawaja et al., 2014). The current study focussed on one distinct refugee group, young Hazara men and women, to enable a more precise investigation of possible predictors of refugee wellbeing within this group, as suggested by Khawaja et al. (2014).

Reactions to traumatic stress. The RATS (Bean, 2000; Bean 2006; Bean et al., 2004) is a 22-item self-report inventory developed in the Netherlands. As there is no Australian traumatic stress measure to use with young people with refugee backgrounds, the RATS was used despite the upper age limit of 18 years for this scale. A modified version of this measure was used in the current study with higher scores indicating the absence of trauma symptoms within a group likely to have experienced trauma. The RATS total score was used for all analyses. The RATS measures young people's traumatic stress on a 5-point Likert scale, from 1 (bothered very much) to 5 (not bothered), with scores ranging from 22-110. The RATS has been translated into Dari and has been validated with adolescent refugee samples (Bean, 2006). This version of the RATS was made available by the authors and was utilised in the Dari version of the survey and the English version of the RATS was used in the English version of the survey. The total score for the English and Dari versions of the RATS has good internal consistency (Bean, 2006), and had an internal consistency of Cronbach's α = .91 in the current study.

Aside from the measure's good psychometric properties, the RATS was chosen because it has been used and validated previously, with good reliability, with ethnically diverse populations in various countries, within

different cultural contexts and with large samples (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven 2006).

4.5.3 Semi-structured interviews. To build on Study 1 findings, and given that a major aim of Study 2 was to examine the applicability of the ADAPT model (Silove, 1999) to participants' settlement experiences, the Youth Experience Scale for Refugees (YES-R; McGregor et al., 2014; Appendix Four) interview schedule was chosen. McGregor et al. (2014) developed the YES-R based on the ADAPT model (Silove, 1999), to explore adolescent refugees' psychosocial and adaptive processes. McGregor et al. (2016) then tested the applicability of the YES-R with 43 adolescent refugees from a wide range of backgrounds in Australia and found it provided a useful framework to conceptualise their experiences. As there is no Australian adaptation measure to use with young adults from refugee backgrounds, the YES-R was used in the current study despite it being developed for an adolescent sample.

The YES-R consists of questions reflecting the five major adaptation systems outlined in the ADAPT Model (Silove, 1999); safety and security (safety system); maintenance of interpersonal bonds and wider social supports (attachment system); effective mechanisms for administering justice (justice system); capacity to re-establish meaningful roles and uphold identity (identity/role system); and, ability to make meaning of one's life (existential meaning system). Although topics for the interview-schedule were included in all interviews, the order in which they were discussed varied, according to the participant's train of thought (Bryman, 2016).

Following this, given a major aim of Study 3 was to examine participants' concepts of mental health, causes of mental health, coping strategies and help-seeking respondents participated in a modified version of Tempany's (2008) interview schedule based on the explanatory model framework (Kleinman, 1978; Kleinman et al., 1978; Appendix Four). Tempany's (2008) interview explored concepts of mental health and

wellbeing, causes of mental ill health, and strategies used to address mental health problems from the perspective of Sudanese Australian youth. The full interview schedule can be obtained from the authors. The modified interview schedule used in Study 3 measured subjective mental health, causes of mental health concerns, coping strategies and help-seeking, as no other young adult refugee measure was available. Although topics were followed for all interviews, the order in which they were discussed varied, according to the participant's train of thought. For the full interview schedules used in Study 2 and Study 3 please refer to Appendix Four.

4.6 Data Analysis

This section details the data analysis procedures used in each study, and provides a brief rationale for their choice as they relate specifically to the aims, hypotheses or research questions of each study.

4.6.1 Data analysis for Study 1. The aim of Study 1 was to test a new model of wellbeing for young Hazaras from refugee backgrounds in Australia. Initially, the relationship between predictor variables, a mediator variable and personal wellbeing was explored via bivariate correlations to examine associations between variables. When no statistically significant correlation was found, the variable was removed from further analyses. To explore the study's aim, a path analysis was conducted with AMOS23 where the chi-square goodness-of-fit, fit indices and participant/parameter ratios were assessed to ensure the model was adequate in describing the data.

The hypotheses and data analysis procedure for each were as follows: (a) that presence of immediate family in Australia, acculturation and absence of trauma symptoms would predict personal wellbeing for the young Hazaras. The path analysis was able to determine which of these variables had the most important influence on personal wellbeing by determining the significance and size of standardised weights; (b) That acculturation would mediate the relationships between resilience and

personal wellbeing and between spirituality and personal wellbeing. The path analysis also determined which of these variables had more of a statistically significant influence on acculturation based on the size of standardised weights. As spirituality and resilience did not directly influence personal wellbeing, the model fit was assessed as to whether it deteriorated significantly when these direct links were removed; (c) That there would be statistically significant positive correlations between resilience and the absence of trauma symptoms and between resilience and spirituality. Correlations were produced as part of the model to examine the associations between these variables. At the conclusion of Study 1, the aims, research questions and data collection procedures for Study 2 and Study 3 were discussed amongst the research team and it was decided that the studies should continue as planned as the path analysis in Study 1 supported the conceptual model found in the literature.

4.6.2 Data analysis for Study 2 and Study 3. The aims of Study 2 were to explore the applicability of the ADAPT model (Silove, 1999) to young adult Hazaras' settlement experiences; and to explore whether Erikson's (1968) psychosocial stages were reflected in the young adult refugee sample. The aim of Study 3 was to explore young adult Hazaras' concepts of mental health, causes of mental health, coping strategies and help-seeking in Australia.

Thematic analysis was the chosen method of data analysis as it is useful for identifying, analysing and documenting patterns or themes within a dataset (Braun & Clarke, 2006; Bryman, 2016). This method can also provide a rich and detailed account of the data which is particularly useful with under-researched participants whose views on the topic are unknown (Braun & Clarke, 2006). It was therefore deemed as the most appropriate data analysis technique for Study 2 and Study 3 given the interest in whether themes emerged in participants' responses in line with the ADAPT model (Silove, 1999), Tempany's (2008) interview schedule.

Deductive and inductive thematic approaches were utilised as part of the data analysis for both studies. As the aim of Study 2 was driven by the five systems of the ADAPT model (Silove, 1999), and the aim of Study 3 was driven by Tempany's (2008) interview schedule which was based on the EM framework (Kleinman, 1978, 1987), a deductive thematic analysis or "top down" approach was used (Braun & Clarke, 2006). Braun and Clarke (2006) explain that a deductive approach is driven by theoretical or analytic interests of the researcher and codes are assigned to the data based on specific research questions. Thematic analysis for both studies also included an inductive or "bottom up" approach based on participants' unprompted responses that did not necessarily align with the ADAPT model, or the EM framework (Kleinman, 1978, 1987), meaning the codes and themes were data driven (Braun & Clarke, 2006).

Thematic analysis was conducted in stages based on Braun and Clarke's (2006; 2013) six phase process, and was influenced by other qualitative studies that had utilised similar techniques (see Earnest et al., 2015; McGregor et al., 2016). First, familiarisation with the dataset occurred through the transcription of the data. Eighteen audiotaped interviews were transcribed verbatim by the researcher whereby she noted pauses of a few seconds by typing […] and noted participants' utterances (such as "umm"). The researcher then checked these interview transcripts against the audio files for accuracy. Following this, the researcher immersed herself in the data by repeated reading of the transcriptions and initial ideas about the data were noted (see Appendix Five for an example).

Second, coding of the data set was conducted based on the relevance to the two studies (Braun & Clarke, 2013). Coding for both studies was influenced by themes which were both "theory driven" where specific questions were in mind and were coded around (Braun & Clarke, 2006), as well as "data driven" by focusing on data outside of the theories and interview schedules (Braun & Clarke, 2006). Codes were identified based

on the data's semantic content, or surface level of the data, such as the code *gender roles in Australia;* as well as latent content, where ideas or understandings of concepts were coded for (Braun & Clarke, 2006), such as the code *expanded gender roles and opportunities for females in Australia.* This process also included coding of the data which did not directly apply to the theories or interview schedules but was still relevant to the overarching themes of both studies. Coding was conducted both manually by writing notes on the extracts that were being analysed and using highlighters to indicate possible patterns, as well as using computer software (NVivo 10; QSR International, 2012) to assist with the coding process. Data extracts were often coded many times, as they were relevant to different themes.

The third phase included sorting the codes into potential themes. This involved combining codes that were meaningfully related into themes, as well as distinguishing codes from one another (Braun & Clarke, 2006). A table of codes, their definitions and examples from the data was developed to assist with this step. Visual representations, such as mind-maps and tables, were also helpful during this stage to sort the different codes into themes (Braun & Clarke, 2006). As Braun and Clarke (2006) suggest, an initial thematic map was drawn to visually display the relationship between codes and themes; the map then developed as codes were combined to form subthemes as part of the overarching themes; resulting in a final thematic map of the subthemes and themes for both studies.

The fourth phase involved reviewing and refining the themes. Themes and subthemes without enough data pertaining to each or those that did not directly relate to the research questions were removed from both studies. The final thematic maps for both studies were reviewed in relation to the entire data set to see whether the themes worked in relation to the data set (Braun & Clarke, 2006). The data set was also checked to see whether any additional codes may have been missed from earlier coding stages which may relate to the themes (Braun & Clarke, 2006).

The fifth phase involved further defining and re-labelling of the themes and subthemes in line with the coded data and the theory (ADAPT model) and interview schedule (modified version of Tempany's, (2008) interview schedule). Consensus was reached for the different labels between the researcher and research supervisors (Olszewski, Macey, & Lindstrom, 2006).

The final phase of the thematic analysis involved producing the report for the studies (Chapters 6 and 7). Relevant quotes from participants' interviews were included in the reports depending on the study aims, research questions and their reflection of the five systems of the ADAPT model (Silove, 1999); and the modified version of Tempany's (2008) interview schedule. In Study 2 comparisons were made between McGregor et al.'s (2016) adolescent refugee sample and the young adult Hazara refugee sample which allowed for patterns of consistency and inconsistency to be drawn across the ADAPT model (Silove, 1999) and Erikson's (1968) psychosocial stages.

4.7 Ethical and Linguistic Concerns Anticipated and Encountered

A range of ethical, linguistic and methodological concerns were anticipated and encountered during this project. These included: consent procedures; participant confidentiality; retraumatisation during data collection; innovative methods to support participants' autonomy; reciprocity; role clarity and boundaries; and linguistic and communication issues. This section will discuss these concerns in detail and draw upon recommendations made by previous literature on the topic, focusing on research with people of refugee backgrounds.

4.7.1 Consent procedures. It was anticipated that gaining informed consent from participants could be a difficult, yet very important, part of the research process. Permission was granted by the ethics committee to obtain informed consent from 16 and 17 year olds to participate in the project as they may be separated from their parents or

guardians (National Statement on Ethical Conduct in Human Research, 2007, 2014). Potential trust issues were also anticipated as part of the consent procedures, as experiences of human rights violations for people of refugee backgrounds may lead to a mistrust of procedures and forms that require disclosure of personal information (Omidian & Ahearn, 2000). The researcher took great care with individual participants to ensure that consent was genuinely informed due to unfamiliarity with the research process, expectations about research participation, language barriers and low literacy rates. Participants in the current study understood the research process and consent procedures as demonstrated by their high literacy rates as most had been in Australia for some years and had been educated at local schools, with some having previously participated in similar research.

4.7.2 Participant confidentiality. Confidentiality and privacy issues were expected to be of particular concern for participants. The researcher repeatedly explained to participants that their responses would not be attached to their name and that data would not be accessible by others outside of the research project. This was of particular concern when participants were asked to leave their name and contact details at the end of Study 1 for potential participation in subsequent studies. During data collection however, it became evident that not all participants were as concerned as anticipated about their confidentiality. For example, one participant said they were happy for their name to be included in the project reports. For others, they were worried that they would have to sign their names on a consent form, so having ethics permission to obtain verbal consent was of great use with these participants. All participants consented to having their voices recorded for Study 2 and Study 3. I ensured confidentiality was upheld from my end by securely storing the signed consent forms, audio recordings and notes from Study 2 and Study 3 in a locked filing cabinet in my university office. My supervisors and I kept the transcripts of the recordings on password protected hard drives on university

computers. These password protected hard drives are allocated for private use by the researchers. I also deleted data which were identifiable.

In qualitative research, it is common to give participants pseudonyms to protect their confidentiality (McMichael et al., 2011). Upon discussion with the community leaders about suitable pseudonyms, they recommended that it was not culturally appropriate to use pseudonyms because names have special meanings in the Hazara community. Consequently, it was decided that participants would be assigned labels of male respondent (MR) 1-9 and female respondent (FR) 1-9 with their corresponding ages as part of the data analysis in Study 2 and Study 3.

4.7.3 Data collection: Retraumatisation. The survey and semi-structured interviews were designed to avoid re-traumatisation or distress amongst participants. The validated stress reactions to trauma questionnaire in Study 1 was modified by the researcher to measure an absence of trauma symptoms and not early traumatic experiences within a group likely to have experienced trauma. It was also deemed unethical to ask about past traumatic experiences in a survey. Similarly, for the semi-structured interviews, questions relating to participants' pre-arrival experiences were avoided, and memories from their past were only discussed if brought up by the participant themselves. The researcher assured participants that the interview process was conversational rather than formal and participant-led to empower them to 'take the lead' over a process which presents a power imbalance between researcher and respondent (Block et al., 2013). The researcher was well placed to minimise any psychological distress experienced by participants during the interviews through her training in counselling psychology during her psychology honours year, training as a Lifeline crises counsellor, and having access to research supervisors who were trained in psychology or had experience researching with similar groups. Procedures were put in place with the researcher's primary supervisor so that she could be contacted on her mobile phone in case there

was a situation where the researcher needed immediate help or guidance. The researcher was aware of not entering into a role of counselling participants if a personal issue arouse.

During the interviews, it became apparent that the majority of participants were willing, and open, to revealing highly personal information about themselves and, for many, stated their gratitude for the chance to talk about such issues. For example, at the end of her interview after the researcher thanked her for her involvement, FR4 (19 years) said, "We should be thanking you for giving me the chance to prove myself". For many, participating in the interviews was more than just a chance to talk about themselves, it was validating that Hazaras mattered. For example, FR1 (18 years) stated, "Thanks for doing your study on Hazaras. You are allowing us to matter now" and MR5 (20 years) commented, "You are doing such a good job coz I've never heard of anyone that come and ask about the Hazara people, even from my own people until now that we should let the people know who we are". Very few participants appeared distressed due to the interview content and those who were seemed to be able to self-regulate their emotions. Because of the sensitive nature of the questions in both the online survey and the semi-structured interviews, information pertaining to psychological support and assistance and relevant refugee services were provided in written form on the debrief statements presented at the end of the studies (see Appendix Four). The researcher also asked each participant how they felt at the end of the interviews, and made sure to remind participants about relevant resources they could access if they felt distressed later on.

4.7.4 Data collection: Innovative methods. The methods used in the project needed to be flexible, accessible and sensitive to participants' experiences in order to adhere to core ethical principles of autonomy, beneficence, non-maleficence and the promotion of justice (Block et al., 2012). Innovative quantitative and qualitative methods were used to support

participants' autonomy (Block et al., 2012; Gifford et al., 2007). In Study 1, participants had the choice to participate via an online survey or a paper-pen version in their own time by themselves. For Study 2 and Study 3 this involved participating in interviews via phone or Skype depending on the interviewee's choice and deciding whether they wanted these interviews to be audio-recorded. Participants were offered the choice of being interviewed face-to-face or via Skype or phone. They all decided to be interviewed via Skype and phone as it was more flexible with their schedules. A limitation of using methodology that depends on technology may have resulted in a sample that was more literate and financially less stressed compared to young Hazaras without internet or phone access and with more profound wellbeing challenges. In the empirical paper in Chapter 5, future research recommendations are discussed for how to improve on this limitation. Other potential limitations were considered by the researcher and her supervisors as the use of technology in qualitative research may affect rapport building and non-verbal cues (Lo lacono, Symonds, & Brown, 2016). The research team weighed up the advantages against any limitations and issues that may arise using this technology as these methods allow for a time efficient way, for both participants and the researcher, for research to be conducted (Lo lacono et al., 2016). The feedback from participants about the project was also very positive

4.7.5 Reciprocity. There were no direct benefits for participants to participate in the project other than the possibility to practise their English and the opportunity to voice their opinions on such issues. Participants received a visa gift card as a small appreciation gift for participating in Study 2 and Study 3. Goals of reciprocity were mainly fulfilled by taking as many opportunities to disseminate the research findings from published papers widely to diverse audiences of policy-makers, researchers, mental health professionals and community leaders. The researcher also started a not-for-profit business during her PhD which supports some of the Hazara

community of asylum seekers and refugees in Indonesia to "give something back". Some of the participants were aware of this organsation and commented on it during their interviews. For example, MR5 (20 years) stated, "You went to Indonesia so you saw a lot of people and they become happy as well".

4.7.6 Role clarity and boundaries. Role clarity and boundaries were anticipated to be a concern during the interviews, given that participants may ask for advice regarding visa status. When the researcher was informing the participants of the purpose of the interview before they began, she made sure to outline her role as a researcher. If participants did raise a concern regarding visa status, for example, not being able to sponsor their family to Australia until they are a citizen due to changes to family reunion policy, the researcher would refer the participants to relevant services at the end of the interview. A more common experience was that participants seemed to be up to date with changes to policy and were just expressing frustration over these changes.

4.7.7 Linguistic and communication issues. Many potential linguistic and communication issues were anticipated in this project. The research team decided that the project would be in English as the researcher would conduct semi-structured interviews in English in Study 2 and Study 3. During the project, it was acknowledged that participants may have given very different responses if they had been interviewed by a Hazara researcher fluent in participants' languages. The use of interpreters was initially considered for the project although, previous research has documented how interpreters may increase the distance between researcher and participant due to potential disparities in power; particularly for newly arrived communities where the small number of interpreters may be of higher status and class compared to research participants (Block et al., 2012). Instead, key informants suggested the Dari version of the survey be made available in Study 1 to be more inclusive of potential participants (National Statement

on Ethical Conduct in Human Research, 2007, 2014) who may have low levels of English-language proficiency, while at the same time making it clear that they would not be able to participate in subsequent studies.

4.8 Summary

This chapter has described the methodology for this research. The following three chapters present the published paper and the two papers that are under review.

Chapter 5: Predictors and Mediators of Personal Wellbeing for Young Hazaras with Refugee Backgrounds in Australia

As first published in the *Australian Journal of Psychology* (2017)
doi 10.1111/ajpy.12171
http://doi.wiley.com/10.1111/ajpy.12171

Copolov, Carly (Department of Psychological Sciences; School of Health Sciences; Faculty of Health, Arts and Design; Swinburne University of Technology; cscopolov@swin.edu.au)

Knowles, Ann (Department of Psychological Sciences; School of Health Sciences; Faculty of Health, Arts and Design; Swinburne University of Technology; aknowles@swin.edu.au)

Meyer, Denny (Department of Statistics Data Science and Epidemiology; School of Health Sciences; Faculty of Health, Arts and Design; Swinburne University of Technology; dmeyer@swin.edu.au)

Correspondence should be addressed to Associate Professor Ann Knowles; Department of Psychological Sciences, School of Health Sciences, Faculty of Health, Arts and Design, Swinburne University of Technology; John Street; Hawthorn, Victoria; 3122, Australia (email: aknowles@swin.edu.au; Tel: +61 3 9214 8205).

Please note that I have made small alterations to this Paper for thesis presentation. These changes were limited to the formatting of margins, placement of tables and figures and numbering of tables and figures. As no other changes were made, the referencing style and language requested by the *Australian Journal of Psychology* were retained.

Abstract

Objective: The Hazara people have historically been persecuted because they are an ethnic and religious minority group in Afghanistan. While there has been research into the wellbeing of young refugees from other ethnic backgrounds, little research has focused on the wellbeing of young Hazaras. Path analysis was used to determine the predictors and mediators of personal wellbeing for young Hazaras with refugee backgrounds in Australia. These included presence of immediate family in Australia, absence of trauma symptoms, acculturation, resilience and spirituality. **Method**: Seventy Hazaras, 50 males and 20 females, aged from 16 to 30 years (M = 21.56, SD = 4.29) who had spent an average of 5 years and 2 months (SD = 3.40) in Australia completed an online survey. Participants completed demographic items and three questionnaires. **Results**: The hypotheses were supported in that Acculturation, Absence of Trauma Symptoms and Presence of Immediate Family in Australia predicted Personal Wellbeing. Although Resilience and Spirituality did not directly predict Personal Wellbeing, Acculturation mediated the relationship between both Resilience and Personal Wellbeing and between Spirituality and Personal Wellbeing. As expected, both Resilience and Spirituality, and Resilience and Absence of Trauma Symptoms, were positively correlated. **Conclusions**: The model identifies possible pathways to wellbeing for young Hazaras with refugee backgrounds in Australia. Findings suggest the young people sampled are positively engaged with education and work in Australia and have an absence of trauma symptoms. The online survey methodology reached a relatively large sample in a short period of time. Implications for refugee policy, practice and research are discussed.

Keywords: Acculturation, Australia, refugees, resilience, trauma, wellbeing.

Acknowledgements. Thank you to Mulu Woldegiorgis and Danielle Williamson for your assistance in preparing the manuscript.

Introduction

In 2015, the United Nations High Commissioner for Refugees (UNHCR) declared that the number of forcibly displaced persons worldwide was the highest it had been since World War II. The sharp increase of displacement globally from countries such as Syria in 2011 has since slowed. By the end of 2015, 65 million people were forcibly displaced worldwide including 21 million refugees, 3 million asylum seekers and more than 40 million internally displaced persons (UNCHR, 2015). During displacement, these people often experience extreme physical and mental health difficulties and once resettled in high-income countries they experience ongoing challenges (Fazel, Reed, Panter-Brick, & Stein, 2012). The record-high numbers of individuals who are forcibly displaced worldwide (UNHCR, 2015) may be resettled in countries such as Australia over time, therefore it is of concern to understand predictors of their wellbeing and ways that policy and practice can address these concerns during settlement.

Refugee wellbeing has been a focus of concern and research in Australia and overseas as wellbeing is viewed as an important indicator of successful settlement for vulnerable populations (Davidson, Murray, & Schweitzer, 2008). There is no consensus on a definition of wellbeing for use with people with refugee backgrounds (Chase, 2013), and instead we draw upon early research by the World Health Organisation (1996) which has been used to identify wellbeing in many cultural contexts. According to this research, wellbeing is a complex construct comprising various domains such as health, spiritual beliefs, personal relationships, physical safety and security. Positive wellbeing during settlement has been found to increase the chances of participating in education, employment, developing community networks and language proficiency (Correa-Velez, Gifford, & McMichael, 2015). This was supported in Beiser's (2009) longitudinal study with

Southeast Asian adult refugees in Canada, which showed reduced rates of depression led to higher levels of employment.

For young people with refugee backgrounds, the presence of immediate family in the settlement country can often be the most important predictor of their wellbeing (Gifford, Correa-Velez, & Sampson, 2009). Gifford et al. (2009) found that for young people with refugee backgrounds, when their family were living in Australia and were supportive of them their wellbeing increased. Young people separated from their immediate family in the settlement country have concerns about their overseas family and financial responsibilities for those family members (Gifford et al., 2009; McMichael, Gifford, & Correa-Velez, 2011).

In addition to immediate family acting as a key predictor of wellbeing for young people with refugee backgrounds, the literature has identified other possible predictors and a mediator of wellbeing for these young people in the settlement country. These predictors include: acculturation (Berry, Kim, Power, Young, & Bujaki, 1989) and the absence of trauma symptoms (Montgomery, 2011) with acculturation acting as a mediator for resilience and wellbeing (Keles, Friborg, Idsøe, Sirin, & Oppedal, 2016) and for spirituality and wellbeing (Adam & Ward, 2016).

Australian and international research have used samples comprising a wide range of culturally and linguistically diverse young people including immigrants, refugees and overseas students from different countries of origin (Correa-Velez et al., 2015). Building on these studies, the current study focussed on one distinct refugee group, young Hazara men and women, to enable a more precise investigation of possible predictors of refugee wellbeing within this group, as suggested by Khawaja, Moisuc, & Ramirez (2014).

Background

Constructs Measured

Acculturation has been shown to have a positive impact on wellbeing. Early research defined acculturation as the psychological and behavioural changes that occur when individuals from different cultural groups interact with one another over time (Berry et al., 1989). Newly arrived individuals who psychologically adapt (dealing with stressors associated with change by using coping strategies, resilience and social support) during acculturation are expected to show increases in their wellbeing (Berry 2010; Khawaja et al., 2014; Sam & Berry, 2010). There are mixed findings about the relationship between acculturation and wellbeing outcomes for young immigrants and refugees (Berry, Phinney, Sam, & Vedder, 2006). More recent research supports the view that young immigrants and refugees who achieve a balance in competencies between their cultural heritage and their new society tend to have better psychological outcomes including better wellbeing (Beiser, Duran, & Hou, 2015; Khawaja et al., 2014; Sam & Berry, 2010), with others proposing more complex relationships between these variables (Nguyen & Benet-Martinez, 2013).

Resilience is one factor that may help during the acculturation process. Resilience is defined as positive developmental outcomes despite exposure to stressful life events (Keles et al., 2016; Masten & Obradović, 2006; Sleijpen, Boeije, Kleber, & Mooren, 2016), with Masten and Obradović, (2006) finding resilience present as early as childhood, especially for children who faced adversities. There has been an increased focus on the concept of resilience over the past decade by researchers examining settlement outcomes and mental health concerns for refugee and immigrant youth (Earnest, Mansi, Bayati, Earnest, & Thompson, 2015; Güngör & Perdu, 2016; Ziaian, de Anstiss, Antoniou, Baghurst, & Sawyer, 2013). For example, for resilient unaccompanied refugee youth in Norway

consideration of their acculturation context was important for their healthy adjustment (Keles et al., 2016).

The absence of trauma symptoms has been found to predict wellbeing. Many young refugees who have experienced trauma do not report clinical levels of posttraumatic stress; instead, they seem to be doing well in the settlement country, which suggests they are resilient (Bronstein et al., 2012). Research has shifted its focus from defining the refugee experience by Post Traumatic Stress Disorder, to understanding the individual, social and adaptive processes used to reduce trauma symptoms over time (McGregor, Melvin, & Newman, 2015; Montgomery, 2011; Realmuto et al., 1992; Schweitzer, Greenslade, & Kagee, 2007). This was supported by Australian research with both ethnically diverse young refugees and Sudanese refugees as they used coping strategies and resilience to reduce trauma symptoms over time (Brough, Gorman, Ramirez, & Westoby, 2003; Schweitzer et al., 2007). Therefore, it is expected that the absence of trauma symptoms will be associated with resilience and have a direct relationship with wellbeing.

Another variable that may assist with acculturation is spirituality. Spirituality has been defined as beliefs (which can include religious beliefs) and behaviours involving prayer, meditation or rituals that help during migration difficulties (Khawaja, White, Schweitzer, & Greenslade, 2008). Crawford, Dougherty Wright, and Masten (2006) found that children who had experienced adversity and trauma used spirituality as a social support, to strengthen family relationships, improve personal growth and development and provide meaning to their lives during adaptation. This means that spirituality is expected to foster resilience and have a direct impact on acculturation (Adam & Ward, 2016; Crawford et al, 2006). Furthermore, for Muslim immigrants and refugees spirituality (including religiosity) is core to their adaptation (Adam & Ward, 2016; Johns, Mansouri, & Lobo, 2015; Saroglou, & Mathijsen, 2007). For these reasons

when investigating the wellbeing of young Hazaras, it is important to account for the impact of spirituality on resilience and acculturation.

The Hazara People

Hazaras are a persecuted minority in Afghanistan who form a new and emerging refugee community in Australia. The Hazaras inhabit a mountainous area of central Afghanistan called Hazarajat and they represent one of the four major ethnic groups in Afghanistan (Harpviken, 1996). They differ from the other ethnic groups in that they look physically different, follow the Shi'a Muslim faith and have their own Persian dialect (Harpviken, 1996). During the Soviet invasion of Afghanistan in 1979, the communist government controlled urban areas and many Hazaras migrated to neighbouring countries such as Pakistan and Iran (Monsutti, 2007).

During the late 1990s and early 2000s, Hazaras sought asylum in countries such as Australia, as they were targeted by the Taliban regime because of their ethnicity and religion. Obtaining exact numbers of Hazaras in Australia is difficult as prolonged persecution and safety concerns mean that they are sometimes unwilling to reveal their ethnicity. According to one source there are now 20,000 Hazaras living in Australia with 9,000 living in Melbourne (Brown, 2014). Another source documents an Afghan community of 35,000 in Australia with 6,500 of those being Hazara (Australian Government, Department of Immigration and Citizenship, 2012). The typical age of Afghans who arrived in Australia from 2006-2011 was between 18 to 34 years with Dari and Hazaragi the most commonly spoken languages at home (Australian Government, Department of Immigration and Citizenship 2014). The main religion practiced was Islam, 24% of Afghanistan-born people were attending an educational institution and 41% of Afghanistan-born people were in employment (Australian Government, Department of Immigration and Citizenship 2014).

Study Goals

The study aimed to test a new model of wellbeing for young Hazaras from refugee backgrounds in Australia. It is hypothesised that presence of immediate family in Australia, acculturation and absence of trauma symptoms will predict wellbeing for these young people. Further, it is hypothesised that acculturation will mediate the relationships between resilience and wellbeing and between spirituality and wellbeing. Lastly, it is hypothesised that there will be statistically significant positive correlations between resilience and the absence of trauma symptoms and between resilience and spirituality. Figure 5.1 gives the conceptual model, which will be tested.

Method

Participants

The term 'young people' has been used to describe those who are 15-29 years of age (Australian Bureau of Statistics, 2011). To maximise participation and following suggestions from the Hazara community, the age range of 16-30 years was selected for the current study. Other inclusion criteria were that participants should be residing in Australia, and be able to complete an online survey in English or Dari. The initial sample consisted of 124 Hazara young people with refugee backgrounds; 37 of whom only completed the demographic questions, 2 did not complete the Acculturation and Resilience Scale (Khawaja et al., 2014) and 13 did not complete the Reactions of Adolescents to Traumatic Stress Questionnaire (Bean, 2000; Bean 2006; Bean, Eurelings-Bontekoe, Derluyn, & Spinhoven, 2004). These cases were removed from the sample. Two further cases were removed from the analyses as they were deemed outliers on the Personal Wellbeing Index-Adult (International Wellbeing Group; IWbG, 2013) with the Standardised Residual and Studentised Residual values outside the range – 3 to 3. This resulted in a final sample of 70 Hazara young people with complete data. Independent samples t-tests showed that the participants who dropped out

after completing the demographic questions and those who dropped out at the traumatic stress measure were not demographically different to participants who completed the survey. Those that dropped out at the traumatic stress measure did not score differently on the two other measures, suggesting that there was no attrition bias.

Materials

An online instrument was designed to investigate predictors of wellbeing in a refugee sample. The online survey and consent form were translated into Dari by an accredited and experienced translator in accord with suggestions from the Hazara community. Participants could choose to complete the anonymous survey in English or Dari. The survey contained demographic items and three scales, the Personal Wellbeing Index-Adult (IWbG, 2013), the Acculturation and Resilience Scale (Khawaja et al., 2014) and the Reactions of Adolescents to Traumatic Stress Questionnaire (Bean, 2000; Bean 2006; Bean et al., 2004). All scales were adapted to a 5-point Likert scale to maintain consistency and to reduce confusion for participants unfamiliar with survey methodology. For each measure, higher scores indicate better adjustment.

Demographic items. Demographic data were measured such as gender, age, birthplace, religion, length of time in transit after leaving one's birthplace and before arriving in Australia (including time spent in a refugee camp), length of time in Australia, education status, accommodation and employment status.

Presence of immediate family in Australia. This variable was coded with '0' indicating no immediate family present in Australia and '1' indicating immediate family members such as parents, siblings, cousins, uncles and aunts present in Australia. This was done in accordance with the Hazara definition of immediate family which is broader than the nuclear family of mother, father and children accepted by Western cultures (Tilbury, 2007).

Personal Wellbeing Index-Adult (PWI-A). The PWI-A (IWbG, 2013) is an Australian 7-item self-report inventory measuring seven domains (satisfaction with standard of living, health, life achievement, personal relationships, personal safety, feeling part of the community and future security). It is designed to predict satisfaction with life as a whole, demonstrating personal wellbeing. An optional item representing the domain of satisfaction with spirituality or religion was included. The PWI-A measures the personal wellbeing of participants on a 5-point Likert scale, from 1 (*not at all satisfied*) to 5 (*completely satisfied*) with the total score divided by the number of items to achieve a maximum range of 1 to 5. Higher scores indicate higher personal wellbeing (IWbG, 2013). The English version and Farsi version (Dari is a dialect of Farsi) of the PWI-A have good internal consistency as reported by Sulaiman-Hill and Thompson (2010) (Cronbach's α = .86 & .77).

Acculturation and Resilience Scale (AARS). The AARS (Khawaja et al., 2014), is a new Australian 27-item self-report inventory with 3 subscales: Acculturation, Resilience and Spirituality. The AARS measures the acculturation, resilience, spiritual and religious beliefs of immigrants on a 5-point Likert scale, from 1 (*strongly disagree*) to 5 (*strongly agree*). The authors refer to the subscale for spiritual and religious beliefs as Spirituality. Total scores were divided by the number of items to give a range of scores from 1 to 5. Higher scores indicate higher Acculturation, Resilience and Spirituality as defined by Khawaja et al. (2014). An example item from the Acculturation subscale is, "I am okay with accepting both Australian and my own cultural values", an example from the Resilience subscale is, "I can find many ways to solve a problem" and from the Spirituality subscale is, "My religious beliefs help me manage migration challenges". The three subscales are reported to have good internal consistency by Khawaja et al. (2014) (Cronbach's α = .83, .89 & .86 respectively).

Reactions of Adolescents to Traumatic Stress Questionnaire (RATS). The RATS (Bean, 2000; Bean 2006; Bean et al., 2004) is a 22-item self-report inventory developed in the Netherlands. This measure has been validated in various countries within different cultural contexts and with large samples (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven 2006). As there is no Australian traumatic stress measure to use with young people with refugee backgrounds, the RATS was used despite the upper age limit of 18 years for this scale. A modified version of this measure was used in the current study with higher scores indicating the absence of trauma symptoms within a group more likely to have experienced trauma. The RATS total score was used for all analyses. The RATS measures young people's traumatic stress on a 5-point Likert scale, from 1 (*bothered very much*) to 5 (*not bothered*) with scores ranging from 22-110. The RATS had been translated into Dari (Bean, 2006) and this version of the RATS was made available by the authors and used in the current study. The RATS total score in the English and Dari versions have good internal consistency according to Bean (2006) (Cronbach's α = .89 & .91).

Procedure

Data were collected in 2015. Ethics approval was obtained from a university Human Research Ethics Committee. Permission was granted to seek participants aged 16-30 years. It was deemed that 16 – 17 year olds could consent to participate in the research as they may be separated from their parents or guardian (National Statement on Ethical Conduct in Human Research, 2007). To publicise the survey, the lead author contacted senior members of the Hazara community she met making personal connections with the community. Participants were also recruited through convenience and snowball sampling through contacts previously established through volunteer work. Participation in the online survey involved completing a series of demographic questions followed by the online survey. Participants

were given full information about their rights as research participants and consent was implied from the completion of the survey.

Statistical Analysis

Initial analyses were performed with IBM SPSS Statistics Version 22. MANOVA analyses were used to compare scores on the three measures for those who completed the survey in English and Dari and to investigate any gender differences on the three measures. Correlation analyses were used to test the association between scores on the three measures and other demographic variables. These demographics included age, length of time in transit after leaving their birthplace and before arriving in Australia (including time spent in a refugee camp) and length of time in Australia as these variables have been found to be associated with the constructs tested (CMY, 2014; Keles et al., 2016; Montgomery, 2011). To explore the study's goals, a path analysis was conducted with AMOS23 with goodness of fit assessed using various criteria. The acceptable cut-off values for the goodness of fit indices include values above 0.90 for the Comparative Fit Index (CFI) and Tucker-Lewis Index (TLI) indicating satisfactory fit with values of above 0.95 for a good fit (Byrne, 1994).

Results

Descriptive Statistics

The final sample comprised 70 Hazara refugees, 50 males and 20 females, aged from 16 to 30 years (M = 21.56, SD = 4.29). G-Power suggests that for a regression analysis with 5 predictors and a sample size of 70 moderate effect sizes of approximately $f^2 = 0.20$ can be detected (MacCallum, Browne, & Sugawara, 1996). Seventy-nine per cent of the participants were born in Afghanistan, 18% in Pakistan and 3% in Iran. Ninety-four per cent were Shi'a Muslims, 3% were Sunni Muslims and 3% gave no religious affiliation. On average, participants had spent 8 years and 10 months (range 0 – 17 years) in transit after leaving their birthplace and

before arriving in Australia. The average length of time spent in Australia was 5 years and 2 months (range 1 - 15 years).

Twenty-nine per cent of participants had completed high school and 9% were currently learning English. Twenty-six per cent were currently studying at university and 19% had completed a university degree. All female participants were living with immediate family members (parents, siblings, cousins, uncles and aunts) as were 33% of males. This gender difference was statistically significant (χ^2 (4) = 21.47, $p < .001$). For the males not living with family members, the most common living arrangements were living with friends and or renting. Forty-six per cent of males were working full time whereas no females were working full time and this difference was statistically significant ($\chi^2(2) = 7.89$, $p < .05$).

Preliminary Analyses

For the 70 participants included in the study the percentage of missing item data was 0.34% indicating that the impact of any imputation of missing item data is negligible. Averaged scales were constructed for all the measures. The internal consistencies for the measures were good to excellent which was observed for Personal Wellbeing, Cronbach's $\alpha = .85$; Acculturation, Cronbach's $\alpha = .82$; Resilience, Cronbach's $\alpha = .87$; Spirituality, Cronbach's $\alpha = .85$; Absence of Trauma Symptoms, Cronbach's $\alpha = .91$.

The assumption of normality was supported and there were no influential points according to Mahalanobis distance tests. The overall PWI-A mean for the sample was 72.25, 95% CI [67.8, 76.5] with the mean falling just below the reported normative range for wellbeing in Australia (73.4-76.4; IWbG, 2013).

Eighty-one percent of participants completed the survey in English and 19% completed the survey in Dari. A MANOVA showed no statistically significant differences on the three measures for those who completed the survey in English or Dari so data were combined for further

analyses (F (5,64) = 1.96, p = .10). A MANOVA also showed no statistically significant gender differences on the three measures so male and female data were combined for further analyses (F (3, 66) = .78, p = .51). Correlation analyses showed that age, length of time in transit and length of time in Australia were not statistically significantly related to Personal Wellbeing, therefore these demographic variables were not included in further analyses.

Table 5.1 displays bivariate correlations between Personal Wellbeing, Acculturation, Resilience, Spirituality, Absence of Trauma Symptoms, Presence of Immediate Family in Australia and age. Table 5.1 also displays the means and standard deviations for these measures.

Table 5.1 shows no statistically significant correlation between Personal Wellbeing and age, therefore age was removed from further analyses. There were statistically significant but weak positive correlations between Personal Wellbeing and Presence of Immediate Family in Australia, between Personal Wellbeing and Absence of Trauma Symptoms and between Personal Wellbeing and Spirituality. There were statistically significant moderate positive correlations between Personal Wellbeing and Resilience and between Personal Wellbeing and Acculturation. Table 5.1 shows the means for all of the measures were moderately high on a 1 to 5 scale.

Path Analysis

Figure 5.1 displays the diagram for the final model used to test the goals of the study. The chi-square goodness-of-fit test was not statistically significant ($\chi 2$ (8, N = 70) = 13.44, p = .10) indicating a reasonable description of the data. Fit indices were also adequate (CFI = .95 & TLI = .91) and the participant/parameter ratio was acceptable at 4.7.

As shown in Figure 5.2, 44% of the variation in Personal Wellbeing was explained by this model. Acculturation was shown to have the most important influence on Personal Wellbeing (p < .001) with a standardised

weight of 0.55. Presence of Immediate Family in Australia had less of an influence on Personal Wellbeing with a standardised weight of 0.19, but this association was still statistically significant ($p < .001$). Absence of Trauma Symptoms had a similar level of influence on Personal Wellbeing with a standardised weight of 0.21 and this association was statistically significant ($p < .05$). Fifty-five per cent of the variation in Acculturation was explained by Spirituality and Resilience. Resilience with a standardised weight of 0.61 was shown to have more of a statistically significant influence on Acculturation ($p < .01$), while Spirituality with a standardised weight of 0.29 had less of an influence on Acculturation, but this association was still statistically significant ($p < .01$). Resilience and Spirituality did not directly impact Personal Wellbeing, in that the model fit did not deteriorate statistically significantly when these direct links were removed, ($\chi 2$ (2) = 13.44, $p = .48$). Instead, Acculturation mediated the relationship between both Spirituality and Personal Wellbeing and between Resilience and Personal Wellbeing. There were also expected statistically significant positive correlations between Absence of Trauma Symptoms and Resilience ($r = .37$, $p < .01$) and between Resilience and Spirituality, ($r = .29$, $p < .05$).

Discussion

Previous Australian and overseas studies have identified possible predictors, and acculturation as a possible mediator, for refugee wellbeing (Adam & Ward, 2016; Berry et al., 1989; Keles et al., 2016; Montgomery, 2011) using samples which include immigrants, overseas students and refugees from a range of different countries of origin (Correa-Velez et al., 2015). Hazaras are a newly emerging refugee population in Australia (Mackenzie & Guntarik, 2015) and few if any Australian studies have examined the predictors of wellbeing specifically for young Hazara refugees. While government sources document lower rates of Afghanistan born people in education and employment as compared with Australian born people (Australian Government, Department of Immigration and

Citizenship, 2014), the online survey methodology used in the current study obtained a well educated sample with the majority in employment. This sample had spent an average of five years in Australia, with most males in full time employment and with many of the males and females having completed high school or higher education. Unexpectedly, most demographic variables such as age, length of time in transit and length of time in Australia were not statistically significantly related to personal wellbeing.

Despite adapting the three measures to a 5-point Likert scale, the internal consistencies for the measures were good to excellent indicating that the scales were reliable. This provided support for the use of Khawaja et al.'s (2014) Acculturation and Resilience Scale; the IWbG's (2013) Personal Wellbeing Index-Adult and the Reactions of Adolescents to Traumatic Stress Questionnaire (Bean, 2000) with this refugee sample. The overall mean for Personal Wellbeing in the sample was at the lower end of the normative range for Australia (IWbG, 2013) suggesting little difference from general levels of personal wellbeing in Australia.

The model tested showed that acculturation, presence of immediate family in Australia and the absence of trauma symptoms predicted personal wellbeing. While resilience and spirituality did not directly predict personal wellbeing, acculturation mediated the relationship between both resilience and personal wellbeing and between spirituality and personal wellbeing. As expected, absence of trauma symptoms and spirituality showed statistically significant positive correlations with resilience.

The strongest statistically significant predictor of personal wellbeing was acculturation. These findings support research with young immigrants and refugees that had better wellbeing when they achieved a balance in competencies between their cultural heritage and their new society (Beiser, Duran, & Hou, 2015; Khawaja et al., 2014; Sam & Berry, 2010). It is acknowledged that acculturation can be a point of contention for young

refugees and immigrants as it may lead them into conflict with family or others in their communities (Gifford et al., 2009; Ward, 2008) over issues like gender roles, religion and work. Future research should measure the more complex relationships between these variables (Nguyen & Benet-Martinez, 2013) with a young Hazara sample.

Absence of trauma symptoms had a direct positive relationship with both personal wellbeing and resilience. The study measured the absence of trauma symptoms and not early traumatic experiences as it was deemed unethical to ask about such past-traumatic experiences in an online survey. The direct relationship found between absence of trauma symptoms and personal wellbeing is in accord with international research (e.g., Montgomery, 2011). The positive relationship between absence of trauma symptoms and resilience supports Australian research with an ethnically diverse young refugee sample and a Sudanese refugee sample who used coping strategies and resilience to reduce trauma symptoms over time (Brough et al., 2003; Schweitzer et al., 2007).

The direct relationship between presence of immediate family in Australia and personal wellbeing is in accord with Australian research highlighting the importance of family support (Gifford et al., 2009; McMichael et al., 2011). Without family support in Australia, young people from a refugee background frequently have trouble adjusting to a new way of life as they have concerns for their family overseas and financial responsibilities for those family members (Gifford et al., 2009; McMichael et al., 2011).

The finding that acculturation mediated the relationship between resilience and personal wellbeing supports research from Norway with resilient unaccompanied refugee youth that considering the acculturation context was important for their healthy adjustment (Keles et al., 2016). The finding that acculturation mediated the relationship between spirituality and personal wellbeing supports research by Crawford et al. (2006) who found

spirituality was expected to foster resilience for children who had experienced adversity and trauma and have a direct impact on acculturation (Adam & Ward, 2016). This finding also supports research that found for Muslim immigrants and refugees spirituality (including religiosity) is core to their adaptation (Adam & Ward, 2016; Johns et al., 2015; Saroglou, & Mathijsen, 2007).

Limitations and Implications

Using an online survey methodology may have resulted in a sample that was more literate and financially less stressed compared to young Hazaras without internet access and with more profound wellbeing challenges. Future wellbeing research could use purposive sampling to recruit a more diverse sample of young people from refugee backgrounds who may experience more difficulties accessing the internet. A larger sample size would also enable further examination of the measures' psychometric properties.

While for ethical reasons, the current study could not measure level of trauma suffered before arriving in Australia, the results nevertheless identify the value of focusing on the absence of trauma symptoms in refugee groups when studying personal wellbeing. Despite many refugees having experienced traumatic events, future research should focus on understanding the individual, social and adaptive processes used to reduce trauma symptoms over time (McGregor et al., 2015; Realmuto, et al., 1992; Schweitzer et al., 2007).

The findings suggest that it is an individual's responsibility to promote their own wellbeing. The importance of spirituality and the presence of immediate family in Australia highlights the influence of broader social policy and social responsibility from the community to support and encourage strength for these young people.

The wellbeing model identified in this study appears to be the first time Australian research has identified a model of the direct and mediated

relationships related to personal wellbeing. The model emphasises the importance of psychological variables: Acculturation, absence of trauma symptoms, resilience, spirituality (including religiosity) and personal wellbeing. Perhaps surprisingly only one demographic variable, presence of immediate family in Australia, statistically significantly contributed to personal wellbeing. It is possible that this model can be generalised to other groups of young refugees who have experienced similar challenges.

The online survey methodology used was able to reach a relatively large sample in a short period of time within a population with limited prior engagement with research. Future research should test the ability to obtain a representative sample and assess preferences for completing this research online with a young Hazara sample.

Conclusion

The online survey was completed by a sample of young Hazaras with refugee backgrounds. The majority of these young people were living with their immediate family in Australia, they were generally well educated, had high levels of wellbeing and resilience and appeared to be adapting well to life in Australia. The path analysis model provided new evidence regarding the impact of several psychological variables on personal wellbeing: Acculturation, absence of trauma symptoms, resilience and spirituality. One demographic variable, presence of immediate family in Australia, was also related to personal wellbeing. The study provides a snapshot of a group of young refugees who have an absence of trauma symptoms and who demonstrate positive psychological adjustment to life in Australia.

References

Adam, Z., & Ward, C. (2016). Stress, religious coping and wellbeing in acculturating Muslims. *Journal of Muslim Mental Health, 10* (2), 3-26. http://dx.doi.org/10.3998/jmmh.10381607.0010.201

Australian Bureau of Statistics (2011). *2011 Census of Population and Housing,* TableBuilder. Findings based on use of ABS TableBuilder data.

Australian Government, Department of Immigration and Citizenship (2012). *Afghan community profile.* Retrieved from https://www.dss.gov.au/sites/default/files/files/settle/communityprogiles/community-profile-afghan_access.pdf

Australian Government, Department of Immigration and Citizenship (2014). *Community information summary Afghanistan-born.* Retrieved from https://www.dss.gov.au/sites/default/files/documents/02_2014/afghanistan.pdf

Bean, T. (2000). *Measuring the effects of traumatic stress on immigrant and refugee adolescents* (Unpublished master's thesis). Leiden University, the Netherlands.

Bean, T. (2006). *Assessing the psychological distress and mental healthcare needs of unaccompanied refugee minors in the Netherlands* (Doctoral dissertation, Leiden University). Retrieved from https://openaccess.leidenuniv.nl/bitstream/handle/1887/4921/Thesis.pdf?sequence=1

Bean, T., Derluyn, I., Eurelings-Bontekoe, E., Broekaert, E., & Spinhoven, P. (2006). Validation of the multiple language versions of the reactions of adolescents to traumatic stress questionnaire. *Journal of Traumatic Stress*, *19*(2), 241-255. doi: 10.1007/s10488-006-0046-2

Bean, T., Eurelings-Bontekoe, L., Derluyn, I., & Spinhoven, P. (2004). *Reactions of Adolescents to Traumatic Stress Questionnaire (RATS) User's Manual*. Retrieved from http://www.amadiagnostics.centrum45.nl/tools/en/manuals/enrats.pdf

Beiser M. (2009). Resettling refugees and safeguarding their mental health: Lessons learned from the Canadian Refugee Resettlement Project. *Transcultural Psychiatry, 46*(4), 539-583. doi: 10.1177/1363461509351373

Beiser, M., Puente-Duran, S., & Hou, F. (2015). Cultural distance and emotional problems among immigrant and refugee youth in Canada: Findings from the New Canadian Child and Youth Study (NCCYS). *International Journal of Intercultural Relations*, *49*, 33-45. doi: http://dx.doi.org/10.1016/j.ijintrel.2015.06.005

Berry, J. W. (2010). Intercultural relations and acculturation in the Pacific region. *Journal of Pacific Rim Psychology*, *4*(02), 95-102. doi: 10.1375/prp.4.2.95

Berry, J.W., Kim, U., Power, S., Young, M., & Bujaki, M. (1989). Acculturation attitudes in plural societies. *Applied Psychology: An International Review*, *38*(2), 185–206. http://doi.org/10.1111/j.1464-0597.1989.tb01208.x

Berry, J.W., Phinney, J.S., Sam, D.L., & Vedder, P. (2006). Immigrant youth: Acculturation, identity, and adaptation. *Applied Psychology: An International Review, 55*(3), 303-332. doi: 10.1111/j.1464-0597.2006.00256.x

Brough, M., Gorman, D., Ramirez, E., & Westoby, P. (2003). Young refugees talk about well-being: A Qualitative Analayis of refugee youth mental health from three states. *Australian Journal of Social Issues, 38*(2), 193-208.

Brown, S. L. (2014, June 16). Hazaras to celebrate freedom at Omagh festival. *ABC News*. Retrieved from http://www.abc.net.au/news/2014-06-16/omagh-celebrations/5526722

Chase, E. (2013). Security and subjective wellbeing: The experiences of unaccompanied young people seeking asylum in the UK. *Sociology of Health & Illness, 35*(6), 858-872. doi: 10.1111/j.1467-9566.2012.01541.x

Bronstein, I., Montgomery, P., & Dobrowolski, S. (2012). PTSD in asylum-seeking male adolescents from Afghanistan. *Journal of Traumatic Stress, 25,* 551-557. doi: 10.1002/jts.21740

Byrne, B.M. (1994). *Structural equation modeling with EQS and EQS/Windows*. Thousand Oaks, CA: Sage Publications.

Correa-Velez, I., Gifford, S.M., & McMichael, C. (2015). The persistence of predictors of wellbeing among refugee youth eight years after resettlement in Melbourne, Australia. *Social Science and Medicine*, *142*, 163–168. http://doi.org/10.1016/j.socscimed.2015.08.017

Centre for Multicultural Youth (2014). *Facilitating the transition to employment for refugee young people: A data update and review of recent literature with a focus on 'what works'?*. Retrieved from http://cmy.net.au/sites/default/files/publication-documents/Facilitating%20the%20Transition%20to%20Employment%202014.pdf

Crawford, E., Dougherty Wright, M.O., & Masten, A.S. (2006). Resilience and spirituality in youth. In E.C. Roehlkepartain, P.E. King, L. Wagener & P.L. Benson (Eds.), *The handbook of spiritual development in childhood and adolescence* (pp. 355-370). Thousand Oaks: SAGE Publications, Inc.

Davidson, G. R., Murray, K. E., & Schweitzer, R. (2008). Review of refugee mental health and wellbeing: Australian perspectives. *Australian Psychologist*, *43*(3), 160-174. doi: 10.1080/00050060802163041

Earnest, J., Mansi, R., Bayati, S., Earnest, J. A., & Thompson, S. C. (2015). Resettlement experiences and resilience in refugee youth in Perth, Western Australia. *BMC Research Notes*, *8*(1), 236. doi: 10.1186/s13104-015-1208-7

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet*, *379*(9812), 266-282. doi: 10.1016/S0140-6736(11)60051-2

Gifford, S., Correa-Velez, I., & Sampson, R. (2009). *Good Starts for recently arrived youth with refugee backgrounds: Promoting wellbeing in the first three years of settlement in Melbourne, Australia*.

Güngör, D., & Perdu, N. (2017). Resilience and acculturative pathways underlying psychological well-being of immigrant youth. *International Journal of Intercultural Relations*, *56*, 1-12. doi: 10.1016/j.ijintrel.2016.10.005

Harpviken, K.B. (1996) *Political Mobilization among the Hazara of Afghanistan: 1978-1992*. (Report number 9). Oslo, Department of Sociology and Human Geography, University of Oslo.

International Wellbeing Group (2013). Personal Wellbeing Index: 5th Edition. Melbourne: Australian Centre on Quality of Life, Deakin University (http://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/index.php).

Johns, A., Mansouri, F., & Lobo, M. (2015). Religiosity, citizenship and belonging: The everyday experiences of young Australian Muslims. *Journal of Muslim Minority Affairs*, *35*(2), 171-190. doi: 10.1080/13602004.2015.1046262

Keles, S., Friborg, O., Idsøe, T., Sirin, S., & Oppedal, B. (2016). Resilience and acculturation among unaccompanied refugee minors. *International Journal of Behavioural Development,* 1-2. doi: 10.1177/0165025416658136

Khawaja, N. G., Moisuc, O., & Ramirez, E. (2014). Developing an Acculturation and Resilience Scale for use with culturally and linguistically diverse populations. *Australian Psychologist*, *49*, 171–180.

Khawaja, N. G., White, K. M., Schweitzer, R., & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees: A qualitative approach. *Transcultural Psychiatry*, *45*(3), 489-512. doi: 10.1177/1363461508094678

MacCallum, R.C., Browne, M.W., & Sugawara, H.M. (1996). Power analysis and determination of sample size for covariance structure modeling. *Psychological Methods, 1*(2), 130-149. http://dx.doi.org/10.1037/1082-989X.1.2.130

Mackenzie, L., & Guntarik, O. (2015). Rites of passage : Experiences of transition for forced Hazara migrants and refugees in Australia. *Crossings: Journal of Migration & Culture*, *6*(1), 59–80. http://doi.org/10.1386/cjmc.6.1.59

Masten, A. S., & Obradović, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences*, *1094*(1), 13-27. doi: 10.1196/annals.1376.003

McGregor, L. S., Melvin, G. A., & Newman, L. K. (2015). Differential accounts of refugee and resettlement experiences in youth with high and low levels of posttraumatic stress disorder (PTSD) symptomatology: A mixed-methods investigation. *American Journal of Orthopsychiatry*, *85*(4), 371. doi: http://www.ncbi.nlm.nih.gov/pubmed/26167806

McMichael, C., Gifford, S.M., & Correa-Velez, I. (2011). Negotiating family, navigating resettlement: Family connectedness amongst resettled youth with refugee backgrounds living in Melbourne, Australia. *Journal of Youth Studies, 14*(2), 179-195. doi:10.1080/13676261.2010.506529

Monsutti, A. (2007). Migration as a rite of passage: Young Afghans building masculinity and adulthood in Iran. *Iranian Studies, 40*(2), 167-185. doi: 10.1080/00210860701276183

Montgomery. E. (2011, September). Trauma, exile and mental health in young refugees. *Acta Psychiatrica Scandinavica, 124*(440) (Suppl.), 1-46.

Mousavi, S.A. (1997). *The Hazaras of Afghanistan: An historical, cultural, economic and political study.* New York: NY: St Martin's Press.

National Statement on Ethical Conduct in Human Research 2007 (Updated March 2014). The National Health and Medical Research Council, the Australian Research Council and the Australian Vice-Chancellors' Committee. Commonwealth of Australia, Canberra.

Nguyen, A. M. D., & Benet-Martínez, V. (2013). Biculturalism and adjustment: A meta-analysis. *Journal of Cross-Cultural Psychology*, *44*(1), 122-159. doi: 10.1177/0022022111435097

Realmuto, G. M., Masten, A., Carole, L. F., Hubbard, J., Groteluschen, A., & Chhun, B. (1992). Adolescent survivors of massive childhood trauma in Cambodia: Life events and current symptoms. *Journal of Traumatic Stress*, *5*(4), 589-599. doi: 10.1007/BF00979227

Sam, D.L., & Berry, J.W. (2010). Acculturation: When individuals and groups of different cultural backgrounds meet. *Perspectives on Psychological Science*, *5*(4), 472–481. http://doi.org/10.1177/1745691610373075

Saroglou, V., & Mathijsen, F. (2007). Religion, multiple identities, and acculturation: A study of Muslim immigrants in Belgium. *Archive for the Psychology of Religion*, *29*(1), 177-198. doi: 10.1163/008467207X188757

Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: a narrative account. *Australian and New Zealand Journal of Psychiatry*, *41*(3), 282-288. doi: 10.1080/00048670601172780

Sleijpen, M., Boeije, H. R., Kleber, R. J., & Mooren, T. (2016). Between power and powerlessness: a meta-ethnography of sources of resilience in young refugees. *Ethnicity & Health*, *21*(2), 158-180. doi: 10.1080/13557858.2015.1044946

Sulaiman-Hill, C.M., & Thompson, S. C. (2010). Selecting instruments for assessing psychological wellbeing in Afghan and Kurdish refugee groups. *BMC Research Notes*, *3*, 237–236. http://doi.org/10.1186/1756-0500-3-237

Tilbury, F. (2007). "We are Family": The use of family tropes in Refugee/Advocate talk. *Social Identities*, *13*(5), 627–649. doi:10.1080/13504630701580316

UNHCR. (2015). *Global Trends: Forced Displacement in 2015.* Retrieved from http://www.unhcr.org/en-au/statistics/unhcrstats/576408cd7/unhcr-global-trends-2015.html

Ward, C. (2008). Thinking outside the Berry boxes: New perspectives on identity, acculturation and intercultural relations. *International Journal of Intercultural Relations*, *32*(2), 105-114. doi: 10.1016/j.ijintrel.2007.11.002

World Health Organization (1996) WHOQOL-BREF: Introduction, administration, scoring and generic version of the assessment. Geneva: Programme on Mental Health, WHO.

Ziaian, T., de Anstiss, H., Antoniou, G., Baghurst, P., & Sawyer, M. (2013). Emotional and behavioural problems among refugee children and adolescents living in South Australia. *Australian Psychologist*, *48*(2), 139-148. doi: 10.1111/j.1742-9544.2011.00050.x

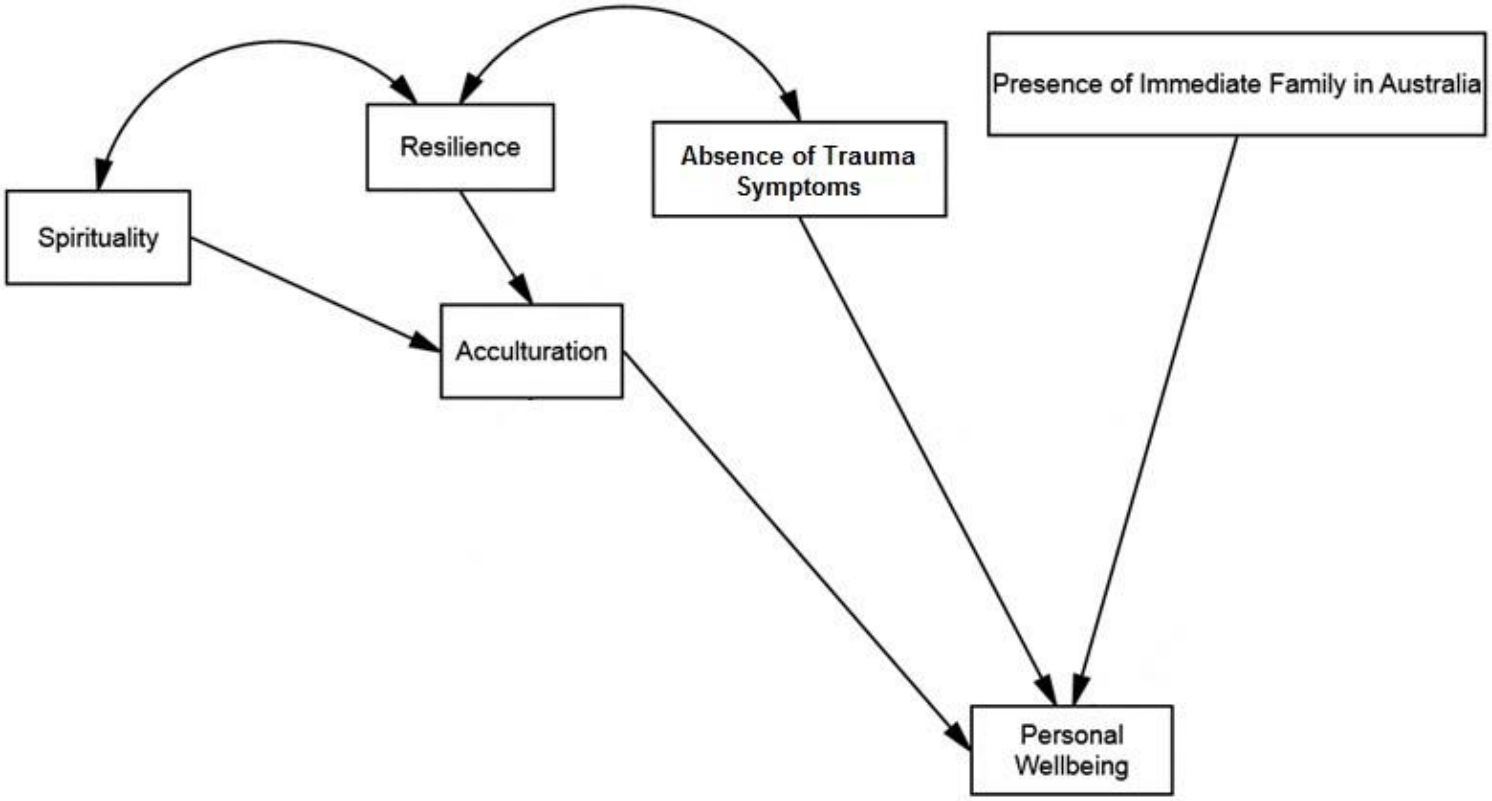


Figure 5.1. Conceptual model of predictors and a mediator of personal wellbeing for young Hazaras with refugee backgrounds in Australia

Table 5.1

Bivariate Correlations between Study Variables and Means, Standard Deviations and Cronbach's Alpha for Quantitative Measures for the Hazara Sample (N = 70)

Variable	1	2	3	4	5	6	7
1. Personal Wellbeing	-						
2. Acculturation	.60**	-					
3. Resilience	.58**	.70**	-				
4. Spirituality	.36**	.49**	.34**	-			
5. Absence of Trauma Symptoms	.36**	.20	.41**	.15	-		
6. Presence of Immediate Family in Australia	.25*	.03	.25*	.01	.22	-	
7. Age	-.07	-.01	-.07	-.20	-.19	-.29*	-
M	3.89	4.61	3.90	3.72	3.40	21.56	0.70
SD	0.77	0.59	0.61	0.96	0.76	4.29	0.46

Note. Personal Wellbeing = Total score from the Personal Wellbeing-Index Adult; Acculturation, Resilience and Spirituality = subscales from the Acculturation and Resilience Scale; Absence of Trauma Symptoms = Total score from the Reactions of Adolescents to Traumatic Stress Questionnaire.

* $p < .05$ ** $p < .01$

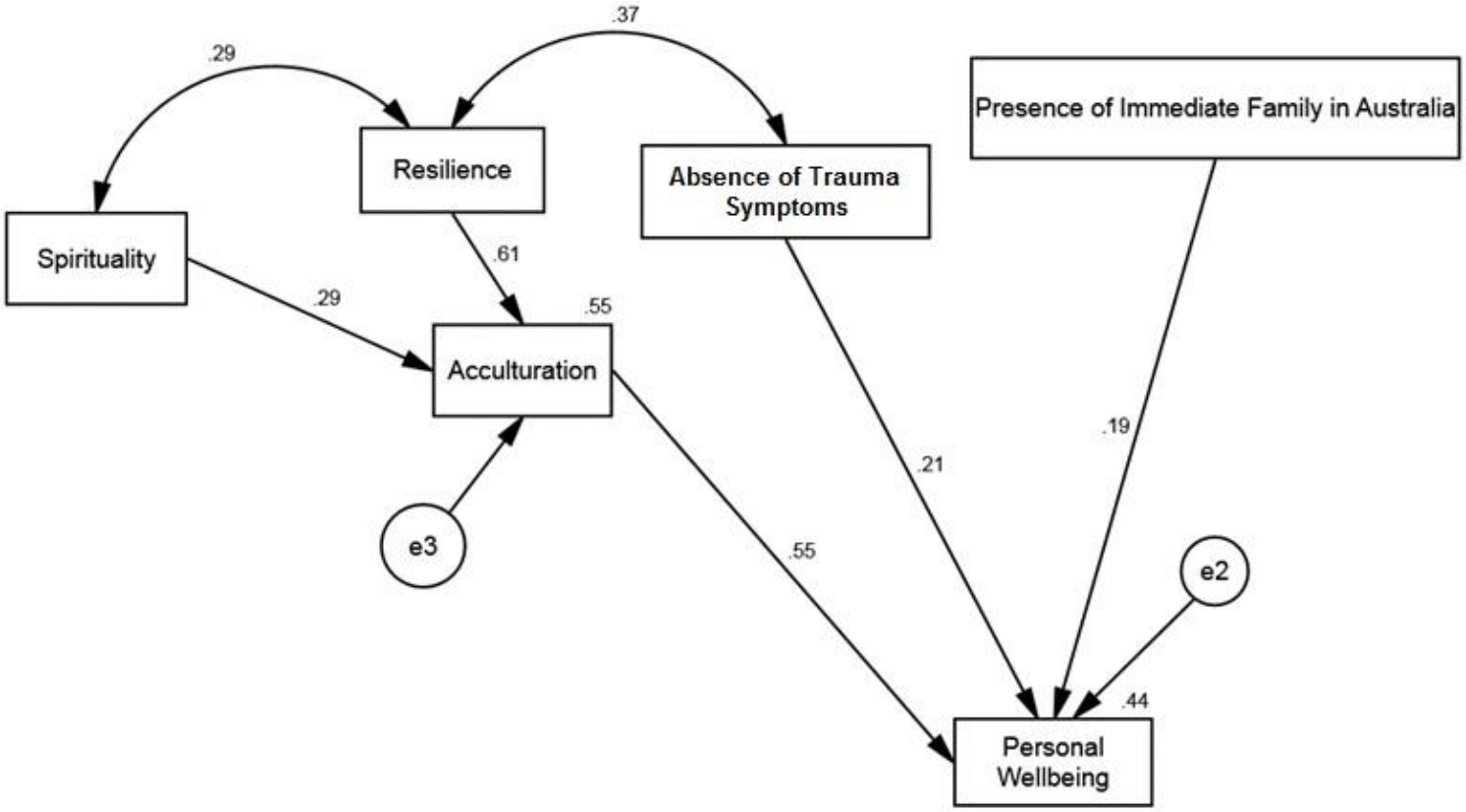


Figure 5.2. Final model of predictors and a mediator of personal wellbeing for young Hazaras with refugee backgrounds in Australia

Chapter 6: An Exploration of the Adaptation and Development after Persecution (ADAPT) Model with Young Adult Hazaras from Refugee Backgrounds in Australia

Original Paper
Under Review at *Transcultural Psychiatry* (submitted 5th March 2018)
Double-blind Manuscript

Copolov, Carly (Department of Psychological Sciences; School of Health Sciences; Faculty of Health, Arts and Design; Swinburne University of Technology; cscopolov@swin.edu.au)

Knowles, Ann (Department of Psychological Sciences; School of Health Sciences; Faculty of Health, Arts and Design; Swinburne University of Technology; aknowles@swin.edu.au)

Correspondence should be addressed to Associate Professor Ann Knowles; Department of Psychological Sciences, School of Health Sciences, Faculty of Health, Arts and Design, Swinburne University of Technology; John Street; Hawthorn, Victoria; 3122, Australia (email: aknowles@swin.edu.au; Tel: +61 3 9214 8205).

Word count: 7,495

Please note that I have made small alterations to this Paper for thesis presentation. These changes were limited to the formatting of margins and line spacing. As no other changes were made, the referencing style and language requested by *Transcultural Psychiatry* were retained.

Abstract

Silove's (1999) Adaptation and Development after Persecution and Trauma (ADAPT) model and Erickson's (1968) psychosocial model are used to understand the resettlement experiences and adaptation of young Hazaras from refugee backgrounds. Despite Australia having an emerging population of young adult Hazaras who arrived on humanitarian visas or are of a refugee background, few studies have documented their settlement experiences and psychosocial development. Eighteen Hazaras of refugee background, 9 males and 9 females aged 18-30 years (M = 22.39, SD = 3.35) who had been living in Australia on average 7.17 years (range 1 to 16 years), participated in a semi-structured interview based on the ADAPT model. Results demonstrated the usefulness of the ADAPT model as a framework for understanding these young people's settlement experiences in a high income urban environment. Family, friend and teacher attachments were important for their adaptation, implying that there should be a focus on promoting social networks and positive adaptation for these young people. Results were also interpreted using Erikson's psychosocial stages for adolescence and young adulthood. Findings supported the idea that while the young people were more focused on their future than their past, until the psychosocial stage for adolescence is achieved unresolved issues may continue well into young adulthood. Analyses also threw new light on gender differences in the young Hazaras' adaptive systems and psychosocial development. Future research recommendations are made to enable the development of individualised approaches that better foster positive adaptation and psychosocial development.

Key words: adaptation, psychosocial development, qualitative, refugees, young adults

Acknowledgements. Thank you to Professor Sandra Gifford for your contributions to the manuscript.

Each year vast numbers of people are forced to flee their countries for safety because of ongoing conflicts, persecution and human rights violations. In 2015, 65 million people were forcibly displaced worldwide including more than 40 million internally displaced persons, 21 million refugees and 3 million asylum seekers (UNHCR, 2015). However, less than 1% of the world's refugees are ever resettled (UNHCR, 2018). Of those forcibly displaced, 2.7 million have fled from Afghanistan, many to high income countries such as the United States of America, Canada, Australia and Norway (UNHCR, 2015). Despite Australia having an emerging population of young adult Hazaras who have arrived on humanitarian visas or are of a refugee background (Australian Government, Department of Immigration and Citizenship, 2014), they remain under studied. One study (Copolov, Knowles, & Meyer, 2017) has investigated the characteristics and experiences of the Hazaras and reported predictors of wellbeing for a sample of young adult Hazaras in Australia.

Harrowing experiences of forced migration and the resettlement process mean refugees are vulnerable to the development of mental health conditions such as post-traumatic stress disorder, major depression and anxiety (Schweitzer, Melville, Steel, & Lacherez, 2006; Turrini et al., 2017). However young refugees' mental health challenges can be reduced if they experience a stable environment and social support in their new country (Earnest, Mansi, Bayati, Earnest, & Thompson, 2015; Fazel, Reed, Panter-Brick, & Stein, 2012).

Silove (1999) proposed a conceptual framework which aimed to identify core adaptive processes which may be threatened by the experience of war or mass human rights violations. His Adaptation and Development after Persecution and Trauma (ADAPT) model (Silove, 1999) argues that refugees may experience disrupted "adaptive systems" and identifies five such systems: safety and security (*Safety System*); maintenance of interpersonal bonds and wider social supports (*Attachment System*);

effective mechanisms for administering justice (*Justice System*); capacity to re-establish meaningful roles and uphold identity (*Identity/Role System*); and ability to make meaning of one's life (*Existential Meaning System*). Silove (2013) suggested that these adaptive systems could be repaired by the implementation of policies and practices in the settlement country aimed at restoring mental health and promoting recovery. Silove's ADAPT model can be used to study the adaptation of refugee young people in the settlement country. Another model which can be used to study adaptation for refugee youth is Erikson's (1968) psychosocial stages.

Erikson's (1968) psychosocial model was developed to study youth and provides a developmental context which may aid understanding of adaptation for refugees settling in their new country (e.g., Nakeyar, Esses, & Reid, 2018). Erikson argued that individuals must successfully resolve psychosocial crises during each developmental stage, from infancy to adulthood, otherwise they may develop an unhealthy personality and sense of self (Erikson, 1968). For example, Erikson (1968) argued that adolescents need to focus on their future and develop their identity in terms of occupational and educational roles (identity versus role confusion) and young adults need to forge strong relationships with family and friends while establishing lasting intimate relationships (intimacy versus isolation). These developmental stages may have relevance to young refugees in their new country as because of resettlement disruptions they may remain in school into young adulthood (McMichael, Gifford, & Correa-Velez, 2011), potentially delaying their progression through Erikson's psychosocial stages.

A recent Australian study applied Silove's (1999) Australian ADAPT model and Erikson's (1968) psychosocial stages to the experiences of refugee adolescents (McGregor, Melvin, & Newman, 2016). Based on the ADAPT model, McGregor, Melvin, and Newman (2014) developed a semi-structured interview schedule, the Youth Experience Scale for

Refugees (YES-R), to explore adolescent refugees' adaptive processes. McGregor et al. (2016) then tested the applicability of the YES-R with adolescent refugees in Australia from varied backgrounds and found it provided a useful framework to conceptualise their settlement experiences. McGregor et al. (2016) also investigated whether their sample demonstrated Erikson's (1968) psychosocial stage for adolescence (identity versus role confusion).

Only a small minority of displaced persons ever achieve permanent settlement in high income, urbanised countries such as Australia (UNHCR, 2018). Thus, the aim of this study was to test how accurately Silove's ADAPT model and Erikson's developmental stages depict the particularities of life for a sample of young adult Hazaras of refugee backgrounds who have resettled in an environment that offers relative safety and opportunities.

Study Goals

The present study partially replicated McGregor et al.'s (2016) study using the methodology and YES-R interview schedule (McGregor et al., 2014) they developed from Silove's (1999) ADAPT model. The current study aimed to explore the applicability of the ADAPT model to young adult Hazaras' settlement experiences in Australia. It also aimed to explore whether Erikson's (1968) psychosocial stages for adolescence and young adulthood were reflected in the experiences of this young adult sample from refugee backgrounds.

Method

This is a qualitative interview-based study of young adult Hazara refugees' adaptation experiences in Australia. Ethics approval was obtained from a university Human Research Ethics Committee. Senior members of the Hazara community were involved in various phases of the research process to ensure culturally sensitive approaches, as suggested by Alemi, James, Cruz, Zepeda, and Racadio (2014).

Participants

Participants self-identified as being from a refugee background and were living in three Australian cities: Perth (n = 9), Melbourne (n = 8) and Sydney (n = 1). They were aged 18 to 30 years (M = 22.39, SD = 3.35), had been living in Australia on average 7.17 years (range 1 - 16 years), were born in either Afghanistan or Pakistan, and identified as Shi'a Muslims. Nine participants were sponsored to Australia by their father or brother through family reunion, eight arrived in Australia as asylum seekers prior to the government's policy changes towards processing and resettling asylum seekers offshore (see Australian Human Rights Commission, n.d.), and one arrived with refugee status. Seven men and one woman had spent time in a detention centre or camp. The men all came to Australia unaccompanied by family and all the women in the study came with their families. Fifteen participants had completed high school, 9 were currently studying at university and 1 had completed a university degree. Twelve participants were employed, 5 were not working because they were studying, and 1 man was unemployed and looking for work. Three men and one woman were married.

Inclusion criteria for all participants comprised: (a) Hazara ethnicity; (b) between 18 - 30 years of age; (c) residing in Australia; (d) sufficient English capabilities; (e) access to telephone or Skype; (f) consent for their interview to be audio-recorded and transcribed. To maximise participation and following suggestions from leaders in the Hazara community, the age range of 18 - 30 years was selected for the current study. Data were collected between December 2015 and January 2016.

Materials

Respondents participated in a qualitative semi-structured interview schedule, the YES-R (McGregor et al., 2014). The YES-R consists of questions reflecting the five major adaptation systems outlined in the ADAPT model (Silove, 1999, 2013): *Safety System*; "Do you feel safe in

Australia; do you feel safer in Australia compared to at home?", *Attachment* S*ystem*; "Who are people that provide you with support in Australia?", *Justice System*; "How do you think about what happened to you and your family at home and in your journey to Australia?", *Identity/Role System*; "What are your goals for the future?", and *Existential Meaning Systems*; "Do you think that holding religious beliefs has helped you deal with things both in your journey here and in Australia?". Although interview schedule topics were included in all interviews, the order in which they were discussed varied according to the participant's train of thought (Bryman, 2015).

Procedure

Seventy young Hazaras of refugee backgrounds completed an anonymous online survey (see Copolov et al., 2017) and at the conclusion of this survey respondents could express interest in participating in follow up semi-structured interviews. Twenty-two young Hazaras (13 males; 9 females) gave their contact information and the first author attempted to arrange interviews with each of them. Three male participants were not contactable and one male participant's lack of English proficiency deemed him ineligible to participate, resulting in a final sample of 18 young Hazaras (9 males; 9 females aged 18 – 30 years).

Respondents participated in the YES-R (McGregor et al., 2014) interview schedule and were given full information about their rights as research participants in English. A visa gift card was provided as an appreciation gift after participation. Interviews were conducted by the lead author via Skype or telephone depending on the interviewee's choice, lasted between 60 - 90 minutes, and were audio recorded where participants gave written or verbal consent to do so. Gaining informed consent in a non-intrusive manner (i.e., verbally) is suggested as best practice with Afghan refugees (Smith, 2009).

Data Analysis

Audiotaped interviews were transcribed verbatim by the lead author. NVivo software (Version 10) was used for data management and coding of the data set. Data were analysed using deductive thematic analysis based on the ADAPT model, including an inductive component based on participants' unprompted responses (Braun & Clarke, 2006, 2013). Consultation with community leaders made it clear that it was culturally inappropriate to identify participants by pseudonyms. Instead, respondents were assigned labels of male respondent (MR) 1-9 and female respondent (FR) 1-9 including their corresponding ages.

Thematic analysis was conducted in stages based on Braun and Clarke's (2006) step-by-step guide. After familiarisation with the dataset, initial codes were generated as they related to the ADAPT model. The coded information was then collated and organised into potential themes and subthemes based on similarities between groups of codes and in accordance with the ADAPT model, generating a thematic 'map' of the analysis. Ongoing refinements were made to the names and definitions of themes and subthemes and a final review was conducted in relation to the overall story the analysis told. Consensus on the themes and subthemes was reached via discussion with colleagues (Olszewski, Macey, & Lindstrom, 2006).

Results

Applicability of the ADAPT Model

The following sections detail the results of the thematic analysis based on each of the five adaptive systems of the ADAPT model. As Silove (2013) recommends, "for clarity, the five psychosocial pillars of the ADAPT model are described independently, although in reality they form interdependent components of the foundations needed to restore stability to conflict affected societies" (p. 244). The sample was relatively homogenous due to shared cultural and religious views and practices. Results showed

general agreement between men and women's responses, where men and women's responses were different these gender differences are identified in the results.

Safety

All respondents felt safer in Australia than in their previous country, however they worried about the safety of family members left behind. Unaccompanied men were distressed about the ongoing safety of their families in their homeland because they were unable to protect them from harm. For instance, MR3 (23 years) stated, "Like it's stressful because I'm just thinking what's going to happen to them [family]? It's still Pakistan, it is not safe and everyday there are attacks happening".

Participants reported feeling most secure when attending school in Australia. MR9 (25 years) said, "To be honest with you, I loved schooling life it was the best time of my life. I am 25; I can say that school life was the best life for me". Participants said multicultural schools were particularly supportive. FR8 (19 years) said:

> When you are living in a very multicultural suburb and you are going to a multicultural school, it is very different to going to a school where there is very little people from other cultures. When we moved from one city to another city it was a totally different world for me and school was 10 times more difficult.

Availability of relevant services also contributed to the young people's sense of security in Australia. Respondents lived in three Australian cities and those who said they lived in a "multicultural city" felt more secure about their future because they found help that guided their decisions. MR9 (25 years) said:

> In Melbourne there are opportunities, there are learning centres, there are other refugees, and there are communities that can guide you somewhere.

In contrast, the young people who lived separately from a Hazara community said they and their families felt isolated and lacked social supports or resources to aid recovery.

Respondents reported that experiences of discrimination made them feel intimated or unsafe in Australia. Seven women wore headscarves and they all described at least one discrimination experience, unlike the two women not wearing headscarves. FR4 (19 years) said:

> Because of recent events, I honestly don't feel safe sometimes because being a visibly Muslim person with a scarf on her head I do feel threatened sometimes. I have been intimidated and verbally abused by people and it just sort of seems like there is no end in sight, this discrimination against ordinary Muslim people. It is really disheartening because these things that happen sometimes, they make me feel like I don't belong, it discourages me from saying this is my home.

These women discussed how they and their families responded to these discrimination experiences. FR4 (19 years) took control of the situation by challenging her thoughts as she stated, “I'm like hey, who the hell are these people to make me feel this way and if I do feel this way, it's sort of like they win, and I don't want to let them win”. Some women said their parents became stricter due to these safety concerns, as described by FR2 (22 years):

> There was no problem whatsoever but then the TV started portraying Muslims as bad, and terrorists after September 11. Now if you drive past some people just put their fingers up at you. There are cases where a friend of mine got her scarf pulled off in Melbourne. Now mum and dad are more strict about us going out…For women especially because we are wearing the whole outfit with our headscarves compared to the men, they are just a normal typical guy going out.

Attachment

Family attachment relationships. When asked what they missed most about their homeland, almost all respondents said family members they had left behind. Five men were separated from their immediate family whereas all the women had their immediate family in Australia. MR7 (24 years) was the only man with all his immediate family in Australia and he felt like "one of the very fortunate ones"; the other unaccompanied men all reported feeling "stressed" because of this separation. They also described the difficulties of having to make decisions without their families' guidance. A few of these men maintained attachments with their family overseas through technology, for example, MR8 (25 years) described receiving emotional support from his mother through his mobile phone. In comparison, the men and women who had family in Australia said they found it easier to settle because their family members had employment and accommodation and were involved with the Hazara community. MR2 (24 years) said: "We were a bit settled because my brother was already here so when we arrived, he got a job and within three or four months I got a job. We rented a house and then later on we bought a house".

The women responded differently from men about family relationships. When asked: "Do you worry about any of your friends or family that are living in Australia?" most women were worried about their mothers' lack of proficiency in English, which was not mentioned for their fathers as they had developed English proficiency through work. Women said this meant their mothers had difficulty engaging with the wider Australian society and felt a reduced sense of belonging. FR1 (18 years) said:

> I'm not worried about any of my friends or family, other than my mum. I think my mum is struggling because of the language. She's trying to get her citizenship but it's very hard for her because she can't read or write.

Five of the women reported family conflict as their parents had a "traditional mindset" and did not allow them to participate in extra-curricular activities or to leave the family home other than for work or education. They felt frustrated because this meant they were unable to fully participate in Australian society. FR4 (19 years) said:

> I don't really go out with friends much, outside of university because it's just that traditional mentality that comes into play. I mean it's not the case for all Hazaras' family but certainly in my family where you shouldn't be outside for no reason other than you know if you go down to the shops or if you have an appointment somewhere or if you're at university.

In contrast, four of the women described their parents as not having a traditional mindset in Australia. They discussed having more freedoms and being able to participate in society more, as FR2 (22 years) explained:

> My parents are now way more open minded… They were open minded, but I think they have become more open now. They were never into giving your daughters young [to get married] but like here at the beginning they wouldn't let me go out a lot but now it's like "now you can go".

Peer attachment relationships. Men and women believed it was important to make non-Afghan friends in Australia to help them "integrate" into Australian society. FR5 (20 years) explained:

> At the beginning it [making friends] was very difficult, I couldn't speak English, but my friends were mainly people from my background so mainly Hazaras, which were living in my town but slowly, I integrated, I got friends from other cultures.

Unaccompanied men described the importance of having the support of friends like themselves with whom they could share the experiences and challenges of being alone. As MR4 (30 years) explained, "If I didn't contact them [friends], I am home and having a headache and maybe I will get sick.

Most of my friends living here are saying come on we want to play soccer or go to gym or swimming". Five respondents received emotional support from their peers in Australia and overseas through technology, as described by MR4 (30 years):

> You know, in Australia if we didn't meet, we will say, "Oh, you didn't talk, why didn't you call me?" In here we have do you know Facebook? There is contact everywhere… Some of my friends are living in Europe and they are in contact with me saying, "What about your life in Australia?"

Eight of the women discussed the difficulties of making friends during their teenage years and the cultural expectations of their parents. Three women described becoming more "Western" to make friends, and the conflict this caused with their parents. For example, FR9 (22 years) said she embraced "Western culture" during high school because she did not have a Muslim friend. She said only when she had made a close friend who was Muslim was, she able to enjoy the life her family lived:

> I was moving away from my family and I was embracing the Western culture more and I wanted to be like that because the friends I had some lived in a Western World and I think that influenced me a lot and I did not want to be how my family wanted me to live.

Extended attachment relationships. Men and women described the importance of receiving social support from teachers. Seven men had spent time in detention and their teachers had taught them English and explained Australian culture to them. As MR4 (30 years) explained:

> When I came to Australia and I see it is a new country and new people we don't know about the language, we don't know about the people and how we should start the new life here and in detention

centre we have teachers and the teachers were learning us something about Australia.

The women on the other hand, discussed the support they received from teachers at school. FR6 (24 years) described how her teacher helped her to learn English and make friends:

> When I used to sit with Aussie students, they used to talk about sports like rugby, footy and I didn't know anything about those. I was like “what are they talking about?” My teacher used to tell me don't sit with people from your background, if you sit with them you will not improve, go sit with the people who is different from you and who speak different from your language and that way you can improve, that way you can learn.

Justice

When asked, “What do you hope for [country of origin] for the future?” all the young people wanted to see an end to persecution against Hazaras. MR4 (30 years) described how attacks against his family in the past still affected him today:

> My father and my mother they were saying to me “you cannot go in Afghanistan” because my grandmother and my grandfather was dead in Afghanistan. After few years my uncle said “maybe it is the time we should go and get my own house and everything we lost” but we won't find because the government has now started the new policy and my uncle went and I didn't saw the dead body and I didn't see nothing from my uncle.

Without prompting, five unaccompanied men described how changes to the Australian family reunion policy made them feel disappointed and confused, because now it is difficult for them to sponsor their family to Australia. MR6 (27 years) said:

> I know a couple of people who come to Australia in 2010, 2011 and they still have Bridging Visa and some of them they have but they

> are not allowed to bring their family or sponsor their family to bring them to Australia. I don't know what's the meaning of human being or you know? I never believed a human can do this with other human and that is unfortunately how the government is being with refugees with asylum seekers.

In addition, without prompting, three men and five women described the negative impact of the media and politics linking certain groups to extremist attacks. MR3 (23 years) described the importance of education to counter this commentary:

> Everyone is like listening to the media, the media is doing wrong things, they are showing, and it's horrible and really dangerous. The thing is we need to educate the people and tell the public it's not the way they are thinking.

Roles and Identities

It was evident that this topic was important to the participants, as they had spent time thinking about their roles and identities in Australia.

Roles within the family. Analyses revealed that in Australia men's traditional gender roles continued. There was a strong expectation that they financially support family in the home country which affected their identity development by narrowing occupational and educational choices. Only one male participant did not comment on the restrictions of being financially responsible for his family, instead he talked about his freedom to study a degree he was passionate about and to do work he enjoyed. A more common experience was that of MR8 (25 years) who said:

> I just got a job in a meat factory and that was quick and that's not what I was looking for at the moment, but I got it… I want a job which I can enjoy and which I can learn some skills….

In contrast, gender roles expanded for the women, stimulating identity development. This could even be promoted by their parents' lack of

proficiency in English. Women said that once they could communicate in English they helped interpret for their families, which helped their adaptation in Australia. FR5 (20 years) explained these changes to traditional gender roles:

> For me it was as if I was taking baby steps again, being socialised back to a different community. When you are born your parents say, "This is that, that's a chair, this is how everything works". I think when I came here it was the same again but this time my mum didn't know those kinds of stuff, so it was new for her as well.

Opportunities. All participants talked about having more education and employment opportunities in Australia than in their homeland, and they put pressure on themselves to work hard to ensure a successful future. Women particularly appreciated their new education and employment opportunities. FR4 (19 years) explained what the women's lives would have been like in their homeland: "In Afghanistan, um the men would go out, work and the women stay home, cook, and clean that was the role of a women". They said that accessing these opportunities went against what was traditionally acceptable for young Hazara women, sometimes resulting in family conflict. For FR5 (20 years), explaining why she wanted to pursue these "out of the home" opportunities were crucial for reducing family conflict:

> I think I was a little bit rebellious when I was in high school and um yeah, I wanted to be outside more I didn't want them [parents] to say, "Where are you or why are you going there? Why are you wearing this, why are you wearing that?" But over time we communicated now I understand their point of view and they understand my point of view so now there's a level of trust and independence, so they have realised I am not a typical girl, and also, they support me with my education and activism.

Identity and discrimination. Some participants described experiencing discrimination, either because they were identified as Muslim or due to their lack of proficiency in English. Four of the men described experiencing discrimination at work and at university. MR3 (23 years) said discrimination led to a reduced sense of belonging:

> Sometimes I'm feeling like I'm being discriminated and sometimes I'm feeling really alone because the thing is in office... One of the guys was saying that, "Oh you are Muslim, you are doing this sort of thing, you guys are taking like a lot of our jobs and you guys are coming here and you are doing that, you are selling drugs there, or you are doing this sort of things".

Some women said that women who wore headscarves experienced because they were easily identified. FR1 (18 years) said people associated her headscarf with an inability to speak English:

> People do underestimate you they might think I'm less able than they are because of my scarf they probably think I can't speak English properly especially at university. You always feel like you are trying to prove yourself, but you know you are as good as they are... In my classes, usually I'm the only Muslim there and I'm wearing the scarf so it's very difficult.

Hybrid identities. Silove (2013) introduced the concept hybrid identity in his ADAPT model. He defined it as blending elements of the homeland and adopted culture and said that people with refugee backgrounds had risen to prominent positions in societies by adopting hybrid identities. This emerged as a subtheme in the current study, MR7 (24 years) said:

> If you ask a person, 'How do you feel about Australian society?' They straight away have the feeling of like detaching themselves where they are two different people. They say 'I'm outside

> Australian society' but I think it's very important, for refugees in particular, to know you are part of the society now. You have to take part in it.

Without prompting, FR5 (20 years) described the concept of hybrid identity explicitly by explaining the difficulties of having the freedom to express her Hazara identity without being persecuted, while at the same time wanting to adopt an Australian identity:

> I think a lot of young people who migrate here do struggle with their hybrid identity. Our blood has been shed because we are Hazaras and we have been persecuted for a long time and now, we are in this country and we have our rights recognised. So, for me it is important to both embrace my identity as a Hazara but at the same time be inside this community.

Existential Meaning

Religious values. Most men interviewed did not reflect on their faith-based beliefs and only mentioned religious practices in connection with holy festivals, whereas five women described their continued, and in many cases, strong religious beliefs. For these women, faith provided meaning and direction to their lives. Alternatively, one man and four women said they were questioning their religious values. MR7 (24 years) said:

> I was born in a Muslim family but throughout the course of time, I've changed my religion within myself at least 10 times. Once I was an Atheist, then I became an Agnostic then I was like if you are an Agnostic and you believe in one God maybe different religions have different ways people worship and that means every religion may be true.

Further, these five respondents believed that Hazaras who came to Australia needed to be more "open" with their faith-based beliefs to adapt to a secular society, as explained by one of the women, FR8 (19 years):

> You know you want people who are open; you want Afghans to be open in Australia. You want people to be moderate in their ideas, but I mean to me there is no point if you come from Afghanistan if you are not willing to change who you are. If you are not coming here to change, you might as well be living in Afghanistan or Pakistan…

Cultural values. Without being prompted, five respondents said they believed it was important to separate religious and cultural values to adapt in Australia. FR1 (18 years) explained: "I mean, it's important to not associate culture with religion anymore when you come here you know it starts to mean different things". Participants' meaning, and value systems appeared to have been influenced by how much of their cultural values they maintained, and how much they changed in Australia, as described by MR2 (24 years):

> Hazaras who lived in Australia for decades we find it a bit easier we are fully aware of each other's culture, we are fully aware of how to interact with them. But at the beginning, we faced some changes about how to interact with other people.

A few women described questioning cultural views and practices with elders in their communities and the tensions this caused. FR5 (20 years) said:

> When you start talking about the role of men and women or women's rights, not all of them, most of the people see it as an attack against tradition and culture whereas I think culture is very fluid and it could change and that we should keep the positive parts of our culture. When I spoke out really openly about that kind of stuff, they would say that, 'Maybe I should restrict myself a little' because they might think of our family a little differently or think 'Why is she erratic?'

Further, FR5 described multiculturalism as key to feeling a strong sense of meaning in Australia, and she believed that the way to reduce tensions with elders was through communication:

> I believe in the strength of talking, in the strength of dialogue and I think that everyone should be very understanding of other people's opinions without seeing it as an attack against themselves. We all need to communicate, and it doesn't have to be destructive, I can agree with you and you can disagree with me, but we can still live together.

Discussion

This study explored whether Silove's (1999) Adaptation and Development after Persecution and Trauma (ADAPT) model and Erikson's (1968) psychosocial stages of development were reflected in the settlement experiences of young adult Hazaras from refugee backgrounds living in the high income, urban environment of Australia. Results supported the usefulness of the ADAPT model and psychosocial stages for conceptualising the sample's settlement experiences, with notable gender differences emerging. The findings also indicate the need to apply the ADAPT pillars flexibly in each population. Silove's (1999, 2013) Safety System focusses on the need to address premigratory traumas and resettlement experiences for successful adaptation. Due to ethical concerns we did not include direct questions about premigratory trauma (see also McGregor et al., 2016), and participants did not raise these experiences. However, they did recount several other safety concerns, unlike McGregor et al.'s (2016) adolescent sample. Our participants feared for family in their home country. Also, while McGregor et al. found only a minority of adolescent participants raised racism and discrimination as a safety concern, the majority of our young adult participants linked experiences of discrimination to feeling unsafe in Australia.

Our results showed the interdependence of the ADAPT systems (Silove, 2013). For example, the interconnectedness of the Safety and Attachment Systems was illustrated by unaccompanied men reporting family separation as their biggest concern and also reporting more

adjustment problems compared to participants with immediate family in Australia. These unaccompanied men could be at risk of failing Erikson's (1968) psychosocial stage for young adulthood (intimacy versus isolation) compared to accompanied men and women who were protected and supported by the presence of family. Several of these men were buffered from this isolation by using social media to maintain connections with family overseas, supporting findings with Karen Burmese youth in Australia (Gifford & Wilding, 2013).

The interrelatedness of the Safety and Justice Systems was illustrated by respondents' perception that unfair and negative media portrayals of Muslims contributed to misunderstandings and hostility in the Australian public (Rodríguez-Jiménez & Gifford, 2010). Silove (2013) argued that refugees who experience discrimination after settlement may lack a sense of belonging and have difficulties re-establishing a coherent sense of identity. Our results supported this, as experiences of discrimination aroused safety and justice concerns and contributed to a conflicted sense of identity and isolation, weakening adaptation to Australian society. This is similar to findings with Danish Middle Eastern refugees indicating a relationship between discrimination, mental health problems and social adaptation (Montgomery & Foldspang, 2008).

Similar to McGregor et al.'s (2016) findings, Silove's (1999) Attachment System generated the most discussion by participants. These young adult Hazaras emphasised the importance of having strong bonds with family, friends and teachers, supporting the salience of Erikson's (1968) stage for young adulthood (intimacy versus isolation). Silove identified the need for refugees to be reunited with families and re-establish pre-existing interpersonal bonds in the settlement country, especially unaccompanied minors for whom social isolation may heighten grief reactions (Silove, 2013).

In accord with Erikson's (1968) developmental stage for young adulthood (intimacy versus isolation), and supporting Silove's emphasis on the Attachment System, attachments to both Afghan and Australian born friends were a key social support for the young people and contributed positively to their wellbeing. While Afghan friends enabled sharing cultural experiences, participants understood the importance of making non-Afghan friends to aid integration into Australian society. This supports research that suggests young immigrants and refugees who retain their cultural heritage while participating in the new society may have more positive adaptation to their new country (Beiser, Puente-Duran, & Hou, 2015; Khawaja, Moisuc, & Ramirez, 2014; McGregor et al., 2016; Sam & Berry, 2010).

Attachment to teachers played a critical role in the young adults' positive adaptation to Australia. Their schooling had frequently been disrupted and teachers helped prepare them for their new country, enabling them to take up the opportunities offered in Australia, and to identify mental health and wellbeing issues (see also, Khawaja, Allan, & Schweitzer, 2017; Mazzer & Rickwood, 2014). Pastoor (2015) also found that young Norwegian refugees identified teachers as being a crucial support during settlement, suggesting that refugee students' positive adaptation to their new country could be enhanced by providing teachers with resources and support.

The main gender difference found for the Attachment System related to family attachments. Most of the young Hazara women experienced more parental control over their activities in Australia than the men, similar to Australian research with refugee adolescent women (Iqbal et al., 2012; McMichael et al., 2011). However, four of the Hazara women sampled described experiencing fewer parental restrictions as their parents did not maintain their traditional mindset in Australia. This meant more freedom to participate in employment and education rather than early marriage and

child bearing, so these women felt they had better adapted to Australian society.

Silove's (1999, 2013) Justice System emerged as a strong concern for the sample, which McGregor et al.'s (2016) study did not find with their refugee adolescent sample. Erikson (1968) said that adolescents in the psychosocial stage of identity versus role confusion may experiment with different lifestyles and become interested in political activities. In accord with the ADAPT Justice System, some participants expressed concern about ongoing persecution of Hazaras overseas, Australian family reunion policy changes, and negative media and political portrayals of minority groups in Australia. In contrast, McGregor et al.'s adolescent refugee sample did not report threats to their Justice System. Eight participants in the current study had arrived in Australia classified as asylum seekers and had spent time in detention centres, their sense of justice may have been engaged through this experience.

The young adult Hazaras thought deeply about their identity and roles in Australia. Silove (1999, 2013) proposed that refugees and torture survivors may have a threatened sense of identity and self-concept due to time spent in refugee camp detention centres, or from living as an asylum seeker in societies that are not welcoming. These conditions may affect the person's ability to re-establish their identity and the uptake of meaningful, positive roles in the new country (Silove, 2013).

A major gender difference found for the Identity and Roles System related to identity development. Most of the young adult Hazara men described interrupted identity development as their roles in Australia narrowed because financial responsibilities to their families overseas disrupted their education. This supports the applicability of Erikson's (1968) adolescence and young adulthood psychosocial stages to these young men because their disrupted schooling meant some remained in school into young adulthood. Others had to put their education on hold and take any job

they could to support their family, suggesting they were unable to successfully resolve Erikson's stage for adolescence (identity versus role confusion). As each psychosocial stage contributes to the next (Erikson, 1968), this inability to resolve this stage means these men are at risk of developing a poor sense of self and have difficulties forming intimate relationships during young adulthood. This also supports Silove's (2013) suggestion about identity confusion, as these men expressed role confusion and psychological difficulties due to being unable to pursue their preferred employment or educational roles. Silove (2013) proposes that education and employment opportunities should be accessible to refugees, so they can develop appropriate new roles and identities in the settlement country.

Unlike the young Hazara men, the young Hazara women's gender roles had typically expanded in Australia. As in McGregor et al.'s (2016) adolescent refugee sample, the young women sampled generally described having a strong positive sense of identity. This may be because with family support they could take up educational opportunities in Australia, develop new roles and identity, and successfully resolve Erikson's (1968) psychosocial stage for adolescence (identity versus role confusion). Erikson's psychosocial stage for young adulthood (intimacy versus isolation) was also evident, as the young women said their parents' expectations of them to marry and have children at a young age had changed due to the expanded educational and occupational possibilities in Australia. This opportunity for the young women to defer establishing a long-term intimate relationship did not appear to create a sense of isolation, possibly because they had family with them.

Nevertheless, some women indicated that these new opportunities sometimes generated identity confusion because they challenged their families' traditional views on the roles of young Hazara women. This supports Australian research with adolescent Hazara women, which found

negotiating two cultures can cause intergenerational disputes (Iqbal et al., 2012).

According to Silove (1999), the Existential Meaning System, is where refugees may face a "crisis" following experiences of trauma which can disrupt their meaning, trust and faith systems. He suggested this may particularly apply to those from communities with one dominant belief system who resettle in pluralist societies such as Australia (Silove, 2013). However, our findings did not support this and instead, as in McGregor et al.'s (2016) study and related literature (e.g., Adam & Ward, 2016; Copolov et al., 2017; Johns, Mansouri, & Lobo, 2015; Saroglou & Galand, 2004; Saroglou & Mathijsen, 2007), the majority of young Hazaras sampled said they maintained their strong religious beliefs in Australia. Nevertheless, a few mentioned questioning their religious beliefs, providing some support for Silove's (1999, 2013) arguments. Most of the participants in this study suggested Hazaras should "integrate" into Australian society to feel a strong sense of belonging, which they defined as preserving one's original culture while at the same time adopting the culture of the new society (Sam & Berry, 2010).

The main gender difference for the Existential Meaning System was that the women were more likely to stress the importance of their religious beliefs and culture than were the men. Most of the young Hazara women said their religious beliefs comprised a large part of their sense of self, suggesting the interrelatedness of the Existential Meaning and Identity and Role Systems for these women. A few did mention intergenerational tensions related to questioning cultural views and practices, again reflecting Silove's (2013) arguments. One young adult Hazara woman described the importance of a multicultural society for refugees' sense of belonging, defined as maintaining one's cultural heritage and identity combined with participation in the larger society (Berry, 2010). She reflected Silove's

(2013) suggestion that pluralist societies need to adopt policies and practices that support multiculturalism.

Limitations

Findings of this qualitative study are based on a small, young adult, English speaking sample who have resettled in a high income country. Future research could explore the ADAPT conceptual framework and Erikson's (1968) psychosocial stages across a wider age range. As with McGregor et al.'s (2016) study, this study did not explicitly question participants about their premigratory refugee experiences due to ethical concerns.

Implications and Future Directions

Findings suggested that Silove's (1999) ADAPT model and Erikson's (1968) psychosocial stages of development can enhance our conceptualisation of settlement experiences from the perspective of young adult refugees. These theories help identify and elucidate factors involved in positive and less positive adaptation to a high income country such as Australia. Findings identify issues that may need to be addressed to avoid negative adaptation in young adult refugees. For example, the importance of justice to the young adult Hazaras. These young adults expressed safety concerns and a sense of injustice related to experiences of discrimination, which could lead them to feeling disaffected. This differed from McGregor et al.'s (2016) adolescent sample, suggesting that for young adults of refugee backgrounds a sense of fairness will facilitate positive adaptation. Family, friend and teacher attachments positively influenced participants' ability to adapt to their new culture, suggesting a need for Australian policies that focus on promoting social networks and positive adaptation for these young people through educational settings, services and programs.

Erikson's (1968) theory was supported by findings with this young adult refugee sample. Results suggested that young adults experience psychosocial issues, and if the psychosocial challenges for each of the

developmental stages are not resolved, there can be negative repercussions on their wellbeing. In particular, both young Hazara men and women were focusing on the educational aspect of their identity and its importance for future opportunities. The unaccompanied men were stressed because they often were not able to study. If educational opportunities were available to these men, perhaps part time so they can combine study with work to help support their families, this may increase their wellbeing, sense of belonging, and positive adaptation to Australia. In contrast, the women could focus on education and employment, enabling a positive resolution of this aspect of their identity. Delaying marriage made it possible to address intimacy issues later in young adulthood. These findings highlight the importance of gender comparisons for a richer understanding of adaptation processes, especially for family attachments, identity development and religious beliefs and cultural views.

Conclusions

Findings suggested that the ADAPT model (Silove, 1999) and Erikson's (1968) psychosocial stages for adolescence and young adulthood provided a framework for conceptualising their adaptation dilemmas. Family, friend and teacher attachments positively influenced the young people's ability to adapt to a new culture. Findings also highlighted the importance of gender comparisons for a richer understanding of adaptation processes and psychosocial development. Future research should focus on the importance of educational settings, services and programs in promoting social networks and positive adaptation. Overall, the ADAPT and Erikson models can be used to provide a framework that discovers new patterns of adaptation of refugees related to the particularities of their experiences and living conditions. Results provided insights into a group of young people from refugee backgrounds who are navigating adaptation processes and psychosocial development relatively well and who have a strong desire to

participate in the educational and occupational opportunities provided in a high income country such as Australia.

References

Adam, Z., & Ward, C. (2016). Stress, religious coping and wellbeing in acculturating Muslims. *Journal of Muslim Mental Health, 10* (2), 3-26. http://dx.doi.org/10.3998/jmmh.10381607.0010.201

Alemi, Q., James, S., Cruz, R., Zepeda, V., & Racadio, M. (2014). Psychological distress in Afghan Refugees: A Mixed-Method Systematic Review. *Journal Immigration Minority Health*, *16*(6), 1247–1261. http://doi.org/10.1016/j.surg.2006.10.010.Use

Australian Government Department of Immigration and Citizenship (2014). *Community information summary Afghanistan-born.* Retrieved from https://www.dss.gov.au/sites/default/files/documents/02_2014/afghanistan.pdf

Australian Human Rights Commission. (n.d.). Asylum seekers and refugees guide. Retrieved from https://www.humanrights.gov.au/asylum-seekers-and-refugees-guide

Beiser, M., Puente-Duran, S., & Hou, F. (2015). Cultural distance and emotional problems among immigrant and refugee youth in Canada: Findings from the New Canadian Child and Youth Study (NCCYS). *International Journal of Intercultural Relations*, *49*, 33–45. http://doi.org/10.1016/j.ijintrel.2015.06.005

Berry, J. W. (2010). Intercultural Relations and Acculturation in the Pacific Region. *Journal of Pacific Rim Psychology*, *4*(February 2012), 95–102. http://doi.org/10.1375/prp.4.2.95

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, UK: SAGE Publications.

Bryman, A. (2015). *Social research methods*. Oxford university press.

Copolov, C., Knowles, A., & Meyer, D. (2017). Exploring the predictors and mediators of personal wellbeing for young Hazaras with refugee backgrounds in Australia. *Australian Journal of Psychology*. http://doi.org/10.1111/ajpy.12171

Earnest, J., Mansi, R., Bayati, S., Earnest, J. A., & Thompson, S. C. (2015). Resettlement experiences and resilience in refugee youth in Perth, Western Australia. *BMC Research Notesotes*, *8*, 236–246. http://doi.org/10.1186/s13104-015-1208-7

Erikson, E. (1968). *Identity youth and crisis.* New York, NY: W. W. Norton & Company.

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high income countries: Risk and protective factors. *The Lancet*, *379*(9812), 266–282. http://doi.org/10.1016/S0140-6736(11)60051-2

Gifford, S. M., & Wilding, R. (2013). Digital escapes? ICTs, settlement and belonging among Karen youth in Melbourne, Australia. *Journal of Refugee Studies*, *26*(4), 558–575. http://doi.org/10.1093/jrs/fet020

Iqbal, N., Joyce, A., Russo, A., & Earnest, J. (2012). Resettlement experiences of Afghan Hazara female adolescents: a case study from Melbourne, Australia. *International Journal of Population Research,* 2012, 1-9. doi: 10.1155/2012/868230

Johns, A., Mansouri, F., & Lobo, M. (2015). Religiosity, citizenship and belonging: the everyday experiences of young Australian Muslims. *Journal of Muslim Minority Affairs*, *35*(2), 171–190. http://doi.org/10.1080/13602004.2015.1046262

Khawaja, N. G., Allan, E., & Schweitzer, R. D. (2017). The role of school connectedness and social support in the acculturation in Culturally and Linguistically Diverse Youth in Australia. *Australian Psychologist*, doi:10.1111/ap.12327

Khawaja, N. G., Moisuc, O., & Ramirez, E. (2014). Developing an acculturation and resilience scale for use with culturally and linguistically diverse populations. *Australian Psychologist*, *49*(3), 171–180. http://doi.org/10.1111/ap.12052

Mazzer, K. R., & Rickwood, D. J. (2014). Teachers' role breadth and perceived efficacy in supporting student mental health. *Advances in School Mental Health Promotion*, *8*(1), 29–41. http://doi.org/10.1080/1754730X.2014.978119

McGregor, L., Melvin, G., & Newman, L. (2014). *The Youth Experience Scale for Refugees*. Unpublished instrument.

McGregor, L. S., Melvin, G. A., & Newman, L. K. (2016). An exploration of the adaptation and development after persecution and trauma (ADAPT) model with resettled refugee adolescents in Australia: A qualitative study. *Transcultural Psychiatry*, *53*(3), 347–67. http://doi.org/10.1177/1363461516649546

McMichael, C., Gifford, S. M., & Correa-Velez, I. (2011). Negotiating family, navigating resettlement: family connectedness amongst resettled youth with refugee backgrounds living in Melbourne, Australia. *Journal of Youth Studies*, *14*(2), 179–195. http://doi.org/10.1080/13676261.2010.506529

Montgomery, E., & Foldspang, A. (2008). Discrimination, mental problems and social adaptation in young refugees. *European Journal of Public Health*, *18*(2), 156–61. http://doi.org/10.1093/eurpub/ckm073

Nakeyar, C., Esses, V., & Reid, G. J. (2018). The psychosocial needs of refugee children and youth and best practices for filling these needs : A systematic review. *Clinical Child Psychology and Psychiatry*, *23*(2), 186-208.http://doi.org/10.1177/1359104517742188

Olszewski, B., Macey, D., & Lindstrom, L. (2006). The practical work of <coding>: An ethnomethodological inquiry. *Human Studies*, *29*(3), 363–380. http://doi.org/10.1007/s10746-006-9029-2

Pastoor, L. de W. (2015). The mediational role of schools in supporting psychosocial transitions among unaccompanied young refugees upon resettlement in Norway. *International Journal of Educational Development*, *41*, 245–254. http://doi.org/10.1016/j.ijedudev.2014.10.009

Rodríguez-Jiménez, A., & Gifford, S. M. (2010). 'Finding voice': learnings and insights from a participatory media project with recently arrived Afghan young men with refugee backgrounds. *Youth Studies Australia*, *29*(2), 33-41.

Sam, D. L., & Berry, J. W. (2010). Acculturation: When individuals and groups of different cultural backgrounds meet. *Perspectives on Psychological Science*, *5*(4), 472–481. http://doi.org/10.1177/1745691610373075

Saroglou, V., & Galand, P. (2004). Identities, values, and religion: A study among muslim, other immigrant, and native Belgian young adults after the 9/11 attacks. *Identity: An International Journal of Theory and Research*, *4*(2), 97–132. http://doi.org/10.1207/s1532706xid0402

Saroglou, V., & Mathijsen, F. (2007). Religion, multiple identities, and acculturation: A study of Muslim immigrants in Belgium. *Archive for the Psychology of Religion / Archiv Für Religionspsychologie*, *29*(November), 177–198. http://doi.org/10.1163/008467207X188757

Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry*, *40*(2), 179–187. http://doi.org/10.1111/j.1440-1614.2006.01766.x

Silove (1999). The psychosocial effects of torture, mass human rights violations, and refugee trauma: toward an integrated conceptual framework. *The Journal of Nervous and Mental Disease, 187*, 200-207.

Silove (2013). The ADAPT model: a conceptual framework for mental health and psychosocial programming in post conflict settings. *Intervention, 11*(3), 237-248. doi: 10.1097/WTF.0000000000000005

Smith, V. J. (2009). The information needs of female Afghan Refugees: recommendations for service providers. Retrieved from: https://apha.confex.com/.../Smith,Valerie.APHA2012.RecommendAfghanRefugees.pdf

Turrini, G., Purgato, M., Ballette, F., Nosè, M., Ostuzzi, G., & Barbui, C. (2017). Common mental disorders in asylum seekers and refugees: Umbrella review of prevalence and intervention studies. *International Journal of Mental Health Systems*, *11*(1), 1–14. http://doi.org/10.1186/s13033-017-0156-0

UNHCR. (2015). *Global trends: Forced displacement in 2015*. Retrieved from http://ezproxy.leedsbeckett.ac.uk/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edb&AN=3440211&site=eds-live&scope=site

UNHCR. (2018). *US Resettlement Facts*. Retrieved from http://www.unhcr.org/en-au/us-refugee-resettlement-facts.html

Chapter 7: "Everything was stuck in my inside and I just wanted to get it out": Psychological Distress, Coping and Help-Seeking for Young Adult Australian Hazaras from Refugee Backgrounds

Original Paper
Under Review at *Transcultural Psychiatry* (submitted 4th of May 2018).
Double-blind Manuscript

Copolov, Carly (Department of Psychological Sciences; School of Health Sciences; Faculty of Health, Arts and Design; Swinburne University of Technology; cscopolov@swin.edu.au)

Knowles, Ann (Department of Psychological Sciences; School of Health Sciences; Faculty of Health, Arts and Design; Swinburne University of Technology; aknowles@swin.edu.au)

Correspondence should be addressed to Associate Professor Ann Knowles; Department of Psychological Sciences, School of Health Sciences, Faculty of Health, Arts and Design, Swinburne University of Technology; John Street; Hawthorn, Victoria; 3122, Australia (email: aknowles@swin.edu.au; Tel: +61 3 9214 8205).

Word Count: 7,627

Please note that I have made small alterations to this Paper for thesis presentation. These changes were limited to the formatting of margins and line spacing. As no other changes were made, the referencing style and language requested by *Transcultural Psychiatry* were retained.

Abstract

Resettlement countries have emerging populations of Afghans from refugee backgrounds who have arrived on humanitarian visas or are of a refugee background. Hazaras form an Afghan ethnic minority group who continue to be under researched despite frequently experiencing traumatic experiences. The present study explored psychological distress in a community sample of young adult Hazaras from refugee backgrounds. The aim was to contribute to a more detailed understanding of their mental health, coping and help-seeking in Australia. Eighteen Hazaras, 9 males and 9 females aged 18-30 years (M = 22.39, SD = 3.35), in Perth, Melbourne or Sydney, who had been living in Australia on average 7.17 years (range 1 to 16 years), participated in a qualitative semi-structured interview based on Kleinman's (1978) explanatory model framework. Participants described mental and physical health as interconnected and their beliefs about causes of psychological distress affected how they believed distress should be managed, with noteworthy gender differences emerging. Some of the young people were using positive coping strategies in the community. Others had engaged with a variety of mental health services. Level of satisfaction with these services varied considerably, with satisfaction highest for services provided by multicultural centres. Generally, respondents were not focusing on their past traumas but instead were planning for their futures in Australia. Key implications for culturally appropriate training and specialised interventions for use with young adult Hazaras from refugee backgrounds are discussed.

Key words: barriers, help-seeking, mental health, qualitative, refugees, young people

Acknowledgements. Thank you to Professor Sandra Gifford and Dr Jonathan Kingsley for your assistance in preparing the manuscript and we wish to acknowledge the young people who kindly gave up their time to participate in the study.

Due to conflicts and persecution because of their ethnicity and religion for over three decades, more than 2.7 million Afghans have fled to countries such as the United States of America, Canada, Norway and Australia (Mackenzie & Guntarik, 2015; Monsutti, 2007; UNHCR, 2015). In 2011, the Australian Afghanistan-born community totalled approximately 35,000 (Australian Government Department of Immigration and Citizenship, 2012). Of these, 14,500 arrived on humanitarian, family and skilled visas and 6,500 were from the Hazara ethnic group. The typical age of Afghans who arrived in Australia from 2006 to 2011 was between 18 to 34 years (Australian Government, Department of Immigration and Citizenship, 2014). It is difficult to obtain exact numbers of Hazaras in Australia as ongoing safety concerns mean they are sometimes unwilling to reveal their ethnicity (Ibrahimi, 2012). Despite high levels of resilience and agency, research has found that young refugees may experience ongoing physical and mental health difficulties due to exposure to premigration traumatic experiences, being unaccompanied by family, experiences of discrimination, and other post-displacement conditions in the settlement country (Fazel, 2018; Fazel, Reed, Panter-Brick, & Stein, 2012; Montgomery, 2011; Vervliet, Lammertyn, Broekaert, & Derluyn, 2014; Ziaian, de Anstiss, Antoniou, Sawyer, & Baghurst, 2012).

Early research by Kleinman (1978) proposed that Western concepts of mental health and treatment tended to be defined by biomedical models of disease. These focused on treating a patient's disease rather than helping the patient to understand their illness as requiring healing (Kleinman, Eisenberg, & Good, 1978). Kleinman (1978) argued that both patients and clinicians hold explanatory models (EMs) about illness and disease which need to be understood to ensure best therapeutic practice and mental health outcomes. He theorised that health professionals in Western countries tend to endorse scientific models of disease and treatment which may differ

greatly from the EMs of people from non-Western cultures who may define illness, its causes and healing as based on religion, cultural beliefs, education and experiences with illness (May, Rapee, Coello, Momartin, & Aroche, 2014). It is important for clinicians and patients to discuss and negotiate their EMs of disease and illness for best therapeutic practice.

Following Kleinman's earlier work, laypeople's concepts of illness and healing have been extensively researched within Western countries (see Haslam, Ban, & Kaufmann, 2007). For example, one Australian study (Tempany, 2008) interviewed a sample of Sudanese Australian refugee youth based on the EM framework (Kleinman, 1978). The interviews explored concepts of mental health and wellbeing, causes of mental ill health and strategies used to support recovery. According to these youth, their family, social network, culture and religion, pre-arrival experiences, settlement experiences and individual differences all contributed to their mental health and wellbeing in Australia. Further, participants preferred to use coping strategies or receive informal help from social supports such as friends and family rather than seeking professional help.

Research on coping strategies and help-seeking from the perspective of refugees continues to receive attention in the literature. The importance of coping strategies for refugee groups has been documented for adult refugees when dealing with mental health problems. For example, a Norwegian study found that adult Somali refugees preferred to cope with depression through religious practices and reliance on their network, rather than by seeking assistance from doctors and psychologists (Markova & Sandal, 2016). According to the participants, views of elders, fathers and spiritual leaders in their communities also acted as "gate keepers" to mental health service use (Markova & Sandal, 2016).

Despite an increase in research on coping strategies for adult refugees, research on coping strategies for young refugees remains limited (de Anstiss, Ziaian, Procter, Warland, & Baghurst, 2009; Ziaian, de Anstiss,

Antoniou, Puvimanasinghe, & Baghurst, 2016; Ellis, Miller, Baldwin, & Abdi, 2011; Schweitzer, Greenslade, & Kagee, 2007). The limited research that has been conducted on young people and coping strategies tends to focus on adolescents. One Australian study of refugee young people and their coping strategies conducted 13 focus groups with 85 adolescent refugees from a variety of countries and found that most preferred to cope with psychological problems by drawing upon their social network of friends rather than seeking professional help due to individual, cultural and service-related barriers (de Anstiss & Ziaian, 2010).

Little research has explored coping or help-seeking for Afghans from refugee backgrounds in the settlement country, especially those from ethnic minority groups such as Hazaras (Alemi, James, Cruz, Zepeda, & Racadio, 2014; Alemi, Weller, Montgomery, & James, 2016). This is despite generally high levels of mental health problems reported for this group compared to economic migrants and the general population in the settlement country (Fazel, Wheeler, & Danesh, 2005; Ibrahimi, 2012; Iqbal, Joyce, Russo,& Earnest, 2012; Mackenzie & Guntarik, 2015; Lindert, von Ehrenstein, Priebe, Mielck, & Brähler, 2009). For example, early American research conducted with young adult Afghans found nearly one-third of all participants reported having major depression and posttraumatic stress disorder (Mghir, Freed, Raskin, & Katon, 1995). This is a gap in the literature that the current study attempts to address.

Psychological distress has been defined as anxiety, frustration, sadness, and emotional responses to adversity which can include depressive and traumatic stress symptoms that affect normal functioning (Alemi et al., 2014; Carney, & Freedland, 2002). An American systematic review of the literature on mental health concerns affecting Afghan refugees suggested that research needs to account for distress experienced by engaging Afghans in the research process (Alemi et al., 2014). Australian research with adult Afghan and Kurdish refugees has reported moderate to high levels of

depressive and traumatic stress symptoms in the settlement country (Sulaiman-Hill & Thompson, 2012). These authors found that Afghan and Kurdish women experienced higher levels of psychological distress compared to men due to family separation, discrimination due to wearing the hijab and changing roles and expectations in the new society compared to back home, which is consistent with findings in the literature (see Porter & Haslam, 2005; Schweitzer, Melville, Steel, & Lacherez, 2006).

Research on barriers and facilitators to accessing mental health services for young refugees is also a neglected area of research, despite the importance of these issues for young people (Colucci, Minas, Szwarc, Paxton, & Guerra, 2012a; Colucci, Szwarc, Minas, Paxton, & Guerra, 2012; Majumder, O'Reilly, Karim, & Vostanis, 2015). An Australian systematic literature review of mental health service use by young people of refugee backgrounds (Colucci et al., 2012) identified 11 studies, of which only 1 explicitly examined service-related barriers for 13-17 year old refugees who had settled in Australia (de Anstiss et al., 2009). The authors noted that few of the studies explored gender differences and recommended future research explore these differences to understand how gender roles may affect the uptake of mental health services by young refugees. Building on this, a recent Australian qualitative study explored young service users from refugee backgrounds' perceived barriers to accessing mental health services (Valibhoy et al., 2017). Findings showed the young people described barriers such as unfamiliarity with services, stigma, obtaining help elsewhere, negative expectations about mental health professionals, and structural obstacles and social exclusion (Valibhoy et al., 2017). According to the young participants, they felt a need for autonomy over their mental health problems and preferred to draw upon their social network of friends rather than receive help from health professionals.

Australian research on mental health service utilisation by young

refugees tends to be from the perspective of either service providers or current service users. For instance, an Australian research team conducted a round table discussion with young people from refugee backgrounds (CMY, 2011), then invited 12 health professionals from service provider backgrounds, government and academia to discuss barriers and facilitators to accessing mental health services for young refugees (Colucci et al., 2012; Colucci, Minas, Szwarc, Guerra, & Paxton, 2015); and to develop a mental health research agenda (Colucci, Minas, Szwarc, Guerra, & Paxton, 2012b). A major research recommendation from the project was that young refugees who use mental health services and those who do not access or engage with these services should be interviewed about their views on mental health service use. The researchers then interviewed young service users from refugee backgrounds separately from health professionals and found that both groups reported similar barriers and facilitators to mental health services for young refugees (Colucci, Valibhoy, Szwarc, Kaplan, & Minas, 2017). The current study investigated whether further insights can be gained from a community sample of young refugees. This sample may uncover further barriers and facilitators to mental health services.

Study Aims

The present study aimed to explore psychological distress for a community sample of young adult Hazaras from refugee backgrounds who were not selected as service users. It aimed to contribute a more detailed understanding of their mental health, coping and help-seeking in Australia. Four research questions were explored using a modified version of Tempany's (2008) interview schedule based on the EM framework: How do these young people describe their mental health? What factors do they perceive contribute to or cause their mental health problems? What strategies do they use to cope with mental health concerns? What interventions do they use to treat mental health problems?

Method

This is a qualitative study of young adult Hazaras from refugee backgrounds' perceived psychological distress, coping strategies and help-seeking in Australia. Ethics approval was obtained from a university Human Research Ethics Committee. Senior members of the Hazara community were involved in various phases of the research process to ensure culturally sensitive approaches, as suggested by Alemi et al. (2014). They provided suggestions about recruitment and provided feedback about the methods used in the current study.

Participants

Participants were recruited via convenience and snowball sampling through contacts previously established through volunteer work and via community leaders' advertisement in ethnic media and multicultural agencies. Seventy young Hazaras with refugee backgrounds completed an anonymous survey either online or via a paper-pen version (see Copolov, Knowles, & Meyer, 2017) and at the conclusion of this survey, respondents could express interest in participating in follow up semi-structured interviews. Twenty-two young Hazaras (13 males; 9 females) left their contact information at the end of the survey and the first author attempted to arrange interviews with each of them. Three male participants were not contactable and one male participant's lack of English proficiency deemed him ineligible to participate, resulting in a final sample of 18 young Hazaras (9 males; 9 females).

Participants self-identified as being from a refugee background and were living in Perth (n = 9), Melbourne (n = 8), or Sydney (n = 1), Australia. They were aged 18 to 30 years (M = 22.39, SD = 3.35), had been living in Australia on average 7.17 years (range 1 year to 16 years), were born in either Afghanistan or Pakistan, and identified as Shi'a Muslims. Nine participants were sponsored to Australia by their father or brother through family reunion, eight arrived in Australia as asylum-seekers prior to

the government's policy changes towards processing and resettling asylum seekers offshore (see Australian Human Rights Commission, n.d.), and one arrived with refugee status. Seven men and one woman had spent time in a detention centre or camp. These men came to Australia unaccompanied by family and all of the women in the study came with their families. Fifteen participants had completed high school, 9 were currently studying at university and 1 participant had completed a university degree. Twelve participants were employed, 5 participants were not working because they were studying and 1 man was unemployed and looking for work. Three men and one woman were married.

Inclusion criteria for all participants comprised: (a) Hazara ethnicity; (b) between 18 and 30 years of age; (c) residing in Australia; (d) self-identified sufficient conversational English capabilities; (e) access to telephone or Skype; (f) consent for their interview to be audio-recorded and transcribed. To maximise participation and following suggestions from leaders in the Hazara community, the age range of 18-30 years was selected for the current study. Data were collected between December, 2015 and January, 2016.

Materials

A qualitative semi-structured interview was chosen because of its suitability with ethnically diverse populations, the flexible and exploratory approach, and because it can elicit experiences from a sample that has had limited opportunity to give voice to these experiences (Alemi et al., 2014; Weisner & Fiese, 2011). An adapted version of Tempany's (2008) interview schedule based on the EM framework (Kleinman, 1978) was used to explore subjective mental health, beliefs about causes of mental health concerns, coping strategies and help-seeking. An example question for subjective mental health is, 'What does mental health mean to you?' An example question for causes of mental health concerns is, 'What do you think causes mental health problems?' An example question for coping strategies is,

‘What do you do when you feel sad?’ An example question for help-seeking is, ‘If one of your friends or family had mental health issues, can you list some services they could access?’ The semi-structured interviews were conducted by the lead author and although the topics were the same for all interviews, the order in which they were discussed varied, according to the participants’ train of thought.

Procedure

Respondents participated in the modified version of Tempany’s (2008) interview schedule and were given full information about their rights as research participants in English. A visa gift card was provided as an appreciation gift after participation. Interviews were conducted by the lead author via Skype or telephone depending on the interviewee’s choice, lasted between 60 to 90 minutes, and were audio recorded where all participants gave written or verbal consent to do so. Gaining informed consent in a non-intrusive manner (i.e., verbally) is suggested as best practice with Afghan refugees (Smith, 2009).

Data Analysis

Audiotaped interviews were transcribed verbatim by the lead author. NVivo software (Version 10) was used for data management and coding of the data set. Data were analysed using deductive thematic analysis in line with the modified Tempany (2008) interview schedule but included an inductive component based on participants’ unprompted responses (Braun & Clarke, 2006, 2013). Consultation with community leaders made it clear that it was culturally inappropriate to identify participants by pseudonyms. Instead, respondents were assigned labels of male respondent (MR) 1-9 and female respondent (FR) 1-9 with their corresponding ages in the Results section below.

Thematic analysis was conducted in stages based on Braun and Clarke's (2006, 2013) six step process, and was informed by other qualitative studies that used similar data analysis techniques (Earnest et al.,

2015; McGregor et al., 2016). After familiarisation with the dataset, initial codes were generated as they related to the aim and research questions of the study and the wider literature. The coded information was then collated and organised into potential themes and subthemes based on similarities between groups of codes, generating a thematic 'map' of the analysis. Ongoing refinements were made to the names and definitions of themes and subthemes and a final review was conducted in relation to the overall story the analysis told. Consensus on the themes and subthemes was reached via discussion with colleagues (Olszewski et al., 2006).

Results

Psychological Distress and Possible Causes, *Coping Strategies*, and *Help-Seeking* were the three aims that were explored in the current study. The themes that emerged from the data analysis that related to each of the study aims were: G*ender Roles*, *Family Separation* and *Stigma of Mental Illness, Religious Practices* and *Substance Use* and *Patterns of Use*, *Barriers and Facilitators to Accessing and Engaging with Mental Health Services* and S*atisfaction with Services*. The sample was homogenous with shared cultural and religious backgrounds and there was a general correspondence between men and women's responses. However, differences were found when comparing the responses of unaccompanied young adult Hazara men to young adult Hazara men and women with their immediate families in Australia for psychological distress, coping strategies and help-seeking.

Aim 1: Psychological Distress and Possible Causes

Psychological distress. The large majority of participants viewed their mental health as interconnected with their physical health and their surrounding environment. They explained that good wellbeing meant you were "active", "healthy" and "educated" whereas, depression happened when things "were not going your way" or "you were experiencing too much pressure". FR6 (24 years) described this interconnection: "If you are

physically well then we are mentally well. If you are not mentally well then you are not physically well". They also expressed concern that some members of their community thought mental health was not as important as physical health. FR9 (22 years) commented: "I know generally mental health is not seen as important as physical health but I do think it's really quite important especially your mental health as a child".

Mental health was described as being kept in a person's "heart or brain". Some of **t**he men described their poor mental health as an "illness of thoughts" that presented as headaches, disturbed sleeping, red eyes and sleeping a lot, which needed to be "released". These thoughts were described as having cognitive and emotional components including rumination and intense feelings of sadness.

Gender roles. The young people described feeling "pressures" associated with both trying to re-establish their traditional gender roles in Australia and accommodating possible new gender roles. This pressure came from their families, their communities and from themselves. Traditional gender roles for men included expectations that they would be financially responsible for their families, whether living overseas or in Australia. Eight of the nine young men described feeling pressure to find a job and had put their studies on hold because of this expectation to look after their families in Australia or those they had were left behind overseas. They said this was very "stressful" as they were trying to re-establish their lives in Australia while also supporting their families overseas without family support in Australia. MR1 (20 years) commented:

> I have more responsibilities as an older family member to help support my family back in Afghanistan and to cope with my life here. They [family] are going to keep annoying me saying, "Send me money, send me money, send me money" I need the money here as well.

In contrast, the young women described placing pressure on themselves to do well in their studies as their gender roles had expanded in Australia compared to in their homeland. They said the reason they put pressure on themselves was that they would not have had these opportunities back home. They also described their mental health concerns as anticipating challenges with university after seeing their older sisters finding adapting to university difficult, or from not getting the marks they needed for their career. The women described expectations from their families and the wider community to get a "good job", such as a doctor or engineer, as stressful because everyone knew what they were studying, and if they did not reach their goal, it was assumed they did something wrong. FR5 (20 years) commented:

> I always felt this form of anxiousness that I am not doing enough…I have a lot of opportunities here…I think I was always in fear that the time was too quick for my steps, that it was moving faster than me.

Family separation. Five men were separated from their immediate family overseas**.** Family separation caused considerable distress for the unaccompanied men and they described worrying about their family's safety in their homeland. Without being prompted, concerns were expressed for the mental health of unaccompanied minors by the majority of participants. It was believed that these young people might have difficulties adjusting to life in Australia without the support of their family, as MR1 (20 years) explained:

> They [unaccompanied minors] do get a lot of psychological problems here because they stress out about their family, they stress out about their health, they stress out about financial problems.

Contrary to the men, the women sampled all had their immediate family with them. They said they missed their extended family but they had become used to the distance between them. Most women expressed

concerns for their mothers' mental state but otherwise they did not give family as a major cause of psychological distress.

Stigma of mental illness. The majority of participants mentioned that there were differences in opinion between young Hazaras and their elders about how to acknowledge mental health concerns. For example, five participants described their concerns over recent suicides in their communities by people who were on Bridging Visas or Temporary Protection Visas. These participants believed that if mental health concerns were recognised by community elders then people might have felt more supported, as FR5 (20 years) said:

> There are a lot of Hazara youths and…adults who do suffer from mental health especially the younger ones who are new to the country or are on Bridging Visas or Temporary Protection Visas. There are many who have committed suicide… I don't think they [elders] even recognise what it is, the fact that it is a form of sickness, that could be cured, they see it as a state that must be there for the time being.

The young people explained how community stigma about mental health discouraged people from talking about their feelings. Participants said they were aware that mental health problems were very common in their communities although, "it's as if it doesn't happen". They said it was culturally discouraged to talk about "feelings" with their families, let alone a health professional and that they suspected some siblings and friends had undiagnosed mental health disorders because of this. FR1 (18 years) commented:

> My older sister she's got anxiety…She just can't get out of bed but she's never been to the doctors to find out what it is because we don't talk about our feelings…going to a doctor is a very big thing especially about your mental health.

The young people further explained that because of stigma around mental health problems in the Afghan community, many people were either unaware of mental health services or chose not to visit them. As FR9 (22 years) explained: “In the Hazara community people don’t really go to a psychologist”. They felt that older Hazaras were not open to talking about their problems with a psychologist whereas younger Hazaras may be more open to it. MR8 (25 years) said: “The older generation think that it’s just a natural process but I feel the younger generation they think about it, they take more time, they consider it as an issue”. Participants also explained that people in their community were afraid that if they talked to someone from the “outside” about their mental health concerns that this could negatively affect their visa status. FR1 (18 years) commented: “People are scared they might be deported so they keep everything to themselves”.

Aim 2: Coping Strategies

Respondents reported coping strategies to deal with psychological distress such as social support (family and friends), sport and self-help strategies, and key gender differences were found for some coping strategies. Women described relying on religious practices as a coping strategy whereas men described substance use as a coping strategy for dealing with their psychological distress.

Religious practices. Five women described using religious practices to deal with their psychological distress whereas this was not mentioned by the men. For these women, religion played a crucial role in coping with psychological distress as they “felt at peace” when they prayed and it gave them hope they could deal with difficult times in their lives. Religion was deemed a “good escape” and a support system during hardships, especially reading the Quran, praying and speaking to God about their problems. FR1 (18 years) commented: “God is near…you can talk to him about anything… he isn’t going to get angry or leave you”. Some of the women mentioned the difficulties of not having a Shi’a Mosque in their city

which meant it was difficult to seek spiritual help. FR1 further commented: "In my city we don't have a lot of cultural practices since we don't have a mosque so it's very hard to seek advice from a religious scholar". Instead, the women said their families encouraged them to read duas (to call out or summon God) when they needed to do well at university or to reach their goals. FR2 (22 years) explained the purpose of reading duas, "If I want to pass uni but I am really afraid that I might fail an exam or something…you just pray once or twice and then it helps you kind of pass that".

Substance use. Four of the men said they turned to alcohol, smoking and in some cases illicit drug use to deal with their psychological distress, which was not mentioned by any women. The young men said that many things were out of their "control" so they used substances to minimise feelings of distress. MR1 (20 years) described his friend who passed the time by smoking because he lost his job and he felt depressed: "He had family problems, money problems, accommodation problems…living problems". However, MR1 thought his friend could use other ways of "getting rid of his depression", such as exercising or writing down his thoughts.

Aim 3: Help-Seeking

Participants described strategies they used when they were experiencing psychological distress, such as seeking help from a health professional. They also identified barriers and facilitators to accessing and engaging with mental health services and, without prompting, their satisfaction with these services.

Patterns of use. Six men had visited a health professional to deal with mental health concerns. Four men had initially presented to a doctor with physical symptoms but they did not want to take prescription medication. As MR3 (23 years) said, he did not want to take medication as he knew "friends in detention centre who became addicted to sleeping tablets". Doctors also gave them the choice to see a psychologist as the

doctors believed their symptoms were related to mental health concerns. MR3 described his experience:

> All night I could not sleep, I was just thinking, thinking and then I went to GP because I was feeling unwell and GP said, "Do you want to take medicine?" I said, "I'll be addicted to medicine" so I said it's better to see psychologist. When I went there [psychologist] for four or five sessions, I could not find it helpful. They just make me sad.

Two men had visited a counsellor or social worker at a multicultural centre to deal with their distress. MR1 (20 years) had not sought formal help, but he described his friend's experience at school when he sought help from the wellbeing counsellor. This friend was stressed as he was on a Bridging Visa and he had to pay a fine that he could not afford, so the wellbeing counsellor organised the school to cover the fine.

Two women had sought formal help for their psychological distress. FR1 (18 years) had seen a health professional at a mental health centre to "just talk about everything" and FR4 (19 years) had visited a university counsellor a few times after seeing "media misrepresentations of asylum seekers". FR4 was the only female participant who had spent time in a detention centre with her family, and she said, she was not able to tell her parents about seeing a university counsellor in case they became worried.

Barriers and facilitators to accessing and engaging with mental health services. As part of the interview, participants who said they accessed services for psychological distress, or had tried to, were asked, "Was it easy to access service (s)? Why/Why not?" Respondents said cultural influences and service related factors were barriers to accessing and engaging with mental health services whereas learning about psychology in high school or at work was described as a facilitator to accessing and engaging with these services.

Participants described language as a key service related barrier. They

said that Hazaras with a lack of English proficiency required interpreters or health professionals who spoke their mother tongue to access and engage with health services, but most of the time interpreters were not available to them. For example, MR4 (30 years) explained that when he first arrived in Australia and visited a doctor he said “I don’t know any English” and he required a professional interpreter but they “didn’t bring the interpreter as most of the doctors they don’t have”. Most participants said they were unaware of any Dari or Hazaragi speaking health professionals nearby and consequently people could not access health services without assistance from friends, family and community members acting as interpreters for them. MR4 further explained, “Now that I know English, I am going to help my friends and I am saying, “I'm interpreter and I want to speak with you [doctor] and with my friend to solve the problem”.

Another service related barrier described by the young people was cost and ease of access to health services. They explained that seeing a health professional might become expensive if they needed certain treatments or if they were not covered by Medicare. MR2 (24 years) said: “With regard to help it is very expensive here and sometimes people keep…their treatment to travel back to Afghanistan or Pakistan and then go to the doctor”. Participants in one city also said there were fewer services available to them than in other major cities, and that services were hard to reach.

FR1 (18 years) described a barrier that combined both cultural and service related influences to accessing mental health services for Hazara women who had experienced domestic or family violence, as they did not trust health professionals to maintain confidentiality. FR1 said she knew of Hazara women who did not want to talk to health professionals about their issues with family violence or domestic abuse, as they believed that professionals had a “duty of care to take action and do something about it” and they feared they or their family would be deported. The women also

believed that if this information was made public they might be compromised, as FR1 explained: “In our community reputation is a very big thing”.

Respondents who had learnt about psychology in high school or at work said this helped them become aware of how to access mental health services. For example, MR1 (20 years) explained that young people learn about available mental health services during high school and those who had dropped out of school to financially support their family may be feeling “stressed” because they have not been taught how to access available services. He used a metaphor to illustrate this point:

> If you go to a beach and if there is no signboards obviously, you are going to jump in the shallow water and break your neck, as there is not any signboards about the dangers of the beach, about what to do and what not to do. If they had been told about this they would have been all right.

They also explained that even though they may have the knowledge they would not feel comfortable suggesting these services to friends and family who were having mental health problems as it was not culturally appropriate to do so.

Satisfaction with services. Without being prompted, some of the unaccompanied young men who had seen a health professional expressed three main concerns about the effectiveness of these services: services were not relevant, they were not being heard, and negative experiences were being shared amongst their communities, which discouraged other young Hazaras from accessing services in the future.

The first concern raised by the men was they believed mental health services were not culturally relevant or useful. For example, three of the unaccompanied young men who had been referred to a psychologist did not find their Western psychological therapies helpful. MR3 (23 years) was

referred to a psychologist who suggested he try mindfulness strategies. As he explained:

> They [psychologist] said, “You have to think that you are in a park and you are sleeping under the tree and you are feeling that a few birds are there and listen to them”. She said, “When you want to sleep you have to count your fingers and foot fingers, you have to count them like 100 times and it makes you sleep”… and it was not helping me.

The men said health professionals focused too much on their past and previous traumas instead of working with current problems. Some men talked about feeling more sad and “depressed” after seeing a psychologist because the focus was on their past. MR3 further commented: “If they ask from past experience I think most Hazaras haven't had really good past so it will make us sadder than before”. One young man talked about his experiences with injuring his hand at work and that he was told to see a psychologist who focused on his background and past whereas his concern was about being able to work again. MR5 (20 years) commented:

> She [psychologist] asks a lot of questions about my family and my past but I don't have any problem with my family, I just had my hand damaged so I'm not sure why I'm seeing a psychologist…for three months she is asking me about my background… I do want to be…a good patient so that's why I just answer… Once I asked her, why she was focusing on my past and she's saying “it's a part of our job”.

Some men also described unhelpful services that did not provide guidance for their future when they needed it. As MR8 (25 years) said:

> In the beginning of this year, I applied [for university] but I didn't have very stable accommodation…it was a bit difficult you know to find the right direction… I talk with some of them [university counsellor], they give advice but that didn’t help me.

MR6 (27 years) also described his experiences of unhelpful services that were not addressing his problems appropriately:

> I had an appointment a couple of times with the doctor and I said "look, our mental health is not for money, our mental health is not for business, our mental health is about our future here"… the doctor said "just drink yoghurt and do something physical" look I said "my job is all physical you said just drink a cup of yoghurt and I'm drinking a litre, two litres of yoghurt but you can't help me, you can't help me because they are not our problem".

The second concern raised by the men was that health professionals were not listening to them. When they told health professionals their psychological distress was caused by worrying about financial responsibilities, their families' safety overseas or feeling home sick the men felt as if these concerns were not addressed properly. This left them feeling worse and with a reduced sense of trust in health services. MR6 (27 years) described his experiences:

> I'm home sick and sometimes I'm really sad and I'm talking with her [doctor], sharing my story with her to see if she can feel me or just walk in my shoes…and she just say, "look, this is not my business" and I say "alright, that's okay". I don't think any of them can help me coz I'm not a crazy or silly man. I'm a homesick man.

The final concern raised by the men was the impact of hearsay in their communities and its effect on service utilisation by young Hazaras. They explained that when young Hazaras tell their friends, family and community members about their negative experiences after visiting a health professional, it deterred other community members from using these services. MR3 (23 years) worked as a caseworker and said his clients from other countries such as Iran would visit health professionals if he referred them but "Hazara boys would not because they had heard by word of mouth that they weren't helpful".

In contrast, two men who had accessed multicultural centres felt listened to by social workers, counsellors and psychologists, and found them to be very useful for reducing their psychological distress because they provided health and settlement assistance. MR9 (25 years) who was with his immediate family in Australia described his experience at a multicultural centre as very positive because the social worker listened to what he had to say, checked on him regularly via phone calls and put him in contact with other young people to play soccer. He said, "Everything was stuck in my inside and I just wanted to get it out. I just wanted to talk and they listened". MR8 (25 years) also talked about his positive experiences after receiving psychological help at a multicultural centre, as this service understood how to help young people from refugee backgrounds:

> I think it is easy because they [multicultural centre] deal with…people coming from a refugee background and they know very well what are the issues, what are the opportunities, and because they listen to us and then they give their advice and that is kind of helpful.

Discussion

The first major finding from the current study was that participants described their mental health as interconnected with their physical health and their environment. The participants believed that if you were physically well then you were mentally well. They also raised concerns that members of their community did not view mental health as important as looking after your physical health. The young men described their psychological distress as thoughts within their mind that needed to be released, and that were made up of cognitive and emotional components. This findings supports Australian and New Zealand research with Afghan and Kurdish refugees (Sulaiman-Hill & Thompson, 2012) and Norwegian research with Somali refugees (Markova & Sandal, 2016) whereby participants described

depressive symptoms as problems related to cognition ("thinking too much") and emotion (sadness).

The way participants understood causes of psychological distress affected how they believed the condition should be managed. According to the young Hazaras, psychological distress was not a disease needing professional treatment, but instead was a condition caused by emotional reactions to difficult life situations (e.g., isolation caused by family separation), gender role pressures (e.g., financial responsibilities), and stigma about mental ill-health. Receiving social support from family and friends, self-help strategies and participating in sport were seen as effective ways of coping outside of accessing formal help, which supports past research with similar refugee groups (Sulaiman-Hill & Thompson, 2012). Some of the unaccompanied men in the current study who were unable to reunite with family members or had to work in a job they did not enjoy rather than continuing their education turned to substance use to cope with psychological distress. This finding supports research that suggests refugee men may turn to drinking alcohol or taking drugs to alleviate distress (Posselt et al., 2014).

Most of the young Hazara women described experiencing some pressures related to their expanded gender roles in Australia. However, they typically described embracing these new opportunities and most used their religious practices to cope with pressures associated with these changes, supporting previous research that has found religious practices may be one of the most important coping strategies for Afghan refugee women (Sulaiman-Hill & Thompson, 2012; Welsh & Brodsky, 2010). In contrast to Sulaiman-Hill and Thompson's (2012) findings, the young Hazara women in the current sample reported coping well with changes to traditional gender roles. The difference between studies may be due to age differences between the samples. Sulaiman-Hill and Thompson's sample ranged from 18-70 years of age and included older pre-literate women from traditional

backgrounds who may have found it difficult to make significant adaptative changes in Australia or New Zealand. A finding in the current study that may relate to Sulaiman-Hill and Thompson's sample of older women was that the young Hazara women described concerns about their mothers' psychological distress because of their difficulties adapting to life in Australia.

The third major finding from the study was that participants described barriers and facilitators to accessing and engaging with mental health services. Participants explained the influence of cultural context on service use as mental health services were highly stigmatised in their communities, supporting findings from the literature (see Colucci et al., 2012a; Colucci et al., 2015; Valibhoy, Kaplan, & Szwarc, 2016; Valibhoy et al., 2017). The young Hazaras also described service related barriers, such as cost and service location as affecting the accessibility of mental health services. In particular, the young Hazara women described perceived trust and confidentiality issues as a potential barrier to accessing mental health services as they feared that issues relating to domestic violence would become public and may affect their reputation in the community or their visa status. Many refugees have had experiences that have made them feel suspicious so it essential that health professionals clearly explain what confidentiality is, when it needs to be broken and what the information is going to be used for so refugees can feel comfortable about their disclosures Colucci et al., 2017). The young Hazaras explained that learning about mental health services at school or employment meant they were more aware of services but explained that this did not necessarily increase engagement with services.

While research has reported barriers and facilitators to accessing and engaging with mental health services for young people of refugee backgrounds, little research has investigated satisfaction with services from the perspective of young people (Valibhoy et al., 2016), especially for

Afghan refugees (Alemi et al., 2016). Some participants described having accessed mental health services and explained their satisfaction or otherwise with the service. In support of previous Australian research with young refugee service users (Colucci, et al., 2017; Valibhoy et al., 2016), the young Hazaras who had accessed a mental health service explained that when services were ineffective or irrelevant this could increase their distress. They suggested health professionals and therapeutic interventions can improve on genuine listening, being non-judgemental and showing warmth, respect, understanding and compassion, which supports recent Australian research with young refugee service users (Valibhoy et al., 2016). In comparison, some of the young Hazaras who had accessed a service described their satisfaction was highest for services provided by multicultural centres as they felt relevant and helpful interventions were used and they felt listened to.

Limitations

This qualitative study is based on a small, English speaking, young adult sample who have resettled in a high income country. The recruitment process and interview methodology used may have resulted in a sample that was more literate in English compared to young Hazaras with less English proficiency who may experience other barriers to help-seeking. It is recommended that future research use purposive sampling to recruit a more diverse sample of young adult Hazaras of refugee backgrounds to explore the findings.

Implications and Future Directions

The results have implications for mental health service development and can inform health professionals working with this ethnic group and with this age group of young people. The findings implied that understanding EMs of young adult Hazaras may inform the development of culturally sensitive interventions to address psychological distress (Alemi et al., 2014). For the young Hazaras, it appeared that positive coping strategies, such as

social support, sport and self-help strategies were perceived as more effective than seeking help from a health professional, implying that young Hazara men and women rely on diverse positive coping strategies to build resilience and encourage their autonomy.

The gender differences found for coping strategies imply that unaccompanied Hazara men may need assistance with developing social networks in Australia as well as engaging with pre-existing networks overseas, which may mitigate more negative coping strategies such as substance use. For the young Hazara women, the results demonstrated the usefulness and positiveness of religious beliefs and practices when dealing with psychological distress. Findings suggest that the young Hazara women and men may benefit from places of worship being available so that they can practice their religion and access advice from religious scholars in times of need. The current study also demonstrated that we can gain valuable insights from asking community samples of young people from refugee backgrounds about perceived barriers and facilitators to engaging with mental health services, regardless of whether they had or had not accessed a service.

The six young Hazara men and two young Hazara women who had accessed a service said they were not focusing on their past traumas and instead were focusing on, and planning for, their futures in Australia. This highlights the importance of specialised training for health professionals which does not focus exclusively on past trauma, and that does not assume that this is the only reason young people of refugee backgrounds seek help. Health professionals need to be open to hearing their clients' concerns. Building on suggestions made by the young Hazaras, interventions to alleviate psychological distress might be more successful if they take a holistic approach by providing support psychologically, educationally, financially, and socially while maintaining refugees' cultural beliefs and norms (Murray, Davidson, & Schweitzer, 2010).

A major concern of the young Hazaras was that negative hearsay within communities about non-culturally specialist mental health services is damaging. Services may need to anticipate rumours and proactively prevent and manage this by enhancing formal communications about their services. On a more positive note, findings showed that multicultural centres may be successful at supporting young adult Hazaras from refugee backgrounds by providing relevant and tailored services, suggesting this is a promising area to explore further.

Conclusion

This Australian study examined beliefs about psychological distress, coping and help-seeking in a young adult community sample from refugee backgrounds. The young adult Hazaras could eloquently express their views on psychological distress and its causes when they were asked. They described using both positive and negative coping strategies in the community, and reported barriers and facilitators to accessing and engaging with services. Some participants had accessed a service and their levels of satisfaction with these services varied considerably. Satisfaction was highest for services provided by multicultural centres. Key implications for promoting positive coping strategies, culturally appropriate training and specialised interventions for use with young adult Hazaras from refugee backgrounds are discussed.

References

Alemi, Q., James, S., Cruz, R., Zepeda, V., & Racadio, M. (2014). Psychological distress in Afghan refugees: A mixed-method systematic review. *Journal of Immigrant and Minority Health*, *16*(6), 1247-1261.

Alemi, Q., James, S., & Montgomery, S. (2016). Contextualizing Afghan refugee views of depression through narratives of trauma, resettlement stress, and coping. *Transcultural Psychiatry*, *53*(5), 630-653.

Alemi, Q., Weller, S. C., Montgomery, S., & James, S. (2016). Afghan Refugee Explanatory Models of Depression: Exploring Core Cultural Beliefs and Gender Variations. *Medical Anthropology Quarterly*.

Australian Government Department of Immigration and Citizenship (2012). *Afghan Community Profile.* Retrieved from https://www.dss.gov.au/sites/default/files/files/settle/communityprofiles/community-profile-afghan_access.pdf

Australian Government Department of Immigration and Citizenship (2014). *Community information summary Afghanistan-born.* Retrieved from https://www.dss.gov.au/sites/default/files/documents/02_2014/afghanistan.pdf

Australian Human Rights Commission. (n.d.). Asylum seekers and refugees guide. Retrieved from https://www.humanrights.gov.au/asylum-seekers-and-refugees-guide

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, UK: SAGE Publications.

Carney, R. M., & Freedland, K. E. (2002). Psychological distress as a risk factor for stroke-related mortality. *Stroke*, *33*(1), 5-6.

CMY. (2011). Young people of refugee backgrounds share their thoughts on mental health issues and services. Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/Mental-Health-Round-Table-Discussion-Dec-2010.pdf

Colucci, E., Minas, H., Szwarc, J., Guerra, C., & Paxton, G. (2015). In or out? Barriers and facilitators to refugee-background young people accessing mental health services. *Transcultural Psychiatry*, *52*(6), 766-790.

Colucci, E., Minas, H., Szwarc, J., Paxton, G., & Guerra, C. (2012a). Barriers to and facilitators of utilisation of mental health services by young people of refugee background. *Melbourne: Foundation House, The University of Melbourne, Centre for Multicultural Youth, and The Royal Children's Hospital Melbourne*.

Colucci, E., Minas, H., Szwarc, J., Paxton, G., & Guerra, C. (2012b). A mental health research agenda for people of refugee background in Australia: a consensus study. *Melbourne: Centre for International Mental Health*.

Colucci, E., Szwarc, J., Minas, H., Paxton, G., & Guerra, C. (2012). The utilisation of mental health services by children and young people from a refugee background: A systematic literature review. *International Journal of Culture and Mental Health*, *7*(1), 86-108.

Colucci, E., Valibhoy, M., Szwarc, J., Kaplan, I., & Minas, H. (2017). Improving access to and engagement with mental health services among young people from refugee backgrounds: service user and provider perspectives. *International Journal of Culture and Mental Health*, *10*(2), 185-196.

Copolov, C., Knowles, A., & Meyer, D. (2017). Exploring the predictors and mediators of personal wellbeing for young Hazaras with refugee backgrounds in Australia. *Australian Journal of Psychology*. http://doi.org/10.1111/ajpy.12171

de Anstiss, H., & Ziaian, T. (2010). Mental health help-seeking and refugee adolescents: Qualitative findings from a mixed-methods investigation. *Australian Psychologist*, *45*(1), 29-37.

de Anstiss, H., Ziaian, T., Procter, N., Warland, J., & Baghurst, P. (2009). Help-seeking for mental health problems in young refugees: A review of the literature with implications for policy, practice, and research. *Transcultural Psychiatry*, *46*(4), 584-607.

Earnest, J., Mansi, R., Bayati, S., Earnest, J. A., & Thompson, S. C. (2015). Resettlement experiences and resilience in refugee youth in Perth, Western Australia. *BMC Research Notes*, *8*(1), 236.

Ellis, B.H., Miller, A. B., Baldwin, H., & Abdi, S. (2011). New directions in refugee youth mental health services: Overcoming barriers to engagement. *Journal of Child & Adolescent Trauma*, *4*(1), 69-85.

Fazel, M. (2018). Psychological and psychosocial interventions for refugee children resettled in high-income countries. *Epidemiology and Psychiatric Sciences*, *27*(2), 117-123.

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet*, *379*(9812), 266-282.

Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet*, *365*(9467), 1309-1314.

Haslam, N., Ban, L., & Kaufmann, L. (2007). Lay conceptions of mental disorder: The folk psychiatry model. *Australian Psychologist*, *42*(2), 129-137.

Ibrahimi, N. (2012). Shift and Drift in Hazara Ethnic Consciousness. The Impact of Conflict and Migration. In: Crossroads Asia Working Paper Series, No. 5.

Iqbal, N., Joyce, A., Russo, A., & Earnest, J. (2012). Resettlement experiences of Afghan Hazara female adolescents: a case study from Melbourne, Australia. *International Journal of Population Research*, *2012*.

Keyes, E. F. (2000). Mental health status in refugees: an integrative review of current research. *Issues in Mental Health Nursing, 21*(4), 397-410.

Kleinman, A. (1978). Concepts and a model for the comparison of medical systems as cultural systems. *Social Science & Medicine. Part B: Medical Anthropology*, *12*, 85-93.

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*, *88*(2), 251-258.

Lindert, J., von Ehrenstein, O. S., Priebe, S., Mielck, A., & Brähler, E. (2009). Depression and anxiety in labor migrants and refugees–a systematic review and meta-analysis. *Social Science & Medicine*, *69*(2), 246-257.

Mackenzie, L., & Guntarik, O. (2015). Rites of passage : Experiences of transition for forced Hazara migrants and refugees in Australia. *Crossings: Journal of Migration & Culture*, *6*(1), 59–80. http://doi.org/10.1386/cjmc.6.1.59

Markova, V., & Sandal, G. M. (2016). Lay explanatory models of depression and preferred coping strategies among Somali refugees in Norway. a mixed-method study. *Frontiers in Psychology*, *7*.

May, S., Rapee, R. M., Coello, M., Momartin, S., & Aroche, J. (2014). Mental health literacy among refugee communities: differences between the Australian lay public and the Iraqi and Sudanese refugee communities. *Social Psychiatry and Psychiatric Epidemiology*, *49*(5), 757-769.

McGregor, L. S., Melvin, G. A., & Newman, L. K. (2016). An exploration of the adaptation and development after persecution and trauma (ADAPT) model with resettled refugee adolescents in Australia: A qualitative study. *Transcultural Psychiatry*, *53*(3), 347–67. http://doi.org/10.1177/1363461516649546

Mghir, R. I. M., Freed, W., Raskin, A., & Katon, W. (1995). Depression and posttraumatic stress disorder among a community sample of adolescent and young adult Afghan refugees. *The Journal of Nervous and Mental Disease*, *183*(1), 24-30.

Monsutti, A. (2007). Migration as a rite of passage: Young Afghans building masculinity and adulthood in Iran. *Iranian Studies, 40*(2), 167-185. doi: 10.1080/00210860701276183

Montgomery, E. (2011). Trauma, exile and mental health in young refugees. *Acta Psychiatrica Scandinavica*, *124*, 1–46.

Murray, K. E., Davidson, G. R., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: best practices and recommendations. *American Journal of Orthopsychiatry*, *80*(4), 576-585.

National Statement on Ethical Conduct in Human Research 2007 (Updated March 2014). The National Health and Medical Research Council, the Australian Research Council and the Australian Vice-Chancellors' Committee. Commonwealth of Australia, Canberra.

Olszewski, B., Macey, D., & Lindstrom, L. (2006). The practical work of <coding>: An ethnomethodological inquiry. *Human Studies*, *29*(3), 363–380. http://doi.org/10.1007/s10746-006-9029-2

Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta- analysis. *JAMA*, *294*(5), 602-612.

Posselt, M., Galletly, C., de Crespigny, C., & Procter, N. (2014). Mental health and drug and alcohol comorbidity in young people of refugee background: a review of the literature. *Mental Health and Substance Use*, *7*(1), 19-30.

Powell, S., Rosner, R., Butollo, W., Tedeschi, R. G., & Calhoun, L. G. (2003). Posttraumatic growth after war: A study with former refugees and displaced people in Sarajevo. *Journal of Clinical Psychology*, *59*(1), 71-83.

Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: a narrative account. *Australian & New Zealand Journal of Psychiatry*, *41*(3), 282-288.

Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry*, *40*(2), 179-188.

Smith, V. J. (2009). The information needs of female Afghan Refugees: recommendations for service providers. Retrieved from: https://apha.confex.com/.../Smith,Valerie.APHA2012.RecommendAfghanRefugees.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*, *6*(2).

Sutton, V., Robbins, I., Senior, V., & Gordon, S. (2006). A qualitative study-exploring refugee minors personal accounts of post-traumatic growth and positive change processes in adapting to life in the UK. *Diversity & Equality in Health and Care*.

Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, *9*, 455–471

Tempany, M. (2008). *Concepts of mental health and wellbeing held by Sudanese Australian young people: a qualitative project* (Unpublished DPsych dissertation). Monash University, Melbourne, Australia.

Teodorescu, D. S., Siqveland, J., Heir, T., Hauff, E., Wentzel-Larsen, T., & Lien, L. (2012). Posttraumatic growth, depressive symptoms, posttraumatic stress symptoms, post-migration stressors and quality of life in multi-traumatized psychiatric outpatients with a refugee background in Norway. *Health and Quality of Life Outcomes*, *10*(1), 84.

UNHCR. (2015). *Global Trends: Forced Displacement in 2015.* Retrieved from http://www.unhcr.org/en-au/statistics/unhcrstats/576408cd7/unhcr-global-trends-2015.html

Valibhoy, M. C., Kaplan, I., & Szwarc, J. (2016). "It comes down to just how human someone can be": A qualitative study with young people from refugee backgrounds about their experiences of Australian mental health services. *Transcultural Psychiatry*, 1363461516662810.

Valibhoy, M. C., Szwarc, J., & Kaplan, I. (2017). Young service users from refugee backgrounds: their perspectives on barriers to accessing Australian mental health services. *International Journal of Human Rights in Healthcare*, *10*(1), 68-80.

Vervliet, M., Lammertyn, J., Broekaert, E., & Derluyn, I. (2014). Longitudinal follow-up of the mental health of unaccompanied refugee minors. *European Child & Adolescent Psychiatry*, *23*(5), 337-346.

Weisner, T. S., & Fiese, B. H. (2011). Introduction to special section of the Journal of Family Psychology, advances in mixed methods in family psychology: integrative and applied solutions for family science. *Journal of Family Psychology*, *25*(6), 795.

Welsh, E. A., & Brodsky, A. E. (2010). After every darkness is light: Resilient Afghan women coping with violence and immigration. *Asian American Journal of Psychology*, *1*(3), 163.

Ziaian, T., de Anstiss, H., Antoniou, G., Puvimanasinghe, T., & Baghurst, P. (2016). Sociodemographic predictors of health-related quality of life and healthcare service utilisation among young refugees in South Australia. *Open Journal of Psychiatry, 6*, 8-19.

Ziaian, T., de Anstiss, H., Antoniou, G., Sawyer, M., & Baghurst, P. (2012). Depressive symptomatology and service utilisation among refugee children and adolescents living in South Australia. *Child and Adolescent Mental Health*, *17*(3), 146-152.

Chapter 8: Discussion and Conclusions

8.1 Introduction

The following chapter discusses and synthesises the findings from the three empirical papers in the preceding chapters by drawing upon the wider literature. Following this, a discussion of the practical implications from the findings of the thesis for policy, programs and mental health professionals is provided. The chapter concludes with an overview of limitations and strengths with suggestions for future research, and concluding remarks.

8.2 Review of the Aims of the Thesis

Due to refugee and resettlement experiences, forcibly displaced persons may experience ongoing physical and mental health challenges in the settlement country (Carlson & Rosser-Hogan, 1994; Fazel et al., 2005). Research studies have found generally higher prevalence rates of PTSD and depression for adult refugees compared to the general population in the settlement country (Fazel et al., 2005; Keyes, 2000), with estimates for PTSD and depression at similar high levels (31% and 31%) for refugee and other conflict-affected people (Steel et al., 2009). Nevertheless, other studies have reported lower prevalence rates of mental disorders than what might be expected for these groups (Steel et al., 2005).

This variation in findings for prevalence rates of psychological conditions such as anxiety, depression and PTSD with refugee populations suggests refugees are not a homogenous group (Li et al., 2016; Slewa-Younan et al., 2015). For example, studies with adult refugees have found prevalence rates of PTSD ranging from 4% to 86% (Bogic et al., 2015). This variability of results found when researching with refugee populations is generally explained as being because of different refugee experiences, methods used, cultural understandings of mental health problems, length of time in the host country and post migration stressors (Fazel, 2018; Turrini et al., 2017). This variability in prevalence rates of PTSD has led researchers such as Turrini et al. (2017) to argue that the field is too focused on

programs and research related to prevalence rates of PTSD among asylum seekers and refugees and that future research should investigate a broader range of factors.

Similar to adult refugees, young refugees can experience ongoing physical and mental health difficulties in the settlement country. Young refugees may experience depression, anxiety, PTSD, grief and other mental health concerns in the settlement country despite high levels of resilience and agency (Fazel, 2018; Montgomery, 2008, 2010, 2011; Montgomery & Foldspang, 2006; Vervliet et al., 2014). The focus on prevalence rates of PTSD which occurs for adult refugees tends to be the same for young refugees despite research finding that some young refugees may not be experiencing PTSD symptoms and instead may be suffering from anxiety, sleep issues and depressed mood (Montgomery, 2011). Findings of variable prevalence rates of mental disorders have been found for young refugees as well as adult refugees. For example, prevalence rates of PTSD for child and adolescent refugees range from 10% to 25% in studies from high-income countries and have been reported to be as high as 75% in low- and middle-income countries; and estimates of depression have ranged from 5% to 30% (Fazel et al., 2015). This suggests that because prevalence rates have been found to be higher in low- and middle-income country studies compared to high-income country studies, rates of depression and PTSD could possibly be at the lower end range in Australia.

To move beyond the focus on prevalence rates of PTSD and issues with variability of prevalence rates for mental disorders with refugee populations, a paradigm has emerged in the literature which instead focusses on exploring wellbeing, settlement outcomes and experiences as well as psychosocial interventions

Evidence suggests that settlement in the new country is not only impacted by past traumas, but is also linked to post-displacement conditions (Porter & Haslam, 2005; Schweitzer, Brough, Vromans, & Asic-kobe,

2011). Criticism of some research as being reductionist and too focussed on PTSD suggests research should also investigate other psychosocial and adaptive factors related to settlement in the new country (Porter, 2007; Silove, 1999; Silove et al., 2006), especially for young people of refugee backgrounds (Montgomery, 2011). Psychological factors such as personal wellbeing, acculturation, resilience, spirituality and an absence of trauma symptoms may impact on the settlement experience (Adam & Ward, 2016; Berry et al., 1989; Keles et al., 2016; Montgomery, 2011). The social context has also been found to be implicated during settlement, for example, the presence of supportive family (Gifford et al., 2009; Schweitzer et al., 2006).

Adaptive processes (Silove, 1999, 2013) and psychosocial development (Erikson, 1963, 1968, 1997) provide useful frameworks for understanding settlement experiences. Qualitative methods are being used in research studies to ask refugees themselves about their mental health concerns and experiences in the new country (Kleinman et al., 1978; Tempany, 2008), with a recent focus on coping strategies and help-seeking to inform possible interventions with these groups (Colucci et al., 2012; Khawaja et al., 2008; Markova & Sandal, 2016). Though these factors have each been found to play a role in the settlement country, relationships between these factors are suggested to be multifaceted and interrelated (Nguyen & Benet-Martinez, 2003; Porter, 2007; Silove, 1999). This paradigm was therefore explored in the current thesis to address the gaps in the literature.

In order to address some limitations of some past research, the overarching aim of this thesis was to examine mental health and settlement from a broader ecological framework. To address a sampling limitation in the literature (Khawaja et al., 2014), the thesis focused on a homogenous group from refugee backgrounds for a more precise investigation of the variables under study with this group. The first goal was to expand upon

studies that have focused on PTSD, and instead quantitatively identify possible predictors and mediators of wellbeing for young Hazaras of refugee backgrounds. The second overarching goal of the thesis was to expand upon quantitative findings and qualitatively examine whether adaptive processes as described by young Hazaras themselves, fit with the ADAPT model (Silove, 1999). Erikson's (1968) psychosocial developmental framework was also applied to this sample's adaptation experiences. Lastly, to examine qualitatively how mental health and its causes, coping strategies and help-seeking are explained from the perspective of young Hazaras the EM framework (Kleinman, 1978), as explored by Tempany's (2008) methodology, was applied.

Three empirical studies were conducted to achieve the thesis' overarching aims. These included: An examination of potential predictors and mediators of personal wellbeing for young adult Hazaras from refugee backgrounds in Study 1 (Chapter 5); an exploration of The Adaptation and Development after Persecution (ADAPT) model with young adult Hazaras from refugee backgrounds in Study 2 (Chapter 6); and an exploration of mental health, coping and help-seeking for young adult Hazaras from refugee backgrounds in Study 3 (Chapter 7). The following sections discuss the findings of the three studies in relation to the broader literature.

8.2.1 Aim 1: Test a model of predictors and mediators of personal wellbeing for young Hazaras from refugee backgrounds in Australia. The focus in the literature has shifted beyond only focussing on the relationship between pre-migration trauma and psychopathology in the settlement country to investigate a broader range of predictors and mediators of wellbeing for refugee populations in their new country. Australian and international research has explored wellbeing for refugee populations in the settlement country (Davidson et al., 2008; Gifford et al., 2009), as wellbeing has been found to be both a resource for, and an outcome of, successful settlement (Correa-Velez et al., 2010). Drawing

upon Ager and Strang's (2008) work, Correa-Velez et al. (2010) identified wellbeing as a resource for successful settlement by better equipping refugee youth for potential challenges as well as an outcome of settlement by highlighting engagement with and challenges faced in the new country. According to these authors, their refugee youth participants experienced reduced wellbeing which was associated with social exclusion in Australia due to experiences of discrimination and bullying or being excluded because of their ethnicity, religion or colour of their skin (Correa-Velez et al., 2010).

Other researchers have also documented the effects of reduced wellbeing for Afghan and Kurdish Muslims in Australia specifically from experiences of settlement stressors such as family separation, status dissonance, feeling overwhelmed by challenges and spending too much time introspecting on their problems (Sulaiman-Hill & Thompson, 2012). More recently, higher levels of wellbeing have been found to be important for overcoming settlement challenges and encouraging engagement with education, employment, community involvement and language proficiency (Correa-Velez et al., 2015). These findings suggest that it is important to understand potential predictors and mediators of personal wellbeing for refugee populations to mitigate risks of reduced wellbeing and instead promote personal wellbeing in the settlement country.

In accord with Australian and international research that has identified possible predictors and mediators for refugee wellbeing (Adam & Ward, 2016; Berry et al., 1989; Keles et al., 2016; Montgomery, 2011), Study 1 demonstrated that these relationships existed for young adult Hazaras in a model of wellbeing. This finding extends upon pre-existing literature with CALD young people, given that previous findings regarding these relationships have been found in studies with samples of immigrants, overseas students and refugees from a range of different countries of origin (Correa-Velez et al., 2015). Instead, this study focused on one distinct

refugee group for a more precise investigation of predictors of wellbeing within this group, as recommended by Khawaja et al. (2014).

In support of the literature, the model tested found that acculturation, absence of trauma symptoms and presence of immediate family in Australia directly predicted personal wellbeing. While resilience and spirituality did not directly predict personal wellbeing, acculturation mediated the relationship between both resilience and personal wellbeing and between spirituality and personal wellbeing. It was also found that absence of trauma symptoms and spirituality displayed statistically significant positive correlations with resilience.

The first major finding from Study 1 was that for this sample acculturation was the strongest statistically significant predictor of personal wellbeing in the model. This finding supports research that has found acculturation is a key predictor of wellbeing whereby individuals who psychologically adapt during acculturation by drawing upon coping strategies, resilience and social support when dealing with stressors report higher levels of wellbeing (Berry, 2010; Berry & Hou, 2017; Sam & Berry, 2010; Schweitzer et al., 2007). For some studies looking at the relationship between acculturation and wellbeing outcomes in young immigrants and refugees, findings have been mixed. In the literature, it is acknowledged that for young immigrants and refugees, acculturation may be a point of contention as it may lead them to experience conflict with family or others in their communities over issues related to religion, gender roles and employment (Gifford et al., 2009; Ward, 2008). Despite this, there tends to be a consensus across the literature that young immigrants and refugees who find a balance between their cultural heritage and expectations of the new country show higher levels of wellbeing (Beiser et al., 2015; Sam & Berry, 2010; Schick et al., 2016). This has been supported by research with immigrant youth across 13 societies (Berry et al., 2006), and international students and a CALD sample in Australia (Khawaja et al., 2014). Although

some researchers believe the relationship between acculturation and personal wellbeing remains empirically unclear and suggest more complex relationships may exist (Nguyen & Benet-Martinez, 2013), the current study provides some insight into the relationship between acculturation and wellbeing for a young Hazara sample. This supports earlier Australian research with young refugees on more complex relationships between acculturation and wellbeing (Earnest, 2005).

The second major finding from Study 1 was that absence of trauma symptoms had a direct positive relationship with both personal wellbeing and resilience. The current study measured the absence of trauma symptoms as opposed to past traumatic experiences as it was deemed unethical to ask about such experiences in an anonymous self-report survey. The statistically significant relationship found between absence of trauma symptoms and personal wellbeing supports a shift in the literature which focuses on understanding how trauma symptoms may be reduced over time, leading to higher levels of wellbeing (Montgomery, 2011; Realmuto et al., 1992; Schweitzer et al., 2011).

The positive relationship between absence of trauma symptoms and resilience supports research with young refugees who have experienced trauma symptoms but do not report clinical levels of PTSD, suggesting they used their resilience to reduce trauma symptoms over time (Brough et al., 2003; Ellis et al., 2016; Montgomery, 2010; Schweitzer et al., 2007). This has been found for a majority of Afghan unaccompanied asylum-seeking children in the United Kingdom who reported experiences of trauma but did not reach clinical levels of PTSD, raising the possibility of resilience as a protective factor for this group in the settlement country (Bronstein et al., 2012).

In Study 1 most demographic variables such as age, length of time in transit and length of time in Australia were not statistically significantly related to personal wellbeing. Instead, the only demographic variable that

had a direct positive relationship on personal wellbeing in the model was presence of immediate family in Australia. Australian research has found family to be the most important predictor of wellbeing and the largest cause of distress for young refugees (McMichael et al., 2011; McDonald et al., 2009). Young refugees who are without family in Australia may experience considerable stress because of separation from family and friends who are still overseas and because of financial obligations to those overseas family members (Atwell et al., 2009; Brough et al., 2003; Gifford et al., 2009; Lawrence et al., 2016; Robertson et al., 2016). While presence of immediate family in Australia was a statistically significant predictor of wellbeing, it was not a strong predictor. As our study did not investigate the level of support participants were receiving from their family, a future study could look at this, as found in Gifford et al.'s (2009) Australian study. Gifford et al.'s longitudinal study explored similar individual and social factors which promoted successful settlement over a longer period of time.

The final major finding from Study 1 was that acculturation mediated the relationship between both resilience and personal wellbeing and spirituality and personal wellbeing. Resilience is a personal characteristic that has been found to be common in young children but which may be compromised due to experiences of adversity, and those who have higher levels of resilience generally do better during these negative experiences (Masten & Obradović., 2006). For young immigrants and refugees, a resilience framework has been used frequently over the past decade to show that resilience is crucial for overcoming settlement difficulties (Earnest et al., 2015; Güngör & Perdu, 2016; Ziaian et al., 2013). Building on this research, it is suggested in the literature that resilience and acculturation need to be explored together to determine positive wellbeing, especially for young refugees (Marshall et al., 2016; Sleijpen et al., 2016). This was found for unaccompanied refugees in Norway as those who were resilient had a more positive acculturation experience leading to higher

levels of positive mental health compared to those who were less resilient (Keles et al., 2016).

The finding that acculturation mediated the relationship between spirituality and personal wellbeing supports previous research from New Zealand which found that spirituality impacted positively on wellbeing for acculturating Muslim immigrants and that spirituality was core to their adaptation, supporting the wider literature with Muslim immigrants (Johns et al., 2015; Saroglou &Mathijsen, 2007). It was therefore evident that acculturation, resilience and spirituality displayed relationships within the model, supporting the use of The Acculturation and Resilience Scale with refugee populations as suggested by the authors (Khawaja et al., 2014). Similar to adults, spiritual beliefs and practices may assist children who have experienced adversity and trauma during adaptation with development, social support, provide meaning to their lives, strengthen family relationships and foster resilience (Crawford et al., 2006).

In sum, results from Study 1 of the thesis provide strong evidence for a model of wellbeing for young Hazaras from refugee backgrounds in Australia, supporting other holistic models of wellbeing in the wider literature with Australian Aboriginals (see Kingsley et al., 2013 for a review of such models). The findings imply that it is partly an individual's responsibility to promote their own wellbeing, supporting Australian research which suggests that this can be done by drawing upon interpersonal and intrapersonal capacities when faced with adversity (Khawaja et al., 2014). The results also showed the influence of social policy and social responsibility from the community in promoting individuals' wellbeing by highlighting the importance of spirituality and the presence of immediate family in Australia to support and encourage strength for these young people.

Our model provided evidence for the impact of psychological variables on personal wellbeing: Acculturation, absence of trauma

symptoms, resilience and spirituality. One demographic variable, presence of immediate family in Australia was also related to personal wellbeing in the model. This study showed that the large majority of the young people sampled were living with their immediate family in Australia, had high levels of wellbeing and resilience, were generally well educated and seemed to be adapting well to life in Australia.

8.2.2 Aim 2: To explore young adult Hazaras' adaptive processes in Australia. Drawing upon studies with Holocaust survivors, Silove (1999) identified that some refugee populations show relatively low levels of PTSD despite having experienced traumatic experiences, suggesting that focusing solely on PTSD for these groups was too reductionistic and exclusionary (Silove et al., 2006; Porter, 2007). In response to this, Silove (1999) developed a conceptual framework to identify adaptive processes that may be at risk for individuals who had experienced war or suffered gross human rights violations. He suggested that adaptive processes should be the focus of such research as human rights violations can affect adaptation, leading to symptoms that make up PTSD for refugees (Porter, 2007; Silove, 2013). Silove (1999) therefore developed the Core Adaptive Systems Model or the Adaptation and Development after Persecution and Trauma (ADAPT) model in response to perceived flaws in the Western diagnostic paradigm widely used at the time in refugee mental health which focused on PTSD. The ADAPT model proposes that due to traumatic experiences, refugees' five adaptive systems may be threatened: *The safety system, the attachment system, the justice system, the identity role system* and *the existential meaning system.*

In support of Silove's (1999) ADAPT model and McGregor et al.'s (2016) study with a heterogeneous sample of adolescent refugees in Australia, Study 2 demonstrated the applicability of the ADAPT model to the settlement experiences of young adult Hazaras with refugee backgrounds in Australia. This study was a partial replication of McGregor

et al.'s study as their YES-R interview schedule based on the ADAPT model was used and Erikson's (1968) psychosocial stages of development were applied to the settlement experiences of the young adult refugee sample, which was similar to McGregor et al.'s adolescent refugee sample. As expected Study 2 findings were generally similar for men and women as they shared cultural and religious beliefs and practices. However, for some of Silove's adaptive systems there were notable gender differences which will be discussed below. The findings also indicate the need to apply the ADAPT pillars flexibly in each population. A more detailed discussion of the findings with young adult Hazaras follows, drawing upon Silove's adaptive systems and comparisons between the current study findings and McGregor et al.'s (2016) findings with adolescent refugees.

The young adult Hazaras sampled recalled a number of safety concerns in detail, which related to the ADAPT model's first system, the safety system. The safety system is conceptualised as involving ongoing "threats to life" due to premigratory traumas and resettlement experiences that need to be addressed in order to adapt successfully in the settlement country (Silove, 1999, 2013). In accord with McGregor et al.'s (2016) study, Study 2 of the thesis did not ask direct questions about premigratory trauma due to ethical concerns. It is noteworthy that without such direct questions participants did not raise premigration trauma experiences as outlined by the ADAPT model's safety system. However, they did recall other safety concerns, unlike McGregor et al.'s (2016) adolescent sample. For example, the young adult Hazaras interviewed expressed strong safety concerns for family members they had left behind in their home country.

A second safety concern which was different from McGregor et al.'s adolescent sample was that the majority of young adult Hazaras sampled perceived experiences of racism and discrimination as a safety concern. The young adult Hazaras linked discriminatory experiences to feeling unsafe in Australia. As Silove (2013) suggests, ongoing threats to safety and security

such as a lack of control over one's life, uncertainty about the future and an absence of social support or resources to achieve recovery may trigger PTSD symptoms. Therefore, he suggests that environmental conditions of safety, predictability and stability need to be established for refugee populations to achieve mental health recovery and adapt successfully in their new country (Silove, 2013).

Some of the findings from the interviews with the young Hazaras supported the interdependence of the ADAPT systems (Silove, 2013, p. 244). The interconnectedness of the safety and the attachment systems was demonstrated by the unaccompanied men reporting family separation as their biggest concern and also reporting more adjustment problems compared to participants who were with their immediate family in Australia. Erikson's (1968) psychosocial stage for young adults (intimacy versus isolation) relates to these unaccompanied men as they could be at risk of not resolving this stage due to the inability to develop supportive loving relationships with their family. These men may experience ongoing difficulties with forming intimate relationships because they were experiencing negative feelings related to isolation and loneliness (Erikson, 1968). Several of the unaccompanied men described using social media to maintain connections with their family overseas, suggesting this may offer a buffer from isolation, as was found in Australian research with Karen Burmese youth in Melbourne (Gifford & Wilding, 2013). Nevertheless, these young men's distress related to their isolation and may negatively affect their adaptation to Australia. In contrast, the accompanied young Hazara men and women may feel more protected and supported by their families in Australia, encouraging them to develop healthy relationships with others during this psychosocial stage.

The interrelatedness of the safety and justice systems was demonstrated by participants' perception that unfair and negative media portrayals of Muslims contributed to misunderstandings and hostility in the

Australian public (see Rodríguez-Jiménez & Gifford, 2010), this perceived public hostility impacted the young Hazaras' sense of justice. Silove (2013) argued that refugees who experience discrimination in the settlement country may feel a reduced sense of belonging and have difficulties re-establishing their self-identity. Our findings supported this argument as experiences of discrimination aroused safety and justice concerns and contributed to a conflicted sense of identity and isolation, weakening their adaptation to Australian society. These findings support Danish research with Middle Eastern refugees that found a relationship between discrimination, mental health and adaptation (Montgomery & Foldspang, 2008). This finding is also in accord with Erikson's (1968) stage for adolescents (identity versus role confusion) as these young people were beginning to establish their identity and experiment with different lifestyles, such as becoming interested in political activities related to these experiences of injustices.

Similar to McGregor et al.'s (2016) findings, Silove's (1999) attachment system generated the most discussion in participant interviews. The young Hazaras talked about the strong bonds they held with family, friends and teachers, supporting the salience of Erikson's (1968) stage for young adults (intimacy versus isolation). Silove discussed the importance for refugee populations to restore disrupted interpersonal bonds and wider social supports in order to achieve recovery as these experiences symbolise connections to place and culture, and connections between generations. These communities need to be reunited with families and re-establish pre-existing interpersonal bonds in the settlement country, especially unaccompanied minors who may experience heightened grief reactions because they are without their social connections and may become isolated (Silove, 2013). Many of the participants in Study 2 mentioned this issue.

Peer attachments to both Afghan and Australian born friends were key social supports for the young Hazaras and they believed these

contributed positively to their wellbeing, supporting Erikson's (1968) developmental stage for young adulthood (intimacy versus isolation) and Silove's (1999, 2013) emphasis on the attachment system. The young Hazaras discussed the importance of having friends from similar ethnic backgrounds as it provided them with the opportunity to share cultural expectations and experiences. However, they also described the importance of making non-Afghan friends to help with integration into Australian society. This finding supports Australian and international research that suggests young immigrants and refugees who maintain their cultural heritage while also participating in the new society may have a more positive adaptation in their settlement country (Beiser et al., 2015; Khawaja et al., 2014; McGregor et al., 2016; Sam & Berry, 2010).

Teacher attachments played a crucial role for many of the young adult Hazaras' adaptation to life in Australia. As many participants' schooling had been disrupted due to displacement, these young people described how Australian teachers helped them prepare for their new country and helped identify issues concerning their mental health and wellbeing, supporting the literature (e.g., Khawaja et al., 2018; Mazzer & Rickwood, 2015; Miller, Ziaian, & Esterman 2017; Wong & Schweitzer, 2017). This finding also supports two Norwegian studies (Markova & Sandal, 2016; Pastoor, 2015) that found young refugees believed teachers played an important role in supporting them during their settlement and suggested that schools could work on further supporting refugee students by providing appropriate resources to their teachers and supporting structures.

The main gender difference found for the attachment system was in relation to family attachments. Most of the young Hazara women described experiencing more parental control over their behaviours and activities in Australia compared to the men, supporting previous Australian research with refugee adolescent women (Iqbal et al., 2012; McMichael et al., 2011). However, four of the Hazara women sampled described experiencing fewer

restrictions placed upon them by their parents as their parents did not maintain their traditional mindset in Australia and were more "open minded". This involved having more freedoms to participate in employment and education rather than getting married young and having children, so they felt they had better adapted to Australian society.

A marked difference between McGregor et al.'s (2016) refugee adolescent sample and the young adult Hazara sample was that Silove's (1999) justice system emerged as a strong concern for the young adults interviewed. Silove believed concerns with the justice system indicated that refugees and torture survivors may feel a profound sense of injustice due to experiences that were intended to humiliate, dehumanise and degrade them. He argued that following human rights violations and persecution, persistent preoccupation with past injustices may maintain psychological distress symptoms and therefore these injustices need to be addressed and overcome in the settlement country in order to achieve recovery.

In relation to the ADAPT model's justice system, some participants in Study 2 expressed concern over ongoing persecution against Hazaras overseas, changes to family reunion policy and negative media and political portrayals of minority groups in Australia. Some of the young Hazaras expressed anger and frustration as reactions to these injustices, which Silove (2013) writes are normal emotional responses. He suggests policies and practices in post conflict societies need to reflect human rights in order to reduce chronic feelings of injustice. Eight of the young adult Hazaras sampled in Study 2 had arrived in Australia classified as asylum seekers and had spent time in detention centres, rather than being classified as refugees, so their sense of justice may have been further engaged due to these experiences. The younger people in McGregor et al.'s (2016) adolescent refugee sample did not indicate that they believed their justice system was threatened and this did not appear to be a salient issue for them, suggesting they felt protected by their families in Australia.

The interviews highlighted that the young adult Hazaras had spent a lot of time thinking about their identity and roles in Australia. Silove (1999, 2013) proposed that refugees and torture survivors may have a profoundly threatened sense of identity and self-concept due to ongoing unstable conditions, statelessness, time spent in refugee camps or detention centres or from living as an asylum seeker in societies that are not welcoming. These unstable conditions may affect the person's ability to re-establish their identity and the uptake of meaningful roles in the new country (Silove, 2013).

A major gender difference found for the identity and roles system was to do with identity development. In Study 2, the majority of young adult Hazara men described interrupted identity development because of displacement and their roles in Australia narrowing due to financial responsibilities to their families meaning they could not easily take up educational opportunities. This finding supports the applicability of Erikson's adolescent and young adult psychosocial stages to a sample of young adult refugees because the men's disrupted schooling meant some remained in school into young adulthood once having settled in Australia. Again, some of the young men had to put their education on hold and to take any job they could to support their family, suggesting they were unable to successfully resolve Erikson's adolescent stage (identity versus role confusion). As psychosocial stages are presented in a series of sequential steps where each stage contributes to the next (Erikson, 1963, 1968, 1997), inability to resolve a previous stage means that these men may be at risk of developing a poor sense of self and having difficulties forming intimate relationships during young adulthood. This finding also supports Silove's (2013) suggestion about identity confusion, as these men were experiencing role confusion and psychological difficulties because they were unable to pursue either their preferred employment or educational roles. Instead, Silove (2013) proposes that education and employment opportunities should

be accessible to refugees so they can develop appropriate new roles and identities in the settlement country.

Unlike the young Hazara men, the young Hazara women's gender roles had typically expanded in Australia. In accord with McGregor et al.'s (2016) adolescent refugee sample, the young Hazara women generally described having a strong sense of identity. This would appear to be because the women sampled perceived themselves as having more opportunities in Australia than in their homeland, meaning they could develop new roles and identity and successfully resolve Erikson's psychosocial stage for adolescents (identity versus role confusion). One finding also related to Erikson's psychosocial stage for young adults (intimacy versus isolation) was that the young Hazara women said their parents' expectations of them to marry and have children at a young age had changed due to the expanded possibility for new educational and occupational roles in Australia. This opportunity for young women to defer establishing a long term intimate relationship did not appear to create a sense of isolation, possibly because they had family with them. Despite this, the women discussed how opportunities offered to them sometimes generated identity confusion because these opportunities challenged their families' traditional views on the roles and identity of young Hazara women. This finding supports Australian research with adolescent Hazara women which found negotiating two cultures can cause intergenerational disputes (Iqbal et al., 2012). In particular, this related to being female as gender influenced the clothes they wore, the activities they were allowed to participate in and the amount of educational support they received from their families (Iqbal et al., 2012).

According to Silove (1999), the final adaptation system, the existential meaning system, is where refugees may face a "crisis" following experiences of trauma which can disrupt their meaning, trust and faith systems. He believed that existential processes were central to psychopathology for torture survivors and refugees, especially for those

from communities with a dominant belief system who were resettled in pluralist societies such as Australia which are made up of many faiths, lifestyles and worldviews (Silove, 2013). However, the findings from the current study did not support Silove's suggestion and instead, in accord with McGregor et al.'s (2016) study and the wider literature (e.g., Adam & Ward, 2016; Copolov et al., 2017; Johns et al., 2015; Saroglou & Galand, 2004; Saroglou & Mathijsen, 2007), the majority of young Hazaras sampled said they maintained their strong religious beliefs in Australia. Nevertheless, a few mentioned questioning their religious beliefs in Australia, providing some support for Silove's (1999, 2013) arguments. Most of the participants in the current study suggested other Hazaras should "integrate" into Australian society in order to feel a strong sense of belonging. Integration is defined as preserving one's original culture while at the same time adopting the culture of the new society (Sam & Berry, 2010).

The main gender difference for the existential meaning system was that the young adult Hazara women believed their religious beliefs and cultural views were important for their sense of self and belonging, more so than described by the men. Most of the young Hazara women said their religious beliefs made up a large part of their sense of self, suggesting the interrelatedness of the existential meaning and identity and role systems for these young women. A few of the young Hazara women did mention intergenerational tensions that may be caused if they questioned cultural views and practices with elders in their communities, again reflecting Silove's (2013) arguments. One young adult Hazara woman described the importance of a multicultural society for belonging, defined as maintaining one's cultural heritage and identity combined with participation of ethnic groups in the larger society (Berry, 2010). She appeared to reflect Silove's (2013) suggestion for pluralist societies to adopt policies and practices that support multiculturalism.

In sum, while adaptation models have been applied to various research samples (Griep et al., 2014; Latham et al., 2010; McGregor et al., 2015; McGregor et al., 2016), to the authors' knowledge, this is the first study that has asked a young adult sample of refugee backgrounds about their settlement experiences within the framework of Silove's (1999) ADAPT model. Findings generally suggested that the ADAPT framework provides a valuable way of conceptualising factors influencing young refugees' adaptation. It also was evident that Erikson's (1968) psychosocial stages for adolescents (identity versus role confusion) and young adults (intimacy versus isolation) were reflected in the participants' settlement experiences, supporting the use of Erikson's model for providing a developmental context for adaptation in young refugee samples (Nakeyar et al., 2018). In particular, Erikson's stages for adolescents and young adults were most salient within the framework of Silove's (1999, 2013) attachment, justice, and roles and identity systems.

The findings also showed the importance of gender comparisons for a richer understanding of adaptation processes, especially for family attachments, identity development and religious beliefs and cultural views, even in a relatively homogenous group. Overall, results from Study 2 provide an insight into a group of young people from refugee backgrounds who seem to be navigating adaptation processes quite well and are focusing on their futures in Australia.

8.2.3 Aim 3: To explore young adult Hazaras' explanatory models of illness and healing. Early research by Kleinman (1978, 1987) proposed that Western concepts of mental health tended to be defined by the biomedical model of treatment, which is focused on curing a patient's disease rather than helping the patient to understand how they understand and experience their illness. Kleinman believed both patients and clinicians held explanatory models (EMs), which represented their understandings of illness and disease and that patients' EMs needed to be investigated and

understood for best therapeutic practice and outcomes (Kleinman et al., 1978). He also proposed that people from different ethnic and nationality groups may define illness, its causes and healing based on their cultural beliefs, religious affiliations, education and experiences with illness, which may differ from the scientific models of disease and treatment endorsed by health professionals in Western countries (May et al., 2014). Building upon Kleinman's earlier work, layperson's concepts of illness and healing have been extensively researched within Western countries in recognition of the value of Kleinman's approach (Haslam et al., 2007).

While research has explored EMs for adult refugees from varied backgrounds, research is almost non-existent on EMs of young refugees or Afghan refugees, especially those from minority groups such as Hazaras (Alemi et al., 2014; Alemi et al., 2016; de Anstiss et al., 2009; Markova & Sandal, 2016). An Australian study with Sudanese refugee youth (Tempany, 2008) aimed to address some of these limitations in the literature by developing an interview schedule based on the EM framework (1978). Tempany (2008) asked the Sudanese youth about their concepts of mental health and wellbeing, causes of ill health and strategies used to support recovery. Results found that social supports, family, religion, pre-arrival experiences, culture, settlement experiences and individual differences were related to these young peoples' concepts of mental health and wellbeing. In particular, these young people preferred to use coping strategies or receive informal help from social supports such as friends and family rather than seeking professional help.

Similarly, understanding coping strategies and help-seeking from the perspective of refugees has recently received more attention (Gladden, 2012; Murray et al., 2010; Sandhu et al., 2013; van Wyk & Schweitzer, 2014). Research has documented the importance of coping strategies when dealing with mental health problems for adult refugees. For example, a Norwegian study (Markova & Sandal, 2016) found that adult Somali

refugees preferred to deal with depression by using religious practices, relying on friends, family and their ethnic and religious groups rather than seeking help from a health professional. The views of elders, fathers and spiritual leaders also appeared to act as "gatekeepers" to mental health service use for these participants.

Unlike research with adult refugees, research on young refugees and their coping strategies, remains limited (de Anstiss et al., 2009; de Anstiss & Ziaian, 2010; Ellis et al., 2011). Research that has been conducted with young people and coping strategies tends to focus on adolescents in the general population and even then, research has been limited. Australian research that explored refugee young people and help-seeking reviewed output from focus groups conducted with adolescent refugees from a variety of countries and found that most did not seek help for psychological problems beyond their social network of friends due to individual, cultural and service-related barriers (de Anstiss & Ziaian, 2010).

Research on barriers and facilitators with respect to mental health services for young refugees is another area that tends to be ignored, despite the importance of these issues for young people trying to deal with mental health problems (Colucci et al., 2012a; Colucci et al., 2012). Australian research that has been conducted in this area was only able to identify 11 studies on mental health service use by young people of refugee backgrounds (Colucci et al., 2012), of which only one study of 13-17 year old refugees who have settled in Australia explicitly examined service-related barriers (de Anstiss et al., 2009). The authors note that only a few of these studies explored gender differences (Colucci et al., 2012).

More recently, an Australian qualitative study explored barriers to accessing mental health services from the perspective of young refugees and found that the young people described barriers such as stigma, unfamiliarity with services, structural obstacles, social exclusion and negative expectations about mental health professionals (Valibhoy et al., 2017). The

young refugee participants said they preferred to receive help from outside existing health services and felt a need for autonomy over their mental health concerns.

Australian research on young refugees' mental health service use has focused on samples of current service users or service providers. For example, one research team conducted a round table discussion with young people from refugee backgrounds (CMY, 2011) and then invited health professionals from government, academia, and service provider backgrounds to discuss barriers and facilitators to accessing mental health services for young refugees (Colucci et al., 2012; Colucci et al., 2015). This study aimed to develop a research agenda for mental health (Colucci et al., 2012b).

A major research recommendation from the project was that young refugees should be interviewed separately from service providers about their views on mental health service use, for those who have and have not been service users before. It is evident that research in this area may be overlooking valuable insights from community samples of young refugees that are not selected as current service users and who may be using positive coping strategies or informal help-seeking from social supports instead of accessing a mental health service.

Study 3 of this thesis aimed to explore these issues from the perspective of a community sample of young people from refugee backgrounds who were not selected as service users. Specifically, the same sample of young adult Hazaras from refugee backgrounds who participated in Study 2 also participated in Study 3 using a modified version of Tempany's (2008) interview schedule based on the EM framework. The study aimed to explore their coping strategies and help-seeking for mental health problems. Findings were generally similar for men and women, possibly due to generally shared cultural and religious beliefs and practices.

However, for some topics there were notable gender differences which will be discussed below.

The first major finding from Study 3 was that participants described their mental health as interconnected with their physical health and their environment. In particular, the young Hazara men described their psychological distress as thoughts within their minds that needed to be released, that were made up of emotional and cognitive elements. This finding supports research within the literature with other refugee samples, such as Australian and New Zealand research with Afghan and Kurdish refugees (Sulaiman-Hill & Thompson, 2012) and Norwegian research with Somali refugees (Markova & Sandal, 2016) which both found that respondents described their depressive symptoms as problems related to emotion (sadness) and cognition ("thinking too much").

According to participants, their understanding of causes of psychological distress affected how they thought the condition should be managed. Most believed that causes of psychological distress were not symptoms of a disease that needed professional help (Kleinman, 1978), and instead were seen as an issue that was caused by emotional reactions to difficult situations (e.g., isolation due to family separation), gender role pressures (e.g., financial responsibilities to family), and cultural beliefs (e.g., stigma associated with mental health). Therefore, participants tended to cope with these issues outside of accessing formal help by receiving social support from family and friends, using self-help strategies and participating in sport to distract them from their worries, supporting past research with similar refugee groups (Sulaiman-Hill & Thompson, 2012). Some of the unaccompanied Hazara men who were unable to reunite with family members in Australia or had to work in a job they did not enjoy to make money to support their families overseas turned to alcohol or substance use to cope with psychological distress. This finding supports research that suggests refugee men may start drinking alcohol or taking

drugs to alleviate distress (Posselt et al., 2014). As these behaviours are frequently contrary to their religious beliefs, these behaviours may lead to further psychological distress and conflict.

Most of the young Hazara women described experiencing some pressures related to their expanded gender roles in Australia although, they typically described embracing these new opportunities. The majority of these women said they used religious beliefs and practices to cope with pressures associated with these changes. This supports research with Afghan refugee women which has found religious practices can be one of their most important coping strategies (Sulaiman-Hill & Thompson, 2012; Welsh & Brodsky, 2010). In comparison to Sulaiman-Hill and Thompson's (2012) findings with Afghan women, the young Hazara women in Study 3 said they were coping well with changes to their traditional gender roles. A possible reason for this difference was that Sulaiman-Hill and Thompson's sample ranged from 18-70 years of age and included older pre-literate women from traditional backgrounds. These women may have found it difficult to make any significant adaptive changes in Australia or New Zealand. It is perhaps relevant to note that the young Hazara women in Study 3 described being concerned about their mothers' psychological distress because their mothers had difficulties adapting to life in Australia. This may relate to Sulaiman-Hill and Thompson's finding with a sample of pre-literate women. These differing findings highlight the difficulties of generalising findings from refugee samples with varied demographic characteristics, and the value of in-depth study of relatively homogeneous groups.

The third major finding from Study 3 was that participants described various barriers and facilitators to accessing and engaging with mental health services in Australia. They believed cultural context influenced mental health service use, as admitting to mental health issues was highly stigmatised in their communities, supporting findings from the literature (see Colucci et al., 2012a; Colucci et al., 2015; Valibhoy, Kaplan, &

Szwarc, 2016; Valibhoy et al., 2017). The young adult Hazaras also described service related barriers such as cost and service location as affecting accessibility and engagement with mental health services, which supports findings from the literature (Colucci et al., 2012a; Colucci et al., 2015; Valibhoy et al., 2016; Valibhoy et al., 2017). In particular, the young Hazara women described perceived trust and confidentiality issues as potential barriers to accessing mental health services because of fears surrounding revealing domestic violence. For example, they believed that domestic violence concerns might become public and may affect their visa status or their reputation in the community. Similar concerns about reportable offences have been found in previous research with refugee women (Colucci et al., 2017). The young Hazaras explained that somewhat negative information about mental health services which they have heard at school or in their community can deter people from engaging with mental health services.

While research has documented barriers and facilitators to accessing and engaging with mental health services for young people of refugee backgrounds, little research has investigated satisfaction with services from the perspective of young people (Valibhoy et al., 2016), particularly for Afghan refugees (Alemi et al., 2016). While the current study sample was not selected as services users, some participants had accessed and engaged with mental health services and without being prompted, described their satisfaction or otherwise with the service. Those participants in Study 3 who had accessed a mental health service, mainly young Hazara men, explained that when services were ineffective or irrelevant they could increase distress experienced, which supports previous Australian research with young refugee service users (Colucci, et al., 2017; Valibhoy et al., 2016). For example, the sample expressed discomfort with, and tended to reject, mental health professionals' focus on previous trauma experiences.

The young Hazaras in the current study said that when mental health services were deemed as unhelpful by young refugees this had a ripple effect in the community as word of mouth about negative experiences spread throughout communities and deterred other young Hazaras from approaching health services in the future. These young Hazaras suggested health professionals and therapeutic interventions can improve skills such as genuine listening, being non-judgemental, showing warmth, respect, understanding and compassion, and using culturally relevant practices, supporting other Australian research with young refugee service users (Valibhoy et al., 2016). It is noteworthy that the participants in Study 3 who had accessed a service described their satisfaction as highest for services provided by multicultural centres as they felt listened to, and these specialist services used relevant and helpful interventions.

This Australian study examined beliefs about psychological distress, coping and help-seeking in a young adult Hazara community sample from refugee backgrounds. The young people could clearly express their views on psychological distress and its causes when they were asked. They described using positive and negative coping strategies in the community, and reported barriers and facilitators to accessing and engaging with these services. Some participants had accessed and engaged with a variety of mental health services. Levels of satisfaction with these services varied considerably and satisfaction was highest for services provided by multicultural centres. Findings also illustrated the importance of gender comparisons, for example, when comparing the responses of unaccompanied young adult Hazara men to those with their immediate family in Australia, for a richer understanding even in a relatively homogenous group.

8.3 Implications for Policy, Programs and Mental Health Professionals

This thesis contributes to a broadened understanding of mental health beliefs, outcomes and experiences in the settlement country for a

sample of young adult Hazaras of refugee backgrounds. An emerging paradigm was explored which focuses on settlement conditions and mental health for refugee populations. More specifically, it aimed to expand the PTSD focus for refugee populations in the settlement country and instead explored psychosocial factors, adaptive processes, coping and help-seeking by asking young people of refugee backgrounds about their experiences in Australia. It was evident that this paradigm was a useful framework to describe young adult Hazaras' settlement as it built upon and expanded the current PTSD focus in the literature.

The model of predictors and mediators of wellbeing identified in Study 1 appears to be the first time Australian research has identified such a model related to personal wellbeing for young refugees. The model highlights the importance of psychological variables: Acculturation, absence of trauma symptoms, resilience, spirituality (including religiosity) and personal wellbeing. Surprisingly, only one demographic variable, presence of immediate family in Australia, made a statistically significant contribution to personal wellbeing. It is suggested that this wellbeing model may be generalised to other groups of young refugees who have experienced similar challenges.

The survey methodology, both online and paper-version version, used in Study 1 was able to reach a relatively large sample from a population with limited prior involvement with research within a short period of time. As evidenced from the findings of the survey, the role of psychological factors of acculturation, resilience, spirituality and an absence of trauma symptoms seems to have relevance to promoting wellbeing. Study 1 showed that these individual characteristics were the strongest predictors and mediators of personal wellbeing, suggesting that these characteristics should be focused on the promotion of positive wellbeing. The findings that have the most relevance to social policy are the importance of acculturation mediating the relationship between spirituality and personal wellbeing and

also the impact of the presence of immediate family in Australia on personal wellbeing. There is a social responsibility for the community to support and encourage these young Hazaras to draw strength from their spirituality during acculturation, which may positively affect their wellbeing. There is also a social responsibility to unaccompanied young people as they may require extra support in order to adapt successfully to life in Australia.

Qualitative results from Study 2 suggested that Silove's (1999) ADAPT model is a useful framework for understanding settlement experiences in a new country from the perspective of young adult refugees. In particular family, friend and teacher attachments were described as positively influencing the young Hazaras' ability to adapt to a new culture, which implies that there should be a focus on promoting social networks and positive adaptation for these young people in educational settings, services and programs.

Erikson's (1968) psychosocial stages of development for adolescents and young adults also are demonstrated to be a useful framework within which to understand settlement experiences for a young adult refugee sample, providing a developmental context for their adaptation dilemmas. This study supported the idea that until Erikson's psychosocial stage for adolescents is resolved, unresolved issues may continue well into the young adulthood stage. Specifically, findings suggest that unaccompanied refugee young people may need assistance to engage flexibly with education, for example, part time study which can be combined with earning, so that they can successfully resolve the adolescent stage and progress into the young adulthood developmental stage.

The qualitative findings from Study 3 have implications for the development of mental health services and can inform health professionals working with this ethnic group and with this age group of young people. The findings implied that understanding EMs of young adult Hazaras may inform the development of culturally sensitive interventions to address

psychological distress. According to the sample in Study 3, positive coping strategies such as social support, sport and self-help strategies were often more effective than seeking help from a health professional, implying that the use of these positive coping strategies should be encouraged with this group. The gender differences found for coping strategies in Study 3 imply that positive coping strategies should be identified by young men and women to harness their autonomy and build resilience. Based on the results with unaccompanied young Hazara men in Study 3, this group of men may need assistance with developing social networks in Australia as well as engaging with pre-existing social networks overseas to mitigate more negative coping strategies such as substance use.

The results showed the positiveness and usefulness of religious beliefs and practices for young Hazara women when dealing with psychological distress. Interview responses indicated that young adult Hazara women and men may benefit from the availability of places of worship so they can practice their religion and access religious and access advice from religious scholars in times of need. Interviewees without such resources felt more isolated and unsupported. The findings from Study 3 also demonstrated the valuable insights we can gain from asking community samples of young people of refugee backgrounds about their perceived barriers and facilitators to accessing and engaging with mental health services, regardless of whether they had or had not accessed a service.

The six young adult Hazara men and two young adult Hazara women who had accessed a health service said that they were not focusing on their past traumas and instead were focusing on, and planning for their futures in Australia. This implies the importance of specialised training for health professionals which does not solely focus on past trauma, and does not assume this is the only reason why young people of refugee backgrounds seek help. This suggests that health professionals need to be open to hearing their clients' concerns. In acknowledgement of the young

adult Hazaras' suggestions, psychological interventions might be better accepted and more successful if they take a holistic approach to therapy by providing support psychologically, educationally, financially, and socially while maintaining refugees' cultural beliefs and norms (Murray et al., 2010). A major finding from Study 3 was that negative hearsay within non clinical communities about non-culturally specialist mental health services may be damaging and services may need to anticipate rumours and proactively prevent and manage this by promoting formal communications about their services. On a more positive note, findings suggest that multicultural centres may be successful at supporting young adult Hazaras from refugee backgrounds by providing relevant and tailored services, suggesting this is a promising area to explore further.

8.4 Limitations, Strengths and Future Research

The use of an online survey methodology as part of Study 1 may have resulted in a sample that was less financially stressed and more literate than young Hazaras without internet access and with more profound wellbeing difficulties. Given that Study 1 demonstrated the possibility of engaging young adults from a refugee background in an anonymous survey, future research could focus on obtaining a broader and more representative sample. Future research on refugee wellbeing could use purposive sampling to recruit a more diverse sample of young adult Hazaras of refugee backgrounds and to attempt to identify which groups may have more difficulties accessing the internet. A larger sample size may also enable further examination of the measures' psychometric properties.

Study 1 did not measure level of trauma suffered before arriving in Australia due to ethical reasons and consequently used a measure of absence of trauma symptoms. This may have been serendipitous. The results were able to identify the value of focusing on the absence of trauma symptoms for young adults of refugee backgrounds when studying personal wellbeing. Building on this finding, while acknowledging that many young adult

Hazaras of refugee backgrounds have experienced extremely traumatic events, future research should focus on understanding individual, social and adaptive processes used to reduce trauma symptoms over time (McGregor et al., 2015; Realmuto, et al., 1992; Schweitzer et al., 2007).

Participants in the current research completed two interview schedules at the same time as part of Study 2 and Study 3, one explored the ADAPT model and the other explored EMs. These interview schedules explored different aims and constructs, making up two different studies. The findings from Study 2 and Study 3 were based on small qualitative studies with a young adult English speaking sample who have resettled in a high income country. The possible relationship between the good English of this sample and higher levels of well-being and acculturation than young Hazaras with lower levels of English language proficiency who may have more profound wellbeing and acculturation difficulties is acknowledged. This supports recent research that found improving majority language proficiency and more intergroup contact in the settlement country can increase levels of refugee well-being (Tip, Brown, Morrice, Collyer, & Easterbrook, 2018). It is therefore recommended that future research explore the ADAPT model, Erikson's psychosocial stages and EM framework with larger samples and across a wider age range to test the generalisability of the findings. In addition, in accord with McGregor et al.'s (2016) study, Study 2 was unable to explicitly ask participants about their premigratory refugee experiences due to ethical reasons.

While acknowledging the limitations of the current thesis, it also had much strength. One such strength was that the sample was a relatively homogenous group from the same ethnic background rather than a heterogeneous sample of adults from varied refugee backgrounds, making generalisations clearer.

A second strength was that this thesis showed that the young Hazaras who volunteered for the studies generally had positive personal

wellbeing, an absence of trauma symptoms, were adapting well to Australian society, and were planning and focusing on their futures in Australia. These findings provide a valuable compliment to much of the research based on deficit models in the literature.

A third strength was that Silove's (1999) ADAPT model and Erikson's (1968) theoretical approach provides an explanatory framework for the settlement experiences on which the participants appeared to be focusing at this time in their lives. Findings highlighted the importance of gender comparisons for a richer understanding of adaptive and psychosocial processes. Both young Hazara men and women were focusing on their education. The unaccompanied men were focusing on not being able to finish their education, reflecting the importance of education for successfully resolving Erikson's psychosocial stage for adolescents. These men should be provided educational opportunities, perhaps part time, to combine with a job to increase their wellbeing and positive adaptation to Australia. In contrast, the women were able to focus on education and employment, thus delaying marriage and postponing their progression into Erikson's psychosocial stage for young adults. Future research should focus on the importance of education, services and programs in promoting social networks and positive adaptation.

A fourth strength was the use of qualitative methods for Study 2 and Study 3 as it allowed the young adult Hazaras the autonomy to express their views on the constructs that were explored.

Lastly, the thesis provided an in-depth exploration of gender differences across the various constructs which are not always identified in the literature.

8.5 Conclusion

In conclusion, the thesis findings supported the emerging paradigm in the literature which focuses on mental health and settlement from a broader ecological framework. The mixed-methods design proved useful as

both quantitative and qualitative studies were able to address the aims of the thesis with a young adult Hazara sample of refugee backgrounds. Overall, the studies found that unlike much of the literature's focus on PTSD with refugee groups, this young adult sample of refugee backgrounds were not looking backwards, doing relatively well, and were focusing on their educational and occupational opportunities provided in a high income country such as Australia.

References

Acerra, J. R., Iskyan, K., Qureshi, Z. A., & Sharma, R. K. (2009). Rebuilding the health care system in Afghanistan: An overview of primary care and emergency services. *International Journal of Emergency Medicine*, *2*(2), 77–82. http://doi.org/10.1007/s12245-009-0106-y

Academics for Refugees. (2016). *Academics for Refugees Policy Paper: A Just and Humane Approach for Refugees*, (August), 1–10. Retrieved from https://academicsforrefugees.files.wordpress.com/2016/08/a4r_policy_paper_2016.pdf

Adam, Z., & Ward, C. (2016). Stress, religious coping and wellbeing in acculturating Muslims. *Journal of Muslim Mental Health, 10* (2), 3-26. http://dx.doi.org/10.3998/jmmh.10381607.0010.201

Afroz. N., & Najib. M. (2013). *Afghanistan - culture smart: The essential guide to customs & culture.*

Ager, A., & Strang, A. (2008). Understanding integration: A conceptual framework. *Journal of Refugee Studies*, *21*(2), 166–191. http://doi.org/10.1093/jrs/fen016

Alemi, Q., James, S., Cruz, R., Zepeda, V., & Racadio, M. (2014). Psychological distress in Afghan Refugees: A Mixed-Method Systematic Review. *Journal Immigration Minority Health*, *16*(6), 1247–1261. http://doi.org/10.1016/j.surg.2006.10.010.Use

Alemi, Q., Stempel, C., Koga, P. M., Montgomery, S., Smith, V., Sandhu, G. ... Requejo, J. (2018). Risk and protective factors associated with the mental health of young adults in Kabul, Afghanistan. *BMC Psychiatry*, *18*(1), 71.

Alemi, Q., Weller, S. C., Montgomery, S., & James, S. (2016). Afghan Refugee Explanatory Models of Depression: Exploring Core Cultural Beliefs and Gender Variations. *Medical Anthropology Quarterly*, *0*(0), 1–21. http://doi.org/10.1111/maq.12296

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Amnesty International Australia. (2013). *This is Breaking People: Human Rights Violations at Australia's Asylum Seeker Processing Centre on Manus Island, Papua New Guinea*.

Anstiss, H. de, Ziaian, T., Procter, N., Warland, J., & Baghurst, P. (2009). Help-seeking for Mental Health Problems in Young Refugees: A Review of the Literature with Implications for Policy, Practice, and Research. *Transcultural Psychiatry*, *46*(4), 584–607. http://doi.org/10.1177/1363461509351363

Ashworth, P. (2003). The origins of qualitative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 4-24). London*:* Sage.

Atwell, R., Gifford, S. M., & McDonald-Wilmsen, B. (2009). Resettled refugee families and their children's futures: Coherence, hope and support. *Journal of Comparative Family Studies*, 677-697.

Australian Bureau of Statistics (2011). *2011 Census of Population and Housing,* TableBuilder. Findings based on use of ABS TableBuilder data.

Australian Bureau of Statistics (2016). *2016 Census of Population and Housing,* TableBuilder. Findings based on use of ABS TableBuilder data.

Australian Government Department of Immigration and Citizenship (2012). *Afghan Community Profile.* Retrieved from https://www.dss.gov.au/sites/default/files/files/settle/communityprogiles/community-profile-afghan_access.pdf

Australian Government, Department of Immigration and Citizenship (2014). *Community information summary Afghanistan-born.* Retrieved from https://www.dss.gov.au/sites/default/files/documents/02_2014/afghanistan.pdf

Australian Government Department of Immigration and Border Protection. (2016). Australia's Offshore Humanitarian Programme: 2015-16, 1–40.

Australian Hazara Federation. (2015). *Australian Hazara Consultative Seminar Adelaide 2015.* Retrieved from: www.ehp.org.au

Australian Human Rights Commission. (n.d.). *Asylum Seekers and Refugees Guide*. Retrieved from https://www.humanrights.gov.au/asylum-seekers-and-refugees-guide

Australian Human Rights Commission. (2013). *Asylum Seekers, Refugees and Human Rights: Snapshot Report, 2013*. Australian Human Rights Commission.

Banting, E. (2003). *Afghanistan: The people*. Crabtree Publishing Company.

Bean, T. (2000). *Measuring the effects of traumatic stress on immigrant and refugee adolescents* (Unpublished master's thesis). Leiden University, the Netherlands.

Bean, T. (2006). *Assessing the psychological distress and mental healthcare needs of unaccompanied refugee minors in the Netherlands* (Doctoral dissertation, Leiden University). Retrieved from https://openaccess.leidenuniv.nl/bitstream/handle/1887/4921/Thesis.pdf?sequence=1

Bean, T., Derluyn, I., Eurelings-Bontekoe, E., Broekaert, E., & Spinhoven, P. (2006). Validation of the multiple language versions of the reactions of adolescents to traumatic stress questionnaire. *Journal of Traumatic Stress*, *19*(2), 241-255. doi: 10.1007/s10488-006-0046-2

Bean, T., Eurelings-Bontekoe, L., Derluyn, I., & Spinhoven, P. (2004). *Reactions of Adolescents to Traumatic Stress Questionnaire*. Retrieved from http://www.amadiagnostics.centrum45.nl/tools/en/manuals/enrats.pdf

Biesta, G. (2010). Pragmatism and the philosophical foundations of mixed methods research. In *Sage Handbook of Mixed Methods in Social and Behavioral Research*, *2*, 95-118. http://dx.doi.org/10.4135/9781506335193.n4

Bond, L., Butler, H., Thomas, L., Carlin, J., Glover, S., Bowes, G., & Patton, G. (2007). Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes. *Journal of Adolescent Health*, *40*(4), 357-e9.

Bean, T., Eurelings-Bontekoe, L., Derluyn, I., & Spinhoven, P. (2004). *Reactions of Adolescents to Traumatic Stress Questionnaire*. Retrieved from http://www.amadiagnostics.centrum45.nl/tools/en/manuals/enrats.pdf

Bean, T. M. (2006). *Assessing the psychological distress and mental healthcare needs of unaccompanied refugee minors in the Netherlands*.

Beiser, M., Puente-Duran, S., & Hou, F. (2015). Cultural distance and emotional problems among immigrant and refugee youth in Canada: Findings from the New Canadian Child and Youth Study (NCCYS). *International Journal of Intercultural Relations*, *49*, 33–45. http://doi.org/10.1016/j.ijintrel.2015.06.005

Berry, J. W. (2010). Intercultural relations and acculturation in the pacific region. *Journal of Pacific Rim Psychology*, *4*, 95–102. http://doi.org/10.1375/prp.4.2.95

Berry, J. W., & Hou, F. (2017). Acculturation, discrimination and wellbeing among second generation of immigrants in Canada. *International Journal of Intercultural Relations*, *61*, 29–39. http://doi.org/10.1016/j.ijintrel.2017.08.003

Berry, J. W., Kim, U., Power, S., Young, M., & Bujaki, M. (1989). Acculturation attitudes in plural societies. *Applied Psychology: An International Review*, *38*(2), 185–206. http://doi.org/10.1111/j.1464-0597.1989.tb01208.x

Berry, J.W., Phinney, J.S., Sam, D.L., & Vedder, P. (2006). Immigrant youth: Acculturation, identity, and adaptation. *Applied Psychology: An International Review, 55*(3), 303-332. doi: 10.1111/j.1464-0597.2006.00256.x

Block, K., Warr, D., Gibbs, L., & Riggs, E. (2012). Addressing ethical and methodological challenges in research with refugee-background young people: Reflections from the field. *Journal of Refugee Studies*, *26*(1), 69–87. http://doi.org/10.1093/jrs/fes002

Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: A systematic literature review. *BMC International Health and Human Rights*, *15*(1). http://doi.org/10.1186/s12914-015-0064-9

Bond, Lyndal, Giddens, Anne, Cosentino, Cook, … Glover. (2007). Changing cultures: enhancing mental health and wellbeing of refugee young people through education and training. *Promotion & Education ; Paris*, *14*(3), 143–9.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, UK: SAGE Publications.

Bronstein, I., Montgomery, P., & Dobrowolski, S. (2010). Resilience and crime victimization. *Journal of Traumatic Stress*, *23*(2), 215–222. http://doi.org/10.1002/jts.

Brough, M., Gorman, D., Ramirez, E., & Westoby, P. (2003). Young refugees talk about well-being: A qualitative analysis of refugee youth mental health from three states. *Australian Journal of Social Issues (Australian Council of Social Service)*, *38*(2), 193–208. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=10301034&site=ehost-live&scope=site

Bryman, A. (2016). *Social research methods*. Oxford University Press.

Carlson, E. B., & Rosser-Hogan, R. (1994). Cross-cultural response to trauma: A study of traumatic experiences and posttraumatic symptoms in Cambodian refugees. *Journal of Traumatic Stress*, *7*(1), 43–58. http://doi.org/10.1007/BF02111911

Carney, R. M., & Freedland, K. E. (2002). Psychological distress as a risk factor for stroke-related mortality. *Stroke*, *33*(1), 5-6.

Casas, F., Sarriera, J. C., Alfaro, J., González, M., Malo, S., Bertran, I., … Valdenegro, B. (2012). Testing the Personal Wellbeing Index on 12-16 year-old adolescents in 3 different countries with 2 new items. *Social Indicators Research*, *105*(3), 461–482. http://doi.org/10.1007/s11205-011-9781-1

Centre for Multicultural Youth. (2011). *Young people of refugee backgrounds share their thoughts on mental health issues and services.* Retrieved from http://refugeehealthnetwork.org.au/wp-content/uploads/Mental-Health-Round-Table-Discussion-Dec-2010.pdf

Centre for Multicultural Youth. (2013). *Settling or surviving? Unaccompanied young adults aged 18-25 years.* Retrieved from https://www.cmy.net.au/sites/default/files/publication-documents/Settling%20or%20Surviving%202013.pdf

Centre for Multicultural Youth. (2014). *Facilitating the transition to employment for refugee young people: A data update and review of recent literature with a focus on 'what works'?*. Retrieved from http://cmy.net.au/sites/default/files/publication-documents/Facilitating%20the%20Transition%20to%20Employment%202014.pdf

Chase, E. (2013). Security and subjective wellbeing: The experiences of unaccompanied young people seeking asylum in the UK. *Sociology of Health and Illness*, *35*(6), 858–872. http://doi.org/10.1111/j.1467-9566.2012.01541.x

Chey, T., Marnane, C., Bryant, R. A., & Ommeren, M. Van. (2015). M ©2009, *302*(5).

Clark, V. L. P., & Badiee, M. (2010). Research questions in mixed methods research. *SAGE Handbook of mixed methods in social & behavioral research*, 275-304.

Clark-Kazak, C. (2012). Challenging some assumptions about "Refugee Youth." *Forced Migration Review*, *40*(August), 13–14. Retrieved from http://www.fmreview.org/es/node/838?contrast=regular-contrast

Clendenning, P. (2013). *Asylum seekers , refugees and human rights*. *Social Alternatives* (Vol. 34).

Colucci, E., Minas, H., Szwarc, J., Guerra, C., & Paxton, G. (2015). In or out? Barriers and facilitators to refugee-background young people accessing mental health services. *Transcultural Psychiatry*, *52*(6), 766–790. http://doi.org/10.1177/1363461515571624

Colucci, E., Minas, H., Szwarc, J., Paxton, G., & Guerra, C. (2012a). Barriers to and facilitators of utilisation of mental health services by young people of refugee background. A collaborative project between Foundation House, Centre for International Mental Health, the Royal Children's Hospital and the Centre for Multicu, (January), 43.

Colucci, E., Minas, H., Szwarc, J., Paxton, G., & Guerra, C. (2012b). A mental health research agenda for people of refugee background in Australia : a consensus study, 1–30.

Colucci, E., Szwarc, J., Minas, H., Paxton, G., & Guerra, C. (2012). The utilisation of mental health services by children and young people from a refugee background: a systematic literature review. *International Journal of Culture and Mental Health*, (August), 1–23. http://doi.org/10.1080/17542863.2012.713371

Colucci, E., Valibhoy, M., Szwarc, J., Kaplan, I., & Minas, H. (2017). Improving access to and engagement with mental health services among young people from refugee backgrounds: service user and provider perspectives. *International Journal of Culture and Mental Health*, *10*(2), 185–196. http://doi.org/10.1080/17542863.2017.1279674

Copolov, C., Knowles, A., & Meyer, D. (2017). Exploring the predictors and mediators of personal wellbeing for young Hazaras with refugee backgrounds in Australia. *Australian Journal of Psychology, 70(2),* 122-130. http://doi.org/10.1111/ajpy.12171

Correa-Velez, I., Gifford, S. M., & Barnett, A. G. (2010). Longing to belong: social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social Science & Medicine*, *71*, 1399–408. http://doi.org/10.1016/j.socscimed.2010.07.018

Correa-Velez, I., Gifford, S. M., & McMichael, C. (2015). The persistence of predictors of wellbeing among refugee youth eight years after resettlement in Melbourne, Australia. *Social Science and Medicine*, *142*, 163–168. http://doi.org/10.1016/j.socscimed.2015.08.017

Crawford, E., Dougherty Wright, M.O., & Masten, A.S. (2006). Resilience and spirituality in youth. In E.C. Roehlkepartain, P.E. King, L. Wagener & P.L. Benson (Eds.), *The handbook of spiritual development in childhood and adolescence* (pp. 355-370). Thousand Oaks: SAGE Publications, Inc.

Creswell, J. W. (2010). Mapping the developing landscape of mixed methods research. *SAGE handbook of mixed methods in social & behavioral research*, *2*, 45-68.

Creswell, J. W., & Clark, V. L. P. (2011, 2018). *Designing and conducting mixed methods research.*

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Sage.

Cruickshank, J. (2012). Positioning positivism, critical realism and social constructionism in the health sciences: a philosophical orientation. *Nursing Inquiry*, *19*(1), 71-82.

Davidson, G., Murray, K. E., & Schweitzer, R. (2008). Review of refugee mental health and wellbeing: Australian perspectives. *Australian Psychologist*, *43*, 160–174. http://doi.org/10.1080/00050060802163041

de Anstiss, H., & Ziaian, T. (2010). Mental health help-seeking and refugee adolescents: Qualitative findings from a mixed-methods investigation. *Australian Psychologist*, *45*(1), 29–37. http://doi.org/10.1080/00050060903262387

de Anstiss, H., Ziaian, T., Procter, N., Warland, J., & Baghurst, P. (2009). Help-seeking for mental health problems in young refugees: A review of the literature with implications for policy, practice, and research. *Transcultural Psychiatry*, *46*(4), 584-607.

De Haene, L., Grietens, H., & Verschueren, K. (2007). From symptom to context: A review of the literature on refugee children's mental health. *Hellenic Journal of Psychology*.

Derrick, S., Steel, Z., & Psychol, M. (2006). Understanding community psychosocial needs after disasters: Implications for mental health services. *Journal Of Postgraduate Medicine*, *52*(2), 121–126.

Earnest, J. (2005). Adolescent and young refugee perspectives on psychosocial well-being. *The International Journal of Humanities*, *3*(5), 77–87.

Earnest, J., Mansi, R., Bayati, S., Earnest, J. A., & Thompson, S. C. (2015). Resettlement experiences and resilience in refugee youth in Perth, Western Australia. *BMC Research Notesotes*, *8*, 236–246. http://doi.org/10.1186/s13104-015-1208-7

El Baba, R., & Colucci, E. (2017). Post-traumatic stress disorders, depression, and anxiety in unaccompanied refugee minors exposed to war-related trauma: a systematic review. *International Journal of Culture and Mental Health*, *0*(0), 1–14. http://doi.org/10.1080/17542863.2017.1355929

Ellis, H. H., Abdi, S. M., Lazarevic, V., White, M. T., Lincoln, A. K., Stern, J. E., & Horgan, J. G. (2016). Relation of psychosocial factors to diverse behaviors and attitudes among Somali refugees. *American Journal of Orthopsychiatry*, *86*(4), 393–408. http://doi.org/10.1037/ort0000121

Ellis, B. H., Kia-Keating, M., Yusuf, S. A., Lincoln, A., & Nur, A. (2007). Ethical Research in Refugee Communities and the Use of Community Participatory Methods. *Transcultural Psychiatry*, *44*(3), 459–481. http://doi.org/10.1177/1363461507081642

Ellis, B. H., Miller, A. B., Baldwin, H., & Abdi, S. (2011). New directions in refugee youth mental health services: Overcoming barriers to engagement. *Journal of Child & Adolescent Trauma*, *4*(1), 69-85.

Emadi, H. (2005). *Culture and customs of Afghanistan*. Greenwood Publishing Group.

Erikson, E. H. (Ed.). (1963). *Youth: Change and challenge*. New York, NY: Basic Books

Erikson, E. (1968). *Identity youth and crisis.* New York, NY: W. W. Norton & Company.

Erikson, E. H. (1997). *The life cycle completed* (extended version). New York: W. W. Norton. (Originally published in 1982.)

Fazel, M. (2018). Psychological and psychosocial interventions for refugee children resettled in high-income countries. *Epidemiology and Psychiatric Sciences*, 1–7. http://doi.org/10.1017/S2045796017000695

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet*, *379*(9812), 266–282. http://doi.org/10.1016/S0140-6736(11)60051-2

Fazel, M., Wheeler, M., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet*, *365*(9467), 1309–14. http://doi.org/10.1016/S0140-6736(05)61027-6

Fozdar, F., & Hartley, L. (2013). Refugee resettlement in Australia: What we knowand need to know. *Refugee Survey Quarterly*, *32*(3), 23–51. http://doi.org/10.1093/rsq/hdt009

Gifford, S., Correa-Velez, I., & Sampson, R. (2009). *Good Starts for recently arrived youth with refugee backgrounds: Promoting wellbeing in the first three years of settlement in Melbourne, Australia*.

Gifford, S. M., Bakopanos, C., Kaplan, I., & Correa-VVelez, I. (2007). Meaning or measurement? Researching the social contexts of health and settlement among newly-arrived refugee youth in Melbourne, Australia. *Journal of Refugee Studies*, *20*(3), 414–440. http://doi.org/10.1093/jrs/fem004

Gifford, S. M., & Wilding, R. (2013). Digital escapes? ICTs, settlement and belonging among Karen youth in Melbourne, Australia. *Journal of Refugee Studies*, *26*(4), 558–575. http://doi.org/10.1093/jrs/fet020

Gladden, J. (2012). The coping skills of east african refugees: A literature review. *Refugee Survey Quarterly*, *31*(3), 177–196. http://doi.org/10.1093/rsq/hds009

Goodwin-Gill, G. S., & McAdam, J. (2007). *The refugee in international law*. Oxford University Press.

Griep, Y., Baillien, E., Vleugels, W., Rothmann, S., & De Witte, H. (2014). Do they adapt or react? A comparison of the adaptation model and the stress reaction model among South African unemployed. *Economic and Industrial Democracy*, *35*(4), 717–736. http://doi.org/10.1177/0143831X13495719

Group, I. W. (2013). *Personal Wellbeing Index: 5th Edition*. Melbourne: Australian Centre on Quality of Life, Deakin University.

Güngör, D., & Perdu, N. (2017). Resilience and acculturative pathways underlying psychological well-being of immigrant youth. *International Journal of Intercultural Relations*, *56*, 1-12. doi: 10.1016/j.ijintrel.2016.10.005

Hanson, W. E., Creswell, J. W., Clark, V. L. P., Petska, K. S., & Creswell, J. D. (2005). Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 224–235. http://doi.org/10.1037/0022-0167.52.2.224

Haslam, N., Ban, L., & Kaufmann, L. (2007). Lay conceptions of mental disorder: The folk psychiatry model. *Australian Psychologist*, *42*(2), 129–137. http://doi.org/10.1080/00050060701280615

Hazara, A., & Seminar, C. (2015). Australian Hazara Consultative Seminar Adelaide 2015.

Harpviken, K.B. (1996) *Political Mobilization among the Hazara of Afghanistan: 1978-1992*. (Report number 9). Oslo, Department of Sociology and Human Geography, University of Oslo.

Ibrahimi, N. (2012). *Shift and Drift in Hazara Ethnic Consciousness: The Impact of Conflict and Migration*.

Ibrahimi, N. (2017). *The Hazaras and the Afghan State: Rebellion, exclusion and the struggle for recognition*. Oxford University Press.

International Wellbeing Group (2013). Personal Wellbeing Index: 5th Edition. Melbourne: Australian Centre on Quality of Life, Deakin University (http://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/index.php).

Iqbal, N., Joyce, A., Russo, A., & Earnest, J. (2012). Resettlement experiences of Afghan Hazara female adolescents: A case study from Melbourne, Australia. *International Journal of Population Research*, *2012*, 1–9. http://doi.org/10.1155/2012/868230

Johns, A., Mansouri, F., & Lobo, M. (2015). Religiosity, citizenship and belonging: the everyday experiences of young Australian Muslims. *Journal of Muslim Minority Affairs*, *35*(2), 171–190. http://doi.org/10.1080/13602004.2015.1046262

Keles, S., Friborg, O., Idsoe, T., Sirin, S., & Oppedal, B. (2016). Resilience and acculturation among unaccompanied refugee minors. *International Journal of Behavioral Development*, (1). http://doi.org/10.1177/0165025416658136

Kelle, U. (2006). Combining qualitative and quantitative methods in research practice: purposes and advantages. *Qualitative Research in Psychology*, *3*(4), 293–311. http://doi.org/10.1177/1478088706070839

Keyes, E. F. (2000). Mental health status in refugees: an integrative review of current research. *Issues in Mental Health Nursing, 21*(4), 397-410.

Khawaja, N. G., Allan, E., & Schweitzer, R. D. (2018). The role of school connectedness and social support in the acculturation in culturally and linguistically diverse youth in Australia. *Australian Psychologist*, *53*(4), 355-364.

Khawaja, N. G., Moisuc, O., & Ramirez, E. (2014). Developing an acculturation and resilience scale for use with culturally and linguistically diverse populations. *Australian Psychologist*, *49*(3), 171–180. http://doi.org/10.1111/ap.12052

Khawaja, N. G., White, K. M., Schweitzer, R., & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees: A qualitative approach. *Transcultural Psychiatry*, *45*(3), 489-512. doi: 10.1177/1363461508094678

Kingsley, J., Townsend, M., Henderson-Wilson, C., & Bolam, B. (2013). Developing an exploratory framework linking australian aboriginal peoples' connection to country and concepts of wellbeing. *International Journal of Environmental Research and Public Health*, *10*(2), 678–698. http://doi.org/10.3390/ijerph10020678

Kleinman, A. (1978). Concepts and a model for the comparison of medical systems as cultural systems. *Social Science & Medicine. Part B: Medical Anthropology*, *12*, 85-93. https://doi.org/10.1016/0160-7987(78)90014-5

Kleinman, A. (1987). Anthropology and psychiatry: The role of culture in cross-cultural research on illness. *The British Journal of Psychiatry*, *151*(4), 447-454. https://doi.org/10.1192/bjp.151.4.447

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, Illnes an Care: Clinical Lessons From Anthropologic and Cross-Cultural Research. *Journal of Lifelong Learning in Psychiatry*, *4*(1), 140–149. http://doi.org/10.1176/foc.4.1.140

Latham, T. P., Sales, J. M., Boyce, L. S., Renfro, T. L., Wingood, G. M., DiClemente, R. J., & Rose, E. (2010). Application of ADAPT-ITT: Adapting an Evidence-Based HIV prevention intervention for incarcerated African American adolescent females. *Health Promotion Practice*, *11*(3_suppl), 53S–60S. http://doi.org/10.1177/1524839910361433

Lau, A. L. D., Cummins, R. A., & McPherson, W. (2005). An investigation into the cross-cultural equivalence of the Personal Wellbeing Index. *Social Indicators Research*, *72*(3), 403–430. http://doi.org/10.1007/s11205-004-0561-z

Lawrence, J. A., Kaplan, I., & Collard, A. H. (2016). Understanding the perspectives of refugee unaccompanied minors using a computer-assisted interview. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, *17*(2). http://dx.doi.org/10.17169/fqs-17.2.2483

Li, S. S. Y., Liddell, B. J., & Nickerson, A. (2016). The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Current Psychiatry Reports*, *18*(9), 82. http://doi.org/10.1007/s11920-016-0723-0

Lo lacono, V., Symonds, P., & Brown, D. H. K. (2016). Skype as a tool for qualitative research interviews. *American Journal of Evaluation*, *37*(1), 109–117. http://doi.org/10.1177/1098214015611244

Mackenzie, L., & Guntarik, O. (2015). Rites of passage : Experiences of transition for forced Hazara migrants and refugees in Australia. *Crossings: Journal of Migration & Culture*, *6*(1), 59–80. http://doi.org/10.1386/cjmc.6.1.59

Majumder, P., O'Reilly, M., Karim, K., & Vostanis, P. (2015). "This doctor, I not trust him, I"m not safe': the perceptions of mental health and services by unaccompanied refugee adolescents. *The International Journal of Social Psychiatry*, *61*(2), 129–36. http://doi.org/10.1177/0020764014537236

Maley, W. (2009). *The Afghanistan wars*. Macmillan International Higher Education.

Markova, V., & Sandal, G. M. (2016). Lay explanatory models of depression and preferred coping strategies among Somali refugees in Norway. A mixed-method study. *Frontiers in Psychology*, *7,* 1435. http://doi.org/10.3389/fpsyg.2016.01435

Marshall, E. A., Butler, K., Roche, T., Cumming, J., & Taknint, J. T. (2016). Refugee youth: A review of mental health counselling issues and practices, *57*(4), 308–319. http://doi.org/10.1037/cap0000068

Masten, A. S., & Obradović, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences*, *1094*, 13–27. http://doi.org/10.1196/annals.1376.003

Mathison, S. (1988). Why Triangulate? *Educational Researcher*, *17*(2), 13. http://doi.org/10.2307/1174583

May, S., Rapee, R. M., Coello, M., Momartin, S., & Aroche, J. (2014). Mental health literacy among refugee communities: Differences between the Australian lay public and the Iraqi and Sudanese refugee communities. *Social Psychiatry and Psychiatric Epidemiology*, *49*(5), 757–769. http://doi.org/10.1007/s00127-013-0793-9

Mazzer, K. R., & Rickwood, D. J. (2014). Teachers' role breadth and perceived efficacy in supporting student mental health. *Advances in School Mental Health Promotion*, *8*(1), 29–41. http://doi.org/10.1080/1754730X.2014.978119

McDonald-Wilmsen, B., & Gifford, S. M. (2009). *Refugee resettlement, family separation and Australia's humanitarian programme*. UNHCR.

McGregor, L. S., Melvin, G. A., & Newman, L. K. (2015). Differential accounts of refugee and resettlement experiences in youth with high and low levels of posttraumatic stress disorder (PTSD) symptomatology: A mixed-methods investigation. *The American Journal of Orthopsychiatry*, *85*(4), 371–81. http://doi.org/10.1037/ort0000076

McGregor, L. S., Melvin, G. A., & Newman, L. K. (2016). An exploration of the adaptation and development after persecution and trauma (ADAPT) model with resettled refugee adolescents in Australia: A qualitative study. *Transcultural Psychiatry*, *53*(3), 347–67. http://doi.org/10.1177/1363461516649546

McMichael, C., Gifford, S. M., & Correa-Velez, I. (2011). Negotiating family, navigating resettlement: family connectedness amongst resettled youth with refugee backgrounds living in Melbourne, Australia. *Journal of Youth Studies*, *14*(2), 179–195. http://doi.org/10.1080/13676261.2010.506529

Mghir, R. I. M., Freed, W., Raskin, A., & Katon, W. (1995). Depression and posttraumatic stress disorder among a community sample of adolescent and young adult Afghan refugees. *The Journal of Nervous and Mental Disease*, *183*(1), 24-30.

Miller, K. E., Omidian, P., Quraishy, A. S., Quraishy, N., Nasiry, M. N., Nasiry, S., … Yaqubi, A. A. (2006). The Afghan symptom checklist: a culturally grounded approach to mental health assessment in a conflict zone. *The American Journal of Orthopsychiatry*, *76*(4), 423–433. http://doi.org/10.1037/0002-9432.76.4.423

Monsutti, A. (2007). Migration as a rite of passage: Young Afghans building masculinity and adulthood in Iran. *Iranian Studies*, *40*(2), 167–185. http://doi.org/10.1080/00210860701276183

Montgomery, E. (2008). Long-term effects of organized violence on young Middle Eastern refugees' mental health. *Social Science & Medicine*, *67*(10), 1596–603. http://doi.org/10.1016/j.socscimed.2008.07.020

Montgomery, E. (2010). Trauma and resilience in young refugees: a 9-year follow-up study. *Development and Psychopathology*, *22*(2), 477–89. http://doi.org/10.1017/S0954579410000180

Montgomery, E. (2011). Trauma, exile and mental health in young refugees. *Acta Psychiatrica Scandinavica*, *124*, 1–46.

Montgomery, E., & Foldspang, A. (2006). Validity of PTSD in a sample of refugee children : can a separate diagnostic entity be justified?, *15*(2), 64–74. http://doi.org/10.1002/mpr

Montgomery, E., & Foldspang, A. (2008). Discrimination, mental problems and social adaptation in young refugees. *European Journal of Public Health*, *18*(2), 156–61. http://doi.org/10.1093/eurpub/ckm073

Murray, K. E., Davidson, G. R., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: Best practices and recommendations. *American Journal of Orthopsychiatry*, *80*(4), 576–585. http://doi.org/10.1111/j.1939-0025.2010.01062.x

Murray, K. E., Klonoff, E. A., Garcini, L. M., Ullman, J. B., Wall, T. L., & Myers, M. G. (2014). Assessing acculturation over time: A four-year prospective study of Asian American young adults. *Asian American Journal of Psychology*, *5*(3), 252. http://doi.org/10.1037/a0034908

National Statement on Ethical Conduct in Human Research 2007 (Updated March 2014). The National Health and Medical Research Council, the Australian Research Council and the Australian Vice-Chancellors' Committee. Commonwealth of Australia, Canberra.

Nakeyar, C., Esses, V., & Reid, G. J. (2018). The psychosocial needs of refugee children and youth and best practices for filling these needs: A systematic review. *Clinical Child Psychology and Psychiatry*, *23*(2), 186-208. http://doi.org/10.1177/1359104517742188

Nguyen, A.-M. D., & Benet-Martinez, V. (2013). Biculturalism and adjustment: A meta-analysis. *Journal of Cross-Cultural Psychology*, *44*(1), 122–159. http://doi.org/10.1177/0022022111435097

Olszewski, B., Macey, D., & Lindstrom, L. (2006). The practical work of <coding>: An ethnomethodological inquiry. *Human Studies*, *29*(3), 363–380. http://doi.org/10.1007/s10746-006-9029-2

Omidian, P. A., & Ahearn, F. L. (2000). Qualitative measures in refugee research. *Psychosocial Wellness of Refugees: Issues in Qualitative and Quantitative Research, Studies in Forced Migration*, *7*, 41-66.

Papadopoulos, R. K. (2007). Refugees, trauma and adversity-activated development. *European Journal of Psychotherapy and Counselling*, *9*(3), 301-312. https://doi.org/10.1080/13642530701496930

Pastoor, L. de W. (2015). The mediational role of schools in supporting psychosocial transitions among unaccompanied young refugees upon resettlement in Norway. *International Journal of Educational Development*, *41*, 245–254. http://doi.org/10.1016/j.ijedudev.2014.10.009

Phillips, J. (2015). *Asylum seekers and refugees: what are the facts?*. Canberra: Department of Parliamentary Services, Parliament of Australia. Retrieved from http://www.acrt.com.au/wp-content/uploads/Parliamentary-Library-Asylum-Seeker-Facts-March-2015.pdf

Pittaway, E., Bartolomei, L., & Hugman, R. (2010). "Stop Stealing Our Stories": The ethics of research with vulnerable groups. *Journal of Human Rights Practice*, *2*(2), 229–251. http://doi.org/10.1093/jhuman/huq004

Porter, M. (2007). Global evidence for a Biopsychosocial understanding of refugee adaptation. *Transcultural Psychiatry*, *44*(3), 418–439. http://doi.org/10.1177/1363461507081639

Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. *Jama*, *294*(5), 602-612. http://doi.org/10.1001/jama.294.5.602

Posselt, M., Galletly, C., de Crespigny, C., & Procter, N. (2014). Mental health and drug and alcohol comorbidity in young people of refugee background: a review of the literature. *Mental Health and Substance Use*, *7*(1), 19-30.

Powell, S., Rosner, R., Butollo, W., Tedeschi, R. G., & Calhoun, L. G. (2003). Posttraumatic growth after war: A study with former refugees and displaced people in Sarajevo. *Journal of Clinical Psychology*, *59*(1), 71–83. http://doi.org/10.1002/jclp.10117

Realmuto, G. M., Masten, A., Carole, L. F., Hubbard, J., Groteluschen, A., & Chhun, B. (1992). Adolescent survivors of massive childhood trauma in Cambodia: Life events and current symptoms. *Journal of Traumatic Stress*, *5*(4), 589–599. http://doi.org/10.1007/BF00979227

Refugee Council of Australia. (2018). *Recent Changes in Australian Refugee Policy.* Retrieved from https://www.refugeecouncil.org.au/publications/recent-changes-australian-refugee-policy/

Robertson, Z. O. E., Wilding, R., & Gifford, S. (2016). Mediating the family imaginary: Young people negotiating absence in transnational refugee families. *Global Networks*, *16*(2), 219-236. http://doi.org/10.1111/glob.12111

Rodríguez-Jiménez, A., & Gifford, S. M. (2010). 'Finding voice': learnings and insights from a participatory media project with recently arrived Afghan young men with refugee backgrounds. *Youth Studies Australia*, *29*(2), 33-41.

Sam, D. L., & Berry, J. W. (2010). Acculturation: When individuals and groups of different cultural backgrounds meet. *Perspectives on Psychological Science*, *5*(4), 472–481. http://doi.org/10.1177/1745691610373075

Sandhu, S., Bjerre, N. V., Dauvrin, M., Dias, S., Gaddini, A., Greacen, T., … Priebe, S. (2013). Experiences with treating immigrants: A qualitative study in mental health services across 16 European countries. *Social Psychiatry and Psychiatric Epidemiology*, *48*(1), 105–116. http://doi.org/10.1007/s00127-012-0528-3

Saroglou, V., & Galand, P. (2004). Identities, values, and religion: A study among muslim, other immigrant, and native Belgian young adults after the 9/11 attacks. *Identity: An International Journal of Theory and Research*, *4*(2), 97–132. http://doi.org/10.1207/s1532706xid0402

Saroglou, V., & Mathijsen, F. (2007). Religion, multiple identities, and acculturation: A study of Muslim immigrants in Belgium. *Archive for the Psychology of Religion / Archiv Für Religionspsychologie*, *29*(November), 177–198. http://doi.org/10.1163/008467207X188757

Schick, M., Zumwald, A., Knopfli, B., Nickerson, A., Bryant, R. A., Schnyder, U., … Morina, N. (2016). Challenging future, challenging past: The relationship of social integration and psychological impairment in raumatized refugees. *European Journal of Psychotraumatology*, *7*. http://doi.org/10.3402/ejpt.v7.28057

Schweitzer, R. D., Brough, M., Vromans, L., & Asic-kobe, M. (2011). Mental health of newly arrived Burmese refugees in Australia : contributions of pre-migration and post-migration experience.

Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: a narrative account. *Australian & New Zealand Journal of Psychiatry*, *41*(3), 282-288.

Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry*, *40*(2), 179–187. http://doi.org/10.1111/j.1440-1614.2006.01766.x

Scriver, P. (2004). Mosques, Ghantowns and Cameleers in the Settlement History of Colonial Australia. *Fabrications, the Journal of the Society of Architectural Historians, Australia and New Zealand*, *13*, 19–41. http://doi.org/10.1080/10331867.2004.10525182

Silove (1999). The psychosocial effects of torture, mass human rights violations, and refugee trauma: toward an integrated conceptual framework. *The Journal of Nervous and Mental Disease, 187*, 200-207.

Silove (2013). The ADAPT model: a conceptual framework for mental health and psychosocial programming in post conflict settings. *Intervention, 11*(3), 237-248. doi: 10.1097/WTF.0000000000000005

Silove, D., Steel, Z., & Psychol, M. (2006). Understanding community psychosocial needs after disasters: Implications for mental health services. *Journal of Postgraduate Medicine*, *52*(2), 121.

Sleijpen, M., Haagen, J., Mooren, T., & Kleber, R. J. (2016). Growing from experience: An exploratory study of posttraumatic growth in adolescent refugees. *European Journal of Psychotraumatology*, *7*, 1–10. http://doi.org/10.3402/ejpt.v7.28698

Sleijpen, M., Boeije, H. R., Kleber, R. J., & Mooren, T. (2016). Between power and powerlessness: a meta-ethnography of sources of resilience in young refugees. *Ethnicity & Health*, *21*(2), 158-180. doi: 10.1080/13557858.2015.1044946

Slewa-Younan, S., Uribe Guajardo, M. G., Heriseanu, A., & Hasan, T. (2015). A systematic review of Post-traumatic Stress Disorder and Depression amongst Iraqi Refugees located in Western Countries. *Journal of Immigrant and Minority Health*, *17*(4), 1231–1239. http://doi.org/10.1007/s10903-014-0046-3

Smith, V. J. (2009). The information needs of female Afghan Refugees: recommendations for service providers. Retrieved from: https://apha.confex.com/.../Smith,Valerie.APHA2012.RecommendAfghanRefugees.pdf

Sossou, M.-A., Craig, C. D., Ogren, H., & Schnak, M. (2008). A Qualitative Study of Resilience Factors of Bosnian Refugee Women Resettled in the Southern United States. *Journal of Ethnic And Cultural Diversity in Social Work*, *17*(4), 365–385. http://doi.org/10.1080/15313200802467908

Steel, Z., Silove, D., Chey, T., Bauman, A., Phan, T., & Phan, T. (2005). Mental disorders, disability and health service use amongst Vietnamese refugees and the host Australian population. *Acta Psychiatrica Scandinavica*, *111*(4), 300–309. http://doi.org/10.1111/j.1600-0447.2004.00458.x

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *Jama*, *302*(5), 537-549.

Steel, Z., Silove, D., Phan, T., & Bauman, A. (2002). Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: a population-based study. *Lancet*, *360*(9339), 1056–1062. http://doi.org/10.1016/S0140-6736(02)11142-1

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

Sulaiman-Hill, C. M., & Thompson, S. C. (2011). Sampling challenges in a study examining refugee resettlement. *BMC International Health and Human Rights*, *11*(1), 2. http://doi.org/10.1186/1472-698X-11-2

Sulaiman-Hill, C. M. R., & Thompson, S. C. (2012). 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*, *36*(2), 126–134. http://doi.org/10.1111/j.1753-6405.2011.00778.x

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*, *6*(2), 63–86. Retrieved from http://quod.lib.umich.edu/cgi/p/pod/dod-idx/thinking-too-much-psychological-distress-sources-of-stress.pdf?c=jmmh;idno=10381607.0006.205

Sutton, V., Robbins, I., Senior, V., & Gordon, S. (2006). A qualitative study exploring refugee minors' personal accounts of post-traumatic growth and positive change processes in adapting to life in the UK. *Diversity in Health & Social Care*, *3*(2), 77–88. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=106017301&site=ehost-live

Teddlie, C., & Tashakkori, A. (Eds.). (2010). *Sage handbook of mixed methods in social & behavioral research*. Sage.

Teddlie, C., & Tashakkori, A. (2012). Common "core" characteristics of mixed methods research: A review of critical issues and call for greater convergence. *American Behavioral Scientist*, *56*(6), 774-788.

Tempany, M. (2008). *Concepts of mental health and wellbeing held by Sudanese Australian young people: a qualitative project* (Unpublished DPsych dissertation). Monash University, Melbourne, Australia.

Teodorescu, D.-S., Siqveland, J., Heir, T., Hauff, E., Wentzel-Larsen, T., & Lien, L. (2012). Posttraumatic growth, depressive symptoms, posttraumatic stress symptoms, post-migration stressors and quality of life in multi-traumatized psychiatric outpatients with a refugee background in Norway. *Health and Quality of Life Outcomes*, *10*(1), 84. http://doi.org/10.1186/1477-7525-10-84

Tilbury, F. (2007). "We are Family": The use of Family Tropes in refugee/advocate talk. *Social Identities*, *13*(5), 627–649. http://doi.org/10.1080/13504630701580316

Tiliouine, H. (2009). Measuring satisfaction with religiosity and its contribution to the personal well-being index in a muslim sample. *Applied Research in Quality of Life*, *4*, 91–108. http://doi.org/10.1007/s11482-009-9074-x

Tip, L., Brown, R., Morrice, L., Collyer, M., & Easterbrook, M. (2018). Improving refugee well-being with better language skills and more intergroup contact. *Social Psychological and Personality Science,* 1-8. http://doi.org/10.1177/1948550617752062

Trani, J. F., & Bakhshi, P. (2013). Vulnerability and mental health in Afghanistan: Looking beyond war exposure. *Transcultural Psychiatry*, *50*(1), 108-139. http://doi.org/10.1177/1363461512475025

Truong, M., Paradies, Y., & Priest, N. (2014). Interventions to improve cultural competency in healthcare: A systematic review of reviews. *BMC Health Services Research*, *14*(1), 1–17. http://doi.org/10.1186/1472-6963-14-99

Turrini, G., Purgato, M., Ballette, F., Nosè, M., Ostuzzi, G., & Barbui, C. (2017). Common mental disorders in asylum seekers and refugees: Umbrella review of prevalence and intervention studies. *International Journal of Mental Health Systems*, *11*(1), 1–14. http://doi.org/10.1186/s13033-017-0156-0

UNDP. (2015). *Human Development for Everyone: Briefing note for countries on the 2016 Human Development Report Afghanistan.* Retrieved from http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/AFG.pdf

UNHCR. (2012). *UNHCR asylum trends 2012: Levels and trends in industrialized countries*.

UNHCR. (2013a). UNHCR monitoring visit to Manus Island, Papua New Guinea: 23 to 25 October 2013, *61*(June). Retrieved from http://www.refworld.org/docid/5294aa8b0.html

UNHCR. (2013b). UNHCR monitoring visit to the Republic of Nauru 7 to 9 October 2013, *61*(October), 1–27. Retrieved from http://unhcr.org.au/unhcr/images/2013-11-26 Report of UNHCR Visit to Nauru of 7-9 October 2013.pdf

UNHCR. (2015). *Global trends: Forced displacement in 2015*. Retrieved from http://ezproxy.leedsbeckett.ac.uk/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edb&AN=3440211&site=eds-live&scope=site

United Nations Conference of Plenipotentiaries on the Status of Refugees and Stateless Persons, 1951 Geneva. (1951). *Final Act and Convention Relating to the Status of Refugees*. New York: United Nations.

Valibhoy, M. C., Szwarc, J., & Kaplan, I. (2017). Young service users from refugee backgrounds: their perspectives on barriers to accessing Australian mental health services. *International Journal of Human Rights in Healthcare*, *10*(1), 68–80. http://doi.org/10.1108/IJHRH-07-2016-0010

Valtonen, K. (2004). From the Margin to the Mainstream: Conceptualizing Refugee Settlement Processes. *Journal of Refugee Studies*, *17*(1), 70–96. http://doi.org/10.1093/jrs/17.1.70

van de Put, W. (2002). Addressing mental health in Afghanistan. *The Lancet*, *360*, s41-s42.

van Wyk, S., & Schweitzer, R. D. (2014). A Systematic Review of Naturalistic Interventions in Refugee Populations. *Journal of Immigrant and Minority Health*, *16*(5), 968–977. http://doi.org/10.1007/s10903-013-9835-3

Vervliet, M., Lammertyn, J., Broekaert, E., & Derluyn, I. (2014). Longitudinal follow-up of the mental health of unaccompanied refugee minors. *European Child and Adolescent Psychiatry*, *23*(5), 337–346. http://doi.org/10.1007/s00787-013-0463-1

Vervliet, M., Vanobbergen, B., Broekaert, E., & Derluyn, I. (2015). The aspirations of Afghan unaccompanied refugee minors before departure and on arrival in the host country. *Childhood*, *22*(3), 330–345. http://doi.org/10.1177/0907568214533976

Vromans, L., Schweitzer, R. D., Brough, M., Correa-Velez, I., Murray, K., & Lenette, C. (2017). Contributions of loss events to loss distress and trauma symptoms in recently resettled refugee women at risk. *Journal of Loss and Trauma*, *22*(4), 357-370.

Walter, M. M. (2005). *Social research methods*.

Ward, C. (2008). Thinking outside the Berry boxes: New perspectives on identity, acculturation and intercultural relations. *International Journal of Intercultural Relations*, *32*(2), 105-114. doi: 10.1016/j.ijintrel.2007.11.002

Weisner, T. S., & Fiese, B. H. (2011). Introduction to special section of the Journal of Family Psychology, advances in mixed methods in family psychology: integrative and applied solutions for family science. *Journal of Family Psychology*, *25*(6), 795.

Welsh, E. A., & Brodsky, A. E. (2010). After every darkness is light: Resilient Afghan women coping with violence and immigration. *Asian American Journal of Psychology*, *1*(3), 163–174. http://doi.org/10.1037/a0020922

Wong, C. W. S., & Schweitzer, R. D. (2017). Individual, premigration and postsettlement factors, and academic achievement in adolescents from refugee backgrounds: A systematic review and model. *Transcultural Psychiatry*, *54*(5–6), 756–782. http://doi.org/10.1177/1363461517737015

World Health Organisation. (2006). WHO-AIMS report on mental health system in Afghanistan.

World Health Organisation. (1996). WHOQOL-BREF: Introduction, administration, scoring and generic version of the assessment. Geneva: Programme on Mental Health, WHO.

Zardo, P., & Collie, A. (2015). Type, frequency and purpose of information used to inform public health policy and program decision-making. *BMC Public Health*, *15*(1), 381.

Zautra, A. J., Hall, J. S., Murray, K. E., & the Resilience Solutions Group 1. (2008). Resilience: a new integrative approach to health and mental health research. *Health Psychology Review*, *2*(1), 41-64.

Zetter, R. (2007). More labels, fewer refugees: Remaking the refugee label in an era of globalization. *Journal of Refugee Studies*, *20*(2), 172–192. http://doi.org/10.1093/jrs/fem011

Ziaian, T., de Anstiss, H., Antoniou, G., Baghurst, P., & Sawyer, M. (2013). Emotional and behavioural problems among refugee children and adolescents living in South Australia. *Australian Psychologist*, *48*(2), 139-148. doi: 10.1111/j.1742-9544.2011.00050.x

Ziaian, T., de Anstiss, H., Antoniou, G., Puvimanasinghe, T., & Baghurst, P. (2015). Sociodemographic predictors of health-related quality of life and healthcare service utilisation among young refugees in South Australia. *Open Journal of Psychiatry*, *6*(01), 8.

Ziaian, T., de Anstiss, H., Antoniou, G., Sawyer, M., & Baghurst, P. (2012). Depressive symptomatology and service utilisation among refugee children and adolescents living in South Australia. *Child and Adolescent Mental Health*, *17*(3), 146–152. http://doi.org/10.1111/j.1475-3588.2011.00620.

List of Appendices

Appendix One: Ethics Declaration

All conditions pertaining to the clearances (attached) were properly met. Annual progress reports and final reports have been submitted to the Swinburne Human Research Ethics Committee (SUHREC).

Signature: 

Carly Sarah Copolov
11th May 2018

Appendix Two: Ethics Approval Statements

Paper 1 Human Research Ethics Approval

To: A/Prof. Ann Knowles, FHAD

Dear A/Prof. Knowles,

SHR Project 2014/324 Investigating the psychosocial well-being of young Hazara Refugees
A/Prof. Ann Knowles, Ms Carly Copolov (Student), Prof. Sandy Gifford - FHAD
Approved duration: 18-02-2015 to 30-06-2015 [adjusted]

I refer to the ethical review of the above project protocol by Swinburne's Human Research Ethics Committee (SUHREC). Your responses to the review, as emailed on 17 February 2015 with attachments, were put to the Committee delegate for consideration.

I am pleased to advise that, as submitted to date, ethics clearance has been given for the above project to proceed in line with standard on-going ethics clearance conditions outlined below. In issuing this clearance, the understanding is that research or funding agreements entered into to cover the research are in accord with the research protocol submitted for ethical review.

- All human research activity undertaken under Swinburne auspices must conform to Swinburne and external regulatory standards, including the *National Statement on Ethical Conduct in Human Research* and with respect to secure data use, retention and disposal.

- The named Swinburne Chief Investigator/Supervisor remains responsible for any personnel appointed to or associated with the project being made aware of ethics clearance conditions, including research and consent procedures or instruments approved. Any change in chief investigator/supervisor requires timely notification and SUHREC endorsement.

- The above project has been approved as submitted for ethical review by or on behalf of SUHREC. Amendments to approved procedures or instruments ordinarily require prior ethical appraisal/clearance. SUHREC must be notified immediately or as soon as possible thereafter of (a) any serious or unexpected adverse effects on participants and any redress measures; (b) proposed changes in protocols; and (c) unforeseen events which might affect continued ethical acceptability of the project.

- At a minimum, an annual report on the progress of the project is required as well as at the conclusion (or abandonment) of the project. Information on project monitoring, self-audits and progress reports can be found at: http://www.research.swinburne.edu.au/ethics/human/monitoringReportingChanges/

- A duly authorised external or internal audit of the project may be undertaken at any time.

Please contact the Research Ethics Office if you have any queries about on-going ethics clearance, citing the project number. Please retain a copy of this email as part of project record-keeping.

Best wishes for the project.

Yours sincerely.
Astrid Nordmann
for Keith Wilkins - Secretary, SUHREC

Dr Astrid Nordmann
Research Ethics Officer
Swinburne Research (H68)
Swinburne University of Technology
PO Box 218, Hawthorn, VIC 3122
Tel: +613 9214 3845
Fax: +613 9214 5267
Email: anordmann@swin.edu.au

To: Assoc Prof Ann Knowles/Ms Carly Copolov, FHAD

Dear Ann and Carly

SHR Project 2015/273 Investigating the Psychosocial Well-being of Young Hazara Refugees
Assoc Prof Ann Knowles, FHAD; Ms Carly Copolov, Prof Sandra Gifford
Approved Duration: 30-10-2015 to 30-04-2016 [Adjusted]

I refer to the ethical review of the above project protocol by Swinburne's Human Research Ethics Committee (SUHREC). Your responses to the review, as emailed today with attachment, were put to the SUHREC delegate for consideration.

I am pleased to advise that, as submitted to date, the project may proceed in line with standard on-going ethics clearance conditions outlined below.

- All human research activity undertaken under Swinburne auspices must conform to Swinburne and external regulatory standards, including the *National Statement on Ethical Conduct in Human Research* and with respect to secure data use, retention and disposal.

- The named Swinburne Chief Investigator/Supervisor remains responsible for any personnel appointed to or associated with the project being made aware of ethics clearance conditions, including research and consent procedures or instruments approved. Any change in chief investigator/supervisor requires timely notification and SUHREC endorsement.

- The above project has been approved as submitted for ethical review by or on behalf of SUHREC. Amendments to approved procedures or instruments ordinarily require prior ethical appraisal/clearance. SUHREC must be notified immediately or as soon as possible thereafter of (a) any serious or unexpected adverse effects on participants and any redress measures; (b) proposed changes in protocols; and (c) unforeseen events which might affect continued ethical acceptability of the project.

- At a minimum, an annual report on the progress of the project is required as well as at the conclusion (or abandonment) of the project. Information on project monitoring and variations/additions, self-audits and progress reports can be found on the Research Intranet pages.

- A duly authorised external or internal audit of the project may be undertaken at any time.

Please contact the Research Ethics Office if you have any queries about on-going ethics clearance, citing the Swinburne project number. A copy of this email should be retained as part of project record-keeping.

Best wishes for the project.

Yours sincerely

Keith

Keith Wilkins
Secretary, SUHREC & Research Ethics Officer
Swinburne Research (H68)
Swinburne University of Technology
P O Box 218
HAWTHORN VIC 3122
Tel +61 3 9214 5218
Fax +61 3 9214 5267

Appendix Three: Anonymous Survey
English Version of Survey

Information Statement

PROJECT TITLE: Investigating the Well-being of Young Hazara Refugees

STUDENT RESEARCHER: Ms C Copolov

CO-INVESTIGATOR: Associate Professor Ann Knowles
CO-INVESTIGATOR: Professor Sandra Gifford

What is the purpose of this study?
We are conducting a study to explore the well-being of young Hazara refugees. The well-being of young refugees has been defined as the relationship between psychological factors (such as mental health), social support (for example relationships) and individuals' culture and values. We are looking at whether factors such as age, gender, presence of family members, length of time in Australia and visa status impact on the well-being of young Hazara refugees. We will also ask participants how they are coping after experiencing trauma in the past and how they are settling into Australia.

What will you have to do?
You would complete an anonymous survey. We will not ask you your name and this survey should take 20-30 minutes to complete.

After completing the survey you have the choice to be involved in a face to face interview with the student researcher, to talk more about these issues at Dandenong Library. If you would like to be involved in an interview you will need to click on a link which will take you to another page to enter your name, contact number and or email address. It is important that we use a separate page for you to enter your details for the interview as we want to make sure your answers to the survey are kept confidential. Once you have completed a face to face interview you would receive $25 for your time.

Who can take part in this study?
We are looking for Hazara male and female refugees who are between the ages of 16 and 30 years of age.

WARNING: This study will ask sensitive questions about your past and present experiences as an asylum seeker and as a refugee. These questions, for example, will relate to how you are settling into Australia as well as questions about whether your parents live with you in Australia. If you believe these types of questions may upset or offend you, please do not participate in the study.

Do you have to take part?
Your participation in this study is voluntary.

Do not provide your name or any other identifying information. Your responses are completely confidential. Submitting your survey will be taken as consent for your data to be used in the study however you are free to withdraw consent and discontinue participation at any time.

What happens to the information you provide in the study?
The results of this study may, at some future time, be published in an academic journal. Only grouped results would be published and no individual's responses would be identifiable.

What do I do if I want more information?

If answering the survey questions creates any discomfort or raises issues which you would like to discuss with a health professional, please contact:

Asylum Seekers Centre, Trinity Uniting Church
Street address: Corner Robinson & Scotts Streets, Dandenong VIC 3175
Phone number: (03) 9802 5268 (Monday and Friday only)
Email address: dspitteler@hotmail.com

Asylum Seeker Resource Centre
Street address: 12 Batman Street, West Melbourne, VIC
Phone number: (03) 9326 6066
Email address: admin@asrc.org.au
Website: www.asrc.org.au

Swinburne Psychology Clinic (low cost counselling)
Street address: 34 Wakefield St, Hawthorn VIC 3122
Phone Number: (03) 9214 8653

If you have any questions about this study, please contact:
Carly Copolov, cscopolov@swin.edu.au

This project has been approved by or on behalf of Swinburne's Human Research Ethics Committee (SUHREC) in line with the National Statement on Ethical Conduct in Human Research. If you have any concerns or complaints about the conduct of this project, you can contact:

Research Ethics Officer, Swinburne Research (H68),
Swinburne University of Technology, P O Box 218, HAWTHORN VIC 3122.
Tel (03) 9214 5218 or +61 3 9214 5218 or resethics@swin.edu.au

Participant Details
Please answer by ticking in the box for the response which is most relevant to you or write out your answer in the space provided.

1. What is your sex?

Male ☐

Female ☐

2. How old are you? (In numbers, e.g. 16)

3. What is your Religion?

Shi'a Muslim ☐

Sunni Muslim ☐

Christian ☐

Other (please describe) ☐

4. What is your place of birth?

Afghanistan ☐

Pakistan ☐

Iran ☐

Other (please describe) ☐

5. What year did you leave your place of birth? (e.g. 1999)

6. Have you spent time in a refugee camp?

Yes ☐

No ☐

7. If yes to question 6, how long did you spend in a refugee camp? (In years, e.g. 10 years)

8. If yes to question 6, were any of these family members in a refugee camp with you?

Mother ☐

Father ☐

Brother and or sister ☐

Grandparents ☐

Uncles and or aunt ☐

Cousins ☐

No family members ☐

9. What year did you arrive in Australia? (e.g. 2007)

10. What type of visa have you applied for in Australia?

Refugee Visa ☐

Special Humanitarian Programme Visa ☐

Emergency Rescue Visa ☐

Protection Visa ☐

Bridging Visa ☐

Temporary Protection Visa ☐

Other (please describe) ☐

11. What type of visa have you received in Australia, if any?

Refugee Visa ☐

Special Humanitarian Programme Visa ☐

Emergency Rescue Visa ☐

Protection Visa ☐

Bridging Visa ☐

Temporary Protection Visa ☐

Other (please describe) ☐

12. What is your current living arrangement?

Living with a family member ☐

Living with friends ☐

Living with a guardian ☐

Renting ☐

Other (please describe) ☐

13. Who in your family is living with you in Australia?

Mother ☐

Father ☐

Brother and or sister ☐

Grandparents ☐

Uncles and or aunt ☐

Cousins ☐

No family members ☐

14. What is the highest level of education you have received?

Less than primary school ☐

Primary school ☐

High school ☐

I am currently in high school ☐

University ☐

I am currently in University ☐

I am currently learning English for a year ☐

15. Do you consider that you speak English very well, well, not well or not at all?

Very well ☐

Well ☐

Not Well ☐

Not at all ☐

16. Are you currently working?

Yes ☐

No ☐

17. If yes to question 16, what type of work are you doing?

Full time ☐

Part time ☐

Casual ☐

Other (please describe) ☐

Please answer by circling the response which is most relevant to you. The following questions ask how you feel about your life in Australia, on a scale from one to five. One means you Strongly Disagree with the question and five means you Strongly Agree with the question.

1. I can find many ways to solve a problem

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

2. I am able to cope with new situations

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

3. In a difficult situation, I usually find my way out

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

4. I am confident with my personal strengths

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

5. Although adapting is difficult, I am doing fine

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

6. I know where to get help when in trouble

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

7. I have family who can help me through the difficulties

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

8. I am open to learn new ways to communicate

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

9. I know about available public services

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

10. I can manage my two worlds

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

11. I have made close friends in Australia

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

12. It does not worry me that I am from another cultural background

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

13. I support others who are in the same situation as me

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

14. I can take care of myself in a new place

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

15. I am okay with accepting both Australian and my own cultural values

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

16. I am open minded and curious about my new culture

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

17. I feel comfortable talking about my culture of origin

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

18. I am proud of my cultural background

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

19. I like the Australian way of living

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

20. I manage my original and new culture well from day to day

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

21. I use some Australian ways to deal with my problems

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

22. I feel like I am part of the Australian society

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

23. I like to attend general community activities

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

24. My cultural values help me to deal with difficulties in Australia

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

25. I feel relaxed in Australia

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

26. My religious beliefs help me manage migration challenges

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

27. Spirituality helps me to deal with migration difficulties

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

Please answer by circling the response which is most relevant to you. The following questions ask how satisfied you feel, on a scale from one to five. One means you feel no satisfaction at all and five means you feel completely satisfied.

1. "Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?"

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
1	2	3	4	5

2. "How satisfied are you with your standard of living?"

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
1	2	3	4	5

3. "How satisfied are you with your health?"

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
1	2	3	4	5

4. "How satisfied are you with what you are achieving in life?"

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
1	2	3	4	5

5. "How satisfied are you with your personal relationships?"

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
1	2	3	4	5

6. "How satisfied are you with how safe you feel?"

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
1	2	3	4	5

7. "How satisfied are you with feeling part of your community?"

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
1	2	3	4	5

8. "How satisfied are you with your future security?"

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
1	2	3	4	5

9. "How satisfied are you with your spirituality or religion?"

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
1	2	3	4	5

Sometimes young people have certain problems after experiencing stressful life events. The following questions are about these problems. Read every sentence and think if you have been bothered during the past four weeks by this problem. One means you are Bothered Very Much by this problem and five means you are Not Bothered. Please answer by circling the response which is most relevant to you.

1. **I think often of the event(s) even if I do not want to. (for example; pictures of the event(s) pop into your head)**

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

2. **I have bad dreams or nightmares about the event(s)**

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

3. **I have the feeling that the event(s) is happening all over again.**

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

4. **I feel afraid or sad (upset) if I think about the event(s).**

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

5. **I find myself sometimes acting as I did at the time of the event(s).**

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

6. **When I think about the event(s), I have strong feelings in my body (headaches, stomachaches, heart beating fast).**

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

7. I try to not to think or to talk about the event(s).

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

8. I try to push away my feelings about the event(s).

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

9. I try to stay away from people, places, or things that remind me of the event(s).

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

10. I have forgotten important things about the event(s).

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

11. I feel all alone.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

12. I do not feel close to the people around me.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

13. I have trouble expressing my feelings.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

14. I am not interested in things like sports, friends, school, and family.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

15. I do not think positively about my future. (that I will find a partner, get a good job)

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

16. I have trouble falling asleep.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

17. I have trouble staying asleep or I wake up too early.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

18. I have trouble concentrating or paying attention. (At school or at home).

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

19. I am alert (always watching out or on guard for things that I am afraid of).

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

20. I startle easily when I hear a loud sound or when something surprises me.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

21. I often have arguments with others (family, friends, and teachers).

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

22. I have angry outbursts. (So angry that I throw things, hit, kick, or scream.)

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
1	2	3	4	5

Information Statement

PROJECT TITLE: Investigating the Well-being of Young Hazara Refugees

STUDENT RESEARCHER: Ms C Copolov

CO-INVESTIGATOR: Associate Professor Ann Knowles
CO-INVESTIGATOR: Professor Sandra Gifford

The main purpose of this study was to explore the well-being of young Hazara refugees. The well-being of young refugees has been defined as the relationship between psychological factors (such as mental health), social support (for example relationships) and individuals' culture and values. We looked at whether factors such as age, gender, presence of family members, length of time in Australia and visa status affect the well-being of young Hazara refugees. We also asked participants how they were coping after experiencing trauma in the past and how they were settling into Australia.

If answering the survey questions created any discomfort or raised issues which you would like to discuss with a health professional, please contact:

Asylum Seekers Centre, Trinity Uniting Church
Street address: Corner Robinson & Scotts Streets, Dandenong VIC 3175
Phone number: (03) 9802 5268 (Monday and Friday only)
Email address: dspitteler@hotmail.com

Asylum Seeker Resource Centre
Street address: 12 Batman Street, West Melbourne, VIC
Phone number: (03) 9326 6066
Email address: admin@asrc.org.au
Website: www.asrc.org.au

Swinburne Psychology Clinic (low cost counselling)
Street address: 34 Wakefield St, Hawthorn VIC 3122
Phone Number: (03) 9214 8653

Now that you have completed the survey, you have the choice to be involved in a face to face interview with the student researcher to discuss these issues further at Dandenong Library. If you are interested in participating in an interview, you need to copy the link below into an internet browser which will take you to another page to enter your name, contact number and or email address. A separate page to enter your details for the interview is important as we want to make sure your survey answers are kept confidential. Once you have completed a face to face interview you would receive $25 for your time.

https://swinburnefhad.qualtrics.com/SE/?SID=SV_3DIXtTEGnj7Lo2h

Thank you for your participation. If you have any further questions, feel free to contact Carly Copolov, email: cscopolov@swin.edu.au

بیانیه معلوماتی

عنوان پروژه: بررسی سلامتی پناهندگان جوان هزاره
دانشجوی محقق: خانم کارلی کوپولوف
محقق همکار: دانشیار ان ناولز
محقق همکار: پروفیسور سائندرا گیفورد

هدف از این مطالعه چیست؟

ما در حال انجام یک مطالعه برای بررسی سلامتی پناهندگان جوان هزاره هستیم. سلامتی پناهندگان جوان، رابطه بین عوامل روانی (مثل سلامت روانی)، حمایت اجتماعی (به عنوان مثال روابط) وهمچنین فرهنگ و ارزش های افراد، تعریف شده است. ما بررسی خواهیم کرد که آیا عواملی مانند سن، جنس، حضور اعضای خانواده، مدت زمان اقامت در استرالیا و شرایط ویزا، سلامتی پناهندگان جوان هزاره را متأثر میکند. همچنین ما از شرکت کنندگان سوال خواهیم کرد که آنها چگونه به آسیب های روانی که در گذشته تجربه کردن اند فایق میآیند و چگونه خود را با زندگی در استرالیا وفق میدهند.

شما چی کار باید انجام دهید؟

شما یک پرسشنامه ناشناس انترنیتی را تکمیل خواهید کرد. ما نام شما را سوال نخواهیم کرد و این نظر سنجی حدود 20 تا 30 دقیقه وقت در بر میگرد تا تکمیل شود.

بعد از تکمیل کردن پرسشنامه شما حق انتخاب شرکت در یک مصاحبه رو برو با دانشجوی محقق را دارید، تا در کتابخانه داندنانگ راجع به این مسایل بیشتر گفتگو کنید . اگر مایل به شرکت در مصاحبه هستید، لازم است روی یک لینک کلیک کنید که شمارا به یک صفحه دیگر میبرد تا نام، شماره تماس و آدرس ایمل خود را درج کنید. مهم است که ما صفحه جداگانه را جهت درج مشخصات برای مصاحبه استفاده کنیم، چرا که مامیخواهیم نسبت به محرمانه ماندن جوابهای شما به پرسشنامه انترنیتی اطمینان حاصل کنیم. هنگامی که شما مصاحبه رو برو را تکمیل کردید $25 دالر برای وقت خود دریافت خواهید کرد.

کی میتواند در این مطالعه سهم بگیرد؟

ما دنبال پناهندگان مرد و زن هزاره هستیم که در سنین 16 تا 30 ساله هستند.

<u>هشدار:</u> این مطالعه سوالات حساس در مورد گذشته شما و تجارب فعلی تان به عنوان یک پناهجو و یک پناهنده خواهد پرسید. این پرسش ها، به عنوان مثال، به چگونگی اسکان گزیدن شما در استرالیا و همچنین سوالات در مورد اینکه آیا پدر و مادر شما با شما در استرالیا زندگی می کنند، مربوط می شود. اگر فکر می کنید ممکن است این نوع سوالات شما را ناراحت یا آزرده کند، لطفا در مطالعه شرکت نکنید.

آیا شما باید در این مطالعه شرکت کنید؟

مشارکت شما در این مطالعه کاملا داوطلبانه است. اگر شما تصمیم به شرکت در این تحقیق گرفتید، لطفا فرم نظرسنجی آنلاین را در لینک ذیل تکمیل کنید:

https://swinburnefhad.qualtrics.com/SE/?SID=SV_7PAcuOjB30tuGXP

نام یا هر گونه اطلاعات هویتی دیگر خود را ارائه نکنید. پاسخ های شما به طور کامل محرمانه می باشد. ارائه نظر سنجی از جانب شما به عنوان رضایت شما تلقی شده و معلومات بدست آمده از این مشارکت در مطالعه، مورد استفاده قرارمیگیرد. با این حال شما آزاد هستید تا در هر زمان که بخواهید سلب رضایت کرده و به مشارکت خود پایان دهید.

با معلومات که شما در این مطالعه آزمایشی فراهم میکنید، چه خواهد شد؟

ممکن است نتایج حاصل از این مطالعه، در آینده، در یک مجله علمی نشر شود. تنها نتایج جمع بندی شده منتشر خواهد شد و پاسخهای فردی قابل شناسایی نخواهد بود.

اگر من اطلاعات بیشتر بخواهم، چی کار کنم؟

اگر پاسخ دادن به سوالات در این مطالعه برای شما ایجاد ناراحتی میکند و یا مسائلی را مطرح می کند که شما دوست دارید در موردش با یک کارمند حرفه ای صحبت کنید، در آنصورت لطفا (به آدرس و شماره تلفن های ذیل) تماس بگیرید.

مرکز پناهجویان کلیسای متحد ترینیتی - Asylum Seekers Centre, Trinity Uniting Church
آدرس کوچه: Corner of Robinson & Scott Streets, Dandenong Vic 3175
شماره تلفن: (03) 9802 5268 (فقط دوشنبه و جمعه)
آدرس ایمیل: dspitteler@hotmail.com

مرکز منابع پناهجویان - Asylum Seeker Resource Centre
آدرس کوچه: 12 Batman Street, West Melbourne Vic
شماره تلفن: (03) 9326 6066
ادرس ایمیل: admin@asrc.org.au
ویب سایت: www.asrc.org.au

کلینیک روان شناسی سوینبورن (مشاوره کم هزینه)
آدرس کوچه: 34 Wakefield Street Hawthorn Vic 3122
شماره تلفن: (03) 9214 8653

هر گونه سوالی اگر در مورد این مطالعه داشته باشید ، لطفا با ایمیل آدرس ذیل تماس بگیرید:
کارلی کوپولوف: cscopolov@swin.edu.au

این پروژه توسط یا از طرف کمیته اخلاق تحقیقات انسانی سوینبرن مطابق با بیانیه ملی رفتار اخلاقی در مورد تحقیقات انسانی تأیید شده است. اگر شما کدام نگرانی و یا شکایت در مورد نحوه انجام این پروژه دارید، میتوانید با اداره ذیل تماس بگیرید:

آفیسر اخلاق تحقیقات، سوینبرن(H68)
دانشگاه تکنالوجی سوینبرن، P O Box 218, Hawthorn Vic 3122
تلفن: (03) 9214 5218 یا +61 3 9214 5218 یا resethics@swin.edu.au

Participant Details مشخصات شرکت کننده

Please answer by clicking in the box for the response which is most relevant to you or write out your answer in the box provided.
لطفا با کلیک کردن روی باکس (خانه کوچک چهار گوش) جواب که بیشتر به شما مربوط میشود را انتخاب کنید یا جواب خود را در باکس تدارک دیده شده بنویسید.

1. What is your sex? جنس شما چیست ؟

Male □ مرد

Female □ زن

2. How old are you? (In numbers, e.g. 16) چند سال دارید (به عنوا مثال 16)

3. What is your Religion? مذهب شما چیست

Shi'a Muslim □ مسلمان شیعه

Sunni Muslim □ مسلمان سنی

Christian □ مسیحی

Other (please describe) □
دیگر(لطفا توضیح دهید)

4. What is your place of birth?
محل تولد شما کجاست؟

Afghanistan □ افغانستان

Pakistan □ پاکستان

Iran □ ایران

Other (please describe) □
جای دیگر (لطفا توضیح دهید)

5. What year did you leave your place of birth? (e.g. 1999)
کدام سال محل تولد خود را ترک کردید (به عنوان مثال 1999)

6. Have you spent time in a refugee camp? آیا در کمپ پناهندگان وقت گذرانده اید؟
Yes □ بلی

No □ نه

7. If yes to question 6, how long did you spend in a refugee camp? (In years, e.g. 10 years) اگر جواب سوال 6 بلی است چی مدتی را در کمپ پناهندگی گذراندید (به عنوان مثال 10 سال)

8. If yes to question 6, were any of these family members in a refugee camp with you?
اگر جواب سوال 6 بلی است، آیا کدام یک از این اعضای فامیل با شما در کمپ بودند؟

Mother □ مادر

Father □ پدر

Brother and or sister □ خواهر و یا برادر

Grandparents □ پدر و مادر بزرگ

Uncles and or aunt □ عمو و یا عمه

Cousins □ عمو زاده ها

No family members □
هیچ یک از اعضای خانواده

9. What year did you arrive in Australia? (e.g. 2007)
کدام سال به استرالیا رسیدید؟

10. What type of visa have you applied for in Australia?
برای کدام نوع ویزا در استرلیا درخواست داده اید؟

Refugee Visa □ ویزای پناهندگی

Special Humanitarian Programme Visa □
ویزای مخصوص پروگرام بشر دوستانه

Emergency Rescue Visa ☐
ویزای نجات اظطراری

Protection Visa ☐ ویزای تحفظی

Bridging Visa ☐ ویزای بریجنگ

Temporary Protection Visa ☐
ویزای موقت تحفظی

Other (please describe) ☐
دیگر (لطفا توضیح دهید)

11. What type of visa have you received in Australia, if any?
در استرالیا کدام نوع ویزا دریافت کرده اید، اگر دریافت کرده باشید؟

Refugee Visa ☐ ویزای پناهندگی

Special Humanitarian Programme Visa ☐
ویزای مخصوص پروگرام بشر دوستانه

Emergency Rescue Visa ☐
ویزای نجات اظطراری

Protection Visa ☐ ویزای تحفظی

Bridging Visa ☐ ویزای بریجنگ

Temporary Protection Visa ☐
ویزای موقت تحفظی

Other (please describe) ☐
دیگر (لطفا توضیح دهید)

12. What is your current living arrangement?
ترتیبات زندگی فعلی شما چیست ؟

Living with a family member ☐
با اعضای فامیل زندگی میکنم

Living with friends ☐
با دوستانم زندگی میکنم

Living with a guardian ☐
با یک سرپرست زندگی میکنم

Renting ☐ کرایه کرده ام

Other (please describe) ☐ دیگر (توضیح دهید)

13. Who in your family is living with you in Australia?
کی از فامیل تان با شما در استرالیا زندگی میکند؟

Mother ☐ مادر

Father ☐ پدر

Brother and or sister ☐ خواهر و یا برادر

Grandparents ☐ پدر و مادر بزرگ

Uncles and or aunt ☐ عمو و یا عمه

Cousins ☐ عمو زاده ها

No family members ☐
هیچ یک از اعضای خانواده

14. What is the highest level of education you have received?
بالا ترین سطح تحصیلات که دریافت کرده اید چیست؟

Less than primary school ☐
کمتر از مکتب ابتدایی

Primary school ☐ مکتب ابتدایی

High school ☐ مکتب لیسه

I am currently in high school ☐
اکنون در مکتب لیسه میباشم

University ☐ دانشگاه

I am currently in University ☐
فعلا در دانشگاه هستم

I am currently learning English for a year
□ فعلا برای یکسال انگلیسی می آموزم

15. Do you consider that you speak English very well, well, not well or not at all?
فکر میکنید شما انگلیسی را خیلی خوب یا خوب، صحبت میکنید، خوب صحبت نمیکنید و یا بکلی صحبت نمی کنید؟

Very well □ خیلی خوب

Well □ خوب

Not well □ خوب صحبت نمی کنم

Not at all □ بکلی صحبت نمیکنم

16. Are you currently working?
آیا شما فعلا کار میکنید؟

Yes □ بلی

No □ نه

17. If yes to question 16, what type of work are you doing?
اگر جواب به سوال 16 بلی است چی نوع کار انجام میدهید؟

Full time □ تمام وقت

Part time □ پاره وقت

Casual □ نا منظم

Other (please describe) □
دیگر (لطفا توضیح دهید)

لطفا با کلیک کردن روی باکس (خانه چهار گوشه کوچک) جواب که بیشتر به شما ربط پیدا میکند را انتخاب کنید. سوالات زیر در مورد چگونگی احساس شما راجع به زندگی تان در استرالیا در مقیاس یک تا پنج، می پرسد. یک یعنی شما قویا با سوال موافق نیستید و پنج یعنی شما قویا با سوال موافق هستید.

1. I can find many ways to solve a problem

1. من میتوانم راه های زیاد برای حل یک مشکل پیدا کنم.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

2. I am able to cope with new situations

2. من توانایی مقابله با شرایط جدید را دارم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

3. In a difficult situation, I usually find my way out

3. من معمولا در یک وضعیت دشوار، راه برون رفت خود را پیدا می کنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

4. I am confident with my personal strengths

4. من به نقات قوت شخصی خود اعتماد دارم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

5. Although adapting is difficult, I am doing fine

5. گرچند وفق دادن دشوار است ولی من خوب هستم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

6. I know where to get help when in trouble

6. من میدانم هنگام مشکلات از کجا کمک بخواهم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

7. I have family who can help me through the difficulties

7. من فامیل دارم که هنگام مشکلات میتواند کمکم کند

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

8. I am open to learn new ways to communicate

8. من به آموختن راه های جدید برای برقراری ارتباط دید باز دارم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

9. I know about available public services

9. من راجع به خدمات عمومی که در دسترس است میدانم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

10. I can manage my two worlds

10. من میتوانم دو جهان خود را مدیریت کنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

11. I have made close friends in Australia

11. من در استرالیا دوستان صمیمی یافته ام

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

12. It does not worry me that I am from another cultural background

12. اینکه من از یک فرهنگ دیگر هستم، مرا نگران نمی کند

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

13. I support others who are in the same situation as me

13. من افراد دیگر را که در وضعیت مشابه من قرار دارند، حمایت میکنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

14. I can take care of myself in a new place

14. من میتوانم از خودم در جاهای جدید مراقبت کنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

15. I am okay with accepting both Australian and my own cultural values

15. من با پذیرفتن ارزشهای هردو فرهنگ خود و استرالیا، مشکلی ندارم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

16. I am open minded and curious about my new culture

16. من راجع به فرهنگ جدید خود، فکر باز و کنجکاو دارم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

17. I feel comfortable talking about my culture of origin

17. من وقت صحبت کردن در مورد سابقه فرهنگی ام، خودم را راحت احساس میکنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

18. I am proud of my cultural background

18. من به سابقه فرهنگی خودم، افتخار میکنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

19. I like the Australian way of living

19. من روش زندگی استرالیایی را دوست دارم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

20. I manage my original and new culture well from day to day

20. من فرهنگ سابق و جدید خود را بطور روز مره به خوبی مدیریت میکنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

21. I use some Australian ways to deal with my problems

21. من از بعضی روش های استرالیایی برای مقابله با مشکلات خود استفاده میکنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

22. I feel like I am part of the Australian society

22. احساس میکنم من بخشی از جامعه استرالیا هستم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

23. I like to attend general community activities

23. دوست دارم در فعالیت های عمومی جامعه شرکت کنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

24. My cultural values help me to deal with difficulties in Australia

24. ارزش های فرهنگی ام، مرا کمک میکند تا با مشکلات در استرالیا مقابله کنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

25. I feel relaxed in Australia

25. من در استرالیا احساس آرامش میکنم

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

26. My religious beliefs help me manage migration challenges

26. اعتقادات مذهبی ام، مرا در مدیریت مشکلات مهاجرتی کمک میکند

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

27. Spirituality helps me to deal with migration difficulties

27. معنویت، مرا در مقابله با مشکلات مهاجرتی کمک میکند

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
قویا موافق نیستم	موافق نیستم	مردد هستم	موافقم	قویا موافقم
1	2	3	4	5

لطفا با کلیک کردن روی باکس (خانه چهار گوشه کوچک) جواب که بیشتر به شما ربط پیدا میکند را انتخاب کنید. سوالات زیر در رابطه به میزان احساس رضایت شما در مقیاس یک تا پنج، می پرسد. یک یعنی شما هیچ نوع احساس رضایت نمی کنید و پنج یعنی شما کاملا احساس رضایت میکنید.

1. "Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?"

1. وقتی به زندگی و شرایط شخص خود فکر میکنید، در کل چقدر از زندگی خود راضی هستید؟

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
اصلا راضی نیستم	راضی نیستم	مردد هستم	راضی هستم	کاملا راضی هستم
1	2	3	4	5

2. "How satisfied are you with your standard of living?"

2. از استاندارد زندگی خود چقدر راضی هستید؟

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
اصلا راضی نیستم	راضی نیستم	مردد هستم	راضی هستم	کاملا راضی هستم
1	2	3	4	5

3. "How satisfied are you with your health?"

3. از سلامتی خود چقدر راضی هستید؟

Not at all satisfied	Not Satisfied	Undecided	Satisfied	Completely satisfied
اصلا راضی نیستم	راضی نیستم	مردد هستم	راضی هستم	کاملا راضی هستم
1	2	3	4	5

4. "How satisfied are you with what you are achieving in life?"

4. چقدر از آنچه در زندگی بدست میآورید، راضی هستید؟

Not at all satisfied اصلا راضی نیستم	Not Satisfied راضی نیستم	Undecided مردد هستم	Satisfied راضی هستم	Completely satisfied کاملا راضی هستم
1	2	3	4	5

5. "How satisfied are you with your personal relationships?"

5. چقدر از روابط شخصی خود راضی هستید؟

Not at all satisfied اصلا راضی نیستم	Not Satisfied راضی نیستم	Undecided مردد هستم	Satisfied راضی هستم	Completely satisfied کاملا راضی هستم
1	2	3	4	5

6. "How satisfied are you with how safe you feel?"

6. چقدر از آنچه احساس امنیت میکنید، راضی هستید؟

Not at all satisfied اصلا راضی نیستم	Not Satisfied راضی نیستم	Undecided مردد هستم	Satisfied راضی هستم	Completely satisfied کاملا راضی هستم
1	2	3	4	5

7. "How satisfied are you with feeling part of your community?"

7. چقدر از اینکه خود را بخش از جامعه خود احساس میکنید، راضی هستید؟

Not at all satisfied اصلا راضی نیستم	Not Satisfied راضی نیستم	Undecided مردد هستم	Satisfied راضی هستم	Completely satisfied کاملا راضی هستم
1	2	3	4	5

8. "How satisfied are you with your future security?"

8. چقدر از امنیت آینده خود راضی هستید؟

Not at all satisfied اصلا راضی نیستم	Not Satisfied راضی نیستم	Undecided مردد هستم	Satisfied راضی هستم	Completely satisfied کاملا راضی هستم
1	2	3	4	5

9. "How satisfied are you with your spirituality or religion?"

9. چقدر از معنویت یا مذهب خود راضی هستید؟

Not at all satisfied اصلا راضی نیستم	Not Satisfied راضی نیستم	Undecided مردد هستم	Satisfied راضی هستم	Completely satisfied کاملا راضی هستم
1	2	3	4	5

بعضی اوقات نوجوانان مشکلات خاص خود را پس از تجربه کردن وقایع استرس آور زندگی دارند. سوالات زیر راجع به این مشکلات است. هرجمله را بخوانید و فکر کنید که آیا شما در طول چهار هفته ای گذشته بخواطر این نوع مشکلات ناراحت شده اید. یک یعنی شما بسیار بخواطر این مشکل ناراحت شده اید و پنج یعنی شما ناراحت نه شده اید. لطفا با کلیک کردن روی باکس (خانه چهار گوشه کوچک) جواب که بیشتر به شما ربط پیدا میکند را انتخاب کنید.

من راجع به اتفاقات (یا فکر میکنم حتی اگر خودم نمیخواهم (مثلاً : آن پیشآمدها جلو چشمم میآیند)

Bothered very much بسیار زیاد ناراحت شده ام	Bothered a lot زیاد ناراحت شده ام	Undecided تصمیم نگرفته ام	A little bothered کمی ناراحت شده ام	Not bothered ناراحت نه شده ام
1	2	3	4	5

من ي ب ي م س و ب ا ک ا ي ر و ا س ر ت ي ا د ب ا و خ (ت ا ق ا ف ت ا) ق ا ف ت ا د ر ا ب ر د ن م.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

من احساس میکنم که اتفاق (اتفاقات) مرتباً تکرار میشوند.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

و ی ا غ م گ ی ن ی ب ه ا گ ر م ن ب ه ا ت ف ا ق (ا ت ف ا ق ا ت) ف ک ر ک ن م ا ح س ا س ت ر س د ا ش ی م ی ن ا ب ص ر ع) د د ی م ت س د ن م).

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

من ف ک ر م ی ک ن م ک ه ک ا ر ه ا ر ا ه م ا ن ط و ر ا ن ج ا م م ی د ه م ک ه د ر ه ن گ ا م د ا د ی م ا ح ن ا (ت ا ق ا ف ت ا) ق ا ف ت ا.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

من ع ک س ا ل ع م ل ن ش ا ن گ ر م ن ب ه ا ت ف ا ق (ا ت ف ا ق ا ت) ف ک ر ک ن م ب د ن ب ا ل ق ش پ ت ،د ر د م ک ش ،د ر د ر س) د د ی م)

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

من س ع ی م ی ک ن م ک ه د ر ب ا ر ه ا ت ف ا ق (ا ت ف ا ق ا ت) ف ک ر ن ک ن م ی ا د ر م و ر د آ ن ص ح ب ت ن ک ن م.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

ت ا ق ا ف ت ا) ق ا ف ت ا د ر و م ر د ا ر د و خ ت ا س ا س ح ا د ک م ن ک ی م ش ا ل ت ن م) م ن ک ر و د د و خ ز ا و ن ا ه ن پ.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

تاقافتا) قافتا داي هب ارم هک یئاهلحم اي دارفا زا مشوکيم نم)
ميامن یرود دنزادناي‌م.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

ماهدرک شومارف (تاقافتا) قافتا دروم رد ار یمهم لياسم نم.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

منکيم یئاهنت ساسحا نم.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

مرادن سامت دوخ نوماريپ دارفا اب هک منکيم ساسحا نم.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

تسا لکشم نم یارب متاساسحا نداد ناشن و نايب.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

من علاقه‌های(م یلی) ب ه چ یزهائ ی ماند ند ورزش، دو س تان و
مدر سه ن دارم.

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

من راجع به آینده خود خوشبین نیستم. (مثلاً اینکه من در آینده یک همسر یا شغل و کار خوب پیدا خواهم کرد)

Not bothered	A little bothered	Undecided	Bothered a lot	Bothered very much
ناراحت نه شده ام	کمی ناراحت شده ام	تصمیم نگرفته ام	زیاد ناراحت شده ام	بسیار زیاد ناراحت شده ام
5	4	3	2	1

موریم باوخب لکشم.

Not bothered	A little bothered	Undecided	Bothered a lot	Bothered very much
ناراحت نه شده ام	کمی ناراحت شده ام	تصمیم نگرفته ام	زیاد ناراحت شده ام	بسیار زیاد ناراحت شده ام
5	4	3	2	1

من شبها زیاد از خواب بیدار میشوم و یا صبحها زود از خواب موشیم رادیب.

Not bothered	A little bothered	Undecided	Bothered a lot	Bothered very much
ناراحت نه شده ام	کمی ناراحت شده ام	تصمیم نگرفته ام	زیاد ناراحت شده ام	بسیار زیاد ناراحت شده ام
5	4	3	2	1

مشکل میتوانم حواسم را جمع کنم یا فکرم را به چیزی تمرکز نکاخ رد ،دسردم رد) مدد)

Not bothered	A little bothered	Undecided	Bothered a lot	Bothered very much
ناراحت نه شده ام	کمی ناراحت شده ام	تصمیم نگرفته ام	زیاد ناراحت شده ام	بسیار زیاد ناراحت شده ام
5	4	3	2	1

من هوشیار هستم. (من به چیزهائی که از آن میترسم خوب توجه میاپیم ار دوخ رب و رود ،متسه رایشوه امنآ دروم رد و منکیم)

Not bothered	A little bothered	Undecided	Bothered a lot	Bothered very much
ناراحت نه شده ام	کمی ناراحت شده ام	تصمیم نگرفته ام	زیاد ناراحت شده ام	بسیار زیاد ناراحت شده ام
5	4	3	2	1

من از ترس زود از جا میپرم و وحشت زده هستم. (مثلاً اگر
دهد خر یامرظتنمریغ قافتا رگا اي مونشب یدنلب یادص)

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

من زود با دیگران دعوا و مشاجره میکنم. (فامیل، دوستان،
نامزدم)

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

من گاهی اوقات دچار حملات عصبانیت و خشونت میشوم. (من
بعضی مواقع آنقدر عصبانی میشوم که شروع به پرتاب اشیاء و زدن
منکیم نارگید.)

Bothered very much	Bothered a lot	Undecided	A little bothered	Not bothered
بسیار زیاد ناراحت شده ام	زیاد ناراحت شده ام	تصمیم نگرفته ام	کمی ناراحت شده ام	ناراحت نه شده ام
1	2	3	4	5

بیانیه معلوماتی

عنوان پروژه: بررسی سلامتی پناهندگان جوان هزاره
دانشجوی محقق: خانم کارلی کوپولوف
محقق همکار: دانشیار ان ناولز
محقق همکار: پروفیسور ساندرا گیفورد

هدف اصلی از این مطالعه کاوش روی سلامتی پناهندگان جوان هزاره بود. سلامتی پناهندگان جوان، رابطه بین عوامل روانی (مثل سلامت روانی) حمایت اجتماعی (به عنوان مثال روابط) و همچنین فرهنگ و ارزش های افراد، تعریف شده است. ما بررسی کردیم که آیا عواملی مانند سن، جنس، حضور اعضای خانواده، مدت زمان اقامت در استرالیا و شرایط ویزا، سلامتی پناهندگان جوان هزاره را متأثر میکند. همچنین ما از شرکت کنندگان پرسیدیم که آنها چگونه به آسیبهای روانی که در گذشته تجربه کرده اند فایق میآیند و چگونه خود را با زندگی در استرالیا وفق میدهند.

اگر پاسخ دادن به سوالات نظر سنجی، برای شما ایجاد ناراحتی کرد یا مسایلی را مطرح کرد که دوست دارید در موردش با یک کارمند حرفه ای صحبت کنید، در آنصورت لطفا (به آدرس و شماره های ذیل) تماس بگیرید:

مرکز پناهجویان کلیسای متحد ترینیتی - Asylum Seekers Centre, Trinity Uniting Church
آدرس کوچه: Corner of Robinson & Scott Streets, Dandenong Vic 3175
شماره تلفن: (03) 9802 5268 (فقط دوشنبه و جمعه)
آدرس ایمیل: dspitteler@hotmail.com

مرکز منابع پناهجویان - Asylum Seeker Resource Centre
آدرس کوچه: 12 Batman Street, West Melbourne Vic
شماره تلفن: (03) 9326 6066
ادرس ایمیل: admin@asrc.org.au
ویب سایت: www.asrc.org.au

کلینیک روان شناسی سوینبرن (مشاوره کم هزینه)
آدرس کوچه: 34 Wakefield Street Hawthorn Vic 3122
شماره تلفن: (03) 9214 8653

حالا که پرسشنامه را تکمیل کرده اید، شما حق انتخاب شرکت در یک مصاحبه رو برو با دانشجوی محقق را دارید، تا در کتابخانه داندنانگ راجع به این مسایل بیشتر گفتگو کنید. اگر برای شرکت در مصاحبه علاقه دارید، لازم است روی لینک زیر کلیک کنید که شمارا به یک صفحه دیگر میبرد تا نام، شماره تماس و آدرس ایمل خود را درج کنید. صفحه جداگانه جهت درج مشخصات شما برای مصاحبه مهم است چرا که مامیخواهیم نسبت به محرمانه ماندن جوابهای شما به پرسشنامه انترنیتی اطمینان حاصل کنیم. هنگامی که شما مصاحبه رو برو را تکمیل کردید $25 دالر برای وقت خود دریافت خواهید کرد.
https://swinburnefhad.qualtrics.com/SE/?SID=SV_3DlXtTEGnj7Lo2h

تشکر از شرکت شما. اگر کدام سوالی دیگر داشته باشید، آزادانه با خانم کارلی کوپولوف در ایمل آدرس: cscopolov@swin.edu.au تماس بگیرید.

Appendix Four: Final Interview Schedule

Informed Consent Form

SWINBURNE UNIVERSITY OF TECHNOLOGY
Faculty of Health, Arts and Design

PROJECT TITLE: Investigating the Wellbeing of Young Hazaras

INVESTIGATOR: Carly Copolov

CO-INVESTIGATOR: Associate Professor Ann Knowles
CO-INVESTIGATOR: Professor Sandra Gifford

What is the purpose of this study?

There has been little research documenting the experiences of young Hazaras after recent and frequent changes to visa requirements and immigration policy. As there is currently a large population of Hazaras living in Australia, it is important to find out about their coping strategies, resource use and overall well-being.

What will you have to do?

Participation in this study is completely voluntary and involves a face-to-face interview with the student researcher at Dandenong Library. If you are unable to attend an interview at Dandenong Library, the student researcher can organise a Skype interview with you instead. We will be audio recording the interview but we will not be recording your name or any private details about yourself. You will be asked to answer some questions about yourself and questions about how you cope, the types of resources you use in Australia and your overall well-being. The interview should take around 30-45 minutes to complete. Please note you can withdraw from the interview at any time. You will receive $25 for your time.

Who can take part in this study?

Male and female Hazaras who are between the ages of 16 and 24 years of age.

Do you have to take part?

Please note: This study will ask sensitive questions about your past and present experiences as an asylum seeker and as a refugee. These questions, for example, will relate to how you are settling into Australia as well as questions about whether your parents live with you in Australia. If you believe these types of questions may upset or offend you, please do not participate in the study.

What happens to the information you provide in the interview?

The results of this study may, at some future time, be published in an academic journal. Only grouped results would be published and no individual's responses would be identifiable.

What do I do if I want more information?

If you have any questions about this study, please contact:
Carly Copolov, cscopolov@swin.edu.au

If answering the survey questions creates any discomfort or raises issues which you would like to discuss with a health professional, please contact:

Asylum Seekers Centre, Trinity Uniting Church
Street address: Corner Robinson & Scotts Streets, Dandenong VIC 3175
Phone number: (03) 9802 5268 (Monday and Friday only)
Email address: dspitteler@hotmail.com

Asylum Seeker Resource Centre
Street address: 12 Batman Street, West Melbourne, VIC
Phone number: (03) 9326 6066
Email address: admin@asrc.org.au
Website: www.asrc.org.au

Swinburne Psychology Clinic (low cost counselling)
Street address: 34 Wakefield St, Hawthorn VIC 3122
Phone Number: (03) 9214 8653

Lifeline (Crisis Support. Suicide Prevention)
Phone Number: 13 11 14

This project has been approved by or on behalf of Swinburne's Human Research Ethics Committee (SUHREC) in line with the National Statement on Ethical Conduct in Human Research. If you have any concerns or complaints about the conduct of this project, you can contact:

Research Ethics Officer, Swinburne Research (H68),
Swinburne University of Technology, P O Box 218, HAWTHORN VIC 3122.
Tel (03) 9214 5218 or +61 3 9214 5218 or resethics@swin.edu.au

If you agree to participate in the face-to-face interview, please write your name, signature and the date below. **If you would prefer to give verbal consent please tell the student researcher and she will record you saying your consent without you having to disclose any identifying information about yourself:**

Name:

Signature:

Date:

Interview schedule

Youth Experiences Scale for Refugees (Yes-R)
(McGregor, Melvin, & Newman, 2014)

These topics below are prompts for questions that will be explored in the face to face semi-structured interviews. It is envisaged that the student researcher would not go through every question as they may be answered during the interviews naturally.

Informed consent form signed/ verbal consent

Demographics

1. **Gender**
2. **Age**
3. **Country of birth**
4. **Relationship status**
5. **Spent time in a refugee camp or detention centre-** 'offshore or onshore?' 'for how long?'
6. **How did you come to Australia?** [type of transport]
7. **What visa did you apply for to come to Australia?**
8. **Which visa have you received, if any?**
9. **Date of arrival in Australia?**
10. **Where living-** 'What type of accommodation are you living in?'
11. **Who living with**
12. **Employment status of self**- 'do you have a job?'
13. **Education status**
14. **Religious/ Spiritual beliefs**

When did you find out you were going to be coming to Australia?

How did you feel about this?

How did your family feel? How has your family found coming to Australia?

What did you know about Australia before you came?

What was it like for you when you first came to Australia?

- do you still notice these things that you found different at first now that you've been here for…. [period of time]?

How were things different for you in Australia compared to your life [in ….] before?

What are the things you miss about [… country]?

What are the things that you don't miss about […country]?

Do you feel you have made a new life in Australia? What things have helped you with this?

Do you feel that Australia is your home now?
What do you hope for […country of origin] for the future?

Do you feel safe in Australia?

Who do you live with in Australia? (if live with parents) → Do your parents work in Australia? What were their professions in [home country]?

Do you have any other family [like cousins, uncles, aunts etc] in Australia who came from [home country] that you can visit?

Are there other members of your community that you visit/spend time with?

How did you find making friends when you got to Australia? What things do you do with your friends when you're not at school?

What's it like to be someone your age in Australia? Do your parents have different ideas about this?

How do you like school? What things do you like most about school? (favourite subjects etc). How are you finding learning English?

Do you play in any sports teams or in school activities (bands, music etc)?

What do you do in your spare time in Australia? What do your family think of this?

What are your goals for the future?

What do your family hope for you in the future?

What advice would you give to other young people who come to Australia from multicultural backgrounds?

What do you think are the most important issues facing young people from multicultural backgrounds who move to Australia?

Tempany (2008)

Mental Health and Determinants Years After Arrival
What does mental health mean to you?
{P} What would a person with good mental health look and feel like?
{P} Tell me what mental illness means to you?
{P} What do you think it would be like to have a mental illness?
{P} Do you think there are any mental illnesses that young Hazara people get?
What do you think causes mental health problems?

Coping strategies
Can you describe the last time you felt sad?
{P} What do you do when you feel sad?
Can you describe the last time you were scared, worried and or angry?
{P} What do you do when you feel scared, worried or angry?
Can you describe the last time you felt stressed
{P} What do you do when you feel stressed?
How do you keep healthy?
{P} sporting activities, socialising with friends/ family, being outdoors etc.
Do you talk to anyone about how you are feeling?
{P} Social supports
Can you describe the last time you felt happy?

Resource utilisation
If one of your friends or family had mental health issues, can you list some services they could access?
What services do you use in Australia?
{P} Can you describe the last time you used a service in Australia?
{P} Was it easy to access the service (s)? Why/ Why not?

THANK YOU

Debrief statement

Information Statement
Investigating the Well-being of Young Hazaras

SWINBURNE UNIVERSITY OF TECHNOLOGY
Faculty of Health, Arts and Design

INVESTIGATOR: Ms C Copolov
CO-INVESTIGATOR: Associate Professor Ann Knowles
CO-INVESTIGATOR: Professor Sandra Gifford

There has been little research documenting the experiences of young Hazaras after recent and frequent changes to visa requirements and immigration policy. As there is currently a large population of Hazaras living in Australia, the main purpose of this study was to find out about participants' coping strategies, resource use and overall well-being.

If answering the survey questions created any discomfort or raised issues which you would like to discuss with a health professional, please contact:

Asylum Seekers Centre, Trinity Uniting Church
Street address: Corner Robinson & Scotts Streets, Dandenong VIC 3175
Phone number: (03) 9802 5268 (Monday and Friday only)
Email address: dspitteler@hotmail.com

Asylum Seeker Resource Centre
Street address: 12 Batman Street, West Melbourne, VIC
Phone number: (03) 9326 6066
Email address: admin@asrc.org.au
Website: www.asrc.org.au

Swinburne Psychology Clinic (low cost counselling)
Street address: 34 Wakefield St, Hawthorn VIC 3122
Phone Number: (03) 9214 8653

Lifeline (Crisis Support. Suicide Prevention)
Phone Number: 13 11 14

Thank you for your participation. If you have any further questions, feel free to contact Carly Copolov, cscopolov@swin.edu.au

Appendix Five: Initial Rough Notes for Study 2 & Study 3

Initial rough notes from the transcripts

1. **Belongingness**

The young people find it very important to belong to both their Afghan culture and more importantly to the wider Australian culture. For those who are yet to become citizens they believe once they are citizens then they will feel 'a strong sense of belonging'. What it means to belong in Australia means to have a good car, good house, beautiful wife. The participants are experiencing these pressures to have the same as those born in Australia as they are 'part of the system'.

Family.

- **With immediate family** in Australia, find it easier to belong to both the Afghan and wider Australian community. This is usually because their family as a whole had to understand where they belong from the beginning or where they had difficulties with belonging. The majority of males were without all of their family (wives, children, parents, siblings etc.) and this caused a lot of stress for them. One man had no visa so he couldn't be reunited with his family. A few other men were Permanent Residents so they had to wait until they were citizens until they could sponsor their family to come to Australia but it was expected that this would still take a long time. One man who had permanent residency had sponsored his mum in 2009 and was still waiting.
- **Without immediate family** in Australia find it harder because they may be isolated without, any supports and are unsure how to belong.

Acculturation.

- **Involvement with Australian community.** The young people acknowledged how important it was for their futures to be involved with the Australian community. Some wanted to be more involved but they didn't know how. Many of the participants felt it was important to give back to the Australian community because this is now their home and Australia has given them so much. A few of the participants felt more involved in the Australian community than the Hazara community. One participant relates not being involved in the Australian community with living without oxygen. One participant described getting involved with extra-curricular activities as a way to meet friends outside of the Afghan community which has 'made it even more better'. Difficult to adjustment to Australian community because it is so different to home, e.g. clothes, personalities, how people think, what's on TV.
- **Integration.** Having an awareness of people from different backgrounds increased integration. Important to mingle outside of ethnic group with wider Australian community to break stereotypes about Muslims and

asylum seekers. A few participants had been involved in diversity programs during school which helped with this integration/ different cultural understandings. It's important to be part of both.

- **Involvement with Hazara/ Afghan community.** They also believed it was important to be involved in the Hazara/ Afghan community as you should not forget your heritage and those who had sacrificed/died to get to Australia. Others had felt let down by the Afghan/ Hazara community based on experiences which had happened to their families related to reputation. One participant does not get support from the community because of their career choice or feeling controlled by the elders, instead of the elders listening to the young people. The Hazara community also provides a safe space for belonging because of being able to speak Dari or Hazaragi. If you spend all of your time with Afghans, you cannot experience the Australian culture.
- **Separation.** Living away from Hazara community increases separation from them. Not only separated from Australian community can be separated from certain groups within Australian community e.g. not feeling part of school community. Hard to connect with the Hazara community in their city because they do not have community events like they do in in their city. For others they feel that men control the organised events and there are not many Hazara youth organisations in their city. Some Hazaras are engaged and interested but also those who are disengaged and have poor relationships with their parents, disengaged with Australian community. One participant believes that people want to detach themselves from the Australian society. He believes it is important for refugee to know they belong.

Identity.

- **Hazara identity.** The participants felt it was important to uphold their Hazara identity. The Hazara identity is made up of 'struggles' and constant persecution so some participants said some people in the community had distanced themselves from these identities which made the participants sad. Hazaras struggled for recognition of their identity because of persecution. Hazara identity linked to taking on opportunities in Australia and if not taking on opportunities then they feel like they are not doing enough. Some preferred to make friends with Asian people because they share the same story and difficulties. Difficulties with fitting in during school because you are stopped by your culture or you do not believe in that culture. Afghan cameleers made first railway in Australia and this as important. They lost their identity, lost their religion and their language when moved to Australia. Hazaras can have different types of identities depending where they grew up or lived.
- **Muslim identity.** Many of the participants referred to themselves as 'open Muslims' or 'moderate Muslims' as a way of identifying with Islam. Some had religious identities by associating with being a

practising Muslim. The head scarf/ hijab is an important part of identity because the women are then visibly identifiable as Muslims. One participant commented how people become surprised when they realise her and her sisters are joking around and people think they are Australian but they are wearing a scarf. As a Muslim cannot eat pork, drink alcohol or go out as much. One participant had a positive experience with a diversity program at school to explain different religions to increase understanding and integration. Some have challenges with their Muslim identity because of competing Western views. Some question their identity and what she stands for and where she belongs. Feels pressure as a visible Muslim to not make any mistakes in public as will tarnish the Muslim women perspective. Feeling depressed because one participant's identity was being questioned as she was moving away from her family and instead embracing the western culture. Older Hazaras have stronger religious ideologies. Religious identity affects participants' ability to go out with Australian born friends if they are drinking. Difficult to practice religion in In their city because there is no Shi'a mosque. Feeling like outcasts because of their hijabs at first. Religion allows for empathy and is what identities the person. One Hazara didn't want to wear the headscarf in year 3 because it was a different environment to Afghanistan and was uncomfortable in it because none of her other Hazara friends wore one.

- **Both.** Feels like an Australian Afghan. Hazaras have difficulties with hybrid identities and fitting in. Involved in both communities but the afghan community needs more support.
- **Being a young person.** A lot of the participants described feeling unhappy that the elders in their communities don't trust young people and it would be nice to have encouragement and support from them. One female participant described how the older men control organised events for Hazaras and so she is less inclined to attend. Instead, she suggested there should be Youth Hazara organisations run by both males and females

Making a life in Australia. Participants mentioned that there is a misunderstanding that refugees only experience hardships back home but hardships only start when you come to a new country. In Australia, there are educational, financial and personal opportunities. These opportunities allow these young people to be more involved with the wider Australian community.

- **English.**
    - **Career/ education prospects.** The participants commented on their level of English and how this will affect their future careers. If you have better English, it will help you get a job. Those who had been in Australia for longer and had better English found it easier to get

work. Learning English as helpful to understand the education system. Those who attended English language school had fond memories where they also met local Australian born people and made new friends from similar backgrounds. Could not progress through police enrolment rounds because of literacy. Difficulties with enrolling in school. Could not progress through their course because their of English proficiency.

- **Day to day.** Many participants describe themselves or their friends having trouble with English when having to answer forms, receive calls from the bank/ school etc. Participants tended to act as interpreters for their family or friends especially at doctors. Language barriers, understanding different cultures and asking for help as biggest challenges in Australia. One participant described a story when her and her families English was not very good and a neighbour came to their house with a knife and wanted an onion but they did not understand and they were terrified of him.
- **Making friends or being involved in the wider Australian community.** Most of their parents have issues with English proficiency. For all of the participants, when they first arrived it was easier to make Afghan friends because they can speak in their language compared to Australian born friends. It was easy to learn English but progression slowed when more Afghans came because they wanted to speak in Dari. Speaking English makes it easier to be accepted in the Australian community. For many of the females it was not until their parents started interacting with their neighbours in English that they felt involved in the Australian community. Teachers encouraged a few participants to sit with Australian born students at playtime to improve their English.

Education.

- **Education as future.** Australia can be your home if you study. Education is the most important thing to making a life in Australia but most Hazara males drop out in year 10 or 12. Education as a key to a better job and life. Rather than working for temporary money. To belong and have a good life in Australia you need a degree. Going to school helped a lot of participants feel part of the Australian community. Hazaras want to continue education in Australia. One participant mentioned having friends from different cultures so it was not difficult to be part of the Australian community.
- **Barriers to education.** Some male participants wanted to go to university but they could not because they had financial problems especially related to helping their family who are still overseas. Had to drop out of their university course because of unstable accommodation. Some participants who attended school in Australia

had only had three years of education in an Australian school and still completed VCE/HSC.

- **Importance of teachers.** The participants who had attended school had good experiences with their teachers who they found very helpful such as helping with learning the material, helping them to make friends, providing support and encouragement about their futures/ careers.
- **Employment.** Australia can be your home if you get a job. Having enough money to support family and oneself in Australia to make a life. Employment as a way to contribute to paying tax in Australia and this can reduce discrimination and be part of the wider community. Young people should work for Australia as this is their home. To work hard leads to your future. One participant works in a factory but he does not want to work there, he wants a job where he can learn skills.

Gender roles. The male participants were responsible for the finances for their family. They were expected to make a life in Australia as well as provide for their families who were both in Australia and overseas still. This meant that some males had to drop out of their studies to work full time to help pay for their families livelihoods back at home as well as having a life in Australia. The female participants focused a lot on women's rights, gender roles (both traditional and non-traditional) or comparisons to gender roles back in Pakistan, Afghanistan or Iran. The females also talked about wanting to help women back in their countries. Allowing the women to be involved in education, employment and community activities means they can increase their belongingness to the Australian society.

- **Responsibilities.** One participant described his responsibility as the male of the family to have financial responsibility and for his sisters (once they are married) not to work. Another participant describes his responsibilities for financing for his family. His younger brother also supports the family in Pakistan which reduces the pressure. For one participant her oldest sister had to care of everything for the family as their parents couldn't speak English when they arrived in Australia. This put pressure on this sister and she wasn't used to this responsibility.
- **Freedoms and equality.** If still in their home country, the women said they would be married with kids, instead of studying. Other female participants played sport which is not common for Afghan girls but their parents are fine about it. In Australia, the women said they can make personal choices compared to back home. Some of their parents are still traditional when it comes to them leaving the house to see friends.

2. Perceived Discrimination (PD)

The majority of the young people have either experienced discrimination themselves, know of someone who has experienced it or have heard of

someone experiencing it in the news. This happened after certain attacks. The majority of PD was related to females being a 'visible Muslim' because of their headscarf/ hijab which associated them with images/ stories people had heard in the news about Muslims. This is also different to their experiences of persecution back in Afghanistan (for being a Hazara/ Shi'a Muslim), in Pakistan (for being an Afghan/Shi'a Muslim) or in Iran (for being an Afghan). Other forms of PD included having a Middle Eastern name, not being fluent in English, having an accent, not looking Anglo Saxon or for being a refugee or Afghan. They usually experienced this PD on public transport (e.g. buses), walking in the streets from people calling out from cars, in a shopping centre or at train stations. This PD was different for males and females.

3. Health and Wellbeing

Resources.

A lot of the males were worried about their future in Australia.

Appendix Six: Journal Information

The *Australian Journal of Psychology* (*AJP*; Published Paper 1)

HOME | ABOUT | CONTRIBUTE | BROWSE

Overview

Aims and Scope

Australian Journal of Psychology is the premier scientific journal of the Australian Psychological Society. It covers the entire spectrum of psychological research and receives articles on all topics within the broad scope of the discipline. The journal publishes high quality peer-reviewed articles with reviewers and associate editors providing detailed assistance to authors to reach publication.

The journal publishes reports of experimental and survey studies, including reports of qualitative investigations, on pure and applied topics in the field of psychology. Articles on clinical psychology or on the professional concerns of applied psychology should be submitted to our sister journals, *Australian Psychologist* or *Clinical Psychologist*. The journal publishes occasional reviews of specific topics, theoretical pieces and commentaries on methodological issues. There are also solicited book reviews and comments

Annual special issues devoted to a single topic, and guest edited by a specialist editor, are published. The journal regards itself as international in vision and will accept submissions from psychologists in all countries.

Transcultural Psychiatry (Reviewing Paper 2 and Paper 3)

Transcultural Psychiatry is a fully peer-reviewed international journal that publishes original research and review articles on cultural psychiatry and mental health. *Transcultural Psychiatry* provides a channel of communication for psychiatrists, other mental health professionals, and social scientists concerned with the social and cultural determinants of psychopathology and psychosocial treatments of mental and behavioural problems in individuals, families and communities.

"Bridging the disciplines, *Transcultural Psychiatry* is devoted to an encyclopedic examination of the relationship between culture and psychiatry. Theoretically and geographically comprehensive, it makes indispensable reading for everyone interested in mental health." Margaret Lock, *McGill University, Canada*

"The oldest and still one of the most authoritative and important scholarly and professional resources in the study of cross-cultural psychopathology and psychotherapy... Essential reading for clinicians, researchers, and students." Anthony J. Marsella, *University of Hawaii, USA*

"Many of us have come to rely on the thoughtful and thorough reviews of key topics and critical issues we have come to expect from the journal." Mitchell Weiss, *Swiss Tropical Institute, Switzerland*

"The oldest and still the most prestigious journal in the field." *Wolfgang Jilek, World Psychiatric Association*

Appendix Seven: Copyright Statement for Paper 1

Australian Journal of Psychology

Published by Wiley on behalf of Australian Psychological Society (the "Owner")

COPYRIGHT TRANSFER AGREEMENT

Date: June 14, 2017

Contributor name: Ann Knowles

Contributor address:

Manuscript number: TAJP-2016-109.R2

Re: Manuscript entitled Exploring the Predictors and Mediators of Personal Wellbeing for Young Hazaras with Refugee Backgrounds in Australia (the "Contribution")

for publication in Australian Journal of Psychology (the "Journal")

published by John Wiley & Sons Australia, Ltd ("Wiley")

Dear Contributor(s):

Thank you for submitting your Contribution for publication. In order to expedite the editing and publishing process and enable the Owner to disseminate your Contribution to the fullest extent, we need to have this Copyright Transfer Agreement executed. If the Contribution is not accepted for publication, or if the Contribution is subsequently rejected, this Agreement shall be null and void.
Publication cannot proceed without a signed copy of this Agreement.

A. COPYRIGHT

1. The Contributor assigns to the Owner, during the full term of copyright and any extensions or renewals, all copyright in and to the Contribution, and all rights therein, including but not limited to the right to publish, republish, transmit, sell, distribute and otherwise use the Contribution in whole or in part in electronic and print editions of the Journal and in derivative works throughout the world, in all languages and in all media of expression now known or later developed, and to license or permit others to do so. For the avoidance of doubt, "Contribution" is defined to only include the article submitted by the Contributor for publication in the Journal and does not extend to any supporting information submitted with or referred to in the Contribution ("Supporting Information"). To the extent that any Supporting Information is submitted to the Journal for online hosting, the Owner is granted a perpetual, non-exclusive license to host and disseminate this Supporting Information for this purpose.

2. Reproduction, posting, transmission or other distribution or use of the final Contribution in whole or in part in any medium by the Contributor as permitted by this Agreement requires a citation to the Journal suitable in form and content as follows: (Title of Article, Contributor, Journal Title and Volume/Issue, Copyright © [year], copyright owner as specified in the Journal, Publisher). Links to the final article on the publisher website are encouraged where appropriate.

B. RETAINED RIGHTS

Notwithstanding the above, the Contributor or, if applicable, the Contributor's employer, retains all proprietary rights other than copyright, such as patent rights, in any process, procedure or article of manufacture described in the Contribution.

C. PERMITTED USES BY CONTRIBUTOR

1. Submitted Version. The Owner licenses back the following rights to the Contributor in the version of the Contribution as originally submitted for publication (the "Submitted Version"):

> **a.** The right to self-archive the Submitted Version on the Contributor's personal website, place in a not for profit subject-based preprint server or repository or in a Scholarly Collaboration Network (SCN) which has signed up to the STM article sharing principles [http://www.stm-assoc.org/stm-consultations/scn-consultation-2015/] ("Compliant SCNs"), or in the Contributor's company/ institutional repository or archive. This right extends to both intranets and the Internet. The Contributor may replace the Submitted Version with the Accepted Version, after any relevant embargo period as set out in paragraph C.2(a) below has elapsed. The Contributor may wish to add a note about acceptance by the Journal and upon publication it is recommended that Contributors add a Digital Object Identifier (DOI) link back to the Final Published Version.
>
> **b.** The right to transmit, print and share copies of the Submitted Version with colleagues, including via Compliant SCNs, provided that there is no systematic distribution of the Submitted Version, e.g. posting on a listserve, network (including SCNs which have not signed up to the STM sharing principles) or automated delivery.

2. Accepted Version. The Owner licenses back the following rights to the Contributor in the version of the Contribution that has been peer-reviewed and accepted for publication, but not final (the "Accepted Version"):

> **a.** The right to self-archive the Accepted Version on the Contributor's personal website, in the Contributor's company/institutional repository or archive, in Compliant SCNs, and in not for profit subject-based repositories such as PubMed Central, subject to an embargo period of 12 months for scientific, technical and medical (STM) journals and 24 months for social science and humanities (SSH) journals following publication of the Final Published Version. There are separate arrangements with certain funding agencies governing reuse of the Accepted Version as set forth at the following website: http://www.wiley.com/go/funderstatement. The Contributor may not update the Accepted Version or replace it with the Final Published Version. The Accepted Version posted must contain a legend as follows: This is the accepted version of the following article: FULL CITE, which has been published in final form at [Link to final article]. This article may be used for non-commercial purposes in accordance with the Wiley Self-Archiving Policy [http://olabout.wiley.com/WileyCDA/Section/id-828039.html].

b. The right to transmit, print and share copies of the Accepted Version with colleagues, including via Compliant SCNs (in private research groups only before the embargo and publicly after), provided that there is no systematic distribution of the Accepted Version, e.g. posting on a listserve, network (including SCNs which have not signed up to the STM sharing principles) or automated delivery.

3. Final Published Version. The Owner hereby licenses back to the Contributor the following rights with respect to the final published version of the Contribution (the "Final Published Version"):

a. Copies for colleagues. The personal right of the Contributor only to send or transmit individual copies of the Final Published Version in any format to colleagues upon their specific request, and to share copies in private sharing groups in Compliant SCNs, provided no fee is charged, and further provided that there is no systematic external or public distribution of the Final Published Version, e.g. posting on a listserve, network or automated delivery.

b. Re-use in other publications. The right to re-use the Final Published Version or parts thereof for any publication authored or edited by the Contributor (excluding journal articles) where such re-used material constitutes less than half of the total material in such publication. In such case, any modifications must be accurately noted.

c. Teaching duties. The right to include the Final Published Version in teaching or training duties at the Contributor's institution/place of employment including in course packs, e-reserves, presentation at professional conferences, in-house training, or distance learning. The Final Published Version may not be used in seminars outside of normal teaching obligations (e.g. commercial seminars). Electronic posting of the Final Published Version in connection with teaching/training at the Contributor's company/institution is permitted subject to the implementation of reasonable access control mechanisms, such as user name and password. Posting the Final Published Version on the open Internet is not permitted.

d. Oral presentations. The right to make oral presentations based on the Final Published Version.

4. Article Abstracts, Figures, Tables, Artwork and Selected Text (up to 250 words).

a. Contributors may re-use unmodified abstracts for any non-commercial purpose. For online uses of the abstracts, the Owner encourages but does not require linking back to the Final Published Version.

b. Contributors may re-use figures, tables, artwork, and selected text up to 250 words from their Contributions, provided the following conditions are met:

(i) Full and accurate credit must be given to the Final Published Version.

(ii) Modifications to the figures and tables must be noted. Otherwise, no changes may be made.

(iii) The re-use may not be made for direct commercial purposes, or for financial consideration to the Contributor.

(iv) Nothing herein will permit dual publication in violation of journal ethical practices.

D. CONTRIBUTIONS OWNED BY EMPLOYER

1. If the Contribution was written by the Contributor in the course of the Contributor's employment (as a "work-made-for-hire" in the course of employment), the Contribution is owned by the company/institution which

must execute this Agreement (in addition to the Contributor's signature). In such case, the company/institution hereby assigns to the Owner, during the full term of copyright, all copyright in and to the Contribution for the full term of copyright throughout the world as specified in paragraph A above.

For company/institution-owned work, signatures cannot be collected electronically and so instead please print off this Agreement, ask the appropriate person in your company/institution to sign the Agreement as well as yourself in the space provided below, and upload the signed Agreement to the Wiley Author Services Dashboard. For production editor contact details, please visit the Journal's online author guidelines.

2. In addition to the rights specified as retained in paragraph B above and the rights granted back to the Contributor pursuant to paragraph C above, the Owner hereby grants back, without charge, to such company/institution, its subsidiaries and divisions, the right to make copies of and distribute the Final Published Version internally in print format or electronically on the Company's internal network. Copies so used may not be resold or distributed externally. However, the company/institution may include information and text from the Final Published Version as part of an information package included with software or other products offered for sale or license or included in patent applications. Posting of the Final Published Version by the company/institution on a public access website may only be done with written permission, and payment of any applicable fee(s). Also, upon payment of the applicable reprint fee, the company/institution may distribute print copies of the Final Published Version externally.

E. GOVERNMENT CONTRACTS

In the case of a Contribution prepared under U.S. Government contract or grant, the U.S. Government may reproduce, without charge, all or portions of the Contribution and may authorize others to do so, for official U.S. Government purposes only, if the U.S. Government contract or grant so requires. (U.S. Government, U.K. Government, and other government employees: see notes at end.)

F. COPYRIGHT NOTICE

The Contributor and the company/institution agree that any and all copies of the Final Published Version or any part thereof distributed or posted by them in print or electronic format as permitted herein will include the notice of copyright as stipulated in the Journal and a full citation to the Journal.

G. CONTRIBUTOR'S REPRESENTATIONS

The Contributor represents that the Contribution is the Contributor's original work, all individuals identified as Contributors actually contributed to the Contribution, and all individuals who contributed are included. If the Contribution was prepared jointly, the Contributor has informed the co-Contributors of the terms of this Agreement and has obtained their written permission to execute this Agreement on their behalf. The Contribution is submitted only to this Journal and has not been published before, has not been included in another manuscript, and is not currently under consideration or accepted for publication elsewhere. If excerpts from copyrighted works owned by third parties are included, the Contributor shall obtain written permission from the copyright owners for all uses as set forth in the standard permissions form or the Journal's Author Guidelines, and show credit to the sources in the Contribution. The Contributor also warrants that the Contribution and any submitted Supporting Information contains no libelous or unlawful statements, does not infringe upon the rights (including without limitation the copyright, patent or trademark rights) or the privacy of others, or contain material or instructions that might cause harm or injury and only utilize data that has been obtained in accordance with applicable legal requirements and Journal policies. The Contributor further warrants that there are no conflicts of interest relating to the Contribution, except as disclosed. Accordingly, the Contributor represents that the following information shall be clearly

identified on the title page of the Contribution: (1) all financial and material support for the research and work; (2) any financial interests the Contributor or any co-Contributors may have in companies or other entities that have an interest in the information in the Contribution or any submitted Supporting Information (e.g., grants, advisory boards, employment, consultancies, contracts, honoraria, royalties, expert testimony, partnerships, or stock ownership); and (3) indication of no such financial interests if appropriate.

H. USE OF INFORMATION

The Contributor acknowledges that, during the term of this Agreement and thereafter, the Owner (and Wiley where Wiley is not the Owner) may process the Contributor's personal data, including storing or transferring data outside of the country of the Contributor's residence, in order to process transactions related to this Agreement and to communicate with the Contributor. By entering into this Agreement, the Contributor agrees to the processing of the Contributor's personal data (and, where applicable, confirms that the Contributor has obtained the permission from all other contributors to process their personal data). Wiley shall comply with all applicable laws, statutes and regulations relating to data protection and privacy and shall process such personal data in accordance with Wiley's Privacy Policy located at: http://www.wiley.com/WileyCDA/Section/id-301465.html.

[X] I agree to the COPYRIGHT TRANSFER AGREEMENT as shown above, consent to execution and delivery of the Copyright Transfer Agreement electronically and agree that an electronic signature shall be given the same legal force as a handwritten signature, and have obtained written permission from all other contributors to execute this Agreement on their behalf.

Contributor's signature (type name here): Ann Knowles

Date: June 14, 2017

SELECT FROM OPTIONS BELOW:

[X] Contributor-owned work

[ ] U.S. Government work

Note to U.S. Government Employees

A contribution prepared by a U.S. federal government employee as part of the employee's official duties, or which is an official U.S. Government publication, is called a "U.S. Government work", and is in the public domain in the United States. In such case, Paragraph A.1 will not apply but the Contributor must type his/her name (in the Contributor's signature line) above. Contributor acknowledges that the Contribution will be published in the United States and other countries. If the Contribution was not prepared as part of the employee's duties or is not an official U.S. Government publication, it is not a U.S. Government work.

[ ] U.K. Government work (Crown Copyright)

Note to U.K. Government Employees

For Crown Copyright this form cannot be completed electronically and should be printed off, signed in the Contributor's signatures section above by the appropriately authorised individual and uploaded to the Wiley Author Services Dashboard. For production editor contact details please visit the Journal's online author guidelines. *The rights in a contribution prepared by an employee of a UK government department, agency or other Crown body as part of his/her official duties, or which is an official government publication, belong to the Crown and must be made available under the terms of the Open Government Licence. Contributors must ensure they comply with departmental regulations and submit the appropriate authorisation to publish. If your status as a government employee legally prevents you from signing this Agreement, please contact the Journal production editor.*

[ ] Other

Including Other Government work or Non-Governmental Organisation work

Note to Non-U.S., Non-U.K. Government Employees or Non-Governmental Organisation Employees

For Other Government or Non-Governmental Organisation work this form cannot be completed electronically and should be printed off, signed in the Contributor's signatures section above by the appropriately authorised individual and uploaded to the Wiley Author Services Dashboard. For production editor contact details please visit the Journal's online author guidelines. *If you are employed by the Department of Veterans Affairs in Australia, the World Bank, the World Health Organization, the International Monetary Fund, the European Atomic Energy Community, the Jet Propulsion Laboratory at California Institute of Technology, the Asian Development Bank, or are a Canadian Government civil servant, please download a copy of the license agreement from http://olabout.wiley.com/WileyCDA/Section/id-828023.html and return it to the Journal Production Editor. If your status as a government or non-governmental organisation employee legally prevents you from signing this Agreement, please contact the Journal production editor.*

Name of Government/Non-Governmental Organisation:

_____

[ ] Company/institution owned work (made for hire in the course of employment)

For "work made for hire" this form cannot be completed electronically and should be printed off, signed and uploaded to the Wiley Author Services Dashboard. For production editor contact details please visit the Journal's online author guidelines. *If you are an employee of Amgen, please download a copy of the company addendum from http://olabout.wiley.com/WileyCDA/Section/id-828023.html and return your signed license agreement along with the addendum.*

Name of Company/Institution:

_____

Authorized Signature of Employer: _____

Date: _____

Signature of Employee: _____

Date: _____

_____

Appendix Eight: Copy of Paper 1 as Published in The *Australian Journal of Psychology*

Australian Journal of Psychology

Australian Journal of Psychology 2017
doi: 10.1111/ajpy.12171

Exploring the predictors and mediators of personal wellbeing for young Hazaras with refugee backgrounds in Australia

Carly Copolov,[1] **Ann Knowles**,[1] **and Denny Meyer**[2]

[1]*Department of Psychological Sciences and* [2]*Statistics Data Science and Epidemiology Swinburne University of Technology, Hawthorn, Victoria, Australia*

Abstract

Objective: The Hazara people have historically been persecuted because they are an ethnic and religious minority group in Afghanistan. While there has been research into the wellbeing of young refugees from other ethnic backgrounds, little research has focused on the wellbeing of young Hazaras. Path analysis was used to determine the predictors and mediators of personal wellbeing for young Hazaras with refugee backgrounds in Australia. These included presence of immediate family in Australia, absence of trauma symptoms, acculturation, resilience, and spirituality. **Method:** Seventy Hazaras, 50 males and 20 females, aged 16–30 years (M = 21.56, SD = 4.29) who had spent an average of 5 years and 2 months (SD = 3.40) in Australia completed an online survey which comprised demographic items and three questionnaires. **Results:** The hypotheses were supported in that acculturation, absence of trauma symptoms, and presence of immediate family in Australia predicted personal wellbeing. Resilience and spirituality were not direct predictors of personal wellbeing, however acculturation mediated the relationship between both resilience and personal wellbeing and between spirituality and personal wellbeing. As expected, both resilience and spirituality, and resilience and absence of trauma symptoms, were positively correlated. **Conclusions:** The model identifies possible pathways to wellbeing for young Hazaras with refugee backgrounds in Australia. Findings suggest the young people sampled are positively engaged with education and work in Australia and report an absence of trauma symptoms. The online survey methodology provided access to a relatively large sample in a short period of time. Implications for refugee policy, practice, and research are discussed.

Key words: acculturation, Australia, refugees, resilience, trauma, wellbeing

INTRODUCTION

In 2015, the United Nations High Commissioner for Refugees (UNHCR) declared that the number of forcibly displaced persons worldwide was the highest it had been since World War II. By the end of 2015, 65 million people were forcibly displaced worldwide including 21 million refugees, 3 million asylum seekers and more than 40 million internally displaced persons (UNHCR, 2015). During displacement, these people typically experience extreme physical and mental health difficulties and once resettled in high-income countries they experience ongoing challenges (Fazel, Reed, Panter-Brick, & Stein, 2012). From 2006 to 2015 Australia recognised or resettled 139,398 refugees (UNHCR, 2015). Therefore, it is important to understand predictors of their wellbeing and ways that policy and practice can address these concerns during settlement.

Refugee wellbeing has been a focus of concern and research in Australia and overseas as wellbeing is viewed as an important indicator of successful settlement for vulnerable populations (Davidson, Murray, & Schweitzer, 2008). There is no consensus on a definition of wellbeing for use with people with refugee backgrounds (Chase, 2013), and instead we draw upon early research by the World Health Organization (1996) which has been used to identify wellbeing in many cultural contexts. According to this research, wellbeing is a complex construct comprising various domains such as health, spiritual beliefs, personal relationships, physical safety, and security. Positive wellbeing during settlement has been found to increase the chances of participating in education, employment, developing community networks, and language proficiency (Correa-Velez, Gifford, & McMichael, 2015).

For young people with refugee backgrounds, the presence of immediate family in the settlement country can often be the most important predictor of their wellbeing (Gifford, Correa-Velez, & Sampson, 2009). Gifford et al.'s (2009)

Correspondence: Ann Knowles, Swinburne University of Technology, John Street, Hawthorn, VIC 3122, Australia. Email: aknowles@swin.edu.au

Received 16 October 2016. Accepted for publication 6 June 2017.

longitudinal study found that for young people with refugee backgrounds, having supportive family living in Australia increased their wellbeing. Young people separated from their immediate family in the settlement country have concerns about their overseas family and financial responsibilities for those family members (Gifford et al., 2009; McMichael, Gifford, & Correa-Velez, 2011).

In addition to presence of immediate family acting as a key predictor of wellbeing for young people with refugee backgrounds, the literature has identified other possible predictors of wellbeing for these young people. These include: acculturation (Berry, Kim, Power, Young, & Bujaki, 1989) and the absence of trauma symptoms (Montgomery, 2011), with acculturation acting as a mediator for both resilience and wellbeing (Keles, Friborg, Idsøe, Sirin, & Oppedal, 2016), and spirituality and wellbeing (Adam & Ward, 2016).

Australian and international research have generally used samples comprising a wide range of culturally and linguistically diverse young people including immigrants, refugees and overseas students from different countries of origin (Correa-Velez et al., 2015). Building on these studies, this study focussed on one distinct refugee group, young Hazara men and women, to enable a more precise investigation of possible predictors of refugee wellbeing within this group, as suggested by Khawaja, Moisuc, and Ramirez (2014).

BACKGROUND

Constructs measured

Early research defined acculturation as the psychological and behavioural changes that occur when individuals from different cultural groups interact with one another over time (Berry et al., 1989). Newly arrived individuals who psychologically adapt (dealing with stressors associated with change by using coping strategies such as resilience and social support) during acculturation generally show increases in their wellbeing (Berry, 2010; Khawaja et al., 2014; Sam & Berry, 2010). There are mixed findings about the relationship between acculturation and wellbeing outcomes for young immigrants and refugees (Berry, Phinney, Sam, & Vedder, 2006). More recent research supports the view that young immigrants and refugees who achieve a balance in competencies between their cultural heritage and their new society tend to have better psychological outcomes, including higher wellbeing (Beiser, Puente-Duran, & Hou, 2015; Khawaja et al., 2014; Sam & Berry, 2010), with others proposing more complex relationships between these variables (Nguyen & Benet-Martínez, 2013).

Resilience is a personal characteristic that may aid the acculturation process. Resilience is defined as achieving positive developmental outcomes despite exposure to stressful life events (Keles et al., 2016; Masten & Obradović, 2006; Sleijpen, Boeije, Kleber, & Mooren, 2016), with Masten and Obradović (2006) finding individual differences in resilience present as early as childhood in children facing adversity. There has been an increased focus on the concept of resilience over the past decade by researchers examining settlement outcomes and mental health concerns for refugee and immigrant youth (Earnest, Mansi, Bayati, Earnest, & Thompson, 2015; Güngör & Perdu, 2017; Ziaian, de Anstiss, Antoniou, Baghurst, & Sawyer, 2013). For example, for resilient unaccompanied refugee youth in Norway, consideration of acculturation-related factors was important for their healthy adjustment (Keles et al., 2016).

The absence of trauma symptoms has been found to predict wellbeing. Many young refugees who have experienced trauma do not report clinical levels of post-traumatic stress; instead, they seem to be doing well in the settlement country, which suggests they are resilient (Bronstein, Montgomery, & Dobrowolski, 2012). Research has shifted its focus from defining the refugee experience in terms of post-traumatic stress disorder (American Psychiatric Association, 2013), to understanding the individual, social, and adaptive processes used to reduce trauma symptoms over time (McGregor, Melvin, & Newman, 2015; Montgomery, 2011; Realmuto et al., 1992; Schweitzer, Greenslade, & Kagee, 2007). This has been supported by Australian research demonstrating that young refugees used coping strategies and resilience to reduce trauma symptoms over time (Brough, Gorman, Ramirez, & Westoby, 2003; Schweitzer et al., 2007). Therefore, it is expected that the absence of trauma symptoms will be associated with resilience and have a direct relationship with wellbeing.

Another variable that may assist with acculturation is spirituality. Spirituality has been defined as beliefs (which can include religious beliefs) and behaviours involving prayer, meditation, or rituals (Khawaja, White, Schweitzer, & Greenslade, 2008). Crawford, Dougherty Wright, and Masten (2006) found that spirituality and religion might be used by children who had experienced adversity for social support, to strengthen family relationships, improve personal growth and development, and provide meaning to their lives during adaptation. Thus, spirituality is expected to foster resilience and have a direct impact on acculturation (Adam & Ward, 2016; Crawford et al., 2006). Furthermore, for Muslim immigrants and refugees spirituality (including religiosity) may be core to their adaptation (Adam & Ward, 2016; Johns, Mansouri, & Lobo, 2015; Saroglou & Mathijsen, 2007). For these reasons when investigating the wellbeing of young Hazaras, it is important to account for the impact of spirituality on resilience and acculturation.

The Hazara people

Hazaras are a persecuted minority from Afghanistan who form a new and emerging refugee community in Australia.

The Hazaras inhabit a mountainous area of central Afghanistan called Hazarajat and they represent one of the four major ethnic groups in Afghanistan (Harpviken, 1996). They differ from the other ethnic groups in that they look physically different, follow the Shi'a Muslim faith, and have their own Persian dialect (Harpviken, 1996). During the Soviet invasion of Afghanistan in 1979, the communist government controlled urban areas and many Hazaras fled to neighbouring countries such as Pakistan and Iran (Monsutti, 2007).

During the late 1990s and early 2000s, Hazaras sought asylum in countries such as Australia, as they were targeted by the Taliban regime because of their ethnicity and religion. Obtaining exact numbers of Hazaras in Australia is difficult as prolonged persecution and safety concerns mean that they are sometimes unwilling to reveal their ethnicity. According to UNHCR (2009), Australia has accepted 58,000 Afghan refugees since 2000. The typical age of Afghans who arrived in Australia from 2006 to 2011 was between 18 and 34 years with Dari and Hazaragi the most commonly spoken languages at home (Australian Government, Department of Immigration and Citizenship, 2014). Further, the main religion practiced was Islam, 24% of Afghanistan-born people were attending an educational institution, and 41% of Afghanistan-born people were in employment (Australian Government, Department of Immigration and Citizenship, 2014).

STUDY GOALS

The study aimed to test a new model of wellbeing for young Hazaras with refugee backgrounds in Australia. It is hypothesised that presence of immediate family in Australia, acculturation and absence of trauma symptoms will predict wellbeing for these young people. Further, it is hypothesised that acculturation will mediate the relationships between resilience and wellbeing and between spirituality and wellbeing. Lastly, it is hypothesised that there will be statistically significant positive correlations between resilience and the absence of trauma symptoms and between resilience and spirituality. Fig. 1 gives the conceptual model that will be tested.

METHOD

Participants

The term 'young people' has been used to describe those who are 15–29 years of age (Australian Bureau of Statistics, 2011). To maximise participation and following suggestions from the Hazara community, the age range of 16–30 years was selected for this study. Other inclusion criteria were that participants should be residing in Australia, and be able to complete an online survey in English or Dari. The initial sample consisted of 124 Hazara young people with refugee backgrounds; 37 of whom only completed the demographic questions, 2 did not complete the Acculturation and Resilience Scale (AARS; Khawaja et al., 2014), and 13 did not complete the Reactions of Adolescents to Traumatic Stress Questionnaire (RATS; Bean, 2000, 2006; Bean, Eurelings-Bontekoe, Derluyn, & Spinhoven, 2004). These cases were removed from the sample. Two further cases were removed from the analyses as they were deemed outliers on the Personal Wellbeing Index-Adult (PWI-A; International Wellbeing Group, 2013) with Standardised Residual and Studentised Residual values outside the range −3 to 3. This resulted in a final sample of 70 Hazara young people with complete data. Independent samples *t*-tests showed that the participants who dropped out after completing the demographic questions and those who dropped out at the traumatic stress measure were not demographically different to participants who completed the survey. Those that dropped out at the traumatic stress measure did not score differently on the two other measures, suggesting that there was no attrition bias.

Materials

An online instrument was designed to investigate predictors of wellbeing in a refugee sample. The online survey and consent form were translated into Dari by an accredited and experienced translator, in accord with suggestions from the Hazara community. Participants could choose to complete the anonymous survey in English or Dari. The survey contained demographic items and three scales, the PWI-A (International Wellbeing Group, 2013), the AARS (Khawaja et al., 2014), and the RATS (Bean, 2000, 2006; Bean et al., 2004). All scales were adapted to a 5-point Likert scale to maintain consistency and to reduce confusion for participants unfamiliar with survey methodology. For each measure, higher scores indicate better adjustment.

Demographic items

Demographic data were measured such as gender, age, birthplace, religion, length of time in transit after leaving one's birthplace and before arriving in Australia (including time spent in a refugee camp), length of time in Australia, education status, accommodation, and employment status.

Presence of immediate family in Australia

This variable was coded with '0' indicating no immediate family present in Australia and '1' indicating immediate family members such as parents, siblings, cousins, uncles, and aunts present in Australia. This was done in accordance with the Hazara definition of immediate family which is broader than the nuclear family of mother, father, and children accepted by Western cultures (Tilbury, 2007).

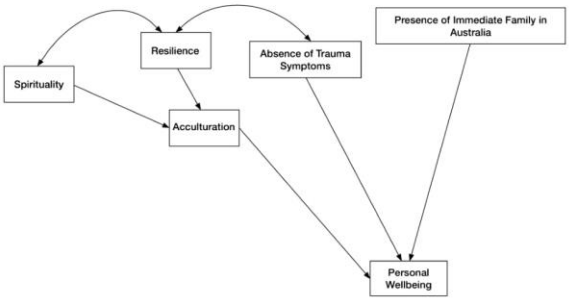


Figure 1 Conceptual model of predictors and a mediator of personal wellbeing for young Hazaras with refugee backgrounds in Australia.

Personal Wellbeing Index-Adult

The PWI-A (International Wellbeing Group, 2013) is an Australian seven-item self-report inventory measuring seven domains (satisfaction with standard of living, health, life achievement, personal relationships, personal safety, feeling part of the community, and future security). It is designed to predict satisfaction with life as a whole, demonstrating personal wellbeing. An optional item representing the domain of satisfaction with spirituality or religion was included. The PWI-A measures the personal wellbeing of participants on a 5-point Likert scale, from 1 (*not at all satisfied*) to 5 (*completely satisfied*) with the total score divided by the number of items to achieve a maximum range of 1–5. Higher scores indicate higher personal wellbeing (International Wellbeing Group, 2013). The English version and Farsi version (Dari is a dialect of Farsi) of the PWI-A have good internal consistency as reported by Sulaiman-Hill and Thompson (2010) (Cronbach's α = .86 and 77 respectively).

Acculturation and Resilience Scale

The AARS (Khawaja et al., 2014) is a new Australian 27-item self-report inventory with three subscales: acculturation, resilience, and spirituality. The AARS measures the acculturation, resilience, spiritual and religious beliefs of immigrants on a 5-point Likert scale, from 1 (*strongly disagree*) to 5 (*strongly agree*). The authors refer to the subscale for spiritual and religious beliefs as spirituality. Total scores were divided by the number of items to give a range of scores from 1 to 5. Higher scores indicate higher acculturation, resilience, and spirituality as defined by Khawaja et al. (2014). An example item from the acculturation subscale is, 'I am okay with accepting both Australian and my own cultural values', an example from the resilience subscale is, 'I can find many ways to solve a problem' and from the spirituality subscale is, 'My religious beliefs help me manage migration challenges'. The three subscales are reported to have good internal consistency by Khawaja et al. (2014) (Cronbach's α = .83, .89, and .86 respectively).

Reactions of Adolescents to Traumatic Stress Questionnaire

The RATS (Bean, 2000, 2006; Bean et al., 2004) is a 22-item self-report inventory developed in the Netherlands. This measure has been validated in various countries within different cultural contexts and with large samples (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2006). As there is no Australian traumatic stress measure to use with young people with refugee backgrounds, the RATS was used despite the suggested upper age limit of 18 years. A modified version of this measure was used in this study with higher scores indicating the absence of trauma symptoms within a group likely to have experienced trauma. The RATS total score was used for all analyses. The RATS measures young people's traumatic stress on a 5-point Likert scale, from 1 (*bothered very much*) to 5 (*not bothered*) with scores ranging from 22 to 110. The RATS had been translated into Dari (Bean, 2006) and this version of the RATS was made available by the authors and used in this study. The RATS total score in the English and Dari versions have good internal consistency according to Bean (2006) (Cronbach's α = .89 and .91 respectively).

Procedure

Data were collected in 2015. Ethics approval was obtained from a university Human Research Ethics Committee. Permission was granted to seek participants aged 16–30 years. It was deemed that 16–17 year olds could consent to participate in the research as they may be separated from their parents or guardian (National Statement on Ethical Conduct in Human Research, 2007). To publicise the survey, the lead author contacted senior members of the Hazara community she met making personal connections with the community.

Participants were also recruited through convenience and snowball sampling using contacts previously established through volunteer work. Participation in the online survey involved completing a series of demographic questions followed by the online survey. Participants were given full information about their rights as research participants and consent was implied from the completion of the survey.

Statistical analysis

Initial analyses were performed with IBM SPSS Statistics Version 22 (New York, USA). Multivariate analysis of variance was used to compare scores on the three measures for those who completed the survey in English and Dari and to investigate any gender differences on the three measures. Correlation analyses were used to test the association between scores on the three measures and other demographic variables. These demographics included age, length of time in transit after leaving their birthplace and before arriving in Australia (including time spent in a refugee camp) and length of time in Australia as these variables have been found to be associated with the constructs tested (Centre for Multicultural Youth, 2014; Keles et al., 2016; Montgomery, 2011). To explore the study's goals, a path analysis was conducted with AMOS23 with goodness of fit assessed using various criteria. The acceptable cut-off values for the goodness of fit indices include values above 0.90 for the Comparative Fit Index (CFI) and Tucker-Lewis Index (TLI) indicating satisfactory fit with values of above 0.95 for a good fit (Byrne, 1994).

RESULTS

Descriptive statistics

The final sample comprised 70 Hazaras with refugee backgrounds, 50 males and 20 females, aged from 16 to 30 years (M = 21.56, SD = 4.29). G-Power suggests that for a regression analysis with five predictors and a sample size of 70, moderate effect sizes of approximately f^2 = 0.20 can be detected (MacCallum, Browne, & Sugawara, 1996). Seventy-nine per cent of the participants were born in Afghanistan, 18% in Pakistan, and 3% in Iran. Ninety-four per cent were Shi'a Muslims, 3% were Sunni Muslims, and 3% gave no religious affiliation. On average, participants had spent 8 years and 10 months (range 0–17 years) in transit after leaving their birthplace and before arriving in Australia. The average length of time spent in Australia was 5 years and 2 months (range 1–15 years).

Twenty-nine per cent of participants had completed high school and 9% were currently learning English. Twenty-six per cent were currently studying at university and 19% had completed a university degree. All female participants were living with immediate family members (parents, siblings, cousins, uncles, and aunts) as were 33% of males. This gender difference was statistically significant (χ^2 (4) = 21.47, $p < .001$). For the males not living with family members, the most common living arrangements were living with friends and or renting. Forty-six per cent of males were working full time whereas no females were working full time and this difference was statistically significant ($\chi^2(2) = 7.89$, $p < .05$).

Preliminary analyses

For the 70 participants included in the study, the percentage of missing item data was 0.34% indicating that the impact of any imputation of missing item data is negligible. Averaged scales were constructed for all the measures. The internal consistencies for the measures were good to excellent. For personal wellbeing, Cronbach's α = .85; acculturation, Cronbach's α = .82; resilience, Cronbach's α = .87; spirituality, Cronbach's α = .85; and absence of trauma symptoms, Cronbach's α = .91.

The assumption of normality was supported and there were no influential points according to Mahalanobis distance tests. The overall PWI-A mean for the sample was 72.25, 95% CI [67.8, 76.5] with the mean falling just below the reported normative range for wellbeing in Australia (73.4–76.4; International Wellbeing Group, 2013).

Eighty-one per cent of participants completed the survey in English and 19% completed the survey in Dari. A multivariate analysis of variance showed no statistically significant differences on the three measures for those who completed the survey in English or Dari, so data were combined for further analyses ($F(5, 64) = 1.96$, $p = .10$). A multivariate analysis of variance also showed no statistically significant gender differences on the three measures, so male and female data were combined for further analyses ($F(3, 66) = .78$, $p = .51$). Correlation analyses showed that age, length of time in transit, and length of time in Australia were not statistically significantly related to personal wellbeing, therefore these variables were not included in further analyses.

Table 1 displays bivariate correlations between personal wellbeing, acculturation, resilience, spirituality, absence of trauma symptoms, presence of immediate family in Australia, and age. Table 1 also displays the means and standard deviations for these measures.

Table 1 shows no statistically significant correlation between personal wellbeing and age, therefore age was removed from further analyses. There were statistically significant but weak positive correlations between personal wellbeing and presence of immediate family in Australia, between personal wellbeing and absence of trauma symptoms and between personal wellbeing and spirituality. There were statistically significant moderate positive correlations between personal wellbeing and resilience and

Table 1 Bivariate correlations between study variables and means, standard deviations and Cronbach's alpha for quantitative measures for the Hazara sample (N = 70)

Variable	1	2	3	4	5	6	7
1. Personal wellbeing	—						
2. Acculturation	.60**	—					
3. Resilience	.58**	.70**	—				
4. Spirituality	.36**	.49**	.34**	—			
5. Absence of trauma symptoms	.36**	.20	.41**	.15	—		
6. Presence of immediate family in Australia	.25*	.03	.25*	.01	.22	—	
7. Age	−.07	−.01	−.07	−.20	−.19	−.29*	—
M	3.89	4.61	3.90	3.72	3.40	21.56	0.70
SD	0.77	0.59	0.61	0.96	0.76	4.29	0.46

Note. Personal wellbeing = total score from the Personal Wellbeing Index-Adult; acculturation, resilience, and spirituality = subscales from the Acculturation and Resilience Scale; absence of trauma symptoms = total score from the Reactions of Adolescents to Traumatic Stress Questionnaire.
*p < .05.
**p < .01.

between personal wellbeing and acculturation. Table 1 shows the means for all of the measures were moderately high on a 1–5 scale.

Path analysis

Fig. 2 displays the diagram for the final model used to test the goals of the study.

The chi-square goodness-of-fit test was not statistically significant (χ^2 (8, N = 70) = 13.44, p = .10) indicating a reasonable description of the data. Fit indices were also adequate (CFI = .95 and TLI = .91) and the participant/parameter ratio was acceptable at 4.7.

As shown in Fig. 2, 44% of the variation in personal wellbeing was explained by this model. Acculturation was shown to have the most important influence on personal wellbeing (p < .001) with a standardised weight of 0.55. Presence of immediate family in Australia had less of an influence on personal wellbeing with a standardised weight of 0.19, but this association was still statistically significant (p < .001). Absence of trauma symptoms had a similar level of influence on personal wellbeing with a standardised weight of 0.21 and this association was statistically significant (p < .05). Fifty-five per cent of the variation in acculturation was explained by spirituality and resilience. Resilience with a standardised weight of 0.61 was shown to have more of a statistically significant influence on acculturation (p < .01), while spirituality with a standardised weight of 0.29 had less of an influence on acculturation, but this association was still statistically significant (p < .01). Resilience and spirituality did not directly impact personal wellbeing, in that the model fit did not deteriorate statistically significantly when these direct links were removed (χ^2 (2) = 13.44, p = .48). Instead, acculturation mediated the relationship between both spirituality and personal wellbeing and between resilience and personal wellbeing. There were also expected statistically significant positive correlations between absence of trauma symptoms and resilience (r = .37, p < .01) and between resilience and spirituality, (r = .29, p < .05).

DISCUSSION

Previous Australian and overseas studies have identified possible predictors, and acculturation as a possible mediator,

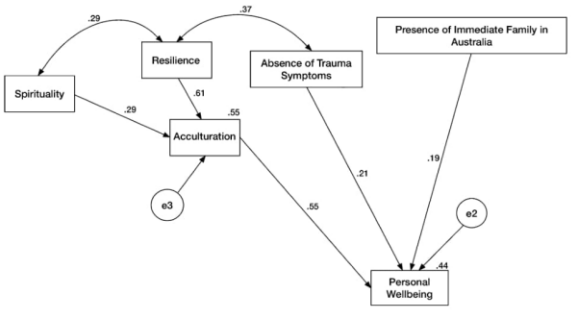


Figure 2 Final model of predictors and a mediator of personal wellbeing for young Hazaras with refugee backgrounds in Australia.

of refugee wellbeing (Adam & Ward, 2016; Berry et al., 1989; Keles et al., 2016; Montgomery, 2011), using samples which include immigrants, overseas students, and refugees from a range of different countries of origin (Correa-Velez et al., 2015). Hazaras are an emerging refugee population in Australia (Mackenzie & Guntarik, 2015), and few if any Australian studies have examined the predictors of wellbeing specifically for young Hazara refugees. While government sources document lower rates of Afghanistan born people in education and employment as compared with Australian born people (Australian Government, Department of Immigration and Citizenship, 2014), the online survey methodology used in this study obtained a well educated sample with the majority in employment. These participants had spent an average of 5 years in Australia, with most males in full-time employment and with many of the males and females having completed high school or higher education. Unexpectedly, most demographic variables such as age, length of time in transit and length of time in Australia were not statistically significantly related to personal wellbeing.

Despite adapting the three measures to a 5-point Likert scale, the internal consistencies for the measures were good to excellent indicating that the scales were reliable. This provided support for the use of Khawaja et al.'s (2014) AARS, the IWbG's (2013) PWI-A, and the Reactions of Adolescents to Traumatic Stress Questionnaire (Bean, 2000) with this refugee sample. The overall mean for personal wellbeing in the sample was at the lower end of the normative range for Australia (International Wellbeing Group, 2013), suggesting little difference from general levels of personal wellbeing in Australia.

The model tested showed that acculturation, presence of immediate family in Australia, and the absence of trauma symptoms predicted personal wellbeing. While resilience and spirituality did not directly predict personal wellbeing, acculturation mediated the relationship between both resilience and personal wellbeing and between spirituality and personal wellbeing. As expected, absence of trauma symptoms and spirituality showed statistically significant positive correlations with resilience.

The strongest statistically significant predictor of personal wellbeing was acculturation. These findings support research with young immigrants and refugees who had higher wellbeing when they achieved a balance in competencies between their cultural heritage and their new society (Beiser et al., 2015; Khawaja et al., 2014; Sam & Berry, 2010). It is acknowledged that acculturation can be a point of contention for young refugees and immigrants as it may lead them into conflict with family or others in their communities (Gifford et al., 2009; Ward, 2008), over issues such as gender roles, religion, and work. Future research could use a qualitative methodology to investigate the more complex relationships between these variables (Nguyen & Benet-Martínez, 2013), with a young Hazara sample.

Absence of trauma symptoms had a direct positive relationship with both personal wellbeing and resilience. The study measured the absence of trauma symptoms and not early traumatic experiences as it was deemed unethical to ask about past traumatic experiences in an online survey. The direct relationship found between absence of trauma symptoms and personal wellbeing is in accord with international research (e.g., Montgomery, 2011). The positive relationship between absence of trauma symptoms and resilience supports previous Australian research with an ethnically diverse young refugee sample and with a Sudanese refugee sample, who reported using coping strategies and resilience to reduce trauma symptoms over time (Brough et al., 2003; Schweitzer et al., 2007).

The direct relationship between presence of immediate family in Australia and personal wellbeing is in accord with Australian research highlighting the importance of family support (Gifford et al., 2009; McMichael et al., 2011). Without family support in Australia, young people from a refugee background frequently have trouble adjusting to a new way of life as they have concerns for their family overseas and financial responsibilities for those family members (Gifford et al., 2009; McMichael et al., 2011).

The finding that acculturation mediated the relationship between resilience and personal wellbeing supports research from Norway with resilient unaccompanied refugee youth that found acculturation was important for their healthy adjustment (Keles et al., 2016). The finding that acculturation mediated the relationship between spirituality and personal wellbeing supports research by Crawford et al. (2006) who found spirituality may foster resilience for children who had experienced adversity and also have a direct impact on acculturation (Adam & Ward, 2016). This finding also supports research that found for Muslim immigrants and refugees spirituality (including religiosity) is core to their adaptation (Adam & Ward, 2016; Johns et al., 2015; Saroglou & Mathijsen, 2007).

Limitations and implications

Using an online survey methodology may have resulted in a sample that was more literate and financially less stressed than young Hazaras without internet access and with more profound wellbeing challenges. Future wellbeing research could use purposive sampling to recruit a more diverse sample of young people from refugee backgrounds who may experience more difficulties accessing the internet. A larger sample size would also enable further examination of the measures' psychometric properties. While for ethical reasons this study did not measure level of trauma suffered before arriving in Australia, the results nevertheless identify

the value of focusing on the absence of trauma symptoms in refugee groups when studying personal wellbeing. Given that many refugees have experienced traumatic events (Bronstein et al., 2012), future research should focus on understanding the individual, social, and adaptive processes refugees use to reduce trauma symptoms over time (McGregor et al., 2015; Realmuto et al., 1992; Schweitzer et al., 2007).

This study appears to be the first time Australian research has identified a model of the direct and mediated relationships related to personal wellbeing in young refugees. Perhaps surprisingly only one demographic variable, presence of immediate family in Australia, had a statistically significant contribution to personal wellbeing, and this finding highlighted the role of family reunion policy in promoting wellbeing. The model demonstrates the importance of psychological variables: acculturation, absence of trauma symptoms, and resilience in contributing to personal wellbeing. Further, the model highlights the positive influence of spirituality on acculturation in young Hazaras and suggests this connection should be a focus of future research.

The online survey methodology used was able to access a relatively large sample in a short period of time in a population with limited prior engagement with research. Future research should investigate methods of obtaining a representative sample and assess preferences for completing research online with resettled Hazara young adults.

CONCLUSION

The online survey was completed by a sample of young Hazaras with refugee backgrounds. The majority of these young people were living with their immediate family in Australia, they were generally well educated, had high levels of wellbeing and resilience, and appeared to be adapting well to life in Australia. The path analysis model provided new evidence regarding the impact of several psychological variables on personal wellbeing: acculturation, absence of trauma symptoms, resilience, and spirituality. One demographic variable, presence of immediate family in Australia, was also related to personal wellbeing. The study provides a snapshot of a group of young refugees who report a low level of trauma symptoms and who demonstrate positive psychological adjustment to life in Australia.

ACKNOWLEDGEMENTS

Thank you to Mulu Woldegiorgis and Danielle Williamson for your assistance in preparing the manuscript.

REFERENCES

Adam, Z., & Ward, C. (2016). Stress, religious coping and wellbeing in acculturating Muslims. *Journal of Muslim Mental Health, 10*(2), 3–26. https://doi.org/10.3998/jmmh.10381607.0010.201

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Australian Bureau of Statistics. (2011). *2011 census of population and housing*, TableBuilder. Findings based on use of ABS TableBuilder data.

Australian Government, Department of Immigration and Citizenship. (2014). *Community information summary Afghanistan-born*. Retrieved from https://www.dss.gov.au/sites/default/files/documents/02_2014/afghanistan.pdf

Bean, T. (2000). Measuring the effects of traumatic stress on immigrant and refugee adolescents (Unpublished master's thesis). Leiden University, the Netherlands.

Bean, T. (2006). Assessing the psychological distress and mental healthcare needs of unaccompanied refugee minors in the Netherlands (Doctoral dissertation). Leiden University. Retrieved from https://openaccess.leidenuniv.nl/bitstream/handle/1887/4921/Thesis.pdf?sequence=1

Bean, T., Derluyn, I., Eurelings-Bontekoe, E., Broekaert, E., & Spinhoven, P. (2006). Validation of the multiple language versions of the Reactions of Adolescents to Traumatic Stress Questionnaire. *Journal of Traumatic Stress, 19*(2), 241–255. https://doi.org/10.1007/s10488-006-0046-2

Bean, T., Eurelings-Bontekoe, L., Derluyn, I., & Spinhoven, P. (2004). *Reactions of Adolescents to Traumatic Stress Questionnaire (RATS) User's Manual*. Retrieved from http://www.amadiagnostics.centrum45.nl/tools/en/manuals/enrats.pdf

Beiser, M., Puente-Duran, S., & Hou, F. (2015). Cultural distance and emotional problems among immigrant and refugee youth in Canada: Findings from the New Canadian Child and Youth Study (NCCYS). *International Journal of Intercultural Relations, 49*, 33–45. https://doi.org/10.1016/j.ijintrel.2015.06.005

Berry, J. W. (2010). Intercultural relations and acculturation in the Pacific region. *Journal of Pacific Rim Psychology, 4*(2), 95–102. https://doi.org/10.1375/prp.4.2.95

Berry, J. W., Kim, U., Power, S., Young, M., & Bujaki, M. (1989). Acculturation attitudes in plural societies. *Applied Psychology. An International Review, 38*(2), 185–206. https://doi.org/10.1111/j.1464-0597.1989.tb01208.x

Berry, J. W., Phinney, J. S., Sam, D. L., & Vedder, P. (2006). Immigrant youth: Acculturation, identity, and adaptation. *Applied Psychology. An International Review, 55*(3), 303–332. https://doi.org/10.1111/j.1464-0597.2006.00256.x

Bronstein, I., Montgomery, P., & Dobrowolski, S. (2012). PTSD in asylum-seeking male adolescents from Afghanistan. *Journal of Traumatic Stress, 25*, 551–557. https://doi.org/10.1002/jts.21740

Brough, M., Gorman, D., Ramirez, E., & Westoby, P. (2003). Young refugees talk about well-being: A qualitative analayis of refugee youth mental health from three states. *Australian Journal of Social Issues, 38*(2), 193–208.

Byrne, B. M. (1994). *Structural equation modeling with EQS and EQS/Windows*. Thousand Oaks, CA: Sage Publications.

Centre for Multicultural Youth. (2014). *Facilitating the transition to employment for refugee young people: A data update and review of recent literature with a focus on 'what works'?*. Retrieved from http://cmy.net.au/sites/default/files/publication-documents/Facilitating%20the%20Transition%20to%20Employment%202014.pdf

Chase, E. (2013). Security and subjective wellbeing: The experiences of unaccompanied young people seeking asylum in the UK. *Sociology of Health & Illness, 35*(6), 858–872. https://doi.org/10.1111/j.1467-9566.2012.01541.x

Correa-Velez, I., Gifford, S. M., & McMichael, C. (2015). The persistence of predictors of wellbeing among refugee youth eight years after resettlement in Melbourne, Australia. *Social Science and Medicine, 142*, 163–168. https://doi.org/10.1016/j.socscimed.2015.08.017

Crawford, E., Dougherty Wright, M. O., & Masten, A. S. (2006). Resilience and spirituality in youth. In E. C. Roehlkepartain, P. E. King, L. Wagener, & P. L. Benson (Eds.), *The handbook of spiritual development in childhood and adolescence* (pp. 355–370). Thousand Oaks, CA: SAGE Publications.

Davidson, G. R., Murray, K. E., & Schweitzer, R. (2008). Review of refugee mental health and wellbeing: Australian perspectives. *Australian Psychologist, 43*(3), 160–174. https://doi.org/10.1080/00050060802163041

Earnest, J., Mansi, R., Bayati, S., Earnest, J. A., & Thompson, S. C. (2015). Resettlement experiences and resilience in refugee youth in Perth, Western Australia. *BMC Research Notes, 8*(1), 236. https://doi.org/10.1186/s13104-015-1208-7

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet, 379*(9812), 266–282. https://doi.org/10.1016/S0140-6736(11)60051-2

Gifford, S., Correa-Velez, I., & Sampson, R. (2009). *Good starts for recently arrived youth with refugee backgrounds: Promoting wellbeing in the first three years of settlement in Melbourne, Australia*.

Güngör, D., & Perdu, N. (2017). Resilience and acculturative pathways underlying psychological well-being of immigrant youth. *International Journal of Intercultural Relations, 56*, 1–12. https://doi.org/10.1016/j.ijintrel.2016.10.005

Harpviken, K. B. (1996). *Political mobilization among the Hazara of Afghanistan: 1978-1992*. (Report number 9). Oslo, Department of Sociology and Human Geography, University of Oslo.

International Wellbeing Group. (2013). *Personal wellbeing index* (5th ed.). Melbourne: Australian Centre on Quality of Life, Deakin University. Retrieved from http://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/index.php.

Johns, A., Mansouri, F., & Lobo, M. (2015). Religiosity, citizenship and belonging: The everyday experiences of young Australian Muslims. *Journal of Muslim Minority Affairs, 35*(2), 171–190. https://doi.org/10.1080/13602004.2015.1046262

Keles, S., Friborg, O., Idsøe, T., Sirin, S., & Oppedal, B. (2016). Resilience and acculturation among unaccompanied refugee minors. *International Journal of Behavioural Development, 23*(1), 1–2. https://doi.org/10.1177/0165025416658136

Khawaja, N. G., Moisuc, O., & Ramirez, E. (2014). Developing an acculturation and resilience scale for use with culturally and linguistically diverse populations. *Australian Psychologist, 49*, 171–180.

Khawaja, N. G., White, K. M., Schweitzer, R., & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees: A qualitative approach. *Transcultural Psychiatry, 45*(3), 489–512. https://doi.org/10.1177/1363461508094678

MacCallum, R. C., Browne, M. W., & Sugawara, H. M. (1996). Power analysis and determination of sample size for covariance structure modeling. *Psychological Methods, 1*(2), 130–149. https://doi.org/10.1037/1082-989X.1.2.130

Mackenzie, L., & Guntarik, O. (2015). Rites of passage: Experiences of transition for forced Hazara migrants and refugees in Australia. *Crossings: Journal of Migration & Culture, 6*(1), 59–80. https://doi.org/10.1386/cjmc.6.1.59

Masten, A. S., & Obradović, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences, 1094*(1), 13–27. https://doi.org/10.1196/annals.1376.003

McGregor, L. S., Melvin, G. A., & Newman, L. K. (2015). Differential accounts of refugee and resettlement experiences in youth with high and low levels of posttraumatic stress disorder (PTSD) symptomatology: A mixed-methods investigation. *American Journal of Orthopsychiatry, 85*(4), 371. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/26167806.

McMichael, C., Gifford, S. M., & Correa-Velez, I. (2011). Negotiating family, navigating resettlement: Family connectedness amongst resettled youth with refugee backgrounds living in Melbourne, Australia. *Journal of Youth Studies, 14*(2), 179–195. https://doi.org/10.1080/13676261.2010.506529

Monsutti, A. (2007). Migration as a rite of passage: Young Afghans building masculinity and adulthood in Iran. *Iranian Studies, 40*(2), 167–185. https://doi.org/10.1080/00210860701276183

Montgomery, E. (2011). Trauma, exile and mental health in young refugees. *Acta Psychiatrica Scandinavica, 124*(440 (Suppl.)), 1–46.

National Statement on Ethical Conduct in Human Research (2007) (Updated March 2014). The National Health and Medical Research Council, the Australian Research Council and the Australian Vice-Chancellors' Committee. Commonwealth of Australia, Canberra.

Nguyen, A. M. D., & Benet-Martínez, V. (2013). Biculturalism and adjustment: A meta-analysis. *Journal of Cross-Cultural Psychology, 44*(1), 122–159. https://doi.org/10.1177/0022022111435097

Realmuto, G. M., Masten, A., Carole, L. F., Hubbard, J., Groteluschen, A., & Chhun, B. (1992). Adolescent survivors of massive childhood trauma in Cambodia: Life events and current symptoms. *Journal of Traumatic Stress, 5*(4), 589–599. https://doi.org/10.1007/BF00979227

Sam, D. L., & Berry, J. W. (2010). Acculturation: When individuals and groups of different cultural backgrounds meet. *Perspectives on Psychological Science, 5*(4), 472–481. https://doi.org/10.1177/1745691610373075

Saroglou, V., & Mathijsen, F. (2007). Religion, multiple identities, and acculturation: A study of Muslim immigrants in Belgium. *Archive for the Psychology of Religion, 29*(1), 177–198. https://doi.org/10.1163/008467207X188757

Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: A narrative account. *Australian and New Zealand Journal of Psychiatry, 41*(3), 282–288. https://doi.org/10.1080/00048670601172780

Sleijpen, M., Boeije, H. R., Kleber, R. J., & Mooren, T. (2016). Between power and powerlessness: A meta-ethnography of sources of resilience in young refugees. *Ethnicity & Health, 21*(2), 158–180. https://doi.org/10.1080/13557858.2015.1044946

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

Tilbury, F. (2007). "We are Family": The use of family tropes in Refugee/Advocate talk. *Social Identities, 13*(5), 627–649. https://doi.org/10.1080/13504630701580316

UNHCR. (2009). *UNHCR statistical online population database. United Nations High Commissioner for Refugees*.

UNHCR. (2015). *Global trends: Forced displacement in 2015*. Retrieved from http://www.unhcr.org/en-au/statistics/unhcrstats/576408cd7/unhcr-global-trends-2015.html

Ward, C. (2008). Thinking outside the Berry boxes: New perspectives on identity, acculturation and intercultural relations. *International Journal of Intercultural Relations, 32*(2), 105–114. https://doi.org/10.1016/j.ijintrel.2007.11.002

World Health Organization. (1996) WHOQOL-BREF: Introduction, administration, scoring and generic version of the assessment. Geneva: Programme on Mental Health, WHO.

Ziaian, T., de Anstiss, H., Antoniou, G., Baghurst, P., & Sawyer, M. (2013). Emotional and behavioural problems among refugee children and adolescents living in South Australia. *Australian Psychologist, 48*(2), 139–148. https://doi.org/10.1111/j.1742-9544.2011.00050.x

Appendix Nine: Editorial Correspondence Paper 1

Correspondence is presented in chronological order. The oldest correspondence is presented first, and the more recent correspondence appears last.

Review and resubmit decision. Initial notification of a review and resubmit decision, including reviewer comments.

From: spolitis@wiley.com

To: cscopolov@swin.edu.au

Subject: Australian Journal of Psychology - Decision on Manuscript ID TAJP-2016-109 [email ref: DL-SW-3-a]

Body: 13-Nov-2016

Dear Miss Copolov:

Let me begin by thanking you for submitting your paper "Exploring the Predictors and Mediators of Personal Wellbeing for Young Hazara Refugees in Australia" to the Australian Journal of Psychology. The quality of the journal is determined by the quality of the manuscripts submitted and we appreciate that the preparation of a good paper takes time.

The manuscript has now been reviewed. Based on the reviewers' reports, Dr. Rachel Grieve, the Associate Editor who managed the manuscript, has advised that it needs major revision before it can be considered for publication. I concur with the recommendation and therefore invite you to revise your manuscript and resubmit it for our consideration. Instructions on how to submit the revised manuscript appear at the bottom of this email.

The Associate Editor's recommendation and the reviewers' comments are provided below. They indicate the nature of the revisions that need to be made to the manuscript. The resubmitted manuscript will be sent out for review to assess whether the previously identified issues have been satisfactorily addressed and whether or not it is now suitable for publication in the Australian Journal of Psychology.

Once again, thank you for submitting your manuscript to the Australian Journal of Psychology and I look forward to receiving your revision.

Regards,

Nigel W. Bond
Editor in Chief, Australian Journal of Psychology

Editorial Office
Ms. Samantha Politis
155 Cremorne Street
Richmond
Victoria
Australia
3121
+ 61 (0)3 9274 3116
+ 61 (0)3 9274 3390
spolitis@wiley.com

Associate Editor Comments to Author:

Associate Editor
Comments to the Author. Please Note: Do not insert a letter to the author here. The decision email will be compiled by the EIC. Include comments explaining your recommendation and, if appropriate, outlining what the author needs to do.:

The reviewers have provided sound and detailed recommendations for a revised version of this paper.

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Author
This paper discusses the relationships between Hazara refugees' wellbeing and related factors, including acculturation and resilience. While the approach is generally sound, this paper would benefit from a stronger framing and better explanation of the significance of the results.

Introductory sections
The paper needs a more general introduction to the topic and the significance of these analyses. While the information on the Hazara is important, it belongs further down in a background section, after a general review of the research on refugee wellbeing. More information on the Hazara is needed. For example, it would be relevant to know what kinds of experiences these people have been through, as it is relevant to the recovery from trauma variable.

Better definitions of the key constructs of the paper are needed. For example, resilience and spirituality are lumped together. Other than the brief mention of the Benson article, there is no real discussion of the role of spirituality. The trauma section is vague, with statements such as “trauma… can have ongoing negative effects on their wellbeing.” What are those effects? More detail would be helpful. The second half of the trauma section is actually about the measures used, and belongs in the materials section below.

The paragraph starting with “A recent Australian study…” on p. 4 seems misplaced in the middle of the discussion of the constructs.

Why did the authors select the RATS? No justification is given, nor is there any discussion of the cultural appropriateness of using an assessment developed in the Netherlands, which has a different refugee population. What is the upper age limit for the RATS?

Method
Why was this age range selected?

The authors provide a comparison between the participants who completed the survey and those who did not complete the traumatic stress measure, but do not compare complete participants with the larger group of attriters—the 37 who completed only the demographic questions.

The use of the RATS seems to preassume that all of the participants had experienced trauma. Was that the case?

Please provide further detail about the demographic data collected.

The authors state that “consent was implied by the completion of the survey.” Were the participants given full information about their rights as research participants?

Results
It is not clear where the structure of the model came from. The evidence reviewed above supports the use of these components in the model, but is the tested model based on theoretical hypotheses or on the testing of various configurations?

Where were the participants when they were “in transit”? This is the type of information that could be added above.

Is there any pattern to the missing items? Using mean substitution affects standard errors and CIs. Were any other approaches to dealing with missing data considered?

Discussion
Is there any reason to believe that using an online survey affected the sample? I.e. resulting in a sample that was more literate, wealthier, better access to the internet, etc.? Refugees on the other end of the spectrum may have more profound wellbeing challenges.

The discussion needs to be richer overall. The authors have generally found that the results are in line with previous research. While this is an essential component of the discussion, I'd like to hear more about what these findings really mean for the wellbeing of Hazara refuges, and what the implications are for policy and practice. There is a tiny bit of this in the discussion of family reunification policy, but it should be more fully discussed.

How does one measure recovery from trauma without accounting for the severity of the trauma?

Minor issues:
When discussing statistical significance, keep "statistical" in the sentence.

Reviewer: 2

Comments to the Author
This research employed an online survey to engage young Hazara individuals living in Australia in a survey to examine predictors of wellbeing. The research adds to the literature specific to the wellbeing of Hazara individuals, on which there is little current published research. The introduction briefly covers key content areas relevant to the research, including the concepts of wellbeing, acculturation, resilience, and trauma. Further, the research is nicely linked to future directions and the implications of the research described (e.g. support for family reunification programs). Overall the article was clearly written, though there are several points for further clarification and revision that would strengthen the overall rationale and description of the study. These include:

• Why did the author/s specifically recruit ages 16-30? There was no justification for that age restriction or framing of the study as looking only at young people in the introduction.

• Please indicate in the text the internal consistencies in the current study. It took several reviews to find this information in Table 1. The author/s state “the current study aimed to investigate whether this new Australian instrument could be applied to a specific Australian refugee group” (p. 4). Therefore, some discussion on the ways in which the scale held up with the current sample is important.

• Relatedly, it sounds like changes were made to several of the measures in order to provide a consistent 5-point scale. More information is needed given that changes were made to the validated measures (i.e. how significant were the changes?). While the approach to standardise is understandable, it create some questions about the psychometric properties of the scales utilised. Some discussion on this is warranted.

• What is known about the Hazara community living in Australia (e.g. approximate size, general demographic profile)? Some background information on the community is needed to help readers understand how representative this sample is, whilst acknowledging that precise numbers are likely unattainable. The author/s assert in a few places that the community is large—how large?

• Discussion in first full paragraph on page 12. There is no reference for the UK study on Afghan unaccompanied minors. Please cite appropriately.

• What percent of participants completed the survey in English versus Dari? You indicate there were no differences across the 2 groups but it would be useful to know how many people completed each format.

• Please also add to the limitations that the sample size was not large enough to examine psychometric properties (e.g. whether factor structure was supported in the current study) and that the psychometric properties (which you modified from the original measures) with the current population are unknown.

• Please clarify how your study proves your online methodology was able to “effectively engage” your population. Are you drawing this conclusion by your sample size? Period of time it took to recruit the sample? Percentage of missing data in the study as compared to other online surveys? The lack of attrition bias? Did you assess their acceptability of this format? It is currently unclear on what the success of the online method is being drawn from. It seems there are

numerous methods that could be followed to systematically test whether the online data are comparable to other modes of data collection. Further discussion is warranted.

INSTRUCTIONS ON HOW TO RESUBMIT A MANUSCRIPT

There are two ways to submit your revised manuscript. You may use the link below to submit your revision online with no need to enter log in details:

https://mc.manuscriptcentral.com/tajp?URL_MASK=febfda7862a849ca9039cc7bcd4f4234

Alternatively log into https://mc.manuscriptcentral.com/tajp and enter your Author Center. You can use the revision link or you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision. Please DO NOT upload your revised manuscripts as a new submission.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Date Sent: 13-Nov-2016

Response to Reviews

29th January 2017

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Author
This paper discusses the relationships between Hazara refugees' wellbeing and related factors, including acculturation and resilience. While the approach is generally sound, this paper would benefit from a stronger framing and better explanation of the significance of the results.

Introductory sections
The paper needs a more general introduction to the topic and the significance of these analyses. While the information on the Hazara is important, it belongs further down in a background section, after a general review of the research on refugee wellbeing. More information on the Hazara is needed. For example, it would be relevant to know what kinds of experiences these people have been through, as it is relevant to the recovery from trauma variable.

We have now added a more detailed evaluation and critique of the general literature on refugee wellbeing. We have also made the justification clearer for measuring the predictors and mediator in a model rather than as separate regression analyses. We have included an analysis of the predictors of wellbeing for young people with refugee backgrounds and justified studying this particular age group. We have now added more information on the Hazara to give an understanding of the kinds of experiences these young people have been through.

Better definitions of the key constructs of the paper are needed. For example, resilience and spirituality are lumped together. Other than the brief mention of the Benson article, there is no real discussion of the role of spirituality. The trauma section is vague, with statements such as "trauma… can have ongoing negative effects on their wellbeing." What are those effects? More detail would be helpful. The second half of the trauma section is actually about the measures used, and belongs in the materials section below.

We have provided better definitions for all of the key constructs and separated spirituality and resilience into two distinct sections. We have now made the trauma section more focused and removed unnecessary information about the measure.

The paragraph starting with “A recent Australian study…” on p. 4 seems misplaced in the middle of the discussion of the constructs.

This has now been removed.

Why did the authors select the RATS? No justification is given, nor is there any discussion of the cultural appropriateness of using an assessment developed in the Netherlands, which has a different refugee population. What is the upper age limit for the RATS?

This is now addressed in the Method section: “This measure has been validated in various countries within different cultural contexts and with large samples. As there is no Australian traumatic stress measure to use with young people with refugee backgrounds, the RATS was used despite the upper age limit of 18 years for this scale.”

A Dari version of RATS has also been validated and is made available by the authors. I mentioned this in the Method section: “The RATS had been translated into Dari (Bean, 2006) and this version of the RATS was made available by the authors and use in the current study.”
Method
Why was this age range selected?
This has now been addressed under the Participants section: “The term ‘young people’ has been used to describe those who are 15-29 years of age (Australian Bureau of Statistics, 2011). To maximise participation and following suggestions from the Hazara community, the age range of 16-30 years was selected for the current study.”

The authors provide a comparison between the participants who completed the survey and those who did not complete the traumatic stress measure, but do not compare complete participants with the larger group of attriters—the 37 who completed only the demographic questions.

We have now modified this section to say: “Independent samples t-test showed that the participants who dropped out after completing the demographic questions and those who dropped out at the traumatic stress measure were not demographically different to participants who completed the survey. Those that dropped out at the traumatic stress measure did not score differently on the two other measures, suggesting that there was no attrition bias.”

The use of the RATS seems to preassume that all of the participants had experienced trauma. Was that the case?

As Hazaras have faced multigenerational ethnic and religious persecution, these young people have experienced trauma either first hand, vicariously or through intergenerational trauma. Ethics advice indicated that it would be unethical and inadvisable to ask participants about their experiences of trauma in an anonymous online survey.

This has been addressed in the Discussion section: “The study measured current level of recovery from trauma and not early traumatic experiences as it was deemed unethical to ask about such past-traumatic experiences in an online survey…While for ethical reasons the current study could not measure level of trauma suffered before arriving in Australia, the results nevertheless identify the value of focusing on current level of recovery from trauma in refugee groups when studying personal wellbeing.”

Please provide further detail about the demographic data collected.

We have now added: “Correlation analyses were used to test the association between scores on the three measures and other demographic variables. These demographics included age, length of time in transit after leaving their birthplace and before arriving in Australia (including time spent in a refugee camp) and length of time in Australia as these variables have been found to be associated with the constructs tested (Centre for Multicultural Youth, 2014; Keles et al., 2016; Montgomery, 2011).”

The authors state that “consent was implied by the completion of the survey.” Were the participants given full information about their rights as research participants?

We have now added: “Participants were given full information about their rights as research participants and consent was implied from the completion of the survey.”

Results
It is not clear where the structure of the model came from. The evidence reviewed above supports the use of these components in the model, but is the tested model based on theoretical hypotheses or on the testing of various configurations?

We have now provided theoretical hypotheses in the introduction.

Where were the participants when they were “in transit”? This is the type of information that could be added above.

We have addressed this above.

Is there any pattern to the missing items? Using mean substitution affects standard errors and CIs. Were any other approaches to dealing with missing data considered?

We realised that there had been a mistake for the missing data and that the value we reported was actually from the initial sample of 124 participants. We have now checked the missing data value with the 70-participant data file and have included this statement: “For the 70 participants included in the study the percentage of missing item data was only 0.34% indicating that the impact of any imputation of missing item data is negligible.”

Discussion
Is there any reason to believe that using an online survey affected the sample? I.e. resulting in a sample that was more literate, wealthier, better access to the internet, etc.? Refugees on the other end of the spectrum may have more profound wellbeing challenges.

We have now added this as a limitation in the discussion section: “Using an online survey methodology may have resulted in a sample that was more literate and financially less stressed compared to young Hazaras without internet access and with more profound wellbeing challenges. Future wellbeing research could use purposive sampling to recruit a more diverse sample of young people from refugee backgrounds who may experience more difficulties accessing the internet.”

The discussion needs to be richer overall. The authors have generally found that the results are in line with previous research. While this is an essential component of the discussion, I’d like to hear more about what these findings really mean for the wellbeing of Hazara refuges, and what the implications are for policy and practice. There is a tiny bit of this in the discussion of family reunification policy, but it should be more fully discussed.

We have now added two implication paragraphs in the Discussion section. One paragraph is for the refugee policy and practice implications and another for research implications.

How does one measure recovery from trauma without accounting for the severity of the trauma?

We have now added this limitation in the Discussions section: “While for ethical reasons the current study could not measure level of trauma suffered before arriving in Australia, the results nevertheless identify the value of focusing on current level of recovery from trauma in refugee groups when studying personal wellbeing. Despite many refugees having experienced traumatic events, the pathways between level of previous trauma and recovery from trauma are poorly understood and deserve further research. Future research should also focus on understanding recovery from trauma in the social context which includes the importance of the family in the settlement country for young refugees (Brough et al., 2003).”

Minor issues:
When discussing statistical significance, keep “statistical” in the sentence.

We have now added ‘statistical’ or ‘statistically’ before any mention of significance.
Reviewer: 2

Comments to the Author
This research employed an online survey to engage young Hazara individuals living in Australia in a survey to examine predictors of wellbeing. The research adds to the literature specific to the wellbeing of Hazara individuals, on which there is little current published research. The introduction briefly covers key content areas relevant to the research, including the concepts of wellbeing, acculturation, resilience, and trauma. Further, the research is nicely linked to future directions and the implications of the research described (e.g. support for family reunification programs). Overall the article was clearly written, though there are several points for further clarification and revision that would strengthen the overall rationale and description of the study. These include:

- Why did the author/s specifically recruit ages 16-30? There was no justification for that age restriction or framing of the study as looking only at young people in the introduction.

The introduction has now been framed to focus on research on young refugees. This has also been addressed under the Participants section: “The term ‘young people’ has been used to describe those who are 15-29 years of age (Australian Bureau of Statistics, 2011). To

maximise participation and following suggestions from the Hazara community, the age range of 16-30 years was selected for the current study."

- Please indicate in the text the internal consistencies in the current study. It took several reviews to find this information in Table 1. The author/s state "the current study aimed to investigate whether this new Australian instrument could be applied to a specific Australian refugee group" (p. 4). Therefore, some discussion on the ways in which the scale held up with the current sample is important.

We have now added this statement in the Results section and taken out the internal consistencies from Table 1: "The internal consistencies for the measures were good to excellent which was observed for Personal Wellbeing, Cronbach's α = .85; Acculturation, Cronbach's α = .82; Resilience, Cronbach's α = .87; Spirituality, Cronbach's α = .85; Recovery from Trauma, Cronbach's α = .91."

We have now added this statement in the Discussion section addressing the point about whether the scale held up with the current sample: "Despite adapting the three measures to a 5-point Likert scale, the internal consistencies for the measures were good to excellent indicating that the scales were effectively measuring the constructs. This provided support for the use of Khawaja et al.'s (2014) Acculturation and Resilience Scale; the IWbG's (2013) Personal Wellbeing Index-Adult and the Reactions of Adolescents to Traumatic Stress Questionnaire (Bean, 2000) with this refugee sample."

- Relatedly, it sounds like changes were made to several of the measures in order to provide a consistent 5-point scale. More information is needed given that changes were made to the validated measures (i.e. how significant were the changes?). While the approach to standardise is understandable, it create some questions about the psychometric properties of the scales utilised. Some discussion on this is warranted.

This was addressed in the previous recommendation.

- What is known about the Hazara community living in Australia (e.g. approximate size, general demographic profile)? Some background information on the community is needed to help readers understand how representative this sample is, whilst acknowledging

that precise numbers are likely unattainable. The author/s assert in a few places that the community is large—how large?

We have now addressed these concerns in the paragraph 'The Hazara People' in the introduction.

- Discussion in first full paragraph on page 12. There is no reference for the UK study on Afghan unaccompanied minors. Please cite appropriately.

We have now added the reference for this study: (Bronstein et al., 2012).

- What percent of participants completed the survey in English versus Dari? You indicate there were no differences across the 2 groups but it would be useful to know how many people completed each format.

We have now added in this sentence where the MANOVA findings are: "Eighty-one percent of participants completed the survey in English and 19% completed the survey in Dari."

- Please also add to the limitations that the sample size was not large enough to examine psychometric properties (e.g. whether factor structure was supported in the current study) and that the psychometric properties (which you modified from the original measures) with the current population are unknown.

We have now added this sentence as part of the limitations: "A larger sample size would enable further examination of the measures' psychometric properties."

- Please clarify how your study proves your online methodology was able to "effectively engage" your population. Are you drawing this conclusion by your sample size? Period of time it took to recruit the sample? Percentage of missing data in the study as compared to other online surveys? The lack of attrition bias? Did you assess their acceptability of this format? It is currently unclear on what the success of the online method is being drawn from. It seems there are numerous methods that could be followed to systematically test whether the online data are comparable to other modes of data collection. Further discussion is warranted.

We have now added this sentence as part of the implications/ limitations: "The study also found that online survey methodology

can effectively engage many younger Hazaras. The survey provided them with an anonymous platform to express their views and address difficult topics such as recovery from traumatic stress. This supports previous research, which shows that in their settlement country many young refugees become digitally literate and engage positively with digital platforms as a way of expressing themselves and gaining autonomy over their lives (Gifford & Wilding, 2013). Future research should assess the acceptability of this format from the young people's perspective."

Review and resubmit decision

From: spolitis@wiley.com

To: cscopolov@swin.edu.au

CC:

Subject: Australian Journal of Psychology - Decision on Manuscript ID TAJP-2016-109.R1 [email ref: DL-RW-3-a]

Body: 03-Mar-2017

Dear Miss Copolov:

Your revised manuscript has now been reviewed. Based on the reviewers' reports, Dr. Rachel Grieve, the Associate Editor who managed the manuscript, has advised that it needs further revision before it can be considered for publication. I concur with the recommendation and therefore invite you to revise your manuscript and resubmit it for our consideration. Instructions on how to submit the revised manuscript appear at the bottom of this email.

The Associate Editor's recommendation and the reviewers' comments are provided below. They indicate the nature of the revisions that need to be made to the manuscript. The resubmitted manuscript will be sent out for review to assess whether the previously identified issues have been satisfactorily addressed and whether or not it is now suitable for publication in the Australian Journal of Psychology.

Once again, thank you for submitting your manuscript to the Australian Journal of Psychology and I look forward to receiving your revision.

Regards,
Nigel W. Bond
Editor in Chief, Australian Journal of Psychology

Editorial Office
Ms. Samantha Politis
155 Cremorne Street
Richmond
Victoria
Australia
3121
+ 61 (0)3 9274 3116
spolitis@wiley.com

Associate Editor Comments to Author:

Associate Editor
Comments to the Author. Please Note: Do not insert a letter to the author here. The decision email will be compiled by the EIC. Include comments explaining your recommendation and, if appropriate, outlining what the author needs to do. :

Both reviewers noted that the authors have done a sound job in revising the paper. However, the reviewers now make some additional suggestions to further improve the paper before it is ready for

publication. I encourage the authors to action these suggestions in a second revision.

Reviewer(s)' Comments to Author:

Reviewer: 2

Comments to the Author
The author/s have been highly responsive to the first round of reviews and have provided greater detail and/or clarified initial questions regarding the methods and findings. The paper now provides a stronger frame on the significance of studying wellbeing among refugee youth, and in particular for the Hazara community.

Several points for clarification and revision remain and are detailed below by section.

Introduction
• The introduction of acculturation, resilience, religion/spirituality, and recovery from trauma on page 2 seems out of place since you do not discuss them any further until page 4. Consider revising this paragraph, perhaps to simply highlight that refugee cohorts are quite diverse and then move into your description of why a study specific to the Hazara community is warranted.
• Further work is needed to enhance your transition from one content area to another, in particular in the transition from discussing the Hazara community into discussion of your key variables of interest.
• Further work is needed to show a comprehensive understanding of the current research with refugee populations related to your key variables. Only 2-3 research studies are cited in each, and some without any examples included of work with refugee populations. There are rich bodies of literature in all of these areas and the current review does not demonstrate current knowledge in these domains.
• Consider moving your section on "recovery from trauma" to be included in the resilience subheading, or at least directly following as they are related. Since you do not directly assess trauma, it is likely better to include this within the resilience framework. I would likely remove that term from use given you are not directly assessing recovery from trauma, but rather the absence of trauma symptoms within a group more likely to have experienced trauma. Be careful with your wording on this throughout.
• Further explanation of your final model is needed. While I understand the ways acculturation may mediate the relation between resilience and wellbeing, it is unclear to me why acculturation will mediate the relation between spirituality and wellbeing. Some further justification and interpretation of this part of the model is warranted.

Methods/Results
• On page 9, you indicate that the most common living arrangements were "living with friends or renting." Those do not seem to be mutually exclusive categories and I wonder if "renting" indicates that they are living alone? Please clarify how this was assessed and include descriptions of items related to demographic data assessment somewhere in the Methods section.
• Please confirm that higher acculturation scales indicates higher levels of self-reported bicultural identification (i.e. high levels of identification, behaviours, beliefs in line with both host culture and culture of origin).

Discussion
• Internal consistencies suggest that the items in a subscale roughly "hang together" and seem to be measuring the same underlying construct. Please revisit your interpretation on page 11, which seems to be suggesting something different.
• Related to a point made above, the role of acculturation in mediating the relation between spirituality and wellbeing still seems muddled in the discussion. The research discussed to support this finding seems to be testing the relationships in a different way. It seems one study found that all three variables were related to one another (Keles et al., 2016), but the other two studies seem to suggest that it was spirituality that attenuated the effect of acculturation stress on wellbeing outcomes. It is this latter finding that seems to make the most sense to me—that spirituality is an important protective factor. However, in this study you did not assess acculturation stress but rather the individual level of bicultural acculturation.
• The Implications section seems to stretch beyond the research findings. The question of social responsibility, while important, does not seem to come from your research findings and should be revisited.
• I am not convinced that this study proves that online survey methodologies effectively engage the young Hazara community. Only 56% of your sample provided complete data. The interpretation that the survey allowed them an anonymous platform to express their views is also a stretch, unless you directly assessed this. I think you have more solid standing to indicate that you were able to reach a relatively large sample within a short period of time within a population with limited prior engagement with research. You did not directly test your ability to obtain a representative sample or their preferences for completing this research online, which may be warranted in future research.
• Throughout, please be cautious on the way in which you discuss pathways to recovery. As this is a cross-sectional study in which no direct assessment of trauma is included you are not able to make this conclusion (e.g. page 14, last sentence).

Reviewer: 1

Comments to the Author
The authors have generally done a thorough job in responding to the earlier comments. My remaining issues should be straightforward to address.

The first four pages of the paper (up to Study Goals) needs to be reorganized. The paper needs a proper introduction to the topic. Why is this an important topic to study? Given the timeliness of issues related to refugee mental health, starting with a paragraph about the global refugee crisis might be of interest. The current first section reads like it's part of the literature review, though the same topics are covered in more depth just a page or so later. Also, the five sections with one paragraph each beneath a header (Acculturation through Mediation) give the paper a choppy feel. I think the paper should flow as follows: Introduction, Background (with three separate subsections on the constructs measured, the Hazara people, and study goals), and then on to the methods. That's not the only way to do it of course, but some revision is necessary.

On p. 7 in the section on the RATS, the statement "This measure has been validated in various countries within different cultural contexts and

with large samples" needs citation(s).

On p. 10, in the Path Analysis section, the statement "Acculturation was shown to have the most statistically significant influence…" sounds odd. I believe the author is actually pointing out the magnitude of the path coefficient in comparison to the other paths, not the comparative level of statistical significance.

On p. 12 in the discussion, acculturation is defined as "social connectedness at both an individual and societal level." That doesn't seem to be the same as the definitions provided earlier in the paper, and the way it's defined in the survey. After all, a refugee could have a very high degree of social connectedness, but all of it could be within the Hazara community and acculturation/exposure to the broader Australian culture could be very low. I don't know that the health promotion study cited here is the best fit to support the point, unless there's something I'm misunderstanding.

Also, this section should acknowledge that acculturation can be a point of contention for refugees/immigrants, as it may lead them into conflict with family or others in their communities over issues like gender roles, religion, working, etc. It's probably the case that not all Hazara parents want their young adult children to acculturate to Australia. While that wasn't directly addressed in this study, a few sentences would provide some nuance to the conclusion that acculturation is good for wellbeing.

INSTRUCTIONS ON HOW TO RESUBMIT A MANUSCRIPT

There are two ways to submit your revised manuscript. You may use the link below to submit your revision online with no need to enter log in details:

*** PLEASE NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm. ***

https://mc.manuscriptcentral.com/tajp?URL_MASK=8c295b5a7695474c8f8654dfbab212d1

Alternatively log into https://mc.manuscriptcentral.com/tajp and enter your Author Center. You can use the revision link or you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision. Please DO NOT upload your revised manuscripts as a new submission.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised

manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Date Sent: 03-Mar-2017

Response to Reviews

Associate Editor Comments to Author:

Associate Editor
Comments to the Author. Please Note: Do not insert a letter to the author here. The decision email will be compiled by the EIC. Include comments explaining your recommendation and, if appropriate, outlining what the author needs to do. :

Both reviewers noted that the authors have done a sound job in revising the paper. However, the reviewers now make some additional suggestions to further improve the paper before it is ready for publication. I encourage the authors to action these suggestions in a second revision.

Reviewer(s)' Comments to Author:

Reviewer: 2

Comments to the Author
The author/s have been highly responsive to the first round of reviews and have provided greater detail and/or clarified initial questions regarding the methods and findings. The paper now provides a stronger frame on the significance of studying wellbeing among refugee youth, and in particular for the Hazara community.

Several points for clarification and revision remain and are detailed below by section.

Introduction
- The introduction of acculturation, resilience, religion/spirituality, and recovery from trauma on page 2 seems out of place since you do not discuss them any further until page 4. Consider revising this paragraph, perhaps to simply highlight that refugee cohorts are quite diverse and then move into your description of why a study specific to the Hazara community is warranted.

We have now updated this paragraph on page 3 to reflect your suggestions:

“Australian and international research have generally used samples comprising a wide
range of culturally and linguistically diverse young people including immigrants, refugees and overseas students from different countries of origin (Correa-Velez et al., 2015). Building on these studies, the current study focussed on one distinct refugee group, young Hazara men and women, to enable a more precise investigation of possible predictors of refugee wellbeing within this group, as suggested by Khawaja, Moisuc, and Ramirez (2014).”

- Further work is needed to enhance your transition from one content area to another, in particular in the transition from discussing the Hazara community into discussion of your key variables of interest.

Based on the suggested manuscript structure by the first reviewer for the initial few pages (up until the Study Goals), The Hazara People section is now towards the end of this section. We have strengthened the transition from one content area to another.

- Further work is needed to show a comprehensive understanding of the current research with refugee populations related to your key variables. Only 2-3 research studies are cited in each, and some without any examples included of work with refugee populations. There are rich bodies of literature in all of these areas and the current review does not demonstrate current knowledge in these domains.

We have now provided a more comprehensive rationale using current research with refugee populations related to our key variables.

- Consider moving your section on "recovery from trauma" to be included in the resilience subheading, or at least directly following as they are related. Since you do not directly assess trauma, it is likely better to include this within the resilience framework. I would likely remove that term from use given you are not directly assessing recovery from trauma, but rather the absence of trauma symptoms within a group more likely to have experienced trauma. Be careful with your wording on this throughout.

We have now moved the absence of trauma symptoms section after the resilience section. We have been mindful of changing 'recovery from trauma' to absence of trauma symptoms throughout the paper.

This includes in the Methods section:

"A modified version of this measure was used in the current study with higher scores indicating the absence of trauma symptoms within a group likely to have experienced trauma."

- Further explanation of your final model is needed. While I understand the ways acculturation may mediate the relation between resilience and wellbeing, it is unclear to me why acculturation will mediate the relation between spirituality and wellbeing. Some further justification and interpretation of this part of the model is warranted.

We have now made this mediation relationship between spirituality and wellbeing clearer and by justifying it further:

"Another variable that may assist with acculturation is spirituality. Spirituality has been defined as beliefs (which can include religious beliefs) and behaviours involving prayer, meditation or rituals (Khawaja, White, Schweitzer, & Greenslade, 2008). Crawford, Dougherty Wright, and Masten (2006) found that spirituality and religion might be used by children who had experienced adversity for social support, to strengthen family relationships, improve personal growth and development and provide meaning to their lives during adaptation. Thus, spirituality is expected to foster resilience and have a direct impact on acculturation (Adam & Ward, 2016; Crawford et al, 2006). Furthermore, for Muslim immigrants and refugees spirituality (including religiosity) may be core to their adaptation (Adam & Ward, 2016; Johns, Mansouri, & Lobo, 2015; Saroglou, & Mathijsen, 2007). For these reasons when investigating the wellbeing of young Hazaras, it is important to account for the impact of spirituality on resilience and acculturation."

Methods/Results

- On page 9, you indicate that the most common living arrangements were "living with friends or renting." Those do not seem to be mutually exclusive categories and I wonder if "renting" indicates that they are living alone? Please clarify how this was assessed and include descriptions of items related to demographic data assessment somewhere in the Methods section.

We have now included this paragraph in the Method section:

"**Demographic items.** Demographic data were measured such as gender, age, birthplace, religion, length of time in transit after leaving one's birthplace and before arriving in Australia (including time spent in a refugee camp), length of time in Australia, education status, accommodation and employment status."

We have now clarified the renting concern in the results section:

"living with friends and or renting."

- Please confirm that higher acculturation scales indicates higher levels of self-reported bicultural identification (i.e. high levels of identification, behaviours, beliefs in line with both host culture and culture of origin).

We have clarified the definition of acculturation in the introduction and have chosen to stay with the definitions used for the sub-scales by Khawaja et al. (2014) by modifying this sentence:

Higher scores indicate higher Acculturation, Resilience and Spirituality as defined by Khawaja et al. (2014).

Discussion

- Internal consistencies suggest that the items in a subscale roughly "hang together" and seem to be measuring the same underlying construct. Please revisit your interpretation on page 11, which seems to be suggesting something different.

We have changed this to:

"Despite adapting the three measures to a 5-point Likert scale, the internal consistencies for the measures were good to excellent indicating that the scales were reliable."

- Related to a point made above, the role of acculturation in mediating the relation between spirituality and wellbeing still seems muddled in the discussion. The research discussed to support this finding seems to be testing the relationships in a different way. It seems one study found that all three variables were related to one another (Keles et al., 2016), but the other two studies seem to suggest that it was spirituality that attenuated the effect of acculturation stress on wellbeing outcomes. It is this latter finding that seems to make the most sense to me—that spirituality is an important protective factor. However, in this study you did not assess acculturation stress but rather the individual level of bicultural acculturation.

We have now updated the Discussion section with research from the Background section.

- The Implications section seems to stretch beyond the research findings. The question of social responsibility, while important, does not seem to come from your research findings and should be revisited.

This paragraph has now been updated:

"The current study appears to be the first time Australian research has identified a model of the direct and mediated relationships related to personal wellbeing in young refugees. Perhaps surprisingly only one demographic variable, presence of immediate family in Australia, had a statistically significant contribution to personal wellbeing, and this finding highlighted the role of family reunion policy in promoting wellbeing. The model demonstrates the importance of psychological variables: Acculturation, absence of trauma symptoms and resilience in contributing to personal wellbeing. Further, the model highlights the positive influence of spirituality on acculturation in young Hazaras and suggests this connection should be a focus of future research."

- I am not convinced that this study proves that online survey methodologies effectively engage the young Hazara community. Only 56% of your sample provided complete data. The interpretation that the survey allowed them an anonymous platform to express their views is also a stretch, unless you directly assessed this. I think you have more solid standing to indicate that you were able to reach a relatively large sample within a short period of time within a population with limited prior engagement with research. You did not directly test your ability to obtain a representative sample or their preferences for completing this research online, which may be warranted in future research.

We have now changed this paragraph:

"The online survey methodology used was able to access a relatively large sample in a short period of time in a population with limited prior engagement with research. Future research should investigate methods of obtaining a representative sample and assess preferences for completing research online with young Hazara resettled adults."

- Throughout, please be cautious on the way in which you discuss pathways to recovery. As this is a cross-sectional study in which no direct assessment of trauma is included you are not able to make this conclusion (e.g. page 14, last sentence).

This has now been addressed throughout the paper.

Reviewer: 1

Comments to the Author
The authors have generally done a thorough job in responding to the earlier comments. My remaining issues should be straightforward to address.

The first four pages of the paper (up to Study Goals) needs to be reorganized. The paper needs a proper introduction to the topic. Why is this an important topic to study? Given the timeliness of issues related to refugee mental health, starting with a paragraph about the global refugee crisis might be of interest. The current first section reads like it's part of the literature review, though the same topics are covered in more depth just a page or so later. Also, the five sections with one paragraph each beneath a header (Acculturation through Mediation) give the paper a choppy feel. I think the paper should flow as follows: Introduction, Background (with three separate subsections on the constructs measured, the Hazara people, and study goals), and then on to the methods. That's not the only way to do it of course, but some revision is necessary.

We have now reorganised the structure of the manuscript up until the Methods section as you suggested. We have included a paragraph at the beginning to highlight the importance of studying this topic:

"In 2015, the United Nations High Commissioner for Refugees (UNHCR) declared that the number of forcibly displaced persons worldwide was the highest it had been since World War II. By the end of 2015, 65 million people were forcibly displaced worldwide including 21 million refugees, 3 million asylum seekers and more than 40 million internally displaced persons (UNCHR, 2015). During displacement, these people typically experience extreme physical and mental health difficulties and once resettled in high-income countries they experience ongoing challenges (Fazel, Reed, Panter-Brick, & Stein, 2012). From 2006-2015 Australia recognised or resettled 139,398 refugees (UNHCR, 2015) therefore, it is important to understand predictors of their wellbeing and ways that policy and practice can address these concerns during settlement."

On p. 7 in the section on the RATS, the statement "This measure has been validated in various countries within different cultural contexts and with large samples" needs citation(s).

A reference has now been included for this statement:

(Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven 2006).

On p. 10, in the Path Analysis section, the statement "Acculturation was shown to have the most statistically significant influence…" sounds odd. I believe the author is actually pointing out the magnitude of the path coefficient in comparison to the other paths, not the comparative level of statistical significance.

This has now been modified:

"Acculturation was shown to have the most important influence on Personal Wellbeing ($p < .001$)…"

On p. 12 in the discussion, acculturation is defined as "social connectedness at both an individual and societal level." That doesn't seem to be the same as the definitions provided earlier in the paper, and the way it's defined in the survey. After all, a refugee could have a very high degree of social connectedness, but all of it could be within the Hazara community and acculturation/exposure to the broader Australian culture could be very low. I don't know that the health promotion study cited here is the best fit to support the point, unless there's something I'm misunderstanding.

This paragraph has now been modified:

“The strongest statistically significant predictor of personal wellbeing was acculturation. These findings support research with young immigrants and refugees who had higher wellbeing when they achieved a balance in competencies between their cultural heritage and their new society (Beiser et al., 2015; Khawaja et al., 2014; Sam & Berry, 2010). It is acknowledged that acculturation can be a point of contention for young refugees and immigrants as it may lead them into conflict with family or others in their communities (Gifford et al., 2009; Ward, 2008) over issues such as gender roles, religion and work. Future research could use a qualitative methodology to investigate the more complex relationships between these variables (Nguyen & Benet-Martinez, 2013) with a young Hazara sample.”

Also, this section should acknowledge that acculturation can be a point of contention for refugees/immigrants, as it may lead them into conflict with family or others in their communities over issues like gender roles, religion, working, etc. It’s probably the case that not all Hazara parents want their young adult children to acculturate to Australia. While that wasn’t directly addressed in this study, a few sentences would provide some nuance to the conclusion that acculturation is good for wellbeing.

This was included in the paragraph in the previous point.

Final Decision from the Australian Journal of Psychology. The final version of the Manuscript was accepted with no further changes on 6th June 2017.

From: spolitis@wiley.com

To: cscopolov@swin.edu.au

CC:

Subject: Australian Journal of Psychology - Decision on Manuscript ID TAJP-2016-109.R2 [email ref: DL-RW-1-a]

Body: 06-Jun-2017

Dear Miss Copolov:

Thank you for submitting the revised version of the manuscript entitled "Exploring the Predictors and Mediators of Personal Wellbeing for Young Hazaras with Refugee Backgrounds in Australia".

Based on the recommendation of Dr. Rachel Grieve, the Associate Editor who managed your manuscript, I am pleased to inform you that it has been accepted for publication in the Australian Journal of Psychology.

I would like to thank you for the hard work you have put into the revision of your paper. Similarly, I would like to thank the reviewers for their contributions, which I am sure you will agree have improved the final copy. I wish you all the best with your future research and hope that you will consider AJP as an outlet for your future endeavours.

The Associate Editor's recommendation and the comments of the reviewer(s) who reviewed your manuscript are included below.

Please note that, although the manuscript is accepted, the files will now be checked to ensure that everything is ready for publication and you may be contacted if final versions of files for publication are required.

Your article cannot be published until you have signed the appropriate license agreement. Within the next few days you will receive an email from Wiley's Author Services system which will ask you to log in and will present you with the appropriate licence for completion.

Thank you again for your contribution.

Regards,
Nigel W. Bond
Editor in Chief, Australian Journal of Psychology

Editorial Office
Ms. Samantha Politis
155 Cremorne Street
Richmond
Victoria
Australia

3121
+ 61 (0)3 9274 3116
spolitis@wiley.com

Associate Editor Comments to Author:

Associate Editor
Comments to the Author. Please Note: Do not insert a letter to the author here. The decision email will be compiled by the EIC. Include comments explaining your recommendation and, if appropriate, outlining what the author needs to do. :

Thank you for the second revision of the manuscript. I appreciate the care taken to address the Reviewers' concerns. Both myself and one of the original reviewers have assessed this revision, and it is clear that the manuscript is considerably stronger based on the changes made.

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Author
The authors have satisfactorily addressed my previous comments. The first several pages of the paper is far stronger and more organized than in previous versions, and the authors have made edits to address the remaining minor issues I raised.

Appendix Ten: Editorial Correspondence Paper 2

Notification of status. The paper was submitted on 5th March 2018 to *Transcultural Psychiatry*, has not been immediately rejected and is therefore Under Review.

ADM: Kukreti, Aman • Awaiting EIC Decision	TP-18-0036	An Exploration of the Adaptation and Development after Persecution (ADAPT) Model with Young Adult Hazaras from Refugee Backgrounds in Australia View Submission	22-Feb-2018	05-Mar-2018

Appendix Eleven: Editorial Correspondence Paper 3

Notification of status. The paper was submitted on 4th of May 2018 to *Transcultural Psychiatry,* has not been immediately rejected and is therefore Under Review.

Submitted Manuscripts

STATUS	ID	TITLE	CREATED	SUBMITTED
ADM: Kukreti, Aman • Awaiting Admin Processing	TP-18-0073	"Everything was stuck in my inside and I just wanted to get it out": Psychological Distress, Coping and Help-Seeking for Young Adult Australian Hazaras from Refugee Backgrounds. View Submission	04-May-2018	04-May-2018