Stress, resources and psychological adaptation in young people from refugee

backgrounds resettled in Australia

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Abstract

Young people from refugee backgrounds face a number of stressors even after they have been resettled in a country of relative safety and stability such as Australia. There is extensive literature that has documented the challenges facing young people from refugee backgrounds and mental health problems in this population. However, there is far less research that has examined the resources that young people use to manage stress and negotiate challenges. This thesis examined resources that young people saw as salient to their psychological adaptation in resettlement.

Two studies, one qualitative and one quantitative, were conducted to investigate risk, resources and psychological adaptation in the lives of young people who had been resettled in Australia. Study 1 qualitatively identified a range of stressors and resources that participants perceived as salient. Relationships between these factors and resettlement outcomes were then quantitatively investigated in Study 2. A range of outcomes that encompassed not only mental health problems but also domains of positive adaptation were examined.

Study 1 of this thesis consisted of a qualitative investigation of young peoples' experience of stress and challenges since resettling in Australia, as well as the coping strategies and resources that participants perceived as effective in helping them to manage stress. Participants (N = 33, median age = 16 years old) discussed themes relating to stress and resources. A number of salient stressors were identified, relating not only to the challenges of being from a refugee background, but also to typical developmental challenges such as social conflict, difficult schoolwork and planning for the future. A wide range of coping strategies were reported by participants, along with a number of sources of social support, but very few other

resources. Self-sufficient coping and social support were found to be the most salient resources for young people from refugee backgrounds.

Study 2 quantitatively examined the relationships between stress, resources and psychological adaptation. A sample of young people from a range of refugee backgrounds (N = 119, Mean age = 18.3 years old) completed supported questionnaires relating to their feelings and experiences since arriving in Australia. A number of promising findings were made regarding the role played by coping style and social support in predicting psychological adaptation outcomes for young people in resettlement. Four domains of psychological adaptation were examined: mental health problems, subjective wellbeing, school engagement and classroom behaviour. Usage of self–sufficient approach coping was found to predict positive outcomes in all four domains of psychological adaptation. A model of stress, resources and mental health outcomes was also tested. Partial support was found for the model, outlining a complex transactional process through which stress, social support, coping style, and subjective wellbeing predict young people's levels of mental health problems after arriving in Australia.

Overall, these findings constitute an important examination of positive resources in resettlement, and the complex relationships between stress, resources and psychological adaptation. The thesis highlights the importance of using detailed qualitative data to inform quantitative research and develop models of transactional relationships between variables. The implications of the findings for service delivery, theory and future research are discussed.

Declaration

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Mike Oliver

BHlthSci. (Hons)

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Chapter 1.

Overview

Whilst the majority of the refugee literature has focused on a deficit-based model of post-traumatic stress and mental health problems, there has been a growing trend towards recognising that all aspects of the refugee experience require exploration (Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010; Betancourt & Khan, 2008; Correa-Velez, Gifford, & Barnett, 2010; Daud, Klinteberg, & Rydelius, 2008; Henley, 2011; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012; Shakespeare-Finch & Wickham, 2010). In particular, the study of development in young people after a refugee experience benefits from research that investigates the capacity for positive adaptation and identifies resources that promote positive adaptation and reduce mental health morbidity. The psychosocial consequences for young people of trauma, persecution and violent conflict pre-migration as well as acculturation stress, discrimination and restricted educational opportunities post-migration are well documented (Hodes, 2000; Porter & Haslam, 2005; Rousseau & Drapeau, 2003). However, far less is known about how young people perceive the challenges that they face, and the resources that are salient to their successful adaptation during the refugee journey.

Australia resettles 13- 14000 humanitarian entrants each year. Around 50% are young people below the age of 25, many of whom arrive unaccompanied by family members (DIAC, 2011). The successful adaptation of these young people during resettlement and their integration into the Australian education system is a priority for communities, service providers and the young people themselves (DIMIA, Couch, 2007; Davidson, Murray, & Schweitzer, 2008; 2003; Kirk & Cassity, 2007). However the resource pathways by which successful adaptation is achieved are

unclear. There are conflicting findings regarding the positive effects of resources such as coping style and social support between studies of young refugee and studies of Western youth. There are also discrepancies between studies of refugees that are conducted at different stages of the refugee journey and using different methodologies. These issues reflect the need for a rigorous, ongoing investigation of this important area of youth development (Duraković-Belko, Kulenović, & Dapić, 2003; Elklit, Kjaer, Lasgaard, & Palic, 2012; Punamäki, Muhammed, & Abdulrahman, 2004; Qouta, Punamäki, Montgomery, & Sarraj, 2007).

In identifying young people from refugee backgrounds, this thesis will adopt the definition of youth used by the Australian Institute of Health and Welfare (AIHW, 2011), that is, young people refers to those aged between 14 and 24 years. This is broadly consistent with the UN definition of youth (15-24 years) and is consistent with previous usage of the term in studies of stress and resources in Australian youth (Wilkinson, Walford, & Espnes, 2000).

One issue that had complicated interpretation of studies into risk, resources and adaptation is the multiple developmental contexts in which young people find themselves at different stages of the refugee journey. Research into coping and social support in young refugees has taken place during ongoing conflicts (Weisenberg, Schwarzwald, Waysman, Solomon, & Klingman, 1993), in countries of first asylum (Paardekooper, Jong, & Hermanns, 1999), in community detention (Elklit, et al., 2012), in resettlement (Anstiss & Ziaian, 2010; Henley, 2011) and after repatriation (Punamäki, et al., 2004). The developmental context has implications for the challenges young people will face, the resources available to them and the meaning and effectiveness of those resources. This research will explore differences and similarities in the literature conducted at multiple stages of the refugee journey.

However, the research conducted in this thesis focuses specifically on attempting to understand the role played by stress and resources in the context of resettlement.

Research into psychological adaptation of young people from refugee background has also been limited by the consistent focus on post-traumatic stress disorder (PTSD) which is the predominant outcomes by which psychological adaptation is evaluated (Bronstein & Montgomery, 2011; Crowley, 2009; Hodes, 2002). Trauma is an undeniable part of the refugee experience, and the study of post-traumatic stress plays a role in documenting the consequences of systematic persecution of groups and individuals (Steel et al., 2009; Watters, 2001). However, the broader psychosocial impact of the refugee experience also requires acknowledgement, as does the capacity for positive adaptation in young people from refugee backgrounds. There is a paucity of research that has examined the links between stress, resources and domains of positive adaptation (such as subjective wellbeing and successful integration into school environments) alongside measures of psychopathology.

Studies of refugee wellbeing benefit from a broad range of methodological approaches. Qualitative and quantitative approaches can provide insight into different aspects of the same research question. Qualitative methods shed light on individual beliefs and provide access to culturally bound understandings of psychological constructs. However, quantitative research is required to effectively establish statistically significant relationships between key variables. Arguably the most effective approach to studying stress, resources and psychological adaptation in refugees is a mixture of qualitative and quantitative techniques that allows for rigorous quantitative studies to be guided and supplemented by qualitative insights.

The aim of this research was to examine stress, resources and psychological adaptation in young people who had recently been resettled in Australia, in order to

provide insight into the nature of adaptation after a refugee experience and develop a model of potential resources relationships that may support positive adaptation. Theoretical principles derived from trauma-focused research, stress and coping research, and conservation of resources theory were integrated to guide the design of two studies that investigated stress, resources and adaptation. Both qualitative and quantitative data was collected to produce a broad exploration of young people's adaptation during resettlement, and the complex relationship between stress, self-sufficient coping strategies, social support and psychological adaptation. The presentation of this research will be organised as follows.

Chapter 2 first defines relevant terms and briefly discusses threats to development during the refugee journey, before reviewing the literature on key resources that have been studied in young people from refugee backgrounds. Specifically, the research literature on coping strategies and social support (two key resources identified in the process of conducting this research) will be discussed. The current research highlights important differences regarding the roles played by resources in different developmental contexts, and raises questions regarding the outcome domains by which refugee adaptation is measured. Following this, Chapter 3 will outline key features of the resettlement process in Australia. It will be argued that the institutional, community and social components of the resettlement process form the context in which developmental challenges and resources must be considered. This context will be provided to the reader, followed by a summary of the broad aims of the thesis.

Chapters 4, 5 and 6 present a qualitative study exploring stress and resources from the perspective of young people who had been resettled in Australia for a number of years. In Chapter 4, the methodology of the study is discussed, and specific ethical issues related to the study of young people from refugee backgrounds

are addressed. Chapter 5 presents the qualitative results regarding the stressors and challenges that participants faced in resettlement. Chapter 6 presents the qualitative findings regarding the resources that participants believed were effective in managing stress. It concludes with a brief integration of the findings, highlighting the relevant resource relationships that participants described and which were investigated in Study 2.

Chapters 6 and 7 describe the second study, which quantitatively investigated stress, resources and four domains of psychological adaptation in participants who had recently arrived in Australia. This study was guided by the qualitative data from Study 1, in its aims and in the selection of constructs and measures. Eight domains of stressors and multiple types of coping strategies were quantitatively measured, and differences between the qualitative and quantitative findings regarding the salience of different stressors and coping strategies are discussed. Multiple regression analyses were used to determine those resources that best predicted positive outcomes in four domains of psychological adaptation: mental health problems, subjective wellbeing, school engagement and teacher-reported classroom behaviour. A multiple mediation analysis was then applied to investigate a model of direct and indirect relationships between stress, resources and mental health problems.

Finally, Chapter 8 discusses the overall findings of the thesis and their implications. These findings represent an approach toward exploring the development of young people from refugee backgrounds that fully considers the role of personal resources and positive adaptation alongside the more commonly studied developmental threats and mental health problems. Avenues for future research are identified, the theoretical and methodological limitations of the thesis discussed, and final conclusions drawn.

Chapter 2.

Introduction and Literature Review

2.1. Overview

This chapter explores issues relating to the psychological adaptation of young people following a refugee experience and reviews the literature on key resources thought to be associated with psychological adaptation. The first section of the thesis briefly addresses theoretical and practical implications of the topics on which this thesis focuses, before describing some key concepts relevant to the study of refugees and the refugee journey. This will be followed by a critical review of four theoretical approaches that contributed to the framework that was adopted for this research. The chapter concludes with a review of the literature regarding the key resources that will be assessed in this thesis, identifying gaps in the literature that the research presented in this thesis will attempt to address.

2.2. The Refugee Journey and Threats to Development

A number of studies have examined refugee experiences using primarily deficit-based models. These studies have identified and described stressors and risk factors that occur during the refugee journey and investigated the negative consequences of these for healthy development. This section will summarise some of their findings, before discussing limitations of a purely deficit-based model of refugee adaptation. The refugee journey is characterised by three distinct phases: pre-migration, migration and, finally, resettlement, integration or repatriation. A variety of stressors and threats have been identified during each phase. The threats to adaptation faced by young people from refugee backgrounds are unique to each individual; however a number of experiences are common to many refugee journeys.

In the pre-migration phase young people may be exposed to a number of developmental threats through persecution, war and ongoing conflict. The persecution that defines refugee status includes threat of physical harm (either to the child or to family members on which they rely), sexual assault, torture, imprisonment, and the forced break up of families and communities (Ajdukovic & Ajdukovic, 1993; Coventry, Guerra, MacKenzie, & Pinkney, 2001; Lau & Thomas, 2008). Many young refugees have been directly exposed to war and ongoing violent conflict. They may have experienced shelling, forced evacuations, and sieges and some have become forced participants in war themselves (Coventry, et al., 2001). Whether through persecution or warfare, the pre-migration experience typically leads to a turning point, after which young people and their families are forced to flee their homes.

During the migration phase, refugees leave their home countries. Most displaced refugees spend years living in countries of first asylum. Some young refugees are born in these countries, and have never seen their homelands. During this time, access to resources that support physical and psychological development is extremely limited. Physical development may be threatened by the effects of malnutrition, acute and chronic illness and poor physical care (Harris & Zwar, 2005). Psychological development may be threatened because displaced children often receive little schooling, and typically live in refugee camps or urban environments where there are high levels of personal danger and little stability (Crisp, Talbot, & Cipollone, 2001).

Less than one percent of refugees typically find permanent resettlement in a third country, such as Australia (UNHCR, 2009a). Many more are repatriated to their home countries after return is deemed safe. However, safe repatriation or arrival in a country of resettlement does not end the multiple threats to psychological, social and

academic development experienced by young refugees. Despite the initial relief that most families feel in finding a secure and stable home, long term positive development can be threatened by the numerous challenges present in resettlement (Jayasuriya, Sang, & Fielding, 1992; Ryan, Dooley, & Benson, 2008). For example, young people who are resettled in Australia have typically grown up in cultures very different to Australia's and without English as a first language (Commonwealth of Australia, 2005). They face the challenges of adapting to a new culture, consolidating a new language, being separated from established social networks, and ongoing physical and/or mental health problems from their prior refugee experiences (Krupinski & Burrows, 1986; Seiffge-Krenke, 2000). The development of academic skills in young people from refugee backgrounds is challenged by the unfamiliar scholastic and behavioural expectations of the school environment, and by their level of prior education compared to their Australian-born peers (Cassity & Gow, 2005). These multiple challenges faced by young people place them in serious risk of poor psychological adaptation during resettlement.

Despite the threats and losses that characterise the refugee journey, most refugees also develop assets and resources that hold the potential to protect against threats and promote positive development. Refugee experiences can lead to the realisation of key personal assets such as autonomy, optimism and the capacity to successfully cope with stress and loss (Daud, et al., 2008; Riollo, Savicki, & Cepani, 2002). Individuals who undergo life-threatening experiences often describe strengthened family and community bonds as a result (Goodman, 2004; Schweitzer, Greenslade, & Kagee, 2007). Members of persecuted religious, political and ethnic groups have shared experiences of maltreatment and discrimination, which can strengthen social bonds within the group in response to the treatment experienced outside the group. As a result of this, communities who have experienced persecution

may provide more social support for group members, with the community rallying together in the face of their persecution (Goodman, 2004; Rousseau, et al., 1998). These are aspects of the refugee experience that are not revealed through purely deficits-based approaches.

The effects of trauma, persecution and loss of resources on stable development will be ongoing, and will compound the stressors experienced following resettlement, but young refugees may find new strengths and resources to rely upon through their experiences or may consolidate former resources, allowing them to adapt positively (Lau & Thomas, 2008; Luthar, Cicchetti, & Becker, 2000; Mollica, Poole, Son, Murray, & Tor, 1997). A purely deficits-based approach may fail to identify these key resources and indicators of positive adaptation, and in doing so, fail to capture the full range of adaptation following a refugee experience. This research will attempt to address this issue by drawing on a range of theoretical approaches to develop and investigate an integrated model of stressors, resources and psychological adaptation in resettlement.

2.3. Approaches to Research into Adaptation in Young Refugees

Multiple theoretical frameworks have been applied to the study of development in young people from refugee backgrounds. This section will briefly address three of these and discuss the strengths and limitations of each, before describing an integrated theoretical approach that will be applied in the two studies presented in this thesis. The three theoretical frameworks are the biomedical model of trauma, stress and coping theory, and conservation of resources theory.

2.3.1. Trauma-focused Approach

The most common approach to studying adaptation in the field of refugee research has been trauma-focused, investigating experiences of and recovery from

Post-Traumatic Stress Disorder (PTSD) and co-morbid disorders, which are characterised by depressed affect, anxiety, fear, guilt and grief (Almqvist & Broberg, 1999; Begovac, Rudan, Begovac, Vidovic, & Majic, 2004; Halcón et al., 2004; Kinzie et al., 1990; Leavey et al., 2004; Mghir, Freed, Raskin, & Katon, 1995; Montgomery, 2011; Papageorgiou et al., 2000; Silove, Steel, McGorry, Miles, & Drobny, 2002; Watters, 2001). These disorders are conceptualised as being products of war and conflict prior to flight, with symptoms persisting after resettlement or repatriation. A strong evidence base has been built for the existence of a dose-response relationships between traumatic experiences and later PTSD symptoms, as well as other as levels of mental health problems such as depression (Halcón, et al., 2004; Hodes, Jagdev, Chandra, & Cunniff, 2008; Ziaian, de Anstiss, Antoniou, Baghurst, & Sawyer, 2013). In refugee research, measurement of the prevalence of PTSD has often had social justice goals. It can be used to document the effects of systematic discrimination and torture, and to mobilise mental health resources to assist vulnerable populations (Steel, et al., 2009; Watters, 2001).

When addressing the wellbeing of individuals during the resettlement process, the refugee literature has been criticised both for its narrow focus on mental health problems as the sole outcome measure, and for focusing predominantly on experiences of trauma rather than the risk factors experienced during resettlement (Bracken, Giller, & Summerfield, 1997; Kovacev & Shute, 2004; Ryan, et al., 2008; Summerfield, 1999). This approach does not address the potential for positive outcomes in resettlement or investigate how such outcomes are achieved. However, mental health outcomes and risk factors for mental health problems are still areas of vital importance to understanding the adaptation in young refugees. They will be examined in this research, but integrated with theoretical approaches that address responses to risk, and the potential for positive adaptation.

2.3.2. Stress and Coping Theory

Stress and coping theory has been applied in a number of studies of refugee adaptation to address the role played by psychosocial stressors experienced both pre and post migration, and explore how these stressors are managed (Almqvist & Hwang, 1999; Elklit, et al., 2012; Paardekooper, et al., 1999; Qouta, et al., 2007; Schweitzer, et al., 2007). Foremost in this model's approach to stress is the appraisal made by individuals of the demands placed on them and their capacity to manage (i.e. cope with) those demands (Lazarus & Folkman, 1984). A number of studies have addressed young people's capacity to cope following a refugee experience (Almqvist & Hwang, 1999; Schweitzer, et al., 2007; Sulaiman-Hill & Thompson, 2012).

Within this theoretical approach, the literature has typically explored the role of stress and coping in predicting mental health outcomes. Increasing levels of perceived stress have been found to consistently predict poor mental health outcomes and reduce subjective- wellbeing (Garmezy & Rutter, 1983; Lazarus & Folkman, 1984; Seiffge-Krenke, 2000). The findings for coping are more complex, as different styles of coping have been found to predict different mental health outcomes. In young people from Western countries there is a great deal of evidence to suggest that approach coping is associated with positive mental health outcomes, avoidant coping is associated with negative outcomes and is, in fact, a risk factor for depression (Frydenberg, 2008; Wilkinson, et al., 2000). However, it remains to be seen whether these relationships can be reliably replicated in cross-cultural samples or with refugee populations.

Stress and coping theory is valuable to refugee research both because it identifies a proximal determinant of psychological adaptation (the individual's response to stressors) and because it focuses attention on the capacity to manage

challenging life circumstances, demonstrating ways in which adversity may give young people opportunities to develop autonomy and personal skills (Riollo, et al., 2002). However, it has also been criticised (in application if not in theory) for focusing too narrowly on internal, individual factors and ignoring the socio-cultural determinants of adaptation, including the many external resources that are denied to young people from refugee backgrounds (Ryan, et al., 2008).

For practical purposes, the stress and coping model is also difficult to apply with refugee populations. Simultaneously identifying the nature of the stressors, the appraisal of the stressors, and the response to the stressors is complex. Responding to questions on appraisal may be difficult for young people, particularly those who are participating in research in a second language, and are most likely unfamiliar with the research process. In refugee research, coping studies have generally ignored stress appraisal and focused primarily on documenting the different coping strategies used by young people from different backgrounds and in different contexts (Goodman, 2004; Halcón, et al., 2004; Paardekooper, et al., 1999) or investigating the extent to which these coping strategies influence psychological adaptation, either by directly promoting positive outcomes or by protecting against stress (Duraković-Belko, et al., 2003; Kuterovac-Jagodić, 2003; Qouta, et al., 2007). Stress and coping will be examined in a similar way in this thesis, with coping being considered the proximal resource by which young people manage stressors and challenges in resettlement. However, it will not be the only resource considered.

2.3.3. Conservation of Resources Theory

A response to and potential extension of the stress and coping model is Conservation of Resources theory, which posits that stress is a response to the loss of resources (Hobfoll, 2011). Resources such as social support, material wealth and personal attributes promote adaptation in the context of resettlement (Ryan, et al.,

2008). Adaptation is therefore dependent on the strength of one's reservoir of resources, which in turn largely determines one's ability to regain lost resources or develop new resources. The complex interactions between multiple resources is considered the key determinant of positive outcomes in this approach (Hobfoll, 2011; Hobfoll, Horsey, & Lamoureux, 2009). In this model, an individual's coping strategies can be conceptualised as one form of resource, which can be influenced by other resources (e.g. social support) to promote positive outcomes. One focus of studies informed by Conservation of Resources theory is identifying key resources. These are resources that either directly promote positive outcomes or indirectly promote positive outcomes by assisting one's ability to access and organise other resources (Hobfoll, 2002).

Despite its strengths, there are some limitations to Conservation of Resources theory in its conceptualisation of stress and psychological adaptation when applied to young people from refugee backgrounds. In particular, by regarding resource loss as the sole determinant of stress, the theory does not address stress provoked by exposure to the new challenges that arise in resettlement. These task demands may be experienced as stressful, even though they may place demands on young people's resources without necessarily depleting them. Indeed, the challenges of resettlement may in fact assist in developing further resources such as mastery and positive self-image (Masten, 2001). Furthermore, Conservation of Resources theory gives little guidance regarding the domains of adaptation that should be measured, relying instead on outcomes identified by other theoretical frameworks. However, Conservation of Resources theory assists our model of psychological adaptation in conceptualising the broad range of resources, and potential interactions between resources, that may explain adaptation following a refugee experience.

2.3.4. Integration of Multiple Theoretical Frameworks

All four theoretical approaches discussed above can and have been applied to understanding psychological adaptation in young people from refugee backgrounds adapt. This thesis will draw from elements of each approach in order to develop a model of the resources that allow young people from refugee backgrounds to cope with stressors and adapt positively during resettlement. Stress and coping theory focuses on the management of multiple stressors through the use of various coping strategies. Conservation of Resources theory extends this to explore the transactional relationships between multiple resources interacting to promote adaptive coping. Together, these theories have been used to develop a model of psychological adaptation following resettlement that will be explored and tested in this thesis.

This research will focus on the stressors and resources that young people from refugee backgrounds perceive as salient to their adaptation in resettlement. A mixed-methods approach is taken, with qualitative and quantitative components. A qualitative study will identify the stressors that young people face during resettlement in Australia, and the ways in which these stressors are appraised and coped with. A quantitative study will investigate the resources that enable young people to manage stress, avoid negative outcomes and achieve positive outcomes. Outcomes will include not only mental health outcomes but also other indicators of positive psychological adaptation. Key resources identified by young people through the qualitative research will be tested and a model developed to understand how the interactions between stress and resources influence psychological adaptation for young people from refugee backgrounds resettled in Australia.

2.4. Defining Psychological Adaptation

It is important to briefly outline how psychological adaptation will be defined and assessed in this research. As noted above, the majority of the literature on young

people from refugee backgrounds has taken a biomedical deficits-based approach to exploring development, focusing primarily on mental health outcomes and generally the most relevant disorder, PTSD. Whilst this is an important consideration, it is not the only outcome by which adaptation can be measured. This thesis adopts the definition developed by resilience research, which defines positive adaptation as the capacity to achieve stage-salient developmental tasks (Luthar & Cicchetti, 2000). The most relevant domains of adaptation are dependent on the life stage and the context in which development is occurring. However, at all points during development these domains relate to two primary forms of positive adaptation: external adaptation and internal integration.

External adaptation refers to the development of age appropriate conduct behaviours and social competence (Masten et al., 1999). This can be demonstrated through performance on observable developmental tasks, such as social interaction or rule-abiding behaviour. Because this research focuses on young people in the Australian secondary education system, they faced the specific external adaptation tasks of most adolescents in needing to succeed in the school environment. At the same time, they were often adapting to a new way of schooling and learning in a new language. Because these young peoples' future would rely greatly on achievement at these tasks, appropriate classroom behaviour and school engagement were considered important indicators of external adaptation.

Whilst there is a great deal of theory linking resources to mental health outcomes, there is less that addresses the expected relationships between resources and other aspects of psychological adaptation. The literature on school engagement and classroom behaviour is an emerging one, with few studies examining the construct in resettled refugee populations (Correa-Velez, et al., 2010). At least one study has found that school engagement is associated with positive mental health

outcomes (Fredericks et al., 2009). However, it is unclear if the same variables that predict positive mental health outcomes will also predict levels of school engagement, or teacher reported behaviour.

Internal integration describes the internal processes that underlie stable psychological development (Masten, Best, & Garmezy, 1990). In young former refugees, one domain of internal integration is good mental health outcomes (operationalised as low levels of negative mental health problems) (Rousseau & Drapeau, 2003). However, constructs such as subjective wellbeing are also important to understanding internal integration as they demonstrate positive affect, self-esteem and life satisfaction, which are distinct from the absence of mental health problems (Wilkinson, et al., 2000). Subjective-wellbeing has been found to be predicted by different variables to mental health problems (Correa-Velez, et al., 2010; Wilkinson, et al., 2000). In Australian adolescents links have been made between positive coping skills and subjective wellbeing (Wilkinson, et al., 2000). In some theoretical models subjective wellbeing is also conceptualised as a resource, as it is considered to promote the reduction of mental health problems. Studies have identified that those who consider themselves happier and more satisfied are better protected against risk factors for later mental health problems (Greenglass & Fiksenbaum, 2009). This distinction makes subjective-wellbeing worth examining as an outcome in its own right as well as a potential mediator between coping and mental health problems. This research will consider both mental health outcomes and subjective wellbeing in assessing internal integration.

2.5. A Review of the Literature on Resources for Psychological Adaptation in Young Refugees

A large number of studies have explored the factors that lead to psychological adaptation in at-risk young people from refugee backgrounds. These studies have primarily focused on protective factors that moderate the impact of a refugee experience on mental health outcomes. Amongst those factors studied as potential resources for psychological adaptation have been high socio-economic status, supported living conditions (Hodes, et al., 2008), emotional expression (Daud, et al., 2008), optimism (Duraković-Belko, et al., 2003), pro-social skills (Daud, et al., 2008), high perceived social status and community acceptance (Betancourt, et al., 2010), an integration acculturation style (Henley, 2011; Kovacev & Shute, 2004), and feelings of control (Correa-Velez, et al., 2010). This literature review will focus on two key resources: coping and social support. There are three reasons for doing so. First, coping is a factor that is poorly understood in relation to young people from refugee backgrounds but has strong evidence in other populations, and requires further exploration. Second, both coping skills and social support are targeted in existing interventions for young people from refugee backgrounds. However, as previously noted, the evidence base for these interventions is often derived from research with Western populations. Third, coping and social support were the most salient resource identified by young people when asked about their management of stress during resettlement (Chapter 6). For both resources, a brief summary of the construct will be provided, followed by a review of relevant refugee youth studies, and a discussion of the role that each resource will play in this research.

2.5.1. Coping

Coping strategies are those behaviours and cognitions used by individuals to manage stressful demands. Strategies are often classified into related styles for the

purposes of research (Lazarus & Folkman, 1984). Qualitative research has generally

documented the multiple strategies individuals use to cope with diverse stressors and

challenges. Quantitative research typically seeks to gauge individuals' level of

coping, to identify and describe coping 'styles', and to explore the relationship

between coping styles and outcomes (Carver, Scheier, & Weintraub, 1989; Compas,

Malcarne, & Fondacaro, 1988; Frydenberg, et al., 2003; Herman-Stabl, Stemmler, &

Petersen, 1995; Zimmer-Gembeck & Skinner, 2008).

Different research groups have classified as many as twelve and as few as

two distinct styles of coping (Lazarus & Folkman, 1984; Zimmer-Gembeck &

Skinner, 2008). However, the most widely utilised classifications of coping rely on

contrasting two basic styles of coping. Folkman and Lazarus (1984) described the

two basic styles as problem-solving and emotion-focused coping. Problem-solving

coping refers to strategies that are aimed at defining the problem, generating

alternative solutions, weighing costs and benefits and then taking action. Emotion-

focused coping refers to internal cognitive strategies that attempt to lessen the

negative emotional response to stress, and includes strategies such as emotional

distancing, selective attention and focusing on the positive aspects of a situations

(Lazarus & Folkman, 1984). More recent approaches to coping research have

classified coping styles as either approach or avoidance (Emmelkamp, Komproe,

Van Ommeren, & Schagen, 2002; Herman-Stabl, et al., 1995; Wilkinson, et al.,

2000). An approach coping style is characterised by direct efforts to engage with

stressors in order to reduce their effect. In contrast, an avoidance style is

characterised by actions that are aimed as distracting and distancing from stressors.

Both approach and avoidance styles contain elements of problem-solving and

emotion-focused coping. However approach coping is often linked conceptually with

problem solving, and avoidance is often linked with emotion-focused coping

(Herman-Stabl, et al., 1995). Whilst various studies have assessed different coping styles in various combinations, the majority of research on the relationships between coping style and outcomes relies on using two or more of these four constructs simultaneously.

2.5.1.1. Coping as a resource for psychological adaptation.

Adaptive coping strategies are a proximal resource for managing stressors and challenges in development. However, identifying those styles of coping strategy that are most likely to be adaptive for young people from refugee backgrounds has proven difficult. The majority of research into young peoples' coping strategies has occurred in Western countries such as Australia, Canada, Germany and the United States (Barbarin, 1993; Dumont & Provost, 1998; Frydenberg, et al., 2003; Herman-Stabl, et al., 1995; Wilkinson, et al., 2000). Differences in cultural values, as well as culturally mediated life experiences and learning opportunities, will lead to different forms of coping. Therefore we cannot expect that young people from a diverse range of refugee backgrounds resettled in a country will necessarily endorse the same coping strategies as those commonly used by the host culture (Barbarin, 1993; D'Anastasi & Frydenberg, 2005; Kuo, 2010). It is useful to take an emic approach to understanding coping in young people from refugee backgrounds. This requires establishing young peoples' personal beliefs regarding the nature of coping and strategies that are effective when adapting to the stressors and challenges of resettlement.

In the Western literature on coping, it has generally been found that use of an approach or problem-solving coping style is associated with positive psychological adaptation for young people (Herman-Stabl, et al., 1995; Wilkinson, et al., 2000). Conversely, use of an avoidant coping style has repeatedly been associated with negative outcomes, to the extent that it is sometimes considered a feature of mental

illnesses (e.g. clinical depression and PTSD) (American Psychological Association, 2010; Seiffge-Krenke, 2000). However, some findings suggest that in contexts of extreme adversity, avoidant coping can be adaptive (Bonanno, 2004; Coifman, Bonanno, Ray, & Gross, 2007). It is unclear to what extent the relationships between coping and outcomes seen in Western populations are likely to be seen in young people from refugee backgrounds who have been resettled in a Western nation. The lack of evidence regarding the role played by coping in resettlement is a major gap in the literature. The following review of the coping literature will outline the ways in which coping has been studied in young people from refugee backgrounds, and offers commentary on issues raised by past research that this research will play a role in addressing.

2.5.1.2. Coping in the refugee youth literature.

Two types of coping research relating to young people from refugee backgrounds can be identified. The first uses both qualitative and quantitative designs to document the coping strategies that young people from refugee backgrounds used and found helpful in adapting. The second quantitatively explores associations between coping styles and psychological adaptation, looking either for direct promotion of adaptation or for buffering effects, whereby the usage of a particular coping style protects against an increase in trauma or stress.

2.5.1.3. Studies documenting coping strategies in refugee youth.

Four studies were identified that documented coping strategies in young people who had gone through violent conflict or a refugee experience. Of these, none were conducted with young people pre-migration, and only one examined coping strategies amongst young people who were in a country of first asylum, in this case Uganda. Sudanese youth living in Ugandan refugee camps were found to use more of all forms of coping strategies than non-refugee young people in the same country.

Avoidant strategies such as 'wishing things had never happened' were the most common coping approach for those in refugee camps (Paardekooper, et al., 1999). It was suggested that refugees, who face a diverse range of stress and challenges, might rely on more and different coping strategies compared to young people who had not been through such adversity (Paardekooper, et al., 1999). Similarly, two studies of young people from Sub-Saharan African resettled in the United States reported that numerous strategies were endorsed as beneficial in coping with the refugee experience (Goodman, 2004; Halcón, et al., 2004). Both emotion-focused engagement strategies (e.g. thinking about the communal self, finding meaning and hope) and avoidant strategies (e.g. avoiding thinking about experiences) emerged as primary themes in a qualitative study of resettled Sudanese males coping strategies (Goodman, 2004). These coping strategies emerged in narratives that primarily addressed trauma and hardship prior to resettlement rather than stressors and challenges experienced during resettlement.

A study of Iranian children resettled in Sweden also found that multiple approach (e.g. working hard and striving to achieve, thinking positively) and avoidant (e.g. daydreaming and social withdrawal) coping strategies were used to adapt to the day to day challenges of resettlement (Almqvist & Hwang, 1999). However, the study only addressed coping in children aged 6-10 years. The coping strategies used by children can be expected to be very different to those used by young people aged 12-24. To date there is little research that has been done to document the coping strategies of this older age group specifically in the context of their resettlement experience. This research will address this gap by documenting the coping strategies of young people aged 12- 24 who have been resettled in Australia. Study 1 will explore reflections on coping in resettlement by young people who have

lived in Australia for some time, whilst Study 2 will identify coping strategies in a cohort of new arrivals who are in their first two years of resettlement.

2.5.1.4. Studies exploring coping style as a predictor of adaptation.

Six studies have examined potential associations between coping style and psychological adaptation in young people who had gone through violent conflict or were from refugee backgrounds. Although these studies examined different stages of the refugee experience, all focused on coping primarily in relation to symptoms of PTSD. Their findings generally run contrary to evidence in Western populations that approach coping is adaptive whilst avoidant coping is not. In fact, a study of young peoples' coping behaviour during missile attacks in the Persian Gulf War found that higher rather than lower levels of avoidant coping predicted lower post war stress reactions (Weisenberg, et al., 1993). Conversely, in a study of Bosnian children during a time of war, use of emotion-focused coping was found to be maladaptive, as it positively predicted PTSD symptoms (Kuterovac-Jagodić, 2003). However, active or problem-solving coping strategies also did not seem to be adaptive as they were not associated with lower symptoms. Similarly, a study of Palestinian adolescents conducted during the First Intifada found no association between an active (or approach) coping style and levels of PTSD or depression, or with adolescents' satisfaction with quality of life (Qouta, et al., 2007).

Post-conflict, there is only limited evidence demonstrating any kind adaptive coping that might be seen as a resource for young people. In two studies of young people living in Bosnia 12 to 30 months after war had ended, emotion-focused coping, daydreaming, religious coping and aggressive coping were all found to positively predict PTSD symptoms but not depression. No coping styles were negatively associated with PTSD symptoms or depression, leading to the conclusion that, whilst maladaptive coping could be identified, there was no evidence for an

adaptive coping response to the war (Duraković-Belko, et al., 2003; Kuterovac-Jagodić, 2003). Amongst young refugees who had fled to Denmark, usage of both avoidant and problem-solving coping styles were found to be significantly higher in those who met the diagnosis for PTSD than those who did not (Elklit, et al., 2012). It should be noted that this study took place whilst participants' asylum claims were being processed, and therefore these young people had not yet entered the resettlement phase of the refugee journey. The authors argued that approach coping strategies were unlikely to be effective in this group of young people, who were essentially on 'stand-by' with no capacity to effectively change their circumstances through active engagement (Elklit, et al., 2012).

Only one study has found evidence of adaptive coping amongst young people in response to violent conflict. A study conducted with young Kurdish orphans found evidence that particular coping styles buffered against the effects of trauma, but only for specific trauma symptoms (Punamäki, et al., 2004). A mixture of problem-solving and approach support-seeking strategies (labelled by the authors as 'active – affiliation') was found to moderate the impact of exposure to trauma on sleeping difficulties. An avoidant coping style was found to moderate the impact of trauma on aggressive symptoms. It is important to note that only a proportion of the participants in the study were refugees. More research is required to establish whether these findings would be repeated in young people from refugee backgrounds and in countries of resettlement. In addition, the coping dimensions used in this study were created through factor analysis and bear only partial resemblance to other more commonly applied coping styles. This somewhat limits the utility of these findings in understanding the role played by coping as a resource for psychological adaptation for other young people from refugee backgrounds.

It is difficult to draw conclusions from these studies, particularly in relation to the experiences of young people from refugee backgrounds who have been resettled in a Western country. Generally, the evidence suggests that young people from refugee backgrounds gain few positive outcomes from the use of coping strategies that are commonly considered adaptive, and may at times benefit from the use of coping strategies that are considered maladaptive (i.e. avoidant coping). However, these studies raise a number of issues that must be addressed before we can begin to make conclusions about coping as a resource for resettled young people from refugee backgrounds.

The first issue is that the studies reviewed in this section may be evidence for the importance of considering environmental context when discussing the adaptiveness of coping strategies (Lazarus & Folkman, 1984; Paardekooper, et al., 1999). For example, the only study that found avoidant coping to be adaptive did so in a very unusual context, typified by immediate and ongoing violence (Weisenberg, et al., 1993). Similarly, those studies that did not find approach coping to be adaptive were all conducted either with repatriated young people or young people who were experiencing ongoing danger, loss and powerlessness. It is possible that these young people were in situations where their coping efforts were likely to be ineffective in changing their situation or promoting wellbeing. Indeed, research in young people growing up in violent urban environments has found that approach style coping may increase the risk of victimisation (Zimmer-Gembeck & Skinner, 2008). For these young people avoidant coping strategies are the most adaptive as they promote survival and stress-reduction in situations where there are limited opportunities to effectively approach and engage with stressful demands (Paardekooper, et al., 1999).

An alternative explanation for the apparent effectiveness of avoidant coping in young people is that it may be only a temporary phenomenon. It has been

suggested that while avoidant coping may be adaptive for refugees in the short term, when there is an immediate danger present, in the long term it may hinder psychological adaptation by denying young people opportunities to master challenges and solve problems (Paardekooper, et al., 1999). Such a possible change in the effectiveness of coping style over time is an important consideration when exploring coping in resettled refugee young people, because we can expect there to be more opportunities for approach coping strategies to result in positive outcomes during resettlement. Therefore, an important gap in this field of research is investigation of the relationship between coping style and psychological adaptation in a group of young people from refugee backgrounds who have been resettled in a stable, peaceful nation.

A second issue to address is that the primary outcome measured in all current research has been PTSD symptomology. This is problematic in regards to avoidant coping, as specific avoidant behaviours (such as supressing thoughts and distancing oneself from reminders of a traumatic event) are listed as symptoms on many PTSD measures (APA, 2010). If there are beneficial effects of avoidant coping (as qualitative studies have indicated) then these are more likely to be identified by measures of other outcomes such as subjective wellbeing. Although some of the studies reviewed explored outcomes such as depressive symptoms and wellbeing, there is a dearth of research that employs a balanced approach to the assessment of psychological adaptation. This research will address that gap.

2.5.1.5. Role of coping in this research

The coping strategies used by young people from refugee backgrounds resettled in Australia are examined in both Study 1 and Study 2 of this thesis. Study 1 will present a qualitative documentation of the coping strategies that young people used to manage various stressors and challenges that they experienced both in the

school system, and in adapting generally to their new lives. Study 2 will quantitatively document the use of different coping strategies by young people. This study will also present analyses of associations between approach coping style and avoidant coping style and various measures of psychological adaptation, to test hypotheses regarding the effectiveness of different coping styles for young people from refugee backgrounds who had been resettled in Australia. Together these findings will help address gaps in the literature regarding the role of an individual's coping in adapting to the refugee experience.

2.5.2. Social Support

Social support is the most commonly studied resource for young people from refugee backgrounds. This reflects the findings in the mainstream developmental literature regarding its importance for young people's adaption to adversity. The term refers to the presence of positive relationships in a person's life, where understanding, appreciation and care for feelings are shown (Harter, 1985). Social support is usually measured in terms of function, source and quality (Betancourt & Khan, 2008). Sherbourne & Stewart (1991) outlined three main functions of social support: instrumental social support (help and assistance to carry out necessary task); informational support (information and guidance for an individual to carry out day-to-day activities) and emotional support (care and emotional comfort provided by others). Young peoples' social support is primarily received from three sources: family (particularly parents), friends and teachers (Betancourt & Khan, 2008). However, a number of other support providers (e.g. youth workers) may play a particularly important role in the lives of resettled young people, for whom traditional social support networks may no longer be available.

2.5.2.1. Social support in the refugee youth literature

Research in social support has both documented young peoples' social support networks and attempted to explain how social support may promote psychological adaptation in young people from refugee backgrounds. A number of studies have documented the usage of social support by young people coping with a refugee experience (Anstiss & Ziaian, 2010; Brough, Gorman, Ramirez, & Westoby, 2003; Henley, 2011; Melville & Brinton Lykes, 1992). When interviewed, young people from refugee backgrounds reported that presence of key support figures is vital in helping them to cope with, and adapt to, the challenges of resettlement.

Despite these qualitative findings, there is limited research showing an association between social support and psychological adaptation in resettled young people. Reviews of the literature on the mental health of young people from refugee backgrounds have concluded that social support from family, peers and teachers is important for promoting positive mental health outcomes (Betancourt & Khan, 2008; Lustig, et al., 2004; Werner, 2012). However, these conclusions are based on limited evidence. Some studies cited had identified participants as endorsing the use social support without quantitatively demonstrating associations with mental health outcomes (Birman, Trickett, & Vinokurov, 2002; Melville & Brinton Lykes, 1992). Others found social support to be an insignificant predictor for levels of mental health problems (Betancourt, et al., 2010; Klasen et al., 2010). A closer examination of the literature on social support for refugee youth is therefore required.

Four studies were identified that had examined an association between the accessibility and quality of social support and PTSD symptoms in young people who had either been resettled or who had remained in their home country throughout a war. Resettled Iraqi young people with PTSD were found to have significantly lower positive family and peer relationships than those without PTSD (Daud, et al., 2008).

Similarly, a study of Bosnian children who had survived a war found a significant negative relationship between social support and levels of post-traumatic stress both during and 30 months after the war (Kuterovac-Jagodić, 2003). However, in a study of Bosnian children resettled in Denmark there were no significant differences in social support networks between those with PTSD and those without (Elklit, et al., 2012). Similarly, a study of Ugandan former child soldiers found no significant relationship between social support and PTSD symptomology (Klasen, et al., 2010). It is unclear then, the role of social support in psychopathology. However, these findings raise the possibility that there is a third variable that may mediate or moderate the relationship between social support and PTSD, influencing outcomes.

Two studies examined associations between social support and other markers of psychological adaptation such as mental health problems, social adjustment and antisocial behaviour. One study of Iranian children, who were resettled in Sweden at pre-school age and were surveyed approximately 3.5 years post arrival, found that the second most important determinant of social adjustment (after time since arrival) was having a peer to play with. However, children's mental health was not significantly predicted by positive peer relationships in regression analyses (Almqvist & Broberg, 1999). It is unclear, however, what relevance this finding would have to young people who were resettled at an older age. A study of Palestinian adolescents who had lived through the violence of the First Palestinian Intifada found that parental support was not associated with levels of either depression or antisocial behaviour. However, other resources related to social support, such as parental control, parental monitoring, and engagement with school and religious institutions, were found to buffer against the positive association between Intifada experiences and antisocial behaviour (Barber, 2001).

Collectively, these findings raise questions regarding the role of social support as an effective resource for young people from refugee backgrounds. There is a discrepancy between the firm endorsement of social support in qualitative studies and the mixed findings regarding associations between social support and positive mental health outcomes. This thesis will investigate and attempt to resolve this discrepancy by integrating both qualitative and quantitative findings.

2.5.2.2. Role of social support in the thesis.

Given that there is limited evidence for the direct effects of social support on markers of psychological adaptation, two approaches have been taken to attempt to better understand the role that social support may play for young people from refugee backgrounds. One approach is to suggest that social support is examined too broadly, and that different aspects of relationships and different social support source (e.g. family versus school) may promote different outcomes in different groups (Barber, 2001). A second approach is to examine the indirect effects of social support on psychological adaptation as mediated by other variables (Hooberman, Rosenfeld, Rasmussen, & Keller, 2010; Kim, 2012).

This thesis will explore young people perspectives regarding the role played by social support in their adaptation. It will also attempt to address why there is such inconclusive quantitative evidence for a positive role of social support, given that it is routinely identified as important in qualitative research. In Study 1 young people discuss the multiple positive and negative relationships in their lives. In Study 2 both direct and indirect effects of social support as a resource will be examined.

Social support seeking is sometimes measured as a style of coping (Frydenberg, 2008; Litman & Lunsford, 2009). However, more commonly, social support is considered as a resource in its own right (Dumont & Provost, 1998; Elklit, Kjaer, Lasgaard, & Palic, 2012; Greenglass, Fiksenbaum, & Eaton, 2006; Kim,

2012). The advantage of this approach is that is encompasses both social support that is actively sought, and that which is passively received. Both are considered theoretically important to adaptation, and so in Study 2, social support will be addressed independently from coping style. The perceived total accessibility of social support from all sources will be explored as an independent predictor of psychological adaptation.

2.6. The Australian Literature on Resources for Resettled Refugee Youth

No previous studies have identified a range of coping strategies in young people from refugee backgrounds in Australia. However, two studies have explored stress and coping in adult populations of refugees resettled in Australia. Sulaiman-Hill & Thompson (2012) documented stressors and coping strategies for Afghani and Kurdish adults resettled in Australia and noted that the majority of participants did not seek out help but relied on their own coping strategies to manage a range of psychosocial stressors. These findings demonstrated that higher psychological distress scores were related to post-migration stressors such as feeling overwhelmed in resettlement, tension within families and communities, and dissonance between their social status prior to arriving in Australia and their status post-arrival. Khawaja et al. (2008) investigated stressors and coping strategies for Sudanese adults resettled in Australia, and noted that adults used the same coping strategies post-migration as those that they found effective pre-flight and in transit. Participants discussed religious faith, social networks, government services, an aspirational attitude and positive reframing as effective coping strategies.

Three qualitative studies have made reference to young people's perceptions of resources within the resettlement context, without focusing on this topic. Brough et al. (2003), in a broader qualitative study of mental health, discussed coping with young people from refugee backgrounds. However, social-support seeking was the

only reported coping strategy. Anstiss and Ziaian (2010) investigated support-seeking specifically relating to mental health problems, and found that participants expressed much more willingness to discuss problems with friends from their own backgrounds than to use formal mental health services. Sampson & Gifford (2010) used photo-novellas and neighbourhood drawings to explore with children the importance of places that promoted dignity, relationship building and emotional coping. The school was considered as a particularly important resource for positive adaptation in this context. All of these studies provide valuable insight into the resources and strategies that young people valued and felt were effective in managing their stress. However, none provide the extensive documentation and focus on stressors and coping strategies that were required for this research.

2.7. Summary

This thesis will examine stress, coping and social support and their relationships with psychological adaptation in young people from refugee backgrounds who have been resettled in Australia. Because of the lack of information regarding coping and social support from the specific perspective of this population, Study 1 will present a qualitative analysis of interviews with young people from refugee backgrounds regarding the stressors they faced in resettlement, and the resources that helped them to cope and adapt. Based on this qualitative analysis and the existing literature on stress, coping and social support in refugee populations, a model of these variables will be developed and tested. As has been stated, it is beneficial to take a balanced approach to understanding psychological adaptation. In order to do this, four outcomes comprised of mental health problems, subjective wellbeing, school engagement and classroom behaviour will be assessed.

The current literature presents a number of possibilities regarding the role of coping and social support for psychological adaptation in refugees. Prior studies

indicate that the utility of these resources seems very different for young refugees compared young people from Western countries, but it is unclear why this might be the case. Additionally there is a discrepancy between the endorsement of social support in qualitative literature, and quantitative findings regarding its role to be statistically insignificant in predicting symptoms of mental health problems in refugees. It is clear that it would be advantageous to use closely linked qualitative and quantitative research in order to uncover possible reasons for gaps in the literature.

The following chapter will address some of the specific contextual information necessary to understand the process of resettlement in Australia and outline a research plan and the key aims for the thesis.

Chapter 3.

The resettlement context: Experiences of young people from refugee

backgrounds in Australia

3.1. Overview

Whilst the previous chapter looked broadly at stress, resources and psychological adaptation in the refugee literature worldwide it is also important to consider the specific developmental context of resettlement in Australia. This chapter will review the literature on young people from refugee backgrounds who have been resettled in Australia. Particular consideration will be given to the role played by government policy (both beneficial and harmful) and the importance of the education system to young people from refugee backgrounds. Conclusions will be drawn regarding the implications that this may have for the role of stress, resources and adaptation for young people from refugee backgrounds in Australia. This will lead to a summary of the major research aims of this research.

3.2. The Resettlement of Refugees into Australia

This research was conducted with a population of young people from refugee backgrounds who had been resettled in Australia. The term refugee, as legally defined, refers to the United Nations 1951 convention relating to the Status of Refugees (UNHCR, 2009b). To be awarded refugee status, an individual must demonstrate that he/she is someone who:

"owing to a well-founded fear of being persecuted for reasons of race, religion, membership of a particular social group, or political opinion, is outside of the country of his nationality, and is unable to or, owing to such fear, is unwilling to

avail himself of the protection of that country" (UNHCR, 2009b, p. 4)

It is worth noting that some individuals resettled through Australia's Humanitarian Program have provided evidence of gross human rights violations, but fail to meet the legal definition of a refugee. Therefore, a small proportion of participants in these studies do not meet the legal definition of refugee. However, the term refugee will be used throughout this thesis to refer to all participants, as is consistent with the majority of the refugee literature (Ahearn, 2000; Hodes, 2000).

Australia has two primary pathways for humanitarian resettlement, referred to as offshore and onshore processing. Offshore processing applies to refugees who apply for humanitarian visas whilst outside Australia. Onshore processing applies to asylum seekers who claim and are granted refugee status after their arrival in Australia by boat or plane. Together, these two pathways result in approximately 13,750 refugees being resettled in Australia annually (DIAC, 2011). The two pathways follow different procedures, with differing treatment of refugees in regards to detention and access to government services.

3.2.1. Offshore Resettlement

The offshore resettlement component of the Australia's Humanitarian program enables the UNHCR to refer refugees living in countries of first asylum, and allows permanent residents to sponsor family members or other displaced persons. The UNHCR refer only a very small percentage of refugees, from within those groups that they judge as having no future option for repatriation or integration and that they believe to be in severe danger. Among the refugees referred by the UNHCR is a subset of "women at risk" who have been victims of gender-based violence and have no male family member to offer protection (Commonwealth of Australia, 2005). Young people who arrive through the offshore resettlement program have typically

been living in refugee camps or urban centres in countries of asylum for long periods of time, if not their whole lives. Those referred by UNHCR will have had no choice in their country of resettlement, and often will have no family or community connections in Australia (Sampson & Gifford, 2010). They will have had little access to education prior to arriving in Australia (Commonwealth of Australia, 2005).

3.2.2. Onshore Resettlement

The onshore resettlement program provides protection to people who arrive in Australia and apply for asylum. Typically these arrivals come via plane on temporary student or holiday visas, or by boat passage from Indonesia without a valid entry visa (Commonwealth of Australia, 2005). Asylum seekers who arrived by boat during the time period of the research conducted for this research were typically placed in detention whilst their claim for refugee status was processed. For some groups, detention was indefinite and separate from Australian communities, with detention centres often in isolated parts of the country. Other groups were allowed access to the community under strictly monitored conditions, for example to allow young people to attend school.

Detention can last for years, and research with those in detention has found that it contributes significantly to experiences of mental health morbidity (Steel et al., 2004). Thus, rather than representing a return to stability and safety, arriving in Australia can contribute to, and exacerbate, feelings of persecution, powerlessness and trauma for new arrivals. The detention process is a highly contentious issue in Australia politics, and policies regarding asylum seekers who arrive by boat change regularly. However, many of those who participated in this research had spent some time in detention.

Asylum seekers have not necessarily spent long periods of time in asylum, and for many their refugee experience has been far more recent than for those who

arrive through offshore resettlement. At the time that participants in this study entered Australia, a substantial but fluctuating proportion of Australia's humanitarian entrants were irregular maritime arrivals. Irregular maritime arrivals to Australia had a distinct profile; they were most likely to be young, unaccompanied males. However a number of families with children also arrived in Australia through this method (Commonwealth of Australia, 2012).

3.3. Source Countries

Participants in the two studies presented in this thesis had all arrived within the past decade, but were drawn from a wide variety of nations. The composition of new arrivals to Australia in the past decade has varied from year to year; however, the majority of humanitarian visas were granted to people with home countries in Africa, the Middle East and Asia (Commonwealth of Australia, 2012).

Humanitarian entrants to Australia from Africa have been drawn from a number of nations that have experienced long periods of civil war or other violent conflict. Refugee intake from Africa increased dramatically in the period from 2002 to 2007 as the Australian government, on the advice of the UNHCR, targeted its offshore resettlement program at nations in central and Sub-Saharan Africa (DIAC, 2010). However, in recent years the numbers of new arrivals from Africa have decreased significantly due to changes in the Australian government's resettlement strategy. The majority of Africans resettled in Australia under the Humanitarian program have come from Burundi, the Democratic Republic of Congo, Eritrea, Ethiopia, Liberia, Sierra Leone, Somalia and South Sudan (Robinson, 2011). Many young people from these nations had been living in refugee camps or countries of first asylum for the majority, if not all, of their lives before arriving in Australia. During this period they had little access to adequate shelter, healthcare or education.

The Middle East has been a consistent source of humanitarian entrants to Australia during the past decade, primarily due to conflicts in Afghanistan and Iraq, and political oppression in Iran. Humanitarian entrants from the Middle East have been resettled through both the offshore and onshore processing systems. In comparison to refugees from Africa and Asia, those arriving from Iraq and Iran have spent relatively little time in countries of first asylum prior to their resettlement in Australia, and are more likely to have experienced long periods of stability, safety and access to education prior to resettlement (Commonwealth of Australia, 2012). In contrast, those young people of Afghani descent were unlikely to have had access to education and health services for long periods prior to arrival, and were more likely to arrive in Australia unaccompanied by adults (UNHCR, 2010).

Three countries in Asia have been the source of significant numbers of refugees to Australia in the past decade: Sri Lanka, Burma and Bhutan. Humanitarian entrants from Sri Lanka and Burma have arrived through both the onshore and offshore resettlement system. In the past decade both countries have been in the top five source countries from irregular maritime arrivals in multiple years. Both countries have also had quotas for offshore resettlement at various times, when the Australia government judged there to be significant political persecution of ethnic and religious minority groups. Immigration from Bhutan has been a relatively recent phenomenon based on UNHCR recommendations to the Australian government, and Bhutanese refugees living in refugee camps in Nepal were targeted for offshore resettlement between 2009-2011 (Commonwealth of Australia, 2012).

As new cohorts of refugees arrive the profile of young people from refugee backgrounds is constantly changing. However, there are many commonalities in the experiences of refugee groups, particularly in regards to the process of resettling in Australia. As such, rather than focus on young people from a specific region or

country of origin, this research will focus on a specific point in the refugee journey: the initial years of resettlement. Participants in this research have diverse cultural backgrounds and experienced different threats prior to arrival in Australia, but all shared some common experiences in being resettled in Australia.

3.4. The Resettlement Process as a Developmental Context

Resettlement has been described as the process by which a refugee, having arrived in a place of permanent safety and stability, re-establishes control and a sense that life is 'back to normal' (Colic-Peisker & Tilbury, 2003). This is an ongoing process, one which requires acculturation to a new society and new way of life. Sam and Oppedal (2003) argued that acculturation is best understood for young people as a developmental pathway. That is, the various institutional, community and social components involved in the acculturation process form the context necessary to understanding developmental tasks and challenges. In the same way, the resettlement process is a developmental context. This context, specifically the process of resettling in Australia following a refugee experience, will be explored further in this chapter.

Perhaps the foremost developmental task for young people from refugee backgrounds, in regards to the resettlement process, is successful participation in the Australian school system. Typically, the formal education of young refugees has been severely interrupted or non-existent. Upon arrival in Australia, most possess very limited literacy and numeracy skills in any language, with some being completely unable to read or write in a home language (Commonwealth of Australia, 2005). At the same time, access to adequate education is considered one of the foremost indicators of successful resettlement, and the school system is often the first and most significant point of contact with Australian society for young people from refugee backgrounds (Matthews, 2008; Uptin, Wright, & Harwood, 2013; West,

2004). The successful integration of young new arrivals into the school system has been recognised as a priority by the Australian government, refugee communities and young people themselves (Cassity & Gow, 2005; Commonwealth of Australia, 2005; Kirk & Cassity, 2007; Uptin, et al., 2013). Thus, to understand development in young people from refugee backgrounds, it is important to take into consideration the institutional and social context of the education system. This research will specifically explore the experiences of young people in the secondary education system.

The resettlement process in general and the school environment specifically provide the context in which this research will examine stress, resources and psychological adaptation. The existing literature on the challenges, available resources and outcomes of resettlement in Australia for young people from refugee backgrounds will now be examined.

3.4.1. Stressors in Resettlement

A number of studies have examined stress and documented the challenges that face young people resettled in Australia. However, the majority of the literature has focused on the ongoing effects of traumatic events experienced either pre-migration (Davidson, et al., 2008; Lau & Thomas, 2008; Silove, et al., 2002) or during detention in Australia (Silove, Steel, & Watters, 2000; Steel, et al., 2004; Sultan & O'Sullivan, 2001). There is less research examining the factors that contribute to daily experiences of stress in resettlement. This is unfortunate, as the stress experienced during resettlement has been found to make a significant contribution to ongoing mental health problems, including PTSD symptoms (Steel, Silove, Bird, McGorry, & Mohan, 1999). Contributing to stress may be the loss of resources, such as social support, employment, and meaningful social roles, through the refugee experience (Colic-Peisker & Tilbury, 2007). However new challenges

arise in attempting to replace these resources, as well as navigating the new culture and society of Australia.

Social interactions can be a source of significant stress for newly arrived young people. There is evidence of significant discrimination experienced by young people from refugee backgrounds upon arrival in Australia (Brough, et al., 2003; Correa-Velez, et al., 2010). Hostile attitudes towards asylum seekers in the media and community have been cited as provoking and maintaining discriminatory attitudes towards refugees resettled in Australia (Hartley & Pedersen, 2007; O'Doherty & Lecouteur, 2007). The impact of discrimination against young people from refugee backgrounds in Australia has been identified as a significant threat to psychological adaptation (Henley, 2011).

It is difficult to determine from the multiple studies conducted in Australia and other countries what the most salient stressors are for young people from refugee backgrounds. Research conducted with refugees typically focuses on those stressors that can be explicitly tied to the refugee experience. However, if resettlement represents a return to normality (Colic-Peisker & Tilbury, 2003), then it is reasonable to expect that more typical developmental stressors, separate from the refugee experience, would also become salient during the resettlement process. The approach taken by this research will be to identify those challenges and stressors that young people feel are most salient to them and then investigate any relationships between stress and psychological adaptation.

3.4.2. Resources in Resettlement

The Australian literature on resettled refugees refers both to resources developed through the refugee experience and those provided to refugees by the Australian government and non-governmental organisations. Australia differs from many resettlement countries in the dedicated suite of government funded services

provided to resettled refugees. The majority of the young people participating in this research had been provided with initial assistance upon resettlement through the Humanitarian Settlement Services (HSS) program (DIBP, 2013). These time-limited services include English-language tuition, on-arrival accommodation, and provision of specialised physical and mental healthcare. Towards the end of this initial, specialised assistance period, new arrivals are also provided with help in accessing mainstream public services, including welfare benefits, public housing and entry into the mainstream school system.

The HSS was designed with the understanding that newly arrived communities will be a strong source of support for each other. There is a heavy reliance on informal ethnic assistance in roles such as acculturating new arrivals, providing translation assistance and supporting financial needs (Colic-Peisker & Tilbury, 2003). A such, new arrivals who lack strong ties to a community, whether through arriving alone, coming from a small ethnic minority, or being ostracised from their community, are less likely to have this informal assistance.

Explicit in policy statements made by the Australian government has been acknowledgement of the "resourcefulness and resilience" that refugees have already demonstrated by surviving their pre-migration experiences (DIMIA, 2003, p. 320). However, the nature and scope of the resources that are present in refugee families, individuals and communities has been poorly defined and largely ignored in the literature. In psychological research the discussion of resources has been minimal due to the focus on a primarily deficit-based understanding of new arrivals to Australia (Sidhu & Taylor, 2007). Nonetheless, some studies have investigated resources in samples of young people resettled in Australia. Resources studied have included social support from friends and family, having parents present who were married and employed, an acculturation style that favoured integration between home

and host culture, and the capacity to cope with problems for oneself (Anstiss & Ziaian, 2010; Brough, et al., 2003; Kovacev & Shute, 2004; Ziaian, et al., 2013).

Of those personal resources studied in Australian samples, only acculturation style and parental presence have been associated with positive resettlement outcomes in young people resettled in Australia (Kovacev & Shute, 2004; Ziaian, et al., 2013). The role of social support and self-sufficient coping has been reported in qualitative studies but not quantitatively tested. However, these resources are extremely important from a service delivery perspective, as they can be successfully enhanced through intervention (Henley & Robinson, 2011; Lustig, et al., 2004). This research will explore resources relevant to young people from refugee backgrounds in Australia, with a specific focus on identifying those resources that are salient to young people, adaptive in ensuring their psychosocial wellbeing, and amenable to change through intervention.

3.4.3. Specific Resources and Challenges in the Education System

The school environment can be both a source of significant challenges for newly arrived young people, as well as a site for new resources to be developed. Integration of young people from refugee backgrounds into the education system consists of two stages: an initial period of specialised English-intensive teaching, followed by entry into the mainstream Australian school system.

In recognition of the disadvantages for newly arrived students from non-English speaking backgrounds, the Australian government funds state education systems to provide a dedicated 6-24 month curriculum designed to introduce non-English speakers to the Australian school system. This curriculum is delivered by specialist schools that serve as Intensive English Learning Centres (IELCs). They provide students with training in "English for social interaction and cultural understandings, as well as English language literacy skills for successful

participation in all areas of the school curriculum" (DECS, 2010). The curriculum

also introduces students to the expectations and structure of the Australian education

system, to different ways of learning, and to the tools and skills (such as computer

skills) that are required for successful completion of academic tasks after students

have transitioned into the mainstream school system. The curriculum is delivered by

teachers in English as a Second Language, who have been trained in cross-cultural

competence, with the aid of bilingual assistants known as Bilingual School Support

Officers (BSSOs) (DECS, 2010).

After graduating from an IELC, students enter the mainstream school system,

where students are placed in classes according to age rather than ability, and schools

have fewer resources to provide for the specific needs of students from refugee

backgrounds (Sidhu & Taylor, 2007). Mainstream schools are not designed around

the requirements of refugee students and have more demanding curricula than

IELCs. Many young people from refugee backgrounds struggle with the steep

learning curve and challenging behavioural expectations of the mainstream

Australian school system (Cassity & Gow, 2005). They are expected to keep up with

schoolwork requirements designed for students who have been studying in English

since their Reception grade. There are numerous behavioural expectations that are

unfamiliar to students from refugee backgrounds, relating to lesson attendance, work

completion, teacher student relationships and out-of-school-hours assignments.

Additionally, teachers in the mainstream school system are likely to have less

training for multicultural teaching environments, and have less time to devote to the

specific needs of students from refugee backgrounds (West, 2004). The demands of

the new school environment and the lack of previous educational experience, make

academic progression difficult, and can quickly dampen young people's enthusiasm

for school (Cassity & Gow, 2005). Socially, the school can also become a stressful

environment through both racist bullying and casual discrimination against students from refugee backgrounds (Cassity & Gow, 2005).

An assessment of students' English language proficiency and academic skills determines the stream within the curriculum in which students will begin and is the primary determinant of the length of time they will stay in the program. However, whatever their proficiency, almost no students are permitted to remain at an IELC longer than two years and the majority will finish their educations in the mainstream Australian school system.

If the challenges that schools present for students from refugee backgrounds are met, schools can play an integral role in re-establishing stable developmental trajectories following refugee experiences (Cassity & Gow, 2005; Kia-Keating & Ellis, 2007; Kirk & Cassity, 2007). Schools provide an environment that facilitates the establishment of social connections and a sense of safety, assisting young people to overcome grief and loss, and reduce feelings of anxiety, hopelessness and helplessness (West, 2004). Many young people from refugee backgrounds are thought to be responsive to social support provided by strong communities, such as that fostered by a sense of school belonging (Kia-Keating & Ellis, 2007).

Because of the importance they have for psychosocial and academic adaptation in young people, schools are an integral environment for understanding development. Therefore, in exploring psychological adaptation in young people from refugee backgrounds this research will focus on the experiences of young people enrolled in both mainstream and IELC secondary schools and colleges. The first study was conducted with students who had experienced both an IELC and the mainstream school system, whereas the second study focused on psychological adaptation in young people who were still attending an IELC.

3.4.4. Evidence of Psychological Adaptation.

As in the worldwide literature on refugee wellbeing, the primary outcome investigated in young people from refugee backgrounds resettled in Australia is the prevalence of mental health problems such as PTSD, depression and anxiety (Davidson, et al., 2008; Henley & Robinson, 2008, 2011; Krupinski & Burrows, 1986; Steel, et al., 2004; Ziaian, et al., 2013). This is an extremely important measure of psychological adaption, but not the only relevant one. As previously discussed, this research will examine other indicators of positive adaptation alongside levels of mental health problems.

There have been mixed findings regarding the mental health of young people from refugee backgrounds resettled in Australia, with two studies investigating the prevalence of mental health problems in adolescents reporting conflicting findings. In the first study, the prevalence of abnormal problem levels was 21 % of the sample (Henley, 2011). The author concluded that mental health morbidity amongst adolescents resettled in Australia was higher than the normative Australian sample, but also higher than comparable refugee populations resettled in Denmark and Canada. In the second study, the prevalence of abnormal problem levels was 4.4% of the sample (Ziaian, et al., 2013). The authors concluded that young people from refugee backgrounds appeared to have considerably better mental health outcomes than their Australia-born peers. Both of these studies examined samples from multiple ethnic backgrounds, and considered a broad and similar range of externalizing and internalizing mental health problems.

Despite the importance of acknowledging and addressing the psychological distress created by the refugee experience and the challenges of resettlement, there has been a call to also acknowledge the positive psychosocial experiences of young people from refugee backgrounds (Schweitzer, et al., 2007; Shakespeare-Finch &

Wickham, 2010). Whilst avoidance of mental health problems is one important aspect of internal integration, another is the individual's subjective wellbeing, as expressed through their feelings of positive emotions and life satisfaction. Subjective wellbeing has not previously been studied in a sample of young people resettled in Australia, but other aspects of positive internal integration such as positive self-perception and pro-social behaviour have (Kovacev & Shute, 2004; Ziaian, et al., 2013).

The factors that predict these indicators of positive adaptation have been found to, at times, be different from those that predict mental health problems (Wilkinson, et al., 2000), indicating that these are separate constructs from mental health and are important to study in their own right. Notably, subjective wellbeing has also been studied as a resource in its own right, with positive affect being found to longitudinally predict mental health outcomes (Greenglass & Fiskenbaum, 2009; Kim, 2012). In this research, subjective wellbeing will be examined as one indicator of positive adaptation, but it will also be investigated in regards to possible mediation effects between other resources and mental health.

Another important outcome domain to consider is successful integration into the school environment. This can be difficult to assess in new arrivals. Academic achievement in the early years of resettlement cannot be expected to match the standard set by Australian-born students, who possess many years more learning in a familiar language and culture. Instead, it may be more useful to examine factors such as school engagement and participation, which can be important predictors of future academic success (Kia-Keating & Ellis, 2007; Rousseau & Drapeau, 2003). Qualitative studies have examined the ways in which young people from refugee backgrounds engage with their educations, and the barriers to engagement for young people resettled in Australia (Cassity & Gow, 2005; Kirk & Cassity, 2007; Uptin, et

al., 2013). However, no studies could be found that had quantitatively measured school engagement in a sample of young people resettled in Australia, in either the IELC or the mainstream school system. In this research, integration into the school environment will be examined both through young peoples' engagement with their schooling, and teachers' reports of young peoples' classroom behaviour.

The broader approach taken by this research to studying resettlement outcomes will improve our understanding of the resettlement process, by exploring a multidimensional model of psychological adaptation. This approach addresses theoretical criticisms of the predominant trend towards addressing only mental health morbidity as an indicator of successful resettlement.

3.5. Summary and Research Aims

Several issues identified in this literature review will be addressed in the two studies presented in this thesis. Broadly, the thesis will examine stress, resources and psychological adaptation during the resettlement process, with the intention of identifying resources that are salient to young people and are significant predictors of positive outcomes. Gaps in the literature regarding the role that key resources play for young people during resettlement will also be examined. The chief developmental context addressed will be the secondary school environment.

The first study in this thesis will be qualitative, and will explore those stressors and resources that young people find salient, with a focus on the school environment and ways in which young people cope with challenges faced there. This study will explore how stress is experienced and managed, and how this is affected by both the availability of resources and by the past experiences that young people have faced.

Two of the resources that were most salient to participants in Study 1, self-sufficient coping and social support, will be explored in regards to their associations with psychological adaptation in Study 2. Hypotheses will be tested regarding the

nature of resource relationships and pathways by which resources might influence outcomes. Specifically, Study 2 will examine which style of coping best predicts psychological adaptation, and by which direct and indirect pathways social support might play a role in the wellbeing of young people from refugee backgrounds. Study 2 will also attempt to quantitatively examine the frequency with which some of the salient stressors identified in Study 1 affect young people during resettlement.

Whilst this research will primarily examine mental health problems in a sample of young people, a range of outcomes indicating positive adaptation will also be considered. Additional outcome domains will be subjective wellbeing, school engagement, and teacher-reported classroom behaviour. This approach will provide a fuller perspective on the nature of the psychological adaptation occurring during the resettlement process.

Chapter 4.

Study 1 Introduction and Method

4.1. Introduction

Study 1 of this research took an emic approach to researching stress, resources and psychological adaptation in resettlement. That is, the data collection and analysis process attempted to explore how participants made sense of their own experiences and identify those issues that were most salient to young people themselves. A qualitative approach was taken to achieve this. Qualitative research can promote deeper insight into the complex mechanisms by which developmental tasks are achieved, and can help explain relationships between resources and psychological adaptation (Ahearn, 2000; Gifford, Bakopanos, Kaplan, & Correa-Velez, 2007; Omidian, 2000). It is also useful in highlighting individual differences between participants, and in providing salient details that are often missed when refugee populations are explored using quantitative methods. Finally, qualitative research can help to highlight potential biases that may be present in Western psychological constructs. In doing so, it not only gives insight into cross-cultural differences in psychological concepts but can also guide the selection and use of quantitative measures, in order to reduce biases inherent in measures that have been designed and validated for predominantly Western populations (Ahearn, 2000).

For the purposes of this research it was important to explore the stressors and challenges that acted as threats to psychological adaptation, as well as the resources that promote positive outcomes. It was also important that these concepts be studied from the perspectives of young people who had undertaken the process of resettlement in Australia, so as to best understand their beliefs regarding which stressors and resources were salient to young people from refugee backgrounds. The

process by which salience was ascribed will be discussed in the method section. Because the focus of interest was on resources that were proximal and salient to young people's experiences, and resources that could be taught and increased through intervention, personal coping strategies were a major point of interest.

4.2. Aims

Study 1 had two primary aims. The first was to identify and classify the current stressors of young people from refugee backgrounds enrolled in the mainstream Australian school system. The second was to explore participants' perspectives regarding the resources that they believed were essential to their efforts in managing stress and challenges, and to classify those resources regarded as effective. Within these two aims, efforts were also made to explore how participants' perspectives regarding stress, resources and coping had changed since arriving in Australia.

4.3. Ethical Considerations

Refugees typically have a history involving many interactions with powerful bureaucratic structures that exercised power over them and arbitrarily denied them resources and self-determination (Harrell-Bond & Voutira, 2007). Examples of such power relations are pervasive in refugee camps and in the governmental and non-governmental authorities that dictate the rights to movement of, and provision of services for, refugee populations. Because of these past experiences, it is not unusual for research to be seen as replicating these coercive or exploitative experiences, and indeed, well intentioned research may still have unintended negative consequences for the individuals and communities being researched. There is an onus on researchers to engage with refugee communities in a way that provides opportunities for agency and self-expression, and promotes positive relationships between communities and participatory organisations. It is vital that research is conducted in a

fashion that does not increase the research population's vulnerability to denial of self-determination, nor further mistrust of bureaucratic structures that are designed to provide assistance (Harrell-Bond & Voutira, 2007; Warland et al., 2007).

A number of steps were taken to ensure that qualitative research was undertaken in an ethical manner. This research was conducted with community consultation involving non-governmental organisations, schools, and community leaders. As part of the methodology, negotiations were undertaken with multiple agencies and community groups, to discuss the dissemination of findings and their potential impacts, both positive and negative, on the community. The use of cultural gatekeepers was intended to keep communities engaged with the project, whilst also helping researchers develop relationships that would foster trust and understanding regarding the nature of the research. Emphasis was placed on finding safe spaces for young people to meet with and engage with the primary researcher prior to any discussion of giving consent. In this space, young people were assisted by cultural gatekeepers to discuss potential benefits and ramifications of participating in the project. It should also be noted that participation in research can be a positive experience for young people when it promotes engagement and self-expression. Participation can help young people to discuss and make sense of their current experiences, feel that they have a voice in decision making processes, and develop positive relationships with agencies that are resourced to assist them (Harrell-Bond & Voutira, 2007; Warland, et al., 2007).

4.4. Method

4.4.1. Participants

Seven focus groups and four one-on-one interviews were conducted. Qualitative data was obtained from 35 participants (57.6% female) to explore their

perceptions of the challenges they faced in resettlement and the resources and coping strategies that they found effective in managing these challenges. Participants were aged 13- 24 years (median age =16.0 years). Participants' countries of origin were Sudan (36.4%), Afghanistan (21.2 %), Burma (18.2 %), Sierra Leone (12.1%), Liberia (9.1%) and the Democratic Republic of Congo (3.0%). This broadly represents the three geographic regions that account for the majority of refugees recently resettled in Australia. Participants had been living in Australia for between 3 and 10 years at time of interview (median time since arrival = 5.4 years). All participants were either enrolled in, or had recently graduated from mainstream schools, where they had studied alongside Australian-born students.

4.4.2. Recruitment

A combination of purposive and snowball sampling was used to recruit participants. In the initial stage, participants were purposely sampled to represent a broad range of ages, regions of origin and locations of resettlement, allowing the opportunity for multiple contrasting themes to emerge (Pidgeon & Henwood, 1996). Inclusion criteria were a) aged 12- 24 years, b) currently enrolled, or enrolled in the previous six months, in the mainstream Australian school system, c) resettled in Australia for 12 months or longer. The high upper boundary for the age-range reflects the fact that some young people of refugee backgrounds only begin formal education as adolescents or young adults.

In the first stage of recruitment participants were purposively targeted with the assistance of government and non-government organisation (NGO) service providers in metropolitan Adelaide and Melbourne, including the Australian Refugee Association, the City of Marion Youth Program, BaptistCare (SA) Fuse Mentoring, New Hope, and Sudanese Australian Integrated Learning. These organisations allowed researchers to establish contact with young people from refugee

backgrounds in a safe environment, in which culturally appropriate mediators could be present to assist the young people to ask questions and understand their rights and roles as research participants. Potential participants had the study described to them, and were given the opportunity to ask questions of a researcher or the support worker prior to giving consent or seeking parental consent. No unaccompanied minors participated in the study; however, some participants had arrived in Australia with family members other than their parents.

In the second stage of recruitment snowball sampling was conducted by giving the participants information sheets that they could pass on to peers. This strategy was used to target participants who were not necessarily utilising the services provided by government programs and NGOs, as their experiences and coping strategies may be qualitatively different. Recruitment continued until data saturation was achieved. At the point at which further interviews were providing no new qualitative information, additional recruitment ceased.

4.4.3. Informed Consent

Communication barriers between participants from newly arrived populations and researchers from the host population create not only methodological but also ethical barriers to conducting research. The foremost of these is the need for adequate communication of participants' rights and the implications of participation so as to ensure that consent is informed. Young people are a vulnerable population in regards to potential coercion by researchers, and this is more so the case when English is their second language (Ellis, Kia-Keating, Yusuf, Lincoln, & Nur, 2007). Furthermore, young people under the age of 18 from refugee backgrounds are less likely to have parents or guardians who are able to make informed decisions based on written information (Henley, 2011). Communication barriers extend beyond language, and also incorporate issues such as understanding of the research process

and the rights of research participants, and culturally appropriate ways for young people to communicate with researchers.

A combination of approaches was taken to ensure informed consent for participants. These included the use of information sessions where potential participants could have the research explained to them in the presence of interpreters, the use of cultural gatekeepers (trained interpreters familiar with the research process and with the young people being spoken to) who would be able to discuss potential drawbacks to participation, and translation of key documents into multiple languages. These approaches were used in tandem, and targeted towards different groups depending on the available language resources and requirements of participants. Where it was believed that adequate resources were not available in order for young people and their parents to provide informed consent, then participation was not sought. In this way, the impact of language barriers on the provision of consent was minimised.

Parental consent was obtained for participants under 18 years of age. Information letters and consent forms were sent home with young people who wished to participate in the study. Key documents were translated into Arabic and Farsi Persian, and provided to parents who spoke these languages along with English language documents. For other language groups, literacy in a home language was not expected to be higher than literacy in English. Parents were also invited by interpreters to attend information sessions and to contact a phone number provided to discuss any concerns regarding the study with the appropriate interpreters.

4.4.4. Interview Schedule

Interviews were semi-structured, allowing interviewers to ensure that key research questions were addressed while providing the opportunity for spontaneously

generated new knowledge to be identified and followed. The interview guide focused on four areas:

1. The types of stressors and challenges associated with their secondary school experiences and resettlement generally.

2. The resources they or their peers relied upon to deal with these stressors, and the coping strategies that they used to manage stressors.

3. The perceived effectiveness of these coping strategies and the value placed on good coping skills.

4. Where and how they believed young people learnt about which resources they should use and depend upon.

The protocol for the interview (Appendix B) consisted of nine questions, which were selected based on the research aims and the need to develop rapport with and prompt reflection from participants. Interviews were conducted in English by the author and a trained research assistant (with the research assistant assisting in Interviews 3 and 5, and conducting Interview 10). In each case, all items in the interview protocol were addressed, but spontaneous questioning and prompts were also used by the interviewers, as they saw appropriate, to clarify understanding, explore new knowledge, or to encourage further elaboration. In semi-structure interviewing, this conversational style is used both to put participants at ease and to ensure a depth of discussion that is guided by but not wholly dictated to by the interview protocol (Krueger & Casey, 2009).

The guide was pilot tested in one-on-one interviews with one male and one female student with good English language skills, from Afghani and Sudanese backgrounds respectively. This was done to assess the cultural translatability of the

materials and the core constructs of "stress" and "coping". The pilot participants (and all subsequent participants) were familiar with the term stress, although some reported that they had not used it before arriving in Australia. However, the pilot interviews indicated that the term "coping" was not easily translatable across cultures. To overcome this difficulty, subsequent interviews introduced the term and gave participants an opportunity to discuss their opinion of what the term meant, before defining coping as "anything that a person does to deal with something that is hard for them or causing them stress".

Participants were given the option of speaking one-on-one with a researcher or participating in a focus group with up to five participants of the same gender and self-identified ethnic background. The same interview guide was used for focus group interviews and one-to-one interviews, with minor changes made to reflect the needs of individual versus group interviewing.

Both one-on-one interviews and focus groups have merits as methods for qualitative data collection, and in combination the two types of interview can complement one another (Corbin & Strauss 2008; Kitzinger 1995). One-on-one interviews permit the participants to explore individual experiences and meaning in depth whilst focus groups provide an opportunity to develop ideas through group interaction, and explore similarities and differences of opinion within groups (Kitzinger, 1995). The two types of interview can be used to complement each other. The combination of these two approaches can promote a more a more meaningful analysis of participant opinions and experiences.

The majority of participants elected to be interviewed in groups based on national identity (e.g. Afghani identity). However, participants recruited through an African youth group elected to be interviewed together, forming a male 'Pan-African' group of Sudanese and Liberian participants, and a group of participants

recruited through snowball sampling asked to be interviewed together, making a female 'Pan-African' group of Sierra Leonean and Congolese participants. Due to the small size and closeness of their communities, and shared use of services, many of the adolescents were known to each other prior to taking part in the focus groups. A breakdown of participation in each interview is provided in Table 4.1.

Although all participants were attending English language schools and able to speak conversational English, participants in the focus groups were given the option of having a bilingual support worker present during the discussion to assist with any communication difficulties. The male "Pan-African" group and the two Karen Burmese groups both selected to have a bilingual support worker present. Care was taken during the focus groups to use summarising and checking to ensure mutual comprehension. To assist with confidentiality all participants were informed of the option to discuss the experiences of peers from a similar background, if they did not feel comfortable relating their own experiences. This also permitted research to explore social comparisons that participants made regarding their peers. Interviews were conducted in a range of settings, including youth centres, public libraries, and participants' homes.

Table 4.1

Summary of gender and identity breakdowns of one-on-one and group interviews

Interview #	Gender	Ethnic/National Group Identity	No. of Participants
1	Male	Afghani	1
2	Female	Sierra- Leonean	1
3	Male	Pan-African (Sudanese/ Liberian)	4
4	Female	Afghani	5
5	Female	Sudanese	5
6	Male	Sudanese	4
7	Female	Karen Burmese	4
8	Male	Karen Burmese	2
9	Male	Afghani	3
10	Female	Sudanese	1
11	Female	Pan-African (Sierra Leonean/ Congolese)	5

4.4.5. Analysis

All interviews were audio recorded and transcribed verbatim. Responses were analysed using NVivo 9 (QSR International). A thematic analysis approach was adopted for the analysis of participants' responses to interview questions. Thematic analysis is a flexible process for identifying, analysing and describing patterns within qualitative data (Braun & Clarke, 2006). It allows for the identification and detailed description of one or two key areas of data within a large, rich data set. In this case, semantic themes (those that were directly observable in participants' statements) were identified through the theoretical framework established in Chapter 2 and the research aims described in this chapter.

The analysis approach taken in this study was theoretically driven, that is, no attempt was made to examine the data in isolation from the research literature, as is

the case in grounded theory (Birks & Mills, 2011). Isolation is recommended in grounded theory so as to prevent the researcher from becoming biased by other researchers before generating their own theories. However, the purpose of this study was not to generate new theory, but to identify and classify new data in the light of existing theory. The methodological approach used here draws on the analytical techniques of grounded theory, but does not attempt to analyse data in absence of existing theory, not to generate new theories. Rather, this approach analyses data in the context of existing theory, in order to better understand the applicability of these theories, as well as the classifications and constructs contained therein, to a new population. The literature review provided in Chapter 2 provided a framework through which the data was analysed. Data was therefore coded with an explicit focus on similarities and divergences from the existing literature. This methodological approach has been used in the past to pragmatically and effectively identify new themes in data alongside those that could have been anticipated from the outset (Melia, 1997).

As the primary purpose of this research was to identify and classify specific forms of stressors and resources in data, rather than deeply analyse the discursive methods of participants or develop new theory, thematic analysis was considered the most appropriate technique (Braun & Clarke, 2006). Data was coded into a series of themes. An analysis of these themes in the context of the broader aims of the research was then conducted, focusing on linking the themes identified to the broader research literature on stress and resources and situating them within the specific developmental context of resettlement.

The thematic analysis was comprised of three stages. The initial open coding stage broke data down into distinct units of analysis and assigned themes derived from the resource model literature and emergent concepts derived from the

participants' accounts (Corbin & Strauss, 2008). A detailed memo list was kept to identify and monitor links between emergent themes. In the second stage, axial coding was performed to link thematically aligned categories and develop higher order themes. At this point, cross-coding was performed with the assistance of two trained research assistants, in order to check the reliability of the identified themes. Meetings between the primary author, supervisor and the two research assistants confirmed that interpretations on the identified themes were clear and consistent. A final selective-coding stage took place to develop the themes into discrete units for presentation. Two major categories of themes were explored: the stressors and challenges that participants faced, and the resources and coping strategies that they found effective.

Cross-coding was conducted with the assistance of the two research assistants, who were provided with six randomly selected transcripts to review in order to establish reliability. They were provided with the initial coding list developed during the first stage of analysis and asked to apply this coding framework to the transcripts, as per Pope, Ziebland & Mays (2000). An example of the coding list is provided in Appendix H. Divergences between the three coders were discussed in meetings, with an emphasis placed on trying to understand the coded fragments within the context of the broader interview.

There were few points of disagreement between coders on the applicability of the thematic categories to the transcripts, but there were some divergences in situations where an ambiguous statement could be coded under multiple thematic categories. For example, some conflicts with parents were coded under "planning for the future", whilst others were coded as "intergenerational conflicts". Decisions such as this were made based on the context of the broader discussion in which the coded fragment occurred, relying on semantic themes (participant's own descriptions for

what they were discussing) where possible. The final decisions regarding axial coding (the convergence of related concepts into thematic categories) were made by the primary author.

Final selection and naming of the themes was done by the primary author under the guidance of the supervisor. This was done with theoretical considerations in mind, in order to provide a framework for presentation of the data into discrete units that would best meet the research aims of identifying specific stressors and resources for participants. The salient themes were then selected for presentation, with exemplars of each theme reported in the form of direct quotations.

Salience was ascribed to themes based on four criteria (Krueger & Casey, 2009): a) frequency with which themes appeared, b) specificity with which participants referred to and discussed themes, c) emotionality with which themes were expressed and d) extensiveness with which themes appeared across groups. To allow nuanced insight into the validity of the themes, significance was also given to quotations in which divergent opinions were expressed and discussed.

4.5. Presentation of Themes

The themes derived from the interview data are divided into two sections: stressors and resources. In each section themes are identified, and exemplars provided from participant's statements. The stressors and challenges that participants considered salient to their experiences during high school and resettlement are addressed in Chapter 5. The resources and coping strategies that participants discussed employing to manage stressors are addressed in Chapter 6.

In reporting the themes, frequency is indicated using the terms "most" (35- 30 participants discussed or endorsed), "many" (29-11 participants discussed or endorsed), "some" (10-2 participants discussed or endorsed), and "few" (>2 individuals discussed or endorsed). These frequencies are best guess approximations

made by the primary author, due to the fact that in some cases it was difficult to identify in the audio recordings exactly how many participants were agreeing with or endorsing a particular statement. The term "general agreement" applies to situations in which the effectiveness of a resource was endorsed without any dissenting opinions voices. "Disagreement and debate" is used to refer to any situation where two or more participants disagreed about the effectiveness of a particular resource.

In both sections observations are made regarding participants' perceptions of the ways in which their experiences of stress and resources have changed since being resettled in Australia. Where relevant, comparisons are made between contradictory beliefs and disagreements within interview groups. Following this, the two sets of findings are integrated, limitations of the study are discussed and conclusions drawn.

Chapter 5.

Findings of Study 1- Part 1

5.1. Young People's Perception of Stressors and Challenges

The sources of stress and challenges presented by resettlement and education can be categorized into eight domains (Table 5.1). Whilst some of these stressors are related to the experience of resettlement and the refugee journey, many are typical of the challenges that all adolescents in Australia face. Because all participants were (or had recently been) secondary school students, even those over 18 years of age discussed experiences and challenges that are typically associated with the period of adolescence, such as academic achievement, planning for future education and careers, and making the transition to adult responsibilities. Other themes incorporated experiences that are common to all non-English speaking migrants to Australia, including the challenges of learning a new language and experiences of discrimination. Finally, a number of themes were observed that are generally specific to the refugee experience, including concern over severely depleted social support networks and lost opportunities for schooling. It was clear that the challenges of adolescence, migration and the refugee experience did not operate separately, but rather interacted with each other, occurring across multiple domains and creating a cumulative burden of stress.

Table 5.1

Stressors and challenges faced by participants during resettlement

Stressor/Challenge	Examples
Schoolwork	Planning school subjects that will support career goals, managing school load, boredom at school
Future	Planning career goals
Language/cultural barriers	Studying in a second language, communicating with Australians, making sense of new cultural norms
Interpersonal conflict with peers	Fights with friends, schoolyard bullying
Intergenerational conflict within families	Balancing behavioural expectations between old and new culture, managing parents' unrealistic expectations about schooling and homework
Discrimination and exclusion	Racist comments from teachers/fellow students, feeling stereotyped because of cultural background, threats of violence within the community
Separation	Being without family members, concern for family members still in danger
Financial stressors	Needing to be financially self-sufficient, homelessness

5.1.1. Challenges of Schooling and Academic Achievement

The two themes that dominated all interviews related to the volume of schoolwork that students received and the high academic expectations that they perceived were placed on them relative to their previous levels of education. Like their Australia-born peers (Byrne & Mazanov, 2002), all participants struggled with the demands and frustrations of schooling, the volume of work required in secondary school, and the internal and external pressures to perform well at school. Many participants described the volume of schoolwork presented to them as being their

biggest challenge:

There was a week when I had to hand up like seven assignments and do like four tests in the same week… you don't really get time, which makes it even harder for you to hand up your work on time. Yeah, that's been quite stressful. [Afghani male]

Some participants reported that their stress about academic achievement increased as they grew older. The pressure to perform well academically could come from families and schools but also from themselves:

I'm just saying I get so frustrated. Everyone around you expects you to do something good and then if you do just a little mistake you are a bad person. Such high expectations! [Congolese Female]

The stressors of schooling and academic expectations were salient to every participant. However, despite this, many participants saw themselves as effectively managing this stress and succeeding at their schooling.

5.1.2. Language Barriers

Participants noted that speaking English as a second language was a considerable challenge. This was discussed most often in the context of completing schoolwork. Participants were expected to do the same work as their Australian-born peers, but their unfamiliarity with the language of instruction resulted in them having a much lower likelihood of success. This perceived unfairness was a source of considerable distress for many participants:

Sometimes the teachers don't realise that English is your second language and this is actually a transitional process for a lot of you here… [The] expectation is somehow unfair because of the lack of consideration of what we have to do extra to get to the same point as someone else. [Sierra-Leonean female]

Language barriers served to cause additional stress for participants, making the already challenging demands of schooling more difficult and frustrating.

5.1.3. Planning for the Future

Many participants discussed their plans for the future, both short and long term, as a significant source of stress, particularly as they came to the end of their secondary schooling and experienced added pressure relating to exams and making decisions regarding post-school educations:

This is the long time, this is stressful for everyone. Once you do good, well, you will have the results you know? [I] think that, in the future, if I don't do this…if I don't do this work, these school requirements I have to leave school, or do a labour job or whatever. [Afghani Male]

Some participants discussed their career goals in the future, and reported that making these decisions was a source of stress. Some participants were unsure if they had the academic qualifications to pursue the careers that they wanted, whilst others reported conflict with their parents regarding the right career paths:

Speaker 1: I want to be a flight attender I tell you, [My parent's said] 'Oh it's not good', and I know it's a very risky job. But that's what I chose to do, that's what I, I really love the job. I want to do it. Like my sister, she wants to be a

midwife [but] they said no, she should be a nurse. I'm like, 'What's the

difference between them?' They are like, 'Because midwife you get too little

money to'-

Speaker 2: You have to take care of kids.

Speaker 1: And just little money, that's the thing. African parents want money.

Speaker 3: Doctors and nurses, that's all they are thinking about.

[Sierra Leonean Females]

Planning for the future is a typical developmental task for young people in their

final years of schooling, so it is unsurprising that it was salient for these participants.

However, for those participants who discussed it, this challenge was exacerbated by

their previous missed years of schooling, difficulties managing the language barriers

in schooling, and intergenerational conflict regarding 'correct' career choices.

5.1.4. Social Conflicts

Participants described a number of stressors that related to three forms of social

conflict: discrimination and exclusions from peers and teachers, interpersonal

conflict with friends and peers, and intergenerational conflict with parents and

caregivers.

5.1.4.1. Discrimination and social exclusion. In relation to their educations,

some participants reported discrimination in the low expectations that teachers had

regarding the academic performance of students from refugee backgrounds. This led

to a mismatch between teachers' perceptions of participants' potential academic

success and participants' own educational aspirations. They reported that school staff

often attempted to guide them down academic pathways more suited to their current

levels of ability than to their potential once they had acquired language skills and

benefitted from educational opportunities. Many participants noted that teachers'

perceptions of their potential affected their sense of self-worth and self-efficacy:

> *For the first time, when I came to Australia, I thought, 'I can study and I want to be a lawyer'. But when my teacher asked 'What's your goal and what do you want to become in the future?'… I explained to them, and they said, 'Oh, you know, it's really hard' and blah blah blah. So they give us, just negative things. And negative minds.* [Afghani female]

Participants felt socially excluded by their Australian-born peers because of language barriers, lack of familiarity with Australian culture, and discrimination against non-Western migrants:

> *Speaker 1: It's annoying when they laugh at your name, because it's different to others.*
> *Speaker 2: And they sometimes make fun of like the names that we've got. Cos yeah sometimes like we have names that is day of the week and sometimes it's day of the month… stuff like that. They shouldn't make fun of that.*
> [Burmese Females]

In interactions both inside and outside their schools, some participants felt that a racialised identity was imposed on them that denied their own individual identity and potential. This was particularly salient for African participants, who felt strongly stereotyped due to their skin colour and stereotypes that Australians held about African countries:

[Australian-born students] will start saying things that you don't want to hear, like about where you come from and everything… they will see all these ads on TV about poverty in Africa and everything, you know, and then they will come to school and start using it against you and everything. Like 'You have to walk 80 miles to get water' and everything like that. [Sudanese Male]

Some participants recounted being physically assaulted for what they perceived as racially motivated reasons, and many could recall times when discrimination within the community had caused them or their family members to fear for their safety:

One night my family they went out and they met some people who were bullying them, and they say 'Hey Muslim go back to your country' and those things. So that's, you know, those things they saw, so you know they are feeling really scared and worried. [Afghani Female]

Some forms of discrimination and exclusion differed in salience for different cultural groups. Karen Burmese participants reported that their sense of social exclusion was consistently linked to their struggles with language, and embarrassment they felt when speaking English in front of native speakers. Language difficulties prevented students from interacting confidently with their peers, participating in class discussions, expressing their needs to teachers and staff, and demonstrating their knowledge in the classroom. Some felt that they were unfairly perceived as being unintelligent because of this:

Speaker 1: [Australian-born] students think that you don't know nothing. They

think that you're dumb or something.

Speaker 2: They look down, they look down on you.

[Burmese females]

In contrast African participants consistently reported the distress they felt in response to the stereotype of Africans as loud and violence-prone. This was particularly noteworthy in discussions about how they were treated by school staff. Even though some participants agreed with the perception that they were louder and more expansive in their mannerisms than other students, they resented a racialised stereotype of all Africans, particularly when it was connected to the stereotype that African students were violent or aggressive:

Some African groups are doing drugs, stealing, have been arrested. And then

like when people see us they think we are all the same. They don't like, it's like

they just think of us all as one, they don't separate us... A few years ago, um, it

was F who had a fight with M [two Sierra Leonean girls], and then Ms K. the

principal threatened, she threatened all of us, if any other black person fights

at this school. [Congolese Female]

Social exclusion was seen as a self-sustaining disadvantage, and part of a vicious cycle that was experienced both in schools and in the wider community:

You have just moved into a new society and they don't know anything about

us… you don't have friends, you just kind of go to school and there is nobody

to talk to and [you] come back home and your language doesn't improve

because you speak your own language at home. So when you don't have that

opportunity, you can't go out in the community and participate, and when you

do go you don't really feel part of the community. [Afghani female]

Social exclusion therefore was seen by participants both as a product of their

treatment at the hands of others and of their own efforts (or failed efforts) to engage

with the community. Although it manifested differently for different ethnic groups,

all participants had a keen sense of the ways in which discrimination had been

experienced and led to their exclusion and mistreatment within school and within the

wider community.

5.1.4.2. Interpersonal conflict at school. Participants discussed experiences

of interpersonal conflict similar to those reported by Australian adolescents (Byrne &

Mazanov, 2002). Interpersonal conflict consisted of bullying, and fights within

friendship groups. Bullying is a stressor experienced by many young people, but it

was considered a particularly egregious stressor by participants in this study because

of its connections to discrimination and social exclusion:

Bullying [exists], in most schools, because… in those schools, their, um,

colour, their skin colour, or for their pronunciation, there might be a few

students, Aussie students, who disturb them and bully them. [Afghani Female]

Conflict with friends was also discussed by participants, and again, their

statements are reminiscent of typical adolescent relationship dilemmas:

Interviewer: Why do fights start?

Speaker 1: From bitching and all that.

Speaker 2: They just start shit.

Speaker 1: Like this girl called-

Speaker 2: Maybe you steal someone's boyfriend.

Speaker 1: This girl called a girl- No! This girl called that girl F.A.T [fat].

[Sudanese Females]

However, complex friendship conflicts could also arise within one's ethnic group over issues specific to the migrant experience. For example, one participant described how she felt afraid of being ostracised by other girls from refugee backgrounds at school because she had lived in Australia for longer, and had enjoyed greater access to educational opportunities. She was performing much better at school and did not want to be perceived as arrogant for this:

I went through a lot of crap in year 12 in the friend department and then the pressures of doing well in this subject and that subject… You see them at recess, 'J, can you help me with my work?'… And I feel like, if, when you help them, I have to be very careful, otherwise I'm the know-it-all. 'Look at her, ah, she's being all proud', she's doing this, she's doing that. It's really hard, it's hard to navigate. [Sierra Leonean Female]

5.1.4.3. Intergenerational conflict. Some participants expressed frustration with the expectation that older generations of their families had for them with regards to their behaviour and performance. This caused conflict within families and led to stress for participants. Participants did not always associate pressure from their families with being migrants, but in some cases, participants perceived that they had higher academic expectations placed upon them than did their Australian peers:

And you have sort of pressure from family, you know, if you don't do well. Because in, sort of my culture, the custom is that when you do something people are sort of more involved in your life. Say if I fail, if I would've failed Year 12, that was a really big dishonour for my family, for the relatives and friends that I knew. You know, that has a sort of pressure that gives you a lot of stress once you are trying to do, you know, assignments and stuff.

[Afghani Male]

Some participants also expressed the belief that families from their cultural background were less inclined to be supportive of their children's education. This was noted by all participants, regardless of cultural backgrounds. Participants sometimes felt that their families had little understanding of their educations and little inclination to accommodate the homework that students needed to do outside school hours.

Mostly Middle East families are not, they are not as supportive as mainstream parents, you know? They just want you to do good, but they don't really support you, they don't really understand you. They just want you to do good, because you're going to school. That's like what you have to do- just do good.

[Afghani Female]

Many participants were inclined to avoid discussing school related matters with their family entirely, in order to avoid conflict:

I actually worry about, like at school if I get into trouble, how to make sure

that my brother doesn't know. Because if he knows, he [will] tell my family…

Home stays at home, school stays at school. [Burmese Female]

The multiple themes relating to social conflict, discrimination, interpersonal conflict at school and intergenerational conflict were significant sources of stress for all participants. Conflict within peer groups and with family members can be considered typical in adolescence, but the discrimination that participants reported and the lack of support for their educations that they perceived, from both family and teachers, may be unique to the refugee experience.

5.1.5. Separation from Social Networks

Another challenge that is a distinctive component of the refugee experience is the loss of adult role models. Some participants arrived as unaccompanied minors and had no family members in Australia. Their greatest challenge was managing the loss and loneliness of separation from their families:

Speaker 1: It's hard when you don't have your mum and dad.

Speaker 2: Yeah it's really hard.

Speaker 1: It's like the hardest part ever.

Interviewer: How come?

Speaker 2: It's because you like have no one. Like if you want to see your mum

or see your dad or see your brother or you want to hang around with your

sister, something like that you miss them and you feel like-

Speaker 3: Sometimes it really hard-

Speaker 2: -Really hard

Speaker 1: As for me I was 5 years old when I left my mum and dad, I don't even know how they look like, I don't even know who they are.

[Liberian and Sudanese Males]

Although some participants had lost contact with their families, others remained in contact with family members living overseas, who often lived in dangerous countries of first asylum. These participants described the ongoing stress caused by worrying for friends, family and members of their ethnic group who were at constant risk. Widespread access to technology such as email and telecommunication and constant televised reporting made the dangers faced by family highly salient to those who had escaped:

Speaker 1: If you look in the news, people, people from my ethnic group are getting like assassinated… back in the day when I was in Pakistan it was all safe, but after I left, things got worse and worse… of course we worry about them.

Interviewer: How much is that on your mind?

Speaker 1: Just when we see the news.

[Afghani male]

Separation from social networks and fear for those family members who were still in danger was not reported by all participants, but was a strong source of stress for those who experienced it. No other theme was as unique to the refugee experience, nor expressed with as much emotion.

5.1.6. Financial Stressors

Although relatively few participants explicitly named poverty or the deprivation of material resources as a stressor, the issue often arose in discussion of other topics, such as the balancing of school and work, the difficulty of completing school work without necessary resources, and the stress of being periodically homeless. Some participants discussed the financial burden that came from arriving in Australia with no money, and the efforts required to pay for their education:

Interviewer: So that was another stressful thing for you, that you had a job at the same time-

Speaker 1: - I had to have a job.

Interviewer: How come you had to have a job?

Speaker 1: Because I had to support myself.

Interviewer: What were you using the money from the job to pay for?

Speaker 1: My car, my school fees, all my own expenses.

[Afghani Male]

One participant linked the difficulty of living in Australia on her own with the material resources she lacked to help her education that other students took for granted:

I just finished an assignment, like it wasn't hard like I said. [But] it was so

difficult because I didn't have a computer. [Not having money] makes it really

hard for me to study, to concentrate. To have to come home, I have got to think

about what I am going to eat… finances and money and, it makes it really hard

for me sometimes to go to school because I don't have a bus ticket you know.

[Sudanese Female]

Participants felt that they lacked a number of the material resources that help to

make the challenges of resettlement more manageable. Adolescents in Australia are

rarely expected to financially support themselves, but many participants were

partially or fully responsible for their own financial security, and this stress

compounded other challenges that they faced in resettlement.

5.2. Summary of Stressors and Challenges Experienced by Participants

Five salient themes were identified relating to stress in participants of this

study; schoolwork and academic achievement, language barriers, social conflicts,

separation from social networks and financial stressors. Participants experienced

stress not only associated with the refugee experience, but also with the challenges of

migration and acculturation, and with adolescence. Participants from all backgrounds

felt that the normal developmental tasks of completing schoolwork, finding an

identity within the school community, and managing relationships with peers, school

staff and family members were made more difficult due to the social exclusion and

discrimination that they faced. These stressors and challenges were compounded by

additional challenges resulting from being a migrant, and the resource depletion that

resulted from their refugee experience. Most participants discussed their experience

in terms of managing the, at times overwhelming, burden created by the interaction

between the challenges of adolescence, migration and the resource depletion caused by their refugee experiences.

Although there is a focus on trauma in the refugee literature, the majority of stressors identified in this study could be seen as daily hassles, the irritating, frustrating, distressing demands that are features of everyday life (Kanner, Coyne, Schaefer & Lazarus, 1981). In the refugee literature there is a growing realisation of the importance of daily hassles in predicting mental health problems (Montgomery, 2011). No measures of daily hassles exist that are specific to the refugee experience, although there are growing efforts to develop tools that can detect the presence of both general daily hassles and refugee specific hassles (Keles, Friborg, Idsoe, Sirin & Oppedal, 2013). However, as this analysis has noted, the interactions between adolescent, migrant and refugee specific stressors are complex and likely specific to particular developmental contexts, e.g. early resettlement or schooling.

If resettlement is characterised by a return to stability and sense of "normality" (Colic-Peisker & Tilbury, 2003), then it is perhaps promising that so many of the stressors faced by young people in this sample are related to tasks typical of their developmental stage. Managing schoolwork, friendships and plans for the future were dominant themes in all interviews. This is an aspect of the resettlement process that is often ignored in studies that focus on pre-migration experiences and trauma. Nevertheless, it must be noted that all participants agreed on the disadvantages they faced in trying to meet these challenges, precisely because of their stress and the resource loss associated with the refugee experience.

Although there were a number of similarities in the themes relating to stressful events that were raised by each group, the significance give to these themes (based on frequency, specificity, emotionality and emphasis) differed somewhat between groups. For many African students, discrimination was the most salient

stressor, whilst for the two Karen Burmese groups language barriers were a more significant stressor. The Afghani participants emphasised the importance of schoolwork and the pressures of their schooling as being the most significant challenge.

The following chapter will address how young people managed these stressors and challenges, identifying the resources that were most salient to participants. The findings of both chapters will then be integrated and discussed.

Chapter 6.

Findings of Study 1- Part 2

6.1. Young People's Perception of Personal and External Resources

The resources that were most salient to participants' efforts to manage stressors and adapt in resettlement are summarised in Table 6.1. Examples of self-sufficient coping strategies and social support dominated participants' responses. The coping strategies have been grouped into three higher order categories: Action-oriented approach coping, emotion-oriented approach coping and avoidance. Social support from a variety of sources is also discussed, followed by an additional category summarising the few themes that were unrelated to self-sufficient coping or social support.

Participants were asked to identify the coping strategies and resources that they or their friends found to be effective and those that they believed to be ineffective. Whilst there was general agreement between and within groups about the effectiveness of a number of resources, there was debate and disagreement about some common coping strategies and sources of support. There was also some discussion about the ways in which secondary appraisal of resources for coping had changed in resettlement. Participants highlighted differences they saw between their coping strategies prior to resettlement and their coping strategies since being resettled. Areas of disagreement between participants are highlighted in the themes discussed.

Table 6.1

Personal and interpersonal resources used by young people in resettlement

Higher Order Category	Coping strategy/Resource	Examples
Action Oriented Approach Coping	Working hard	Working hard at school assignments, practicing English
	Planning	Making schedules for schoolwork, using timetables, planning long-term goals
	Participating	Participating in school/community activities, developing new social networks
	Confrontation	Fighting back against bullies, confronting teachers and peers about discrimination
Emotion Oriented	Letting go (acceptance)	Forgetting about the past, ignoring negative comments,
Approach Coping	Venting and re-focusing emotions	Screaming, expressing emotions physically, using emotions to push oneself to work harder tasks that can be achieved
	Relaxation	Going out with friends, walking/ cycling, playing sport, taking a bath, listening to music
	Positivity	Being optimistic, having perspective
	Religious coping	Prayer, participation in church activities
Avoidance	Mental disengagement	Choosing not to listen to upsetting things, ignoring bullying
	Behavioural disengagement	Missing school, spending time away from home, staying away from bullies
Social Support	Emotional support	Spending time with friends, seeking encouragement from teachers
	Informational and instrumental help	Help with schoolwork from teachers and family members, career/ legal/ life advice from teachers and other adults, mental health support from professionals

6.1.1. Action Oriented Approach Coping

Action oriented approach coping refers to efforts to engage with stressors directly, by solving problems or confronting sources of stress. Four types of direct action were identified: working hard, planning and time-management, participating in school and community activities in order to build up self-esteem and support networks, and directly confronting individuals who were the source of social conflict. This last theme was the source of some debate within groups, with the general consensus being that neither verbal nor physical confrontation was an effective method of resolving social conflicts.

Hard work was identified by most participants as being particularly important in order to keep up with the amount of work assigned to them, reduce the stress that schoolwork could provoke and, for some, to demonstrate to others that students from refugee backgrounds were capable of high academic achievement:

If I hand up my work like when it's due, so the teacher will trust me 'cause I'm doing most of my work on time… and in class, like, there is lots of kids playing games. I am not playing games, I am sitting on my own doing my work… I start playing games when I get my homework done.
[Sudanese Participant]

Some participants also noted the importance of planning in their lives. Strategies such as using timetables, lists and forward planning were endorsed to manage time effectively, achieve long-term goals and reduce the stress associated with their schooling and other commitments:

Speaker 1: Get all the information.

Speaker 2: Just like put in a timetable, time management for yourself, like-

Speaker 1: - For your week or for your night.

Speaker 2: How much sleep you have to get and how much work you have to get [done] and how much break you have to get. Put it in a timetable and just follow that and you will be fine I think.

[Afghani Females]

Some participants discussed the importance of participation in school activities and engagement with the wider community, both as ways of combatting social exclusion and building support networks, and also a way of bolstering one's own self-esteem. By doing this, participants saw themselves as creating social and personal resources that helped them when their lives became more stressful:

Interviewer: What got you through that [the most difficult, early, period of their resettlement]?

Speaker 1: For me I reckon getting involved in everything. Like you know, it's there. Sports, you get involved. Class discussions, you get involved. Ah, you know, excursions, ah pretty much a bit of everything that's provided at school helps you get into the system and also helps you feel part of it. It's, that's how, that's how I got into it, that's how I understood I want to fit in, yeah just to be involved. To feel good.

[Sudanese Male]

Confrontation, both verbal and physical was discussed by all participants as a way of managing social conflict, particularly discrimination and bullying

experienced in the school environment. Some participants reported that physical conflict was an undesirable but necessary strategy in order to manage bullying. However many participants disagreed with this perspective, and reported that there was no acceptable situation where physical confrontation could be endorsed:

Speaker 1: Then, like, I will even get up and deal with it [fight a bully] myself in front of the teacher, because you don't want to do anything about it like-

Speaker 2: It's not right, violence.

Speaker 1: Why shouldn't I, you know, why shouldn't I do anything about it? I just get harder than them. And from there the teacher will just take their actions.

Speaker 2: No. It's not right.

[Sudanese Males]

Verbal confrontation could take negative forms, such as arguing with or yelling at friends, family and class peers, as well as positive forms such as discussing problem with teachers at school. Yelling and arguing were generally seen as ineffective methods of solving interpersonal problems, but as effective means of venting emotions. However, they left some participants feeling guilty and ashamed and most identified it as a form of ineffective coping:

There is a day that I got mad at my English teacher and she really pisses me off. I just yell at her and then I punch the table… I shouldn't really do that, I shouldn't be yelling at her, I just shouldn't punch things, I should just try and calm myself down and talk to her. [Sudanese Female]

Some participants that reported using violent or verbally aggressive confrontation justified their responses as being legitimate given the threats that young people from refugee backgrounds sometimes faced. Some regarded their time in refugee camps or urban asylum (e.g. in Cairo, Egypt) as having taught them that they needed to be aggressive in order to protect against harm:

Speaker 1: Egypt was funny. All you got to do is fight and that's all. Violence.

Speaker 2: Violence and that is all.

Speaker 3: We were raised in a violent place.

Speaker 2: You know there is racist people everywhere, even in Egypt.

Speaker 1: You know why we fight all the time?

Speaker 3: We were raised in violence.

[Sudanese Females]

Some participants discussed non-aggressive means of confronting those with whom they disagreed or who discriminated against them, through calm discussion of their grievances. Most were also sceptical of this as an effective way of solving problems:

Speaker 1: Confronting teacher.

Speaker 2: No, that's not good.

Speaker 3: No, that's, that's just going to start another problem. The teacher will be like, "nana nana na".

Interviewer: Can you think of a time when you have confronted a teacher and it's worked really well for you?

Speaker 2: I'm sure they go tell the principal. -Laughter-

Speaker 3: There is this teacher right… she said like talking to a teacher like one-on-one, about why like you're angry and that, would actually work. But I have never actually done that.

Speaker 4: That's just crazy; it's just for them to cover their bases [by] saying they understand.

[Sudanese Females]

In general, action oriented approach coping was endorsed by the majority of participants as being essential in adapting positively to resettlement. However, certain actions, such as verbal or physical confrontations were seen as ineffective in problem solving. Participants instead endorsed actions such as planning, working hard, and engaging with all the opportunities that schooling provided.

6.1.2. Emotion Oriented Approach Coping

Many participants discussed the strategies that they used to regulate their emotional response to stressors. There were a large number of these unresolvable stressors that participants faced daily in resettlement, and so strategies to engage with and reduce the emotional toll of stressors were considered particularly important. These strategies included maintaining a positive attitude, accepting events and letting go of negativity, venting and re-focusing emotions, and finding activities that could distract and relax participants when they felt stressed.

When asked what helped them to adapt during resettlement and to cope with the stressors that they described, most participants emphasised the importance of a "positive" attitude. Positivity referred to consciously choosing to think optimistically about the future and their ability to achieve their goals through hard work:

Always try to think positive, you know... Thinking back, if I didn't have that positive thinking I wouldn't be able to get far, because if I didn't work hard I wouldn't get the education that I wanted. [Afghani male]

It is important to note that positivity, for many participants, was a product of being resettled. The misfortune that they had experienced prior to arriving in Australia made stressors in Australia easier to cope with, because they could see more opportunities now available to them. One participant situated her positivity in a narrative that, whilst not ignoring the many challenges in her life post-resettlement, contrasted it with the seemingly insurmountable struggles that she faced prior to resettlement:

Life in Sudan was like, really hard, really hard on me, cause… I grew up without my mum, I grew up with my dad. My dad was an alcoholic… I didn't have education, I didn't go to school because there was no money so like I used to go to public school but I wasn't that good, and like I wasn't learning at all. Every time I am going home I am thinking, "What am I going to cook? What am I gonna cook?" I used to get beat up to cook, I used to go in the bush to look for fire wood every night… [Sudanese female]

This participant then went on to describe the opportunities she had found in resettlement, explaining that her experience of being in Australia gave her hope for being able to return to Sudan and create a positive influence there. Her optimism stemmed from the hope she had for the future now that she believed herself to be in a place where her hard work would have positive results and allow her to achieve her goals:

… We are the future of a new generation so if we come to Australia and work hard and finish our Uni [university] and go back home, we can build a house, we can be a nurse. There are so many of us. I always hope that most of Africa can do that, not just come to Australia getting drunk, forgetting their education, forgetting about school. If all of us work so hard and go back home we can do something good for us. The Australian people give us a second chance to live, a second chance for us to study and there is a public school and the Australian people give us the living money, that if you don't go to work you get money from the government for studying so life in Australia is easier. Life in Australia is not that hard, it's not as hard as in Africa. In Africa I lived in a life that has no light. [Sudanese Female]

Another important strategy was the ability to accept negative events and "let go" of the past. This was reported by participants to be vital when dealing with ongoing stressful situations:

Speaker 1: [Speaks in Karen]

Bilingual Support: "Forget about the past".

Interviewer: Can you think of a time when that has been important to do, to forget about the past?

Speaker 1: Cause, one of my friends, if she needs help she be so nice to you. She is not a Karen, she is Australian, so if she needs help like she says please, she will be so nice to you, if she doesn't need help she be mean to you, so rude to you... [you] just keep forgiving.

[Burmese Female]

Although other research has noted that letting go of the past is often an important strategy for refugees to cope with traumas experienced prior to resettlement (Goodman, 2004), the case here is somewhat different. Participants endorsed acceptance and letting go as an ongoing strategy specifically for managing stressors experienced during the resettlement process. This strategy was not discussed in reference to past traumatic events but to everyday stressors.

Many participants described ways of venting or focusing negative emotions on other areas of their life, so that it motivated them to work harder and distracted them from the problems that could not be resolved:

Speaker 1: I have actually found out that homework helps me, because when you are all pissed off at school and then you come home and you're still angry, then you just do your work and-
Speaker 2: You do your school work?
Speaker 1: Yeah. Even at school, like teachers are angry with you, you just forget about everything and then just take your anger onto your work. Because you put all your anger into your work.
[Sudanese Females]

Other participants chose to distract themselves from the stress in their lives through pleasurable actives, such as listening to music, sport and social activities. They also saw the value of these activities in releasing stress and facilitating relaxation:

Speaker 1: Sport is good for brain.

Interviewer: Yeah? How is it good for your brain?

Speaker 2: Normally when you're stressed you can't really go to sleep, but if you're playing sport you get tired. You do like your homework and then as soon as you're in the bed you just [clicks fingers] sleep.

[Afghani Males]

Religious coping was discussed by only one participant. This participant reported that her religious faith and prayer helped her to maintain a positive attitude and take actions for herself. She also noted that she relied on religious coping far less after she had been resettled in Australia, before slowly seeing its benefit once more:

Back in Africa I could not count on anyone, I could only count on God. When I came to Australia I feel like I abandoned God for a while. I felt like I had forgot what God had done to me. I tried to live my life the way I lived it, but then I get to realise that like there is someone who is there for me… I shouldn't just lead my life the way I wanted I should still live my life to please him. Put positive thought in my mind, do good things to others… I trust in him, I put my effort, God said help those who help themselves. [Sudanese Female]

Participants in this study used a number of emotion focused strategies to regulate their stress in the face of the ongoing and unresolvable stressors associated with resettlement. All participants endorsed these strategies. Some noted that the opportunities provided to them in resettlement made hope and optimism possible, and allowed them to positively reframe stressors as challenges that could be overcome. Stress was thereby regulated by accepting and ignoring those things that could not be changed, and focusing on what could be achieved in the future.

6.1.3. Avoidance

All participants discussed stressors and challenges in their lives, particularly discrimination, that they felt could not be overcome and found impossible to accommodate or manage through approach coping. In such cases they used strategies of mental disengagement and physical avoidance to escape from their problems, with varying degrees of success. Many identified avoidance as an ineffective coping strategy. However some believed that, in the context of their schooling and resettlement experience, strategic avoidance was an adaptive way of dealing with the multiple competing demands on their resources.

Many participants discussed ignoring racially motivated bullying in the classroom, which they had been advised to do by teachers and family, and concentrating on their work instead. However, few who used this strategy perceived it as particularly effective:

Interviewer: What do you, what do you do when you start to feel angry in that situation?

Speaker 1: Just sit down and do my work [mimes hiding his face with his hand]

Interviewer: Yeah, just ignore it?

Speaker 1: Yeah.

Interviewer: OK and does that help, or do you still feel angry afterwards?

Speaker 1: Angry.

[Sudanese Male]

Some participants tried to escape these situations, although they realised that was only temporarily effective, as it did not resolve or help them permanently avoid the environments and situations that caused distress:

My [classmates], they say that like you don't belong here and you don't belong to this class room you should be in a lower class and stuff like that. You get angry and you sometimes can't control your emotions… [you have to] just like ask the teacher to go to the toilet or stuff like that, to get fresh air.

[Burmese female]

Some participants viewed avoidance as positive and strategic, reporting that it was useful as a way to conserve resources and focus on their most important goals. Similarly, for students who struggled with the amount of schoolwork they received, and didn't feel that they received adequate support from school staff, avoiding the classroom was seen as the best way to manage the situation:

Sometimes when the work is too hard, I'll go to, like I said there's someone at school there, and I'll say 'I want to change my lesson'… They'll say 'There is no reason of you changing it'…That's the time I say to skip it. I don't go to class. I will do that work that we're doing for that week, and when it's finished then I'll start going to class again. [Sudanese male]

One participant noted this trend of avoidance in her classmates and reported that it was maladaptive. However she also noted that the effectiveness of the strategy depended on young peoples' personal goals. For the students who had lost social networks due to their refugee experiences, and had little opportunity to meet people their own age outside school, spending time with friends at school was seen as more beneficial than staying in a distressing and devaluing classroom environment:

Speaker 1: Some of them they would just disengage themselves basically. And then they would focus all on the social to be accepted. For them being accepted made the environment. It had to be they were accepted otherwise they couldn't focus on the schooling… Most of their coping issues were, dressing up, makeup. It used to bring everyone's self-confidence up, so stack on the make-up. Yeah, I went to a girls' school. So that was like the way of coping for everyone. Putting on make-up on Friday.

Interviewer: And did you think that those were good ways of coping or-

Speaker 1: Ah, if we look at the whole aim of high school is getting the high school done then no, but it was a way for the girls to have a thing in common. I mean make up, who doesn't like makeup? [Sierra Leonean Female]

The participant acknowledged the effectiveness of this strategy in supporting self-esteem and socialisation for her friends, but ultimately saw it as detrimental both to their adaptation to the school system and to their academic success, which were the two goals that she personally most highly.

Avoidance was debated by participants. Some saw it as necessary to strategically preserve energies and resources and focus on the most important goals in their lives. However, there was also recognition by participants that avoidance

often prevented success in schooling and failed to effectively manage emotional distress.

6.1.4. Social Support

Social support was the most commonly endorsed resource that was not a self-sufficient coping strategy. However, the use of social support provoked a great deal of discussion regarding its effectiveness, the potential negative consequences of seeking help, and the best sources of help for young people from refugee backgrounds. Participants reported using the support of others to meet both emotional needs, and informational/instrumental needs. All participants discussed support seeking in the context of their own experiences of lost families and communities, and their attempts to build new social networks in resettlement. A clear division was evident between those who were self-reliant and those who were motivated to create new social networks wherever they could.

Social support was an important resource for all participants, and many noted the complex ways in which their social networks had deteriorated during their refugee experiences and in resettlement. Some participants noted that they did not feel a sense of community in Australia, both because they had lost family and friends and because, culturally, communities were less valued in Australia than in their home countries:

> *Speaker 1: Back home if you're stressed, like people will notice.*
> *Speaker 2: I don't even think you would be stressed.*
> *Speaker 1: No, like sometimes it happens, something is going on or something like that, people will know… My neighbour back in Guinea like any time there was something going on in the family house, she comes, she brings us food… and then suddenly it will make everyone happy, and then we will forget about*

what is happening and then, she will go buy something across the road or like,

you know. Like if it was here, the neighbours, mm they wouldn't even care!

[Sierra Leonean and Congolese Females]

In contrast, some participants reported that social support had been absent for them growing up and so they had learnt to be self-reliant:

Speaker 1: You have to learn by yourself.

Speaker 2: Because imagine if, now, imagine if your mum is not there and your dad is not there. What are you going to do?

Speaker 1: Are you going to listen to someone you don't know? Or yourself?

[Sudanese Males]

Conversely, other participants maintained that a strong social support network was the only way to manage the multiple challenges that students from refugee backgrounds faced:

We can't do it alone, because English is our second language. We have to get help you know. We have to see a social worker, counsellor, see good friends, see people. [Sudanese female]

One participant discussed his self-reliance as a necessary trait during his years in asylum, both because of the danger in his life and because of the guilt he harboured over things that he had done to survive. He reported that it was only in resettlement that he had begun to transition from being self-reliant to sharing his experiences with others and finding comfort in social support:

Well back in Africa I lived, well like I said, since I was 5 years old I haven't seen my parents … since I was 5 years old. Yeah and now I am 17, so yeah a long time. And like I use to do a lot of bad stuff when I was in Africa. Selling drugs just to get money and support myself to buy clothes and stuff. Yeah. I ain't the only one used to sell drugs, but when I came to Australia, here that's the time I told my sister, only to her, you know. She was like "So you used to sell drugs?" and I say "Yes". I couldn't tell anyone before. So yeah, this had to be all myself. [Liberian Male]

Young people who believed that resettlement in Australia had provided them with more opportunities for creating social networks reported varied levels of success in achieving this goal, but generally identified the same sources of social support. Teachers, school counsellors, and friends from a similar background were all identified as the potential sources of emotional, instrumental and informational social support. All participants agreed that friends were the most trustworthy source of support, and most friends were young people from a similar cultural background who would share and understand their experiences and values:

Speaker 1: You're actually more comfortable talking to some of your own kind
Speaker 2: Yeah but what if they don't have the same values as you what if they don't understand, some people can like-
Speaker 3: Some guys, some people say you should talk to people from the same place as you are. Your own kind.
[Sudanese Females]

However, while friends were effective sources of emotional support, they could rarely provide information and assistance with the many practical problems and challenges that participants faced. Teachers and school counsellors were valuable sources of informational and instrumental support, both for school related stressors and for external stressors.

> *I got one counsellor at school, he is a pretty nice guy and everything… If you have got problems, you stress about school and everything, then you go to him and he will help you with ideas to deal with it in different ways. Like overcoming stress and everything, being a better person yourself, [or] about those other guys being idiots to you and everything. Then he just gives you ideas and all that to help you overcome it for yourself.*
> [Sudanese Male]

School-staff were seen as having the capacity to provide practical support and information to students that enabled participants to work more effectively. They also made students feel a sense of wellbeing.

> *Speaker 1: The teachers and the staff are friendly. And they help me through, to be positive.*
> *Speaker 2: One thing I like about our schools is like, if you have any problems with your assignments after school on Tuesdays and Thursdays for like an hour there are two or three teachers sitting together in the library and helping us. I find it easier that way. If you can really talk to your own teacher then you can get along with them and they understand you better and you, yeah you don't*

get those kind of opportunities from where I came from. [Afghani Females]

Despite this, some participants felt that the formal services available to them were outweighed by a broader sense of exclusion they felt from the school community. This lack of inclusion and of support figures willing to engage with students led some participants to feel that they could not access the formal services that the school had made available:

[There was] just no support, no support for any of us. They only had one teacher who cared, who would have people come into the school to help us…. He made us feel like we were part of the school community. All the other teachers didn't care whether we were part of the school community or not. We were just the African kids that liked to make noise. [Sierra-Leonean female]

Participants discussed the difficulty of finding support figures who demonstrated understanding of their multiple emotional, instrumental and informational needs. Most participants noted that whilst their primary needs were instrumental and informational, the sources of support in these areas (primarily teachers) often failed to understand participant's needs, and appeared unsympathetic or discriminatory:

Sometimes [my friend] gets angry with the teacher because other teachers didn't understand people when they can't understand the language. And so sometimes the teacher calls him stupid... and then they didn't understand when [my friend] said 'Help'. [Burmese Male]

Underlying all the discussions regarding social support was an agreement between participants that they were not inclined to automatically trust the support that they were offered. Social support was most effective when it was provided by a source who had previously established trust by making contact with the students and demonstrating an understanding of the multiple and diverse challenges faced by young refugees:

Speaker 1: I wouldn't even know, with my counsellor, how he looks like [laughs]... I don't want to talk to them. Who are they?

Speaker 2: Why? Like my counsellor I can go to him at any time, like he is a pretty laid back kind of guy.

Interviewer: What made you decide, 'I'm going to go talk to this counsellor' in the first place?

Speaker 2: I met him in one of my PE classes... like I knew he would come to PE classes and everything and then he was telling me how he used to work with a lot of African guys around in the city and communities and everything. So then he was like, if you have any problems, in school/out of school and everything, then come and just talk about it... I gave it a shot.

[Sudanese males]

Issues of trust were particularly salient for participants who faced social exclusion within their schools. Ironically this exclusion was perpetuated by the very people who were potential sources of social support in the school community. School staff who were unsympathetic to refugees' experiences, or perceived as being discriminatory towards refugees, were regarded as merely another source of stress for participants who were therefore wary of seeking or accepting support.

Participants who endorsed help-seeking through formal channels emphasised the risk involved in speaking to an adult who might not understand, or empathise with, the unique nature of stress and challenges for young people from refugee backgrounds.

Those participants who had built new social networks in resettlement described the benefits of this resource in terms of their own subjective wellbeing and the happiness and positive emotions provided by supportive friends, family and school staff. Participants also described the ways in which social support allowed them to better resolve their problems, through providing information, encouragement and motivation to foster personal approach coping efforts. However, many participants also reported that unsuccessful attempts to build social networks were sources of severe stress.

6.1.5. Other resources

Few external resources other than social support were discussed by the participants, in response to the generic question "What helps you when…". Responses primarily focused on individuals' personal strategies for dealing with challenges and to their own feelings of stress or distress. Despite this, a small number of external resources were identified in the interviews. These included material resources, cultural resources (i.e., time to familiarise oneself with Australian culture generally and the school system specifically) and the advantages of having an education.

Material resources and finances were usually referred to only in their absence, and therefore as a source of stress for young people. Only one participant, when asked about what helped her to meet challenges, suggested a material resource, which helped her to overcome fears regarding speaking fluent English:

Interviewer: So if, let me just ask generally then. What helps you when you

have problems or when you get stressed?

Speaker 1: Dictionary... Carrying a dictionary. [laughs]

[Burmese Female]

Some participants who had arrived in Australia at an age before they were required to go to secondary school discussed this as a particular advantage. They felt that arriving in Australia at a young age, and having opportunities to gain skills in the primary school system, allowed them to adapt in a much more forgiving environment than was the case for their peers who arrived as adolescents or young adults:

Speaker 1: It is a really big advantage.

Speaker 2: When you are young you pick up things fast.

Speaker 3: And you learn how to fit into the community you know. Like you

don't want to miss out on those opportunities you want to take it.

[Sudanese Males]

One participant explained that her early education was a resource that gave her the confidence to engage with further schooling and to participate in all aspects of education without fear of embarrassment or ridicule. She felt that overcoming that challenge had been easier for her than it was for her peers who arrived during adolescence, when social embarrassment and academic failure were far more stressful:

I did enjoy high school, I did actually want to participate well in the

educational part of it because it wasn't intimidating. For the other girls, it was

intimidating. It was hard, and I remember back in primary school when I

didn't read that well I felt really embarrassed and so from that event one day I

just started reading more books. I thought "This can't happen to me anymore".

[Sierra Leonean Female]

Participants in one group noted that the greatest resources they had received since arriving in Australia were opportunity and freedom, specifically the opportunity to gain an education. This was valued as a resource, as most participants were fully aware of the advantages that an education could bring them:

Speaker 1: If I was in Afghanistan I was not allowed to study, and I was not

allowed to go to school or to study.

Speaker 2: Your freedom has like increased since moving to Australia.

Speaker 1: In Afghanistan, girls they don't have that opportunity to go to

school and if they go, you know what will happen to them, as we here like you

know all the time in the news something happened [to girls who go to school in

Afghanistan]... By coming to Australia most of the girls they found you know,

their freedom.

[Afghani Females]

Material resources, time since arrival, and educational opportunities are not specific coping strategies, but were considered by many participants to play a role in the coping strategies that they adopted, and the confidence that they felt in their abilities to cope and adapt in resettlement. Generally, external resources were downplayed by participants. This is unsurprising given the focus of the interviews on

participants' own efforts to cope and the external resources that best supported their coping strategies.

6.2. Summary of Resources and Integration of Findings

When discussing what resources helped participants to adapt and manage stressors during resettlement, a large and diverse range of coping strategies were identified, as well as emotional, informational and instrumental social support from a variety of sources. Four higher order categories captured the coping strategies and resources that were perceived to be effective. A small number of additional external resources and factors were also identified as being helpful for some participants, but the primary focus of participants' responses related to social support and self-sufficient coping strategies.

A number of approach style coping strategies were universally regarded as effective by participants, notably working hard, planning tasks, and maintaining a positive attitude towards challenges. These strategies are similar to those that have been observed in young people born in Australia, when asked to discuss effective coping strategies (Byrne & Mazanov, 2002; Frydenberg, 2008). Some participants noted that using these strategies was easier since coming to Australia, as in resettlement there were opportunities that permitted optimism and challenges that allowed for achievement through hard work and engagement.

Avoidant strategies were seen by some to be effective strategies for managing situations that could not be resolved and to conserve resources for situations in which they could be deployed more productively. Endorsement of these strategies was not universal however, and appeared to be context specific. Avoidance was endorsed when the cumulative stressors of resettlement outweighed the resources available to young people. Social conflict, discrimination and the unfair academic expectations placed on students from refugee backgrounds were the stressors most likely to be

considered as overwhelming young people, or unable to be managed through the approach coping strategies that most participants endorsed.

A number of strategies categorised as emotion oriented approach coping can also be considered as avoidance in some theoretical models of coping (Frydenberg, 2008). The qualitative difference in participant's accounts was that avoidant strategies were discussed in reference to specific stressors (notably bullying and adverse classroom environments), whereas emotion oriented coping was discussed in reference to a general sensation of 'being stressed'. It is worth noting that strategies categorised here as emotion oriented coping often group with action oriented approach coping in factor analyses of coping measures (Frydenberg et al., 2003; Litman, 2006). Some approaches to adolescent coping have categorised the emotion oriented strategies and action oriented strategies as belonging to the same 'style', that of approach coping, with action strategies addressing stressors and emotion strategies addressing the emotional response to stressors (Frydenberg, 2008; Wilkinson, Walford, & Espnes, 2000).

Social support was considered to be an important resource for many participants. Whilst social support has been highlighted in the literature as a vital resource for young people from refugee backgrounds, there has been mixed quantitative evidence linking social support to positive outcomes for young refugees. These qualitative findings demonstrate just how complex engaging with social support could be for young people from refugee backgrounds. Some participants reported that their lack of parents and guardians had taught them to rely on themselves over any other support. Others noted that their attempts to engage with social support in the school system had been unsuccessful, and a source of further stress for them. However, a number of participants discussed emotional support that helped them to feel happier and cared for in resettlement, as well as informational

support that assisted them to develop effective strategies for coping with challenges that they faced. It is perhaps by these pathways that social support may benefit young people and promote positive outcomes.

The resources endorsed by participants bear many similarities to those seen in the Western literature (Byrne & Mazanov, 2002; Frydenberg, 2008), suggesting that the resettlement context bears many similarities, in terms of stressors and stress-responses, to that of the host culture. However, a number of differences could be seen in the way that participants described how they had learnt to deploy and manage the resources that they had. The refugee experience had given some participants perspective that enabled them to think optimistically and work hard towards the new opportunities that were available in resettlement. For others it had changed their perceptions of social relationships, leaving them more likely to be self-reliant, or to feel the need to respond violently to perceived threats. Many participants discussed their responses to feeling overwhelmed in resettlement and at school, and the need to conserve resources and strategically avoid threats when nothing could be done to manage the stressors that they faced.

Despite participants being asked "what helped" them with stress rather than "What do you do?" the majority of responses referred to coping strategies relying on internal resources (such as hard work, optimism, planning and acceptance) rather than external resources. Taken together, participants' responses are consistent with previous research showing that, in addition to the risk it poses to positive development, the refugee experience may provide opportunities that promote the development of self-reliance, confidence and a sense of optimism (Riollo, et al., 2002). However, the overall burden of cumulative stressors cannot be ignored, and many participants reported times when they felt overwhelmed by the multiple challenges of resettlement.

6.3. Limitations

A limitation of the study is the one-off qualitative nature of the interviews, which provide only limited insight into stress and coping for the participants. In-depth knowledge can only be gained through long term community-based participatory methods (Guerin & Guerin, 2007). Additionally, although the heterogeneous sample was selected purposefully to reflect the heterogeneous cultural make-up of Australia's humanitarian intake, it prevents deeper insight into any one particular community's experience of resettlement for young people.

There are three explanations for the surprisingly scant discussion of traumatic experiences across the interviews. It is possible, but unlikely, that participants had not experienced any form of traumatic events that were affecting their ongoing wellbeing. It is more likely that the short interview format is limited in allowing participants to feel comfortable and trusting enough to disclose highly personal, traumatic events. It is also possible that, as the guiding questions themselves focused on post-migration experiences and the school environment, participants may have been more focused on those stressors that were most salient to that context. These issues highlight the limits of self-disclosure in the research setting, as well as potential biases in the interviewing structure, and are limitations of the study. Although efforts were made to help participants feel comfortable during the interview, and to discuss any issues they felt relevant, it is unclear what information participants may have wanted to withhold and why.

6.4. Conclusions

This study used a combination of one-on-one and group interviews, to develop both in-depth individual insight and discursive collective perspectives on young peoples' experiences of stress, resources and adaptation during resettlement. Participants reported a range of stressors and noted the cumulative burden of

multiple stressors as making adaptation in resettlement extremely difficult. At the same time, all participants reported a wide range of effective coping strategies that they believed helped them to adapt positively and succeed despite these stressors. Some participants reported that the stressors they faced in resettlement seemed more manageable, through self-sufficient coping and with the support of others, than those challenges that they had faced prior to resettlement. Social support was also endorsed by many participants, and was reported to not only help young people feel positive and supported, but to also provide assistance and information that allowed them to use more effective approach coping strategies. The effectiveness of avoidant strategies in promoting adaptation was unclear, as there was no consensus on this theme amongst participants. Whilst many participants reported using avoidant coping strategies, others held serious doubts regarding their effectiveness. The relationship between resources identified in this study and psychological adaptation will be addressed quantitatively in the following chapters.

Chapter 7.

Study 2 Introduction and Method

7.1. Overview

The aim of Study 2 was to quantify the experiences of stressors and the usage of coping strategies that were identified in Study 1, and to explore the relationships between stress, resources and psychological adaptation. This section of the thesis will address gaps in the literature by investigating how stress, coping style and social support relate to psychological adaptation in a group of recently resettled young people. This will be then be compared to the literature on refugees in situations of conflict and asylum as well as the literature on Western-born young people. The case will be made that these resources, which previous evidence has suggested are not significantly associated with adaptation for young refugees, become more salient once refugees have been resettled in a safe and stable environment. This study will identify what association these resources have with four key domains of psychological adaptation: mental health problems, subjective wellbeing, engagement with schooling, and classroom behaviour. Chapter 7 presents a brief discussion of the key questions addressed by Study 2, and provide rationale for the model of stress, resources and mental health problems that was tested. This is followed by presentation of the aims and method of Study 2. Chapter 8 reports the findings of Study 2 and provides a discussion of these findings before addressing limitations of the study.

7.2. Introduction

In Study 1, young people from refugee backgrounds described some of the salient stressors in their lives and the strategies that they employed to manage these

stressors. Whilst one aim of Study 2 was to quantify these stressors and coping strategies, the primary aim related to answering key questions regarding to the relationships that exist between stress, social support, coping styles and psychological adaptation in this population. The two questions that are addressed by Study 2 are outlined below, followed by the description of a possible explanatory model for mental health that was developed and tested for this study.

7.3. Key Questions Relating to Coping, Social Support and Adaptation.

7.3.1. What Coping Style is Adaptive for Youth from Refugee Backgrounds?

Participants in Study 1 described a number of coping strategies that they used to manage the stressors and challenges that they faced in resettlement. A mixture of approach style coping (whereby cognitive and behavioural efforts were directed at engaging with stressors) and avoidant style coping (whereby effort is directed at distancing oneself from the stressor) were endorsed by young people from refugee backgrounds. Both of these styles of coping were considered by participants to be adaptive in certain situations.

In the literature on coping in young people from Western countries there is a great deal of evidence to suggest that whilst approach coping is associated with positive outcomes, avoidant coping is associated with negative outcomes (Frydenberg, 2008; Wilkinson, et al., 2000). Thus, avoidant coping is generally seen as maladaptive and discouraged in psychosocial interventions. However, coping is a complex construct, and the role it plays in development for young people who go through conflict or refugee experiences, as opposed to those in stable developmental contexts, is poorly understood.

The literature that does exist on coping in refugee or post-conflict young people has primarily focused on coping style during periods of ongoing danger or

post-migration periods of asylum, where there are few opportunities to effectively engage with threats. These studies have found some evidence that avoidant coping may be adaptive during times of conflict (Weisenberg, et al., 1993), and generally have found little evidence to suggest that approach coping is adaptive for young people following conflict (Elklit, et al., 2012; Qouta, et al., 2007). This runs counter to findings in the Western literature, and has been explained as a product of dangerous and destabilising environments (Goodman, 2004). However, it remains unclear which style of coping might be adaptive for young people following resettlement in a post-conflict setting that provides support and stability.

The differences between the Western literature and the refugee literature on coping may highlight the need for young people to develop coping strategies that are consistent with the specific demands of the current environment. In contexts of high threat and low stability avoidant coping strategies may be more adaptive. This is because of the inherent danger in attempting to engage with unpredictable threats or overwhelming stressors. For example behavioural avoidance may be protective in violent environments, whilst mental avoidance may limit exposure to distressing thoughts, images and emotions (Bonanno, 2004; Coifman, et al., 2007) In safer, more secure environments the same strategies may isolate young people from opportunities and resources, leading to poorer developmental outcomes (Bonanno, 2004; Goodman, 2004; Punamäki, et al., 2004).

If avoidance is adaptive in unstable environments and maladaptive in stable ones, it remains unclear what the relationship might be for young people who have recently moved from one context to another. This study specifically explores the role of coping style in a group that comes from a refugee background but now lives in a resettlement environment that is relatively safe and stable. This research will assist in determining the relationships between coping style and psychological adaptation in

this context, in order to determine whether there is a style of coping that could be considered adaptive in resettlement.

7.3.2. How Do Coping and Social Support Relate to Psychological Adaptation Across Multiple Outcomes?

Multiple coping styles and the presence of social support were identified by participants in Study 1 as key resources for their adaptation, although the existing literature on young refugees has found little evidence that these factors are predictive of positive outcomes (Almqvist & Broberg, 1999; Elklit, et al., 2012; Kuterovac-Jagodić, 2003; Qouta, et al., 2007). However, in the majority of published studies, positive outcomes were operationalised as lower levels of PTSD symptomology or mental health problems. It is possible that the resources identified by participants in Study 1 may be associated with other outcomes that have been generally overlooked in research with refugee populations. In Study 2, four key markers of psychological adaptation were assessed in order to obtain a more balanced picture of positive and negative outcomes following a refugee experience. The key outcome variables considered to be indicators of psychological adaptation in this study were: mental health problems, subjective wellbeing, classroom engagement and teacher-reported classroom behaviour. Neither trauma exposure nor PTSD were assessed. The primary reason for this was the focus on other outcome variables. However there were also ethical considerations, as the schools that participated in Study 2 felt that asking questions regarding trauma might pose an undue burden of distress on participants.

In order to assess the role of coping style and social support as resources, multiple regression analyses were used. There has been some debate in the Western literature about whether these resources might have a health promotive effect, independent of risk factors, or a stress-buffering effect, whereby resources protect

against higher levels of stress (Wilkinson, et al., 2000). It is thought that adaptive coping is most likely to have a direct, promotive effect, as it not only protects against stress, but has a broader function of managing goals, creating opportunities and engaging meaningfully with one's environment (Folkman & Moskowitz, 2000; Greenglass & Fiksenbaum, 2009). In this study, it was hypothesised that main effects would be found for coping style and social support in the multiple regression analyses. However, in order to test for a stress-buffering, moderator effects between resources and stress were also tested in hierarchical regressions.

7.4. Developing a Model of Stress, Resources and Mental health problems.

One criticism of research into risk and resources for mental health outcomes has been that too often studies do not go beyond the identification of 'shopping lists' of factors that are individually predictive of positive or negative outcomes (Layne et al., 2008). More extensive analysis is required of interactions between resources, and the pathways by which these variables affect outcomes. Based on a review of the relevant literature, and the findings of Study 1, a model was developed to explain the role played by key variables in the levels of mental health problems reported by young people from refugee backgrounds (Figure 7.1). This was done in order to examine the ways in which multiple resources might interact in the context of adversity to reduce the level of negative psychosocial symptoms. Key elements of the model are outlined below.

Study 1 identified possible pathways by which social support might be associated with positive mental health outcomes. In the proposed model, social support is hypothesised to have an indirect effect on mental health both through the facilitation of approach coping, and through its association with subjective wellbeing. Whilst in the initial analyses subjective wellbeing was assessed as one of

the four measures of psychological adaptation, in the model predicting mental health outcomes it has been considered to also be a form of resource.

Theories of subjective well-being have considered how it may be a resource for avoiding mental health problems, as well as a positive mental health outcome in its own right (Greenglass & Fiksenbaum, 2009). Studies in affective state and mental health outcomes have noted that in models of coping and mental health, subjective wellbeing has been found to mediate the role of adaptive coping in promoting lower levels of depression and other mental health problems (Greenglass & Fiksenbaum, 2009; Kim, 2012). These studies have typically been conducted in fields outside the area of refugee research, such as workplace psychology and studies of chronic health conditions. However, the underlying principles are thought to apply to mediation effects across a wide range of situations (Greenglass & Fiskenbaum, 2009). In light of these findings, whilst subjective wellbeing will be analysed as an outcome, it will also be considered as a possible mediator in the model of mental health.

Causal pathways between social support, coping, and subjective wellbeing have been previously examined in studies of depression, chronic medical conditions and workplace functioning, using mediational analyses (Greenglass, 2002; Greenglass & Fiksenbaum, 2009; Greenglass, Fiksenbaum, & Eaton, 2006; Kim, 2012). It is thought that individuals higher in social support are more likely to use approach coping, because the social support provides them with advice, opportunities and better odds of success when engaging with problems. Those individuals that are able to cope adaptively and who have high social support are also thought to be happier and more satisfied with their lives. This acts as another pathway by which negative mental health outcomes are avoided. Evidence from Study 1 supported this role for social support in assisting young people to manage the challenges of resettlement. Participants linked social support to approach coping in their statements

regarding how they managed stressors. Participants also linked social support to feelings of happiness and wellbeing. Based on this, three indirect pathways were hypothesised through which social support might relate to mental health: 1) social support → approach coping → mental health problems, 2) social support → subjective wellbeing → mental health problems, 3) social support → approach coping → subjective wellbeing → mental health problems. All three indirect pathways are highlighted in Figure 7.1.

The model supposes a relationship between stress and coping style predicated on findings that in times of greater adversity, a wider range of coping strategies (of all styles) are used (Elklit, et al., 2012; Paardekooper, et al., 1999). Therefore, perceived higher stress level is hypothesised to be positively associated with both approach and avoidant coping. However, the indirect effects of stress on mental health through these coping styles are unclear and no hypotheses were made regarding indirect effects of stress on mental health.

The model was tested using a multiple mediation analysis that allows for the investigation of direct and indirect effects (Preacher & Hayes, 2008). Multiple mediation analysis is a form of structural equation modelling (Kenny, 2013). Its primary advantages are that it allows for the examination of indirect mediation effects and uses bootstrapping techniques, which are considered more robust to the violations of assumptions commonly occurring in multivariate modelling (Field, 2013). Multiple mediation analysis also permits the testing of more complex models, including those with multiple independent variables and controls. Multiple independent variables are tested via repetition of the regression model using the independent variables as alternating controls (Hayes, 2013).

Multiple mediation analysis allows for the examination of indirect mediation, which was important for this study. Despite the qualitative evidence for the

importance of social support to young refugees, past research into the links between social support and mental health outcomes has often failed to identify main effects (Almqvist & Broberg, 1999; Barber, 2001; Elklit, et al., 2012). However, mediation can occur between variables without a main effect necessarily being present (Kenny, Kashy, & Bolger, 1998; MacKinnon, Krull, & Lockwood, 2000; Preacher & Hayes, 2004; Shrout & Bolger, 2002) and it is important to also explore indirect pathways by which resources may interact to promote positive outcomes. The causal steps strategy (Baron & Kenny, 1986), which is the most common approach used in the study of mediation, does not allow for mediation to be tested without significant main effects. Multiple mediation analysis is a more recent approach to mediation, which addresses this significant limitation of the causal steps strategy.

Multiple mediation uses bootstrapping to determine the significance of effects. The bootstrapping procedure is considered the most powerful and reasonable method of obtaining confidence limits for specific indirect effects, as it reduces bias introduced in the model when multivariate distributions are not normal (Preacher & Hayes, 2008). Bootstrapping used nonparametric resampling and does not impose any assumptions of normality. As normality is rare in multivariate distribution except in the case of very large sample sizes, this is considered the most effective way to reduce bias (Field, 2013). Beta effects are still calculated for direct effects in the model.
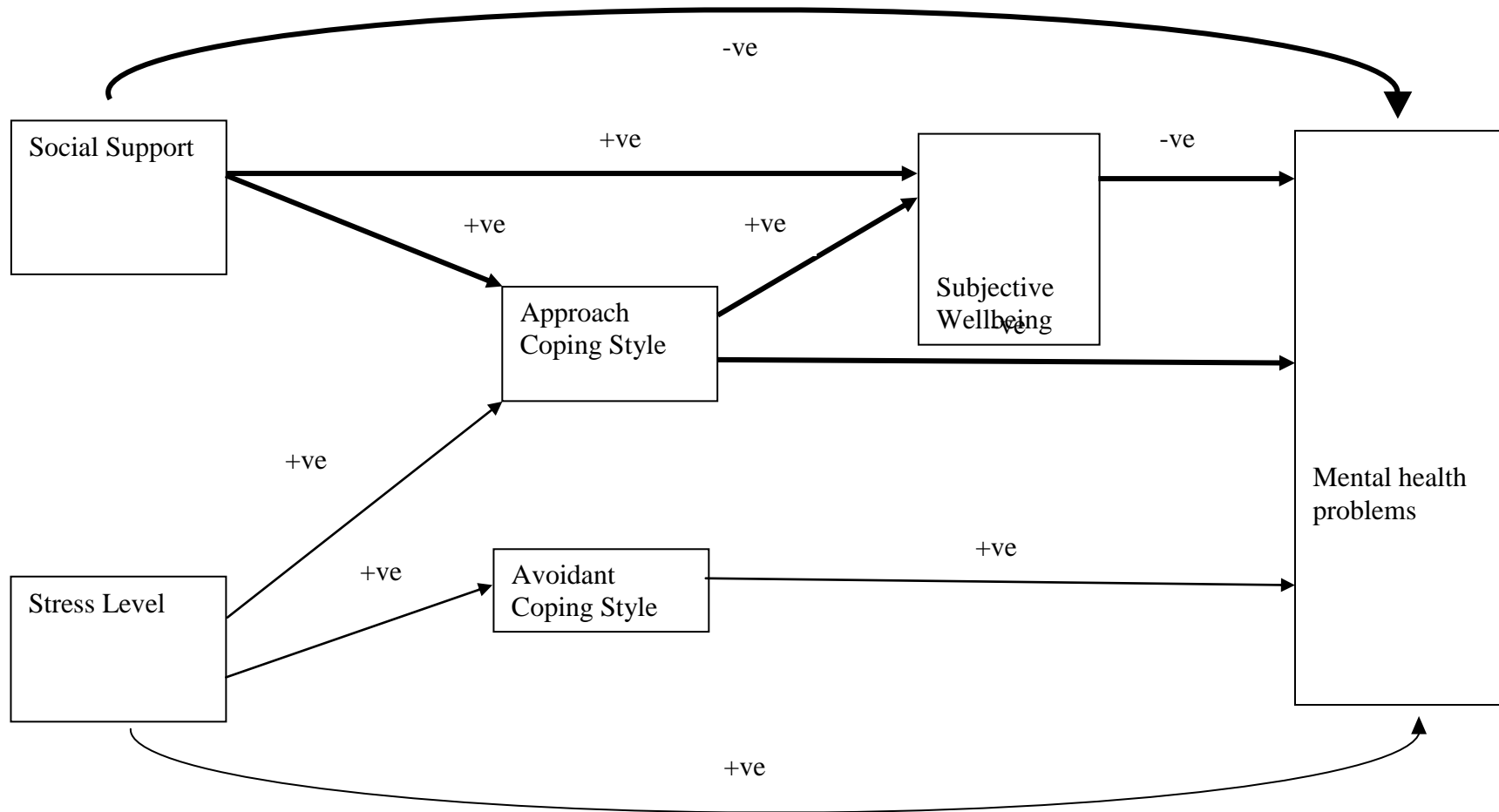
Figure 7.1.

Proposed Model of stress (stress level), resources (social support, approach coping style, avoidant coping style and subjective wellbeing) and mental health (mental health problems). Bolded arrows represent direct and indirect resource pathways.

Multiple mediation uses bootstrapping resampling and allows for simultaneous testing of all mediation relationships within a set of variables (Preacher & Hayes, 2008).The advantage of simultaneously testing multiple mediation relationships is the removal of biased parameter estimates, which are created when several single-mediator models are tested separately (Judd & Kenny, 1981). This method also permits observation of the effect of each mediator conditional on the presence of other mediators in the model (Preacher & Hayes, 2008). Each is tested in a series of linear regressions to calculate total, direct and indirect effects of independent variables and mediators on the outcome variable.

7.5. Aims

Study 2 had four aims, two relating to describing stress and coping in the sample, and two relating to analyses of the relationships between stress, coping, social support and psychological adaptation.

7.5.1. Descriptive Aims

The two descriptive aims relating to the stressors and coping strategies used by young people from refugee backgrounds were created to compare the qualitative findings to quantitative findings in a similarly heterogonous sample of new arrivals to Australia.

Aim 1: To assess the level of exposure to eight domains of stress identified in Study 1.

Aim 2: To quantitatively document the coping strategies most frequently and infrequently used by this group and compare these to strategies endorsed as effective and ineffective by participants in the qualitative study.

7.5.2. Explanatory Aims

This study had two explanatory aims regarding the relationships between stressors, resources, and psychological adaptation, as seen in the model in Figure 7.1. These aims were firstly to establish if variable relationships seen in the western literature would be identified in a population of young resettled refuges and answer those questions raised in Section 7.3. The second aim was to test the proposed model of stress, resources and mental health outlined in Section 7.4.

Aim 3: To examine the relationship between three predictor variables (approach coping, avoidant coping and social support) and four outcome variables (mental health problems, subjective wellbeing, engagement with schooling and teacher- reported classroom behaviour). Due to the differing theories regarding the role of the predictor variables both direct and moderating (stress-buffering) relationship were examined.

Hypothesis 1: Approach coping style and social support would be negatively associated with mental health problems

Hypothesis 2: Approach coping style and social support would be positively associated with self-reported subjective wellbeing and school engagement, and teacher-reported classroom engagement.

Hypothesis 3: No evidence would be found for a stress-buffering relationship between approach coping and positive outcomes.

Hypothesis 4: No evidence would be found for a stress-buffering

relationship between social support and positive outcomes.

Aim 4: To test the model of stress, resources and mental health outlined in

Figure 7.1, and determine if the hypothesised risk and resource pathways are

supported by evidence of direct and indirect effects in a multiple mediation

model.

7.6. Method

7.6.1. Recruitment

This study was designed in collaboration with the Department of Education

and Child Development (DECD), which assisted in providing access to a sufficiently

large sample of newly arrived refugee youth so as to conduct quantitative analyses.

As discussed in Chapter 3, on arrival to Australia young people with limited English

who seek access to secondary education are provided entry to schools with Intensive

English Language Centres. In Adelaide, where this study was conducted, two such

schools exist: a senior college, which caters primarily to adult students, aged 18- 30

years, and a secondary school of English, which caters primarily to students aged 12-

18 years. At these schools young people are provided with intensive English

language tuition and exposure to the Australian school system for up to two years,

before they transition to the mainstream school system.

7.6.2. Consent Procedures

The school selected Bilingual School Support Officers (BSSOs, i.e. school

interpreters or cultural liaison officers) to explain the research to those participants

who met inclusion criteria. The BSSOs were trained by one of the researchers to be

able to give potential participants as much information as possible about their rights

and the research process, and to answer students' questions. Inclusion criteria were that students came from one of the linguistic groups for which bilingual support was available, and that they had been attending the school for at least a semester, or were sufficiently advanced in their English to attend classes with those students in their second semester. Students who were under 14 years old or older than 24 years old were excluded from the study. This was done to ensure consistency with our definition of youth, as established in Chapter 2.

Two separate consent procedures were required for the two research sites, as there was a need to contact parents or guardians of participants under 18 years old at only one of the sites. For those classes where students were primarily adult learners, and able to give consent for themselves, times and locations were given for the research, and participants signed consent forms if they chose to attend. For those classes where students were primarily under the age of consent, letters of introduction and consent were sent in envelopes addressed to the parents of students who met inclusion criteria. All letters and consent forms were printed in English, and students were informed verbally and in writing that interpreters were available to contact their guardians by phone in order to explain the research in a culturally appropriate way, and in the guardian's preferred language. This method of obtaining informed consent has been used successfully in the past with participants from refugee backgrounds (Henley, 2011).

A response rate could not be calculated for the senior college, as it has a high rate of turnover of students, and movement of students between classes, and BSSO's did not record exact numbers of student to whom they spoke. However, it was estimated by the school that 80% of potential participants elected to participate. At the secondary school, where the number of letters sent out to parents could be monitored, the response rate was 58%.

7.6.3. Participants

In total, 124 students participated across both sites. However, two of those participants did not complete their questionnaires, and three were excluded from the study as it was discovered that they were older than the maximum age for inclusion. This left 119 participants for the analysis stage. The mean age of participants was 18.3 years old (SD= 2.8 years old) and 66% of the sample were male. This was typical of the gender pattern in new arrivals at this time, which was skewed by the number of young unaccompanied male asylum seekers. Participants had been living in Australia for an average of 12.6 months (SD= 5.25 months) at the time of participation. Participants were heterogeneous in their national and linguistic backgrounds, coming from 14 different countries in Africa (30.8%), the Middle East (38.4%) and Asia (30.8%). The most common countries of origin were: Afghanistan (33), Bhutan (23) and Myanmar (14).

7.6.4. Measures

Data for analyses were gathered from students' self-reports and teachers' reports. There were three primary considerations when selecting measures for this study. Firstly, that the measures used clear, plain English terms that would promote ease of understanding for students with limited English proficiency, ease the burden of translation and reduce the potential for mistranslation. Secondly, that where possible measures matched the themes discussed by participants in Study 1, in order to best explore those aspect of stress, coping and positive adaptation that matched young people's concept of these constructs. Thirdly, that measures possessed sound psychometric properties, and where possible had been validated with populations from cross-cultural and refugee backgrounds.

7.6.5. Stress

7.6.5.1. Domains of Stressors. In order to document the frequency with which young people experienced stress in multiple domains, a custom-designed *Sources of Stress* measure was used. Participants rated the degree to which they experienced stress relating to eight distinct sources: "Completing difficult schoolwork and homework", "Thinking about what I am going to do in the future", "Problems with speaking or understanding the English language", "Worrying about not having enough money to afford the things that I need", "Being separated from family and the people that I love", "Conflict with family members", "Conflict with other students" and "Conflict with teachers". Responses were recorded on a five point scale ("Never a source of stress for me" [0] to "Very often a source of stress for me" [4]). Internal consistency was not an issue as the focus of the research was on frequency in each individual domain. Thus, a summary score was not created. A second measure of stress was used to measure overall perceived level of stress.

7.6.5.2. Level of Perceived Stress. Level of stress was measured using the six negatively worded items of the *Perceived Stress Scale* (Cohen, 1988*)*. This measure has been used in the past to assess stress level in samples of Australian students who spoke English as a second language (Bailey & Dua, 1999; Leung, 2001). An example question is, "In the past month, how often have you felt upset because of something that happened unexpectedly". The internal consistency of the subscale was good (alpha=0.78). Responses on the measure were recorded on a five point scale ("Never" [0] through to "Very Often" [4]). This yielded a score from 0 to 24, with higher scores indicating greater levels of stress.

7.6.6. Resources

7.6.6.1. Social Support. Social Support was measured using the *Vaux Social Support Record* (Vaux, 1988*)*. This nine item questionnaire assesses all the elements

of social support discussed by participants in Study 1, with one question about emotional, information and instrumental support received from three separate sources: adults at school, friends, and people within the participant's family. This measure has been used in the past with young people from refugee backgrounds in Australian schools (Henley, 2011). Responses were recorded on a three-point scale ("Not at all" [0] to "Lots of the time" [2]). Possible total scores range from 0 to 18, with higher scores indicating a larger support network. In the current study, internal consistency was good (α=0.75).

7.6.6.2. Approach and Avoidant Coping Styles Coping strategies were measured using the *COPE Inventory* (Carver, et al., 1989) The COPE is regarded as a theoretically based measure of coping, as its subscales were designed based on specific theoretical arguments about the functional properties of different types of coping strategies. The COPE Inventory was selected for this study as it has been successfully used with both young adult (Carver, et al., 1989; O'Connor & O'Connor, 2003; Phelps & Jarvis, 1994) and adolescent (Ficková, 2009; Lohman & Jarvis, 2000) populations. It has also demonstrated validity in cross-cultural samples (Kallasmaa & Pulver, 2000; Sica, Novara, Dorz, & Sanavio, 1997). Importantly, from the perspective of face validity, the items in COPE Inventory encompass the majority of those coping strategies identified by participants in Study 1. Four items relating to substance abuse were removed at the request of the South Australian Department of Education, due to policies against asking students questions that may incriminate them in illegal activities (e.g. "I drink alcohol or take drugs, in order to think about it less"). This resulted in a modified COPE Inventory with 56 items, measuring 13 distinct coping strategies. Responses were scored on a four point Likert Scale ("I usually don't do this at all" [0] to "I usually do this a lot" [3]).

A number of factor analyses have been performed on the COPE Inventory, in both adult and adolescent populations. These factor analyses were conducted not only in western populations but in a number of cross-cultural settings. A review of these factor analyses identified a best fit model incorporating three factors, or styles of coping (Litman, 2006; Litman & Lunsford, 2009). Both exploratory and confirmatory factor analysis have repeatedly supported a three factor model, as demonstrated in a review of the literature on the COPE's factor structure (Litman, 2006). These factors have been labelled self-sufficient approach coping (incorporating both problem-solving and emotion focused attempts to engage with and regulate reactions to stressors), socially supported coping (incorporating reference to others and venting of emotions) and avoidant coping (incorporating denial, mental disengagement and behavioural disengagement) (Litman, 2006; Litman & Lunsford, 2009). This factor structure is consistent with evidence from the adolescent coping literature across multiple studies and coping measures for an analogous three factor model, with the three styles referred to as productive coping (approach), reference to others (social) and non-productive coping (avoidant) (Frydenberg, 2008). In this sample, the two styles of coping used in analyses had good internal consistency (alpha=0.87 for approach coping, alpha=0.71 for avoidant coping). The third subscale, socially supported coping was not used, due to concerns regarding multicollinearity issues with the social support measure.

7.6.7. Positive Adaptation Outcomes

7.6.7.1. Mental health problems. Mental health problems were assessed using the *Brief Problem Monitor- Youth Form* (Achenbach et al., 2003). This is a 19 item self-report measure of internalising, externalising and attentional symptomology. The Brief Problem Monitor is a validated short-form version of a larger measure (The Achenbach Youth Self Report) that has been used successfully

with a number of cross-cultural samples, including refugee populations resettled in Australia (Bean, Eurelings-Bontekoe, & Spinhoven, 2007; Henley, 2011; Rousseau & Drapeau, 2003). It uses items that have been assessed for face validity in samples of secondary school students from refugee backgrounds (Henley, 2011).

Although the Brief Problem Monitor was designed for adolescents aged 12-18 years and under, it was considered developmentally appropriate and relevant for the young adults in our sample, as it contains items relating to behaviour and emotions at school. Comparable adult measures used items that were considered culturally inappropriate and developmentally unrepresentative, and so the Brief Problem Monitor was used for all participants in the study. Participants rated statements on a 3 point scale based on how true they felt each statement was for them ("Not True" [0] to "Very True" [2]). An example item is, "I am too fearful or anxious". Internal consistency for the total problems scale was good (alpha=0.84).

The Brief Problem Monitor provides clinical cut-off scores by which mental health morbidity can be identified. However these scores are based on normative samples of young people from a different culture (Australian) and of a different age group. As such, although the proportion of participants meeting the clinical cut-off score has been reported, this cannot be considered an accurate reflection of the prevalence of clinical mental health problems in this sample.

7.6.7.2. Subjective Wellbeing. Subjective Wellbeing was analysed as a global construct in this study, consisting of measures of life satisfaction, positive affect, and happiness (as per Wilkinson et al, 2000). Positive Affect was assessed using the Positive Affect scale of the *Positive and Negative Affect Schedule,* (Watson, Clark, & Tellegen, 1988) a 10 item scale of positively worded mood items, such as "Excited" and "Enthusiastic". Responses were scored on a five point scale to indicate the degree to which participants felt these words described their mood in general ("Very

Slightly" [0] to "Extremely" [4]). Internal consistency for the measure was excellent (alpha=0.90). Life Satisfaction was assessed using the *Satisfaction with Life Scale,* (Diener, Emmons, Larsen, & Griffin, 1985) a five item scale with good internal consistency (alpha=0.79). Responses were scored using the same scale as for Positive Affect. Happiness was measured using the *Happiness Measure,* (Fordyce, 1988) a single item 11-point scale ("Extremely happy" [0] to "Extremely Unhappy" [10]). Scores on all three of these measures were standardised and then summed to create the composite measure of wellbeing (Wilkinson, et al., 2000).

7.6.7.3. Student Reported Engagement with Schooling. Student Reported Engagement with Schooling was measured using the *Cognitive, Emotional and Behavioural Engagement with Schooling Scale,* (Fredricks, Blumenfeld, Friedel, & Paris, 2005) a 14 item self-report measure. Responses are rated on a 5 point scale ("Never" [0] to "All of the Time" [4]) producing a range of scores from 0 to 56, with higher scores indicating greater engagement. An example item is "I feel happy at school". Internal consistency for the total scale was good (alpha=0.82).

7.6.7.4. Teacher Reported Classroom Behaviour. Teacher Reported Classroom Engagement was measured using the *Classroom Involvement and Motivation for Learning* Scale (Gilmore, Patton, McCrindle, & Callum, 2002). This 24 item scale measures teachers' perceptions of their students' emotional and behavioural expression in the classroom. Responses are rated on a 5 point scale ("Never" [0] to "All of the Time" [4]) producing a range of scores from 0 to 96, with higher scores indicating more appropriate and engaged behaviour. An example item is "In class this student works as hard as she/he can". Internal consistency for the total scale was excellent (alpha=0.95).

7.6.8. Procedure

  7.6.8.1. Student Data Collection. Students were withdrawn from regular classes for two consecutive class periods in order to complete the survey. Questionnaires were completed on campus, in a room set up to mimic the classroom environment that students were used to. Students sat in small groups based on language, with enough distance between each to allow them privacy, but close enough so that all could receive assistance from the aid allocated to each group.

  At both sites, interpreters were available where necessary to help provide language support for participants who required it. Interpreters also worked with researchers in order to provide feedback around potential biases or translation issues with the measures. Additional support was provided where required by research assistants. A ratio of one support person to ten students was used so that adequate assistance was readily available.

  As with previous research with these populations, visual and practical support was provided to participants in order to assist them. Visual representations of response options (jars filled to various levels, see Appendix F) were used to orient participants to Likert-type scale formats.

  7.6.8.2. Teacher Data Collection. The teacher-report questionnaire used to assess classroom behaviour was completed by the teacher who spent the most time with participants (e.g., class teacher, home group teacher). Teachers were invited to participate by the school, with staff release time being set aside during the school day to allow teachers to fill out questionnaires regarding their students. All teachers approached agreed to participate in the study.

7.6.9. Statistical Analyses

  Data were analysed using IBMM SPSS Statistics. Aim 1 was achieved using frequency counts of the two highest scale scores for each domain of stress ("This was

very often a source of stress for me" and "This was fairly often a source of stress for me"). Aim 2 was achieved using frequency counts of the highest scale score for coping strategies ("I usually do this a lot") and the lowest scale score for coping strategies ("I usually don't do this at all"). For Aim 3, simultaneous regressions were conducted for each outcome variable. Hierarchical regressions were conducted to test for interactions relating to stress-buffering theory. Finally, an SPSS macro, PROCESS, (Preacher & Hayes, 2008) was used to conduct multiple mediation analyses in order to address Aim 4.

Chapter 8 will report the results of Study 2, followed by a discussion of implications and limitations of the study.

Chapter 8.

Findings of Study 2

8.1. Data Preparation

Prior to analysis, the data were inspected for missing values and outliers. Missing data for all but one measure were below 10% and considered random using SPSS Missing Values Analysis (Tabachnick, Fidell, & Osterlind, 2013). In the case of mental health problems data was missing for 18.3% of participants, however only 2.5% of this missing data was due to participants not filling in items. The other 15.8% was due to measurement error, as the first two groups of participants were not given adequate time to complete the final section containing questions regarding mental health problems. Subsequent groups were organised to take into account the factors that prevented these earlier groups from completing the questionnaire, and the earlier participants were excluded from analyses of mental health problems.

Participants' scores were considered to be outliers if their Z scores exceeded ± 3.29 (as per Tabachnick, et al., 2013). This was the case for two data points (one relating to total mental health problems and one relating to classroom engagement). These outliers were assigned a score within one unit of the next most extreme score in the distribution.

Data used in regression analyses were assessed for normality, and the models themselves were assessed for issues with multicollinearity and independent residuals. Distributions were screened for non-normality using visual inspection methods as recommended for larger samples (Tabachnick, et al., 2013). All measures used in regression analyses were considered normally distributed. Durbin-Watson tests indicated that residual terms were not correlated in any of the regression models. In

addition, Variance Inflation Factor tolerance statistics indicated that multicollinearity was not an issue in any of the regression models (Field, 2013).

8.2. Descriptive Statistics

8.2.1. Predictor Variables (Risk and Resources).

Descriptive statistics for the key risk and resource variables are provided in Table 8.1. In relation to the range of the scales, participants expressed moderate levels of stress, high levels of social support, and moderate usage of both coping styles.

Table 8.1

Means scores on measures of risk and resources.

Variable (range)	*n*	*M*	*SD*
Risk			
Stress Level (0-24)	119	11.46	4.98
Resources			
Social Support (0-18)	115	11.34	3.33
Approach Coping (0-3)	115	1.85	0.40
Avoidant Coping (0-3)	113	1.42	0.46

8.2.2. Outcome Variables (Indicators of Psychological Adaptation).

Descriptive statistics for the four domains of psychological adaptation are provided in Table 8.2. The mean level of mental health problems was low relative to scale. The proportion of mental health problems in the clinical range (compared to a normative sample of Australian youth) was 17.5%. In relation to the ranges on the scales, participants reported moderate levels of subjective wellbeing and high levels

of school engagement. Teachers reported high levels of appropriate classroom

behaviour, relative to the scale.

Table 8.2

Means scores on measures of psychological adaptation.

Variable (range)	*n*	*M*	*SD*
Internal Integration			
Mental health problems (0-38)	97	9.31	1.14
Subjective Wellbeing (0-14)	105	7.49	2.37
External Adaptation			
School Engagement (0-56)	116	39.62	7.98
Classroom Behaviour (0-96)	119	69.36	16.56

8.3. Level of Exposure to Stress from Eight Sources

To address aim 1 (frequency of stress in multiple domains), the custom

designed *Sources of Stress* measure was used to assess the degree to which different

stressors identified in Study 1 were affecting participants in this sample. The

frequency of sources of stress in eight domains is summarised in Table 8.3. The most

frequent source of stress was "Thinking about what I am going to do in the future",

with nearly two thirds of participants reporting that this was often or fairly often a

source of stress. The least frequent source of stress was "Conflict with teachers",

which less than 5% reported to be often or very often a source of stress.

This measure of stress appears broadly applicable to the experience of newly

resettled young people from refugee backgrounds, based on the frequency

distributions across all domains. However, some sources of stress that were highly

salient to more established young people from refugee backgrounds were not

observed to be common in this sample. Conflict in relationships was seen as a highly

salient stressor for participants in Study 1; however, the quantitative findings found

the three conflict domains to be the least frequently reported sources of stress.

Possible explanations for this will be advanced in the discussion.

Table 8.3

Prevalence of Stress in Eight Domains

Domain of Stress	This is *very often* a source of stress (%)	This is *fairly often* a source of stress (%)
Completing schoolwork	8.4	15.1
Concerns for the future	37.0	27.7
Language barriers	10.9	20.2
Financial difficulties	27.7	19.3
Separation from family members	27.7	11.8
Conflict with family members	10.9	7.6
Conflict with other students	4.2	6.7
Conflict with teachers	0.8	3.4

8.4. Frequency with which Different Coping Strategies are used

To address Aim 2, (usage of a variety of coping strategies) the five most

frequently endorsed coping strategies and the five least endorsed strategies were

examined. The most commonly used strategies all belonged to the *religious coping,*

positive reinterpretation and *planning* subscales of the COPE Inventory (Table 8.4).

All of these are examples of the approach coping style. These reflect coping

strategies that were endorsed as effective in Study 1. However it is noteworthy that,

whilst religious coping was only discussed by one participant in Study 1, two of the five most commonly endorsed coping items in this sample were forms of religious coping.

Table 8.4

Student's Most Common Self-Reported Coping Strategies*

Item	"I usually do this a lot" (%)
I learn something from the experience	61.7
I put my trust in my religious beliefs	59.0
I try to find comfort in my religion	52.0
I think hard about what steps to take	47.5
I try to grow as a person as a result of my experience	46.7

*on the COPE Inventory

Of the five strategies most frequently cited as not used at all (Table 8.5), two were examples of an avoidant coping style, and three were uses of humour, which is considered to be within the self-sufficient approach coping style. Participants in Study 1 also did not discuss humour, perhaps indicating that young people in both samples do not regard it as strategy for coping with stress.

Table 8.5

Student's Least Common Self-Reported Coping Strategies*

Item	"I usually don't do this at all" (%)
I just give up on trying to reach my goal	38.3
I make jokes about it	37.5
I sleep more than usual	37.0
I laugh about the situation	35.3
I make fun of the situation	28.2

*on the COPE Inventory

8.5. Predictors of Psychological Adaptation.

Aim 3 was to identify those variables that best predicted psychological outcomes in three domains. The three key resources identified through the literature review and Study 1 (social support, approach coping and avoidant coping) were entered into separate simultaneous multiple regressions for the four indicators of positive adaptation: mental health problems, subjective wellbeing, student reported engagement with schooling, and teacher reported classroom behaviour.

Preliminary analyses indicated that there were no significant differences between genders or between the two research sites (i.e. adult college versus adolescent high school) on outcome variables. Therefore these variables were not entered into the regression models. However, as age and time since arrival have been found to be risk factors in previous research (Bean, et al., 2007; Hodes, 2000; Papageorgiou, et al., 2000), they were examined in preliminary analyses and found to correlate with some outcomes. Therefore these factors were controlled for in regression models. Perceived stress level was also entered into the regression model as a risk factor. Pearson product moment correlations between all predictor and outcome variables in the regression models are provided in Table 8. 6.

Table 8.6:

Correlations of predictor and outcome variables for regression models

	Social Support	Stress Level	Approach Coping	Avoidant Coping	Subjective wellbeing	Mental Health Problems	School Engagement	Teacher-Reported Classroom Behaviour
Age	.39**	.09	-.13	-.24*	-.13	-.21	-.11	-.19*
Social Support		.07	.20	.12	.51**	-.06	.25*	.08
Stress Level			.26*	.17	-.15	.19	.22*	.07
Approach Coping				.51**	.41**	-.26**	.22*	.23*
Avoidant Coping					.23*	.17	.04	.00
Subjective Wellbeing						-.39*	.34**	.12
Mental Health Problems							-.29**	-.14
School Engagement								.23*

*p < 0.05; **p< 0.01

8.5.1. Predictors of Mental health problems

Four variables made a unique contribution to the regression model for mental

health problems: age, stress, approach coping style and avoidant coping style (Table

8.7). Overall, the model accounted for 34% of variance in mental health problem

levels. As seen in Australian-born populations, avoidant coping was positively

associated with higher levels of problems, whereas approach coping was negatively

associated with levels of problems. Both resource variables had beta values greater

than 0.3. Based on these results, approach coping would be considered an adaptive

resource, whilst avoidant coping would be considered maladaptive. Social support

made no unique contribution to the model.

Table 8.7

Simultaneous regression predictors of mental health problems

Variable	B	SE_B	β	t	p
Age	-.030	.281	-.288	-2.92	.005
Time Since Arrival	.006	.005	.101	1.12	.265
Stress Level	.109	.032	.312	3.38	.001
Social Support	-.052	.081	-.064	-.65	.519
Approach Coping	-.396	.081	-.538	-4.91	<.001
Avoidant Coping	.266	.073	.406	3.67	<.001

Adjusted R^2 = 0.34, N= 92

8.5.2. Predictors of Subjective Wellbeing

Two variables made unique contributions to the model for subjective wellbeing: social support and approach coping style (Table 8.8). Both positively predicted subjective wellbeing with a beta values greater than 0.3. Overall, the model accounted for 28% of variance in subjective wellbeing.

8.5.3. Predictors of Student- Reported School Engagement

Two variables made a unique contribution to the model of school engagement (Table 8.9). Stress level was negatively associated with school engagement, whilst approach coping positively predicted levels of engagement. Overall the model accounted for only 19% of variance in school engagement.

Table 8.8

Predictors of Subjective Wellbeing

Variable	B	SE_B	β	t	p
Age	.100	.080	.120	1.05	.218
Time Since Arrival	<.001	.041	.001	-.095	.992
Stress Level	-.388	.267	-.138	-.930	.150
Social Support	2.37	.665	.357	3.23	.001
Approach Coping	2.29	.662	.383	2.64	.001
Avoidant Coping	.142	.558	.028	.495	.799

Adjusted R^2= 0.28, N= 96

Table 8.9

Predictors of Student Reported Engagement with Schooling

Variable	B	SE_B	β	t	p
Age	-.008	.020	-.040	-.392	.696
Time Since Arrival	.001	.010	.009	.090	.929
Stress Level	-.163	.065	-.248	-2.50	.014
Social Support	.222	.156	.148	1.43	.157
Approach Coping.	.446	.182	.327	2.45	.016
Avoidant Coping	-.234	.142	-.197	-1.65	.102

Adjusted R^2 = 0.19, N= 105

8.5.4. Predictors of Teacher- Reported Classroom Behaviour

Three variables were found to make a unique contribution to the model for teacher reported classroom behaviour: age, time since arrival and approach coping (Table 8.10). Older age and longer time since arrival were both negatively associated with appropriate classroom behaviour, whereas approach coping was positively associated appropriate classroom behaviour. Approach coping made the greatest independent contribution to the model (beta=.36). However, overall, the model accounted for only 18% of variance in teacher-reported classroom behaviour.

Table 8.10

Predictors of Teacher Reported Classroom Behaviour

Variable	B	SE_B	β	t	p
Age	-.087	.028	-.342	-3.09	.003
Time Since Arrival	-.029	.014	-.203	-2.01	.047
Stress Level	-.104	.102	-.114	-.114	.313
Social Support	-.228	.226	-.109	-.109	.315
Approach Coping	.686	.269	.360	.360	.012
Avoidant Coping	-.341	.204	-.218	.072	.098

Adjusted R^2= 0.18, N= 95

8.5.5. Summary of Predictors of Psychological Adaptation

In summary, of the three key resource variables, only approach coping style was a significant predictor of positive outcomes across all four domains of psychological adaptation. Approach coping style was negatively associated with mental health problems and positively associated with the three measures of positive adaptation: subjective wellbeing, school engagement and appropriate classroom behaviour. Avoidant coping was found to be positively associated with mental health problems and had no significant associations with measures of positive adaptation. Based on these findings, there is no evidence that avoidant coping is adaptive for young people in resettlement, and some evidence to support previous research that has described avoidant coping as maladaptive. Social support was positively associated with subjective wellbeing, suggesting that it may play some role as a positive resource in resettlement. However, it was not found to be associated with any of the other outcome measures. More detailed correlations between subscales of the social support measure and outcomes can be found in Appendix G.

Broad support was found for the hypothesis that approach coping was a positive resource for young people and partial support for the hypothesis that social support was a positive resource. Consistent with research conducted in young people from non-refugee backgrounds, no evidence was found that avoidant coping in this sample might be considered a resource for coping with the challenges of resettlement.

8.6. Testing for Stress Buffering

Stress buffering theory was tested by examining whether any of the three resource variables moderated the relationship between stress and psychological adaptation. Hierarchical regressions were used, and analyses repeated with an interaction term (stress X resource) entered for each resource (Field, 2013). However, in each case the interaction term failed to produce a significant increase in R^2. Thus, no support for the stress buffering theory was found in any of the domains of psychological adaptation. Therefore, the data are consistent with the hypothesis that resources have a promotive rather than a protective relationship with adaptation.

8.7. Testing a Model of Stress, Resources and Mental health problems

The conceptual model of stress, resources and coping (displayed in Figure 8.1) was tested using a multiple mediation analysis that calculated total, direct and indirect effects between each variable (Preacher & Hayes, 2008). Social support and stress were placed in the model as independent variables, with mental health problems the outcome variable, and approach coping and subjective wellbeing assessed as mediators. As with earlier regressions, age was controlled for.

For the direct effects, tests of significance are based on ordinary least squares regression analyses. Indirect effects are based on a bootstrapping procedure. A resample procedure of 5000 bootstrap samples was employed. Bias-corrected 95%

confidence intervals were also computed, with an indirect effect considered significant when zero was not contained within the interval. For the regression model, both beta effects (B) and bias corrected confidence intervals (BCa CI) are reported below. Unstandardised effects are reported, as recommended by Hayes (2013).

Results of the analysis (including regression coefficients and standard error values) are displayed in Figure 8.1. For goodness of fit, PROCESS provides a summary of the regression model's coefficient of determination (r^2). For the proposed model, the model summary was significant (r^2= .37, F= 9.2, df (5, 78), p< 0.001). As with the earlier simultaneous multiple regressions there was no significant direct effect of social support on mental health problems (B= 0.12 SE_B= 0.09 p= .21). However, social support was associated with mental health problems through the hypothesised indirect pathways. Social support had an indirect effect on mental health problems via both approach coping style (B= -.1, BCa CI [-.24, -.01]) and through subjective wellbeing (B= -.13, BCa CI [-.24, -.06]). Social support also had an indirect effect through approach coping to subjective wellbeing and then to mental health problems (B= -0.03, BCa CI [-.10, -.01]. The size of all of these indirect effects, relative to the scales of measures that were used, are small. However, the confidence intervals demonstrate that all are significant effect and contribute to the overall model strength.

Stress had a direct effect on mental health problems, as seen in the regression model (B= 0.07 SE_B= 0.03 p= .03). Notably, stress was found to have a suppressing effect on the positive impact of approach coping on mental health problems, but showed no relationship with avoidant coping. The findings suggest that an increase in stress may lead to an increase in efforts to approach and engage with problems, but not to any change in efforts to avoid them. This supports findings in resilience

research that has identified potential benefits of stress and challenges, although notably the overall effect of stress on mental health problems in this model is positive (i.e., stress was associated with an increase in problems).

There was no evidence of any direct or indirect pathways by which avoidant coping might fit into this model, other than the already identified association between avoidant coping and mental health problems. In summary, only partial support for the proposed model of factors influencing mental health was found. The partial support relates to the indirect pathways between social support and mental health through self-sufficient approach coping and subjective wellbeing. No support was found for the proposed resource pathway between stress, avoidant coping and mental health problems. Although these effects are small, they are all in the hypothesised directions, fitting models of mental health developed in western populations as well as the descriptions by participants in Study 1 of the ways in which they managed stress.
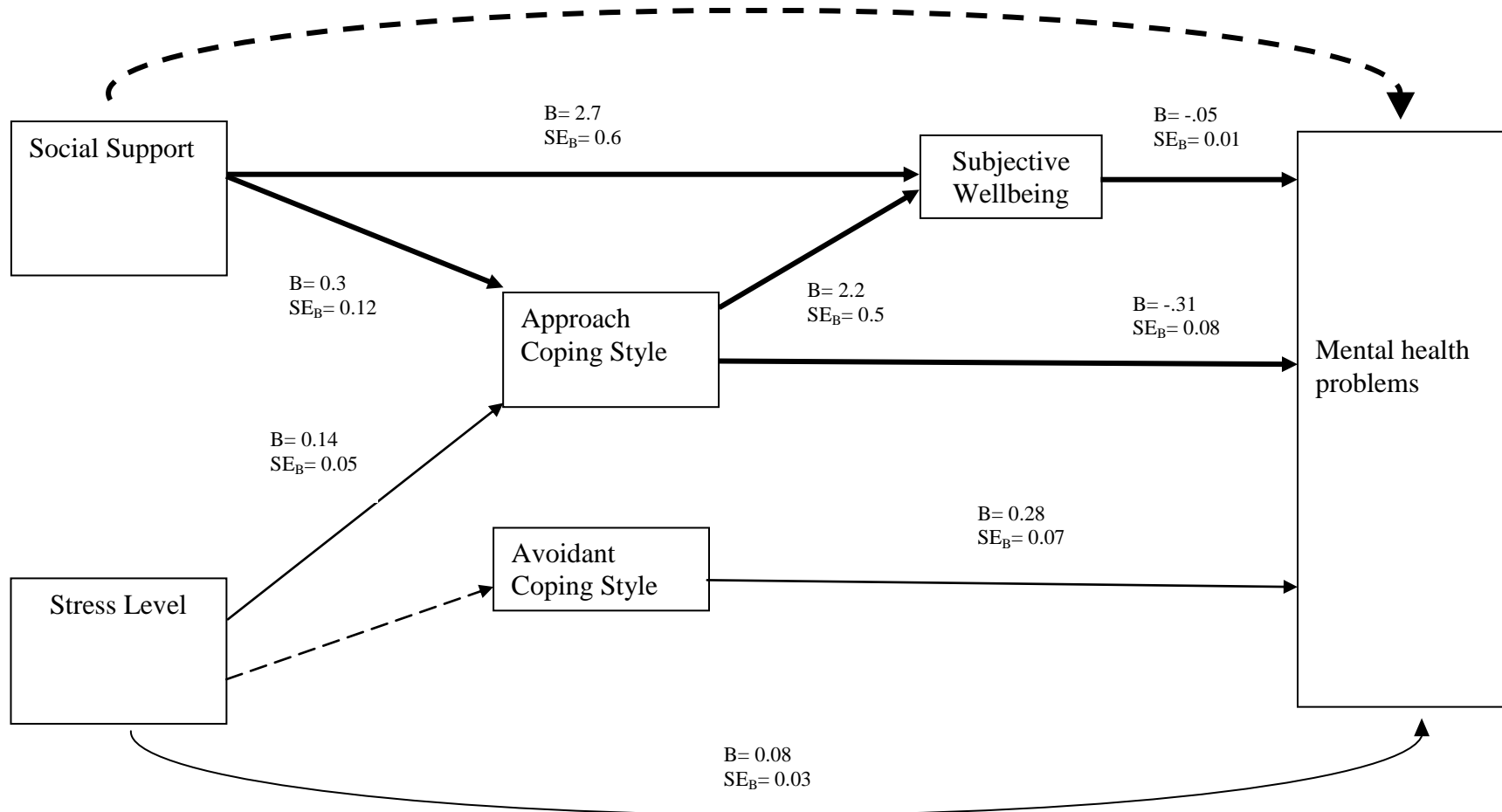
Figure 8.1:

Mediating relationships between stress, resources and mental health. Bolded arrows represent hypothesised resource pathways.

Solid arrows represent significant relationships. Broken arrows represent non-significant associations. Model Summary: $R^2 = .37$, p

>0.001

8.8. Discussion

The aims of this study were to investigate the frequency of stressors and coping strategies, identify the resources that predicted psychological adaptation, and test a model of the relationships between stress, resources and mental health problems in young people from refugee backgrounds. Data was collected from two sites where young people from refugee backgrounds were in the early stages of resettlement and integrating into the Australian school system. The results support some of the findings from Study 1 regarding salient stressors and coping strategies. These findings also highlight some of the pathways by which positive outcomes may be achieved, despite great adversity, by young people who have been resettled following a refugee experience.

The study identified the frequency with which stressors, in eight domains considered to be salient by participants in Study 1, were experienced by this sample. As in Study 1, stressors that may not have any specific relation to the refugee experience (e.g. thinking about the future, completing schoolwork and financial stress) were common sources of stress in this sample. However, as Study 1 highlighted, the unique challenges that young people from refugee backgrounds face in the school system create added burden. The dynamic transition period of resettlement makes the future uncertain, and the challenges of learning in a second language increase the stress of schoolwork. Separation from family was also a frequent source of stress in this sample. The forced break-up of community and family groups has been previously noted as one of the major consequences of the refugee experience, with severe ramifications for young people's development (Porter & Haslam, 2005). It is concerning, but unsurprising, that this was a frequent source of stress for participants.

Somewhat surprisingly, the three conflict domains were the least frequent sources of stress in this sample. All participants were helped to understand the term conflict in the questionnaire, and the fact that it could relate to being angry, hurt or upset with another person even if you did not show it outwardly. Given that experiences of discrimination and social conflict were a highly salient stressor for all participants in Study 1, it is surprising to see it reported as an infrequent source of stress here. The more formal structure and school-based setting of this study compared to Study 1 may have discouraged participants from reporting conflict, particularly with teachers or other students, despite the confidentiality of the study. Alternatively, these findings may indicate that the early stages of resettlement can be relatively free from discrimination, and that the Intensive English Language Centres fulfil their role of providing supportive and discrimination free learning environments that the mainstream school system is less able to provide.

The findings identified those approach coping strategies that were most and least commonly used by young people from refugee backgrounds. In this study, approach coping referred to a range of diverse methods for engaging with stressors and managing emotional responses to stressors. Planning responses to events, positively reinterpreting experiences, and using religious expression to find comfort and support during stressful experiences were all frequently used coping strategies. A number of other studies have also identified the importance of religion to psychological adaptation in young people from refugee backgrounds (Lustig, et al., 2004).

Approach coping was the most important resource for psychological adaptation, independently predicting all four outcome variables in the hypothesised directions, with beta values greater than 0.3. This runs counter to previous research with young refugees, which has typically found little evidence that approach coping

has an effect on adaptation in this population (Duraković-Belko, et al., 2003; Elklit, et al., 2012). However, this finding, along with the finding that an avoidant coping style predicted higher levels of mental health problems, is consistent with those results seen in studies of the mental health of young people from Western backgrounds (Herman-Stabl, et al., 1995; Wilkinson, et al., 2000). These findings supports the belief that, like young people born and raised in Western countries, resettled refugees may be able to adaptively engage with stressors through approach coping and promote their own internal and external adaptation. It is a promising finding that a personal resource such as adaptive coping, which can be taught and promoted in the school environment, is associated with positive outcomes across multiple domains and with reasonably large effects. However, it remains to be established whether these relationships are truly causal, and amenable to change through interventions.

One explanation for the discrepancy between the findings of this study and previous refugee research is the environmental context in which adaptation was occurring. It has previously been suggested that the absence of a positive effect for approach coping during flight and asylum might be reversed in resettlement, where young people have more opportunities to effectively engage with, and resolve, challenges (Paardekooper, et al., 1999). However, this is the first study to the author's knowledge that has demonstrated approach coping to be associated with positive outcomes for resettled young refugees. This was seen not only in the domain of mental health problems, but also in all three domains of positive adaptation: subjective wellbeing, school engagement and levels of appropriate class behaviour.

Another possible explanation of the discrepancy between this research and other examinations of refugee wellbeing is the focus away from PTSD symptomology. It is possible that the focus of this study on mental health problems

and positive adaptation highlighted domains in which adaptive coping skills may play a role in promoting positive outcomes. In contrast, the effects of PTSD in term of traumatic memories, imagery and emotions may be too great a burden to be adequately resolved through self-sufficient approach coping (Elklit, et al., 2012; Hooberman, et al., 2010). It has been hypothesised that in those young people with clinical PTSD, attempts to use approach coping strategies may simply make individuals more aware of present threats and their inability to change the past, increasing distress (Elklit, et al., 2012). In contrast, other domains of adaptation, such as those measured in this research, may benefit from approach coping. Engaging with challenges and stressors in resettlement may provide opportunities to develop a sense of satisfaction and happiness, promote positive mental health outcomes, and help young people to feel more engaged in their educations.

An avoidant coping style was found to positively predict levels of mental health problems, but have no association with other indicators of adaptation. This is somewhat surprising, given that many participants in Study 1 endorsed the effectiveness of some forms of avoidant coping. The evidence of these findings supports suggestions that avoidant coping is maladaptive for young people (Herman-Stabl, et al., 1995). However, the situations in which avoidant coping can be adaptive may not have been captured by this study. It is possible that certain forms of avoidant coping may be adaptive in specific situations, but that the construct as measured here was not sensitive to this role.

Although no specific hypotheses were made regarding age, this variable was found to predict lower levels of mental health problems, but also lower levels of teacher-reported appropriate classroom behaviour. It is unclear what to conclude from these findings. In regards to classroom behaviour, it is reasonable to think that integrating into a school environment is an easier task for younger refugees, who are

at the appropriate age level by Australian standards for the behavioural tasks expected by teachers. The negative association between age and mental health problems is more difficult to explain. In prior studies, older age has been found to predict higher levels of depression and PTSD in adolescents from refugee backgrounds (Bean, et al., 2007; Hodes, et al., 2008; Papageorgiou, et al., 2000). This is thought to be an indication that younger refugees are more protected from the psychological consequences of exposure to conflict (Bean, et al., 2007). However, in this sample the age range extended to 24 years old, making comparisons to adolescent studies difficult. It is also possible that age masks cohort effects, such as time spent in detention or exposure to trauma, that were not measured in this study.

In the model of stress, resources and mental health problems (Figure 8.1), an association was found between stress and approach coping. Higher levels of stress predicted more use of an approach coping style. The findings identified a suppressing effect where, despite the positive association between the two variables, they each related to mental health problems independently and in opposite directions. These findings, which initially appear counter-intuitive, can be seen as evidence that individuals who are experiencing more stressful events are also likely to engage in more approach coping in order to manage that stress. The findings highlight the importance of investigating both stress and coping together in the same quantitative analysis, as the effects of one can mask that of the other. As in previous research exploring buffering effects, conducted both with refugees (Punamäki, et al., 2004; Seglem, 2007) and with Australian-born adolescents (Wilkinson, et al., 2000), this study found no evidence that coping style or social support buffered against increasing levels of stress. Thus, neither an approach coping style nor social support can be considered protective in this sample, in the sense that they moderate the effect of rising stress levels.

Social support showed a direct relationship with only one outcome, subjective wellbeing. However, the hypothesised model of stress, resources and mental health problems did demonstrate indirect pathways through which social support may positively affect mental health. Increased levels of social support may give young people a sense of emotional wellbeing, as well as adequate information and instrumental assistance (e.g. suggestions regarding stress management and tools for problem-solving) to effectively use the approach coping strategies that promote positive mental health outcomes. This last finding, which used more sophisticated mediational analyses, may help clarify some of the discrepancies between qualitative findings (which tend to endorse social support as a resource) and quantitative findings (where limited evidence has been found for social support as an effective resource in this population).

These pathways must be interpreted cautiously. To adequately demonstrate mediation, a temporal relationship between these variables would need to be established, which is not possible in a cross-sectional study. However, this model is based on resource pathways that have demonstrated temporality in other fields of psychology such as the study of chronic health problems, employee productivity and the wellbeing of university students (Greenglass & Fiksenbaum, 2009; Kim, 2012). The pathways are also consistent with the ways that participants in Study 1 discussed the benefits of social support.

8.9. Limitations

The cross-sectional design of the study is a limitation that requires cautious interpretations of conclusions drawn from the model. Whilst we can establish associations between the variables in the model, and make inferences about the direction of these relationships based on prior research, ideally these causal pathways would be demonstrated through prospective research showing temporal precedence.

Interventions are the best method for demonstrating effective resource pathways, and initial trials of coping skills interventions with children and adolescents from refugee backgrounds have shown some promise (Henley, 2011). Future research using large samples, control groups, and multiple time points would assist in establishing the strength of this model in demonstrating resource pathways in resettlement.

This study did not examine PTSD symptoms as an outcome measure amongst the domains of psychological adaptation. There were ethical reasons for doing so, as partner schools did not wish to overly burden participants with a discussion of traumatic events. However, this limits the comparisons that can be made between this sample and studies that have had a predominantly trauma focus (Duraković-Belko, et al., 2003; Elklit, et al., 2012; Punamäki, et al., 2004). Examining domains of positive adaptation alongside trauma experiences and PTSD symptoms in future studies of resettled young people is the only method of determining whether the resources that predict reduced mental health problems and positive adaptation also predict reduced levels of PTSD.

The mediational model testing indirect effects of social support, stress, coping and subjective wellbeing for mental health outcomes could not be extended to the two outcomes indicating external adaptation: school engagement and classroom behaviour. No theoretical findings could be found in the literature to support a model for stress, resources and external adaptation. As this study has demonstrated, the factors that predict positive mental health outcomes are not necessarily the same as those that will predict constructs such as school engagement or classroom behaviour. There was also no empirical basis for further regression modelling of indirect effects. The initial regression models in Section 8.5 explained relatively little variance for both school engagement ($R^2 = .19$) and teacher reported classroom behaviour ($R^2 = .18$). More work is required to develop stronger models for predicting external

adaptation for young people from refugee backgrounds, as this has important practical implications for their future school success.

Finally, the measures themselves may not have accurately reflected the constructs that they were designed to measure. There are a number of reasons for this, including the heterogeneity of the sample studied, communication barriers and the general lack of validated measures for cross-cultural use. These issues will be discussed in greater depth in the following chapter. Whilst there are a number of reasons to be confident in the methodology, the lack of validated measures is another reason why these findings must be interpreted cautiously.

8.10. Summary and Conclusion

The findings of Study 2 demonstrate a number of ways in which young people use their own internal resources and the support of others to adapt in resettlement. An approach coping style was found to predict positive outcomes in all four domains of psychological adaptation. Partial support was found for the proposed model of risk, resources and mental health outcomes. All hypothesised indirect resource pathways were supported, although the beta values for each were small. However, there was no evidence for the hypothesised relationships between stress and avoidant coping, or a direct relationship between social support and mental health problems.

These findings show the value of transactional models that investigate interactions between individual, situational and environmental factors (Duraković-Belko, et al., 2003; Qouta, et al., 2007). In particular, stress, social support and coping style each played a role in predicting mental health outcomes in this population, but their effects were best understood by examining the complex interactions between the variables. These findings suggest that despite the great adversity associated with the refugee experience, individuals can find resources

within themselves (coping) and their environments (social support) that enable them to adapt positively and potentially to thrive during resettlement.

In resettlement, it appears that stressors identified amongst Western adolescents (e.g. worrying about schoolwork and thinking about the future) and some of the resources that are effective for Western adolescents (an approach coping style and social support) are also relevant for young people from refugee backgrounds. There are some limitations to this research that require these findings to be interpreted cautiously. However the constructs and pathways studied have been informed by theory and qualitative findings, and highlight a positive aspect of the resettlement process that has rarely been studied. These findings suggest that, after a refugee experience, young people can develop resources to ensure their own wellbeing despite the many challenges that they face.

Chapter 9.

General Discussion

9.1. Overview

This thesis has presented a review of the literature on resources that predict psychological adaptation in refugee youth qualitative study of stress and resources for young people who had been resettled in Australia for some years, and a quantitative examination of the relationships between stress, resources and psychological adaptation in a cohort of recently resettled young people. In this chapter, an integrative synthesis of the results is provided, followed by a discussion of practical implications of the findings. Limitations of the thesis are discussed and future avenues for research are identified.

9.2. Synthesis of findings

The aim of this research was to identify salient stressors and resources for young people from refugee backgrounds following resettlement and explore associations between stress, resources and outcomes in multiple domains of psychological adaptation. A transactional model of risk, resources and mental health problems was developed, and tested in a cohort of recently arrived young people. However, in the quantitative study only an approach coping style was directly related to positive outcomes in all domains of adaptation. Evidence was found to suggest that avoidant coping was maladaptive, being positively associated with levels of mental health problems. Social support was significantly linked only to subjective wellbeing, but evidence was found for indirect pathways by which social support was negatively associated with levels of mental health problems.

9.2.1. Stress in resettlement

This research aimed to identify stressors and challenges that were most salient to young people from refugee backgrounds and measure the frequency of stress occurring in these domains. Participants identified a diverse range of stressors and challenges in resettlement. Some stressors were related to the refugee experience, such as separation from support networks and fear for the safety of family members. However, stressors that were not associated with the refugee experience, but instead the developmental tasks of adolescence and migration, were often more salient for participants. Notably, mental health concerns were not a significant issue identified by participants in Study 1. In Study 2 the prevalence of clinically relevant mental health problem levels was somewhat similar to that reported in a national survey of Australian youth mental health (17.5% in our sample versus 14% in Australian children and adolescents) (Sawyer et al., 2001). However, a recent study of adolescents from refugee backgrounds resettled in Australia found a markedly lower level of psychopathology (4.4%) (Ziaian, et al., 2013). All of this may indicate that mental health morbidity may not be the most serious concern for young people, in regards to adaptation in resettlement.

It must be noted that sensitive subject such as mental health problems are less likely to be disclosed in public setting such as the qualitative group interviews and that interviews were not structured to elicit information regarding trauma or mental health problems, nor was the measure used in Study 2 intended as a diagnostic tool. However, one advantage of this methodology used in this research was that it allowed young people to identify the stressors that they believed to be most salient. Ultimately, many of the stressors observed in this research related to developmental tasks common to other secondary-school aged Australians, and whilst stress was a

major concern for all, participants were generally more focused on the source of stress rather than its consequences for mental health.

The recognition of these typical developmental challenges in resettlement is an important finding, as prominent models of conceptualising risk and designing interventions have focused on pre-arrival trauma over and above these kinds of psychosocial stressors. These findings support a broader conceptualisation of risk for resettled refugees, one which examines the multiple domains in which stress can occur and the ways in which these domains interact to create cumulative burden (Ryan, et al., 2008; Simich, Hamilton, & Baya, 2006). The refugee experience is only one aspect of a young person's identity, and both research and service delivery will benefit from recognising the many facets of the challenges that young people from refugee backgrounds face.

Although a number of stress-related themes reported by participants in Study 1 related to social conflict, participants in Study 2 reported that this was rarely a source of stress for them. This may be due to differences in the length of time the two samples had been living in Australia. Participants in Study 1 had lived in Australia for an average of 5 years. During this time they may have had more time to be exposed to discrimination both in the broader community and within the mainstream school system. This assumption is consistent with the qualitative finding that participants in Study 1 perceived social conflict as primarily stemming from unsupportive school environments. In comparison, participants in Study 2 had been in Australia for less than two years and had not yet entered the mainstream school system. They studied alongside others from non-English speaking backgrounds under the guidance of specially trained teaching staff. Previous research has identified a honeymoon period for newly arrived refugees, whereby the negative aspects of the country of resettlement are less salient than the positive aspects of

safety and stability (Kemp, 1985). It is possible that participants in Study 2 were still in this honeymoon period. Social conflict may have less relevant to them than stressors such as concern for family members' safety and thoughts about the future.

9.2.2. Coping Strategies in Resettlement

This research aimed to identify those coping strategies that were most commonly used and endorsed by young people from refugee backgrounds. The findings from Study 1 highlight the wide and complex variety of coping strategies used by young people to manage the multiple stressors that they faced in resettlement. The stressors of the refugee experience have been found to increase the individual coping efforts of young refugees, who develop a wide repertoire of strategies to manage the challenges they face (Elklit, et al., 2012; Goodman, 2004). Participants in this research noted that their selection of coping strategies depended on the stressors or challenges that they faced, and the goals that they wished to achieve. Strategies that were widely endorsed included maintaining a positive attitude, working hard, finding ways to relax, and making plans for the future. These coping strategies reflect emotional and behavioural efforts to engage with and overcome stress, consistent with an approach coping style. However, a number of avoidant coping strategies, such as skipping school and pretending that problems did not exist, were also discussed. In Study 2, both an approach and an avoidant coping style were used regularly by participants, supporting the belief that young people from refugee backgrounds rely on a wide variety of coping strategies.

The relationship between coping and psychological adaptation in a range of domains was explored in Study 2. The majority of the refugee development literature has focused on PTSD and co-morbid mental health disorders (Halcón, et al., 2004; Hodes, et al., 2008; Ziaian, et al., 2013). However, there is a growing acknowledgement that more diverse domains of adaptation need to be examined in

order to understand the full range of responses to the refugee experience. This research examined not only mental health problems but also indicators of positive adaptation (subjective wellbeing, school engagement and classroom behaviour). This approach demonstrated that different factors can independently predict adaptive outcomes in different domains. It also allowed for the identification of factors that were predictive across a broad range of domains.

Whilst a number of factors, such as age, time since arrival, stress, and social support predicted outcomes in one or two domains, only use of approach coping style independently predicted adaptive outcomes in all domains. Approach coping incorporates a broad range of self-sufficient actions designed to remove stressors or regulate emotion responses to stress (Herman-Stabl, et al., 1995; Wilkinson, et al., 2000). Whilst is has been considered for some time to be an effective resource for young people from Western nations, there has been little evidence to suggest that it is associated with positive outcomes following a refugee experience (Duraković-Belko, et al., 2003; Elklit, et al., 2012; Qouta, et al., 2007). This research provides qualitative and quantitative evidence for a positive association between approach coping and subjective well-being, and a negative association between approach coping and mental health problems. This is consistent with the findings for approach coping in Australian youth of the same age and using similar outcomes measures (Wilkinson et al., 2000). These findings indicate that, at least in resettlement and in regards to the domains investigated in this research, there is reason to be optimistic about the positive effects of an approach coping style, and young peoples' capacity to manage the challenges that they face.

There was mixed evidence for the role of an avoidant coping style, characterised by mental and behavioural disengagement from stressors and challenges. Generally the findings of this research suggest that avoidant coping is

maladaptive for young people from refugee backgrounds after they have been resettled. A number of participants in Study 1 found avoidant coping to be ineffective and to sometimes increase their stress levels. However, some participants did report using avoidant coping, and perceived it as a strategic way to manage limited resources and competing goals. In Study 2, avoidant coping was positively associated with mental health problems and had no significant associations with other outcome domains. This is consistent with both the Western literature on coping and some findings in young people from refugee backgrounds (Duraković-Belko, et al., 2003; Kuterovac-Jagodić, 2003; Wilkinson, et al., 2000).

These findings may indicate that avoidant coping is associated with, and indicative of, symptoms of mental health morbidity (Herman-Stabl, et al., 1995). However, it is also likely that this finding supports the suggestions by other researchers that avoidant coping, whilst adaptive during conflict and danger, becomes maladaptive in situations of relative safety and stability (Bonanno, 2004; Goodman, 2004). Even for those who were able to use avoidant coping strategically, there was a loss of opportunities to engage effectively with tasks such as schoolwork and building social networks. A third possibility may also be that the dichotomous approach to studying coping styles, while suited to the aims of Study 2, did not reflect the complexity of the selection and use of coping strategies that participants expressed in Study 1. Other constructs, such as coping flexibility, may be of more use in determining the complex nature of relationships between stress, appraisal and coping strategy selection for young people from refugee backgrounds (Bonanno, 2005; Bonanno, Pat-Horenczyk, & Noll, 2011).

Qualitative and quantitative evidence coincided regarding the strategies that young people were most likely to use in order to manage stressors in resettlement. Participants in Study 1 endorsed a number of approach style strategies, including

hard work and planning, gaining perspective on stressors, and learning to accept what could not be changed. These strategies were also endorsed in Study 2. However, in Study 2, more participants endorsed religious coping than any other strategy, whereas in Study 1, religious coping was discussed by only one participant. Again, this may highlight the differences in qualitative versus quantitative methods, as participants being interviewed may not have wished to discuss their personal feelings about religion. Aside from this difference, the broad pattern of coping discussed by participants in Study 1 was seen in the Study 2 findings. This research represents a comprehensive qualitative and quantitative summary of the diverse and complex way in which young people engage with and cope with the many stressors that they face in resettlement.

9.2.3. Social Support in Resettlement

Social support was endorsed as being extremely important by participants in Study 1 but in Study 2 was only found to independently predict positive outcomes in one domain, that of subjective wellbeing. The finding in Study 1 that young people valued the support of friends, family and others is consistent with other qualitative research into refugee wellbeing (Anstiss & Ziaian, 2010; Brough, et al., 2003). However, previous studies of the relationship between social support and mental health in young people from refugee backgrounds have found limited evidence for a significant association (Almqvist & Hwang, 1999; Henley, 2011).

This research demonstrated ways in which social support may indirectly play a role in the avoidance of psychopathology, mediated by other more proximal resources. In Study 1, participants explained that social support made them feel more positive emotions and helped them to find ways to solve problems and approach challenges successfully. This is similar to models of social support, coping and subjective wellbeing currently being assessed in other areas of psychology

(Greenglass & Fiksenbaum, 2009). In Study 2, support for these pathways was found in a cohort of recently resettled young people. Indirect effects of social support on mental health were mediated by approach coping and subjective wellbeing. The complex role that social support may play in increasing other resources appears to have indirect benefits for reducing young peoples' mental health problems. This may partially explain the discrepancies between qualitative and quantitative findings regarding the role of social support in protecting against mental health morbidity.

9.2.4. Summary

These findings demonstrate the importance of investigating the transactional interactions between risk, resources and multiple outcome indicators in order to understand adaptation. The model of mental health developed and tested in Study 2 contains complex interactions between stress, coping, social support, and subjective wellbeing, all of which contribute to explaining differences in mental health outcomes following a refugee experience. However, these results must be interpreted cautiously. These are only initial findings and the model requires further scrutiny. Observation of 'true' mediation relationships requires demonstrated temporality, which was not possible given the cross-sectional nature of Study 2. However, all relationships tested in the model were based on qualitative findings regarding the way that young people conceptualised their own experiences of stress, coping and social support. Further quantitative investigation of these relationships is required to demonstrate these findings as robust.

9.3. Practical Implications of the Findings

The findings of this research are relevant to the provision of services to young people from refugee backgrounds. They identify risk factors and resources that may be useful targets for intervention that aim to promote psychological adaptation in

resettled refugees youth, and suggest some ways in which service delivery can be made more effective and acceptable to young people from refugee backgrounds. It is important to note that the sample of young people in the two studies are unlikely to be representative of the over 7000 young refugees who arrive in Australia annually, and this limits the practical relevance of these findings. Further limitations are discussed in Section 9.5.

9.3.1. Reducing Risk

Stressors associated with the school environment involved the workload, lack of comprehension of the requirements of the school system, and the treatment by some teachers and Australian-born students of young people from refugee backgrounds. Coming from a refugee background meant that many participants had minimal social, educational and financial resources to draw on in order to meet the challenges they faced in the school environment. Participants also felt that in the Australian school system they were being denied the opportunity to develop mastery and demonstrate the full extent of their knowledge. School based efforts to improve the wellbeing of young people from refugee backgrounds may be improved by working to reduce discrimination, explicit and implicit, by both students and teachers. These findings also indicate the importance of creating a school environment that encourages young people to master new skills, and allows them to demonstrate their knowledge. School environments where students feel supported and capable of participating in all activities will reduce a significant source of stress.

Notably, key stressors were associated with adolescence, migration and the refugee experience. Clinicians may be tempted to focus solely on those stressors associated with refugee experiences when working with young people from refugee background but the findings of this research suggest that they may not be the most salient factors affecting young peoples' stress. This highlights the importance of

considering the range of experiences that a young person faces in resettlement and focusing on salient stressors in concert.

The salience given to academic related stress suggests that mental health morbidity may be reduced through programs that aim to assist young people in their schooling, rather than directly target mental health problems. Programs such as homework clubs may give young people extra instrumental and informational assistance to succeed in academic tasks that would otherwise be a significant burden to them. Teaching skills for completing complex assignments and providing extra assistance with schoolwork will help young people overcome some of the identified barriers to successful education.

9.3.2. Promoting Resources

This research highlighted two resources that were associated with positive adaptation and may be relevant targets for psychosocial interventions aimed at increasing personal and interpersonal resources. Participants in Study 1 reported that their own coping strategies and the support that they received from people close to them were the most important resources to them. In Study 2, both an approach coping style and social support were found to have direct and indirect relationships with multiple domains of psychological adaptation. Both self-sufficient coping skills and social support meet criteria for intervention targets in that they are malleable and can exert enduring effects on wellbeing (Luthar, Sawyer, & Brown, 2006).

Participants in the qualitative study reported that they valued learning skills such as the successful planning for the completion of school work, social skills for managing personal relationships, cognitive skills for maintaining a positive attitude and relaxation techniques. These were techniques that many believed they had learnt since arriving in Australia, and had not been relevant to them prior to resettlement. These findings suggest that young people from refugee backgrounds see the value in

interventions that deliver coping skills training and may not have had opportunities to develop adaptive coping skills prior to resettlement. Little research has been conducted into the effectiveness of coping skills interventions with young people from refugee backgrounds, however, the evidence that is available is promising (Henley, 2011).

Religious coping was also strongly endorsed by participants in Study 2, and briefly discussed by one participant in Study 1. These findings may highlight the role that religious and spiritual communities and institutions can play in helping young people cope with the stressors and challenges of resettlement. Whilst little quantitative research has been conducted into the effects of religious beliefs and participation for young people from refugee backgrounds (Betancourt & Khan, 2008), these findings suggest there is a role to be played by religious organisations in supporting young people to find meaning in their experience, to develop optimism for the future, and to build new support networks in resettlement.

9.3.3. Delivery of Services

It has been previously noted that young people from refugee backgrounds are unlikely to be aware of or utilize available support from specialist mental health services (Crowley, 2009). Participants in Study 1 expressed an awareness of formal services, but also a general distrust of those authorities who might be best placed to refer them to services. However, participants were willing to accept support in cases where there was dedicated outreach to young people from refugee backgrounds, particularly by school staff who had demonstrated a willingness to foster a sense of inclusiveness. Students also valued support from people that had relationships with them outside of a formal mental health care role, and could acknowledge students' strengths as well as the range of challenges that they faced.

These findings highlight the important role that school counsellors can play in supporting young people. The availability of culturally competent school counsellors can provide options for young people to engage with mental health services through the assistance of people who are already known and trusted. The role of establishing trust may make school staff gatekeepers in helping young people to access more formalised services. They may be able to refer and assist in building trusting relationships with mental health experts when further assistance is required.

Participants were often inclined to seek help from peers from their own cultural and ethnic backgrounds, whom they knew would be inclusive and understanding and less likely to stigmatize them due to the challenges they faced. Whilst refugee communities often promote social support and network building within themselves, there is also a role to be played here by the schools and non-governmental organisations. Opportunities to socialise and support one another may not arise organically for some young people from refugee backgrounds. By promoting the socialisation of young people from refugee backgrounds, (e.g. through after school activities), support networks that improve wellbeing may be fostered.

9.4. Limitations of the thesis

The findings of this research, and any practical implications, should be interpreted in the light of some strong limitations.

9.4.1. Design

The single time point design of both studies prohibited identification of causal relationships between risk, resources and psychological adaptation. Thus, whilst the model of risk, resource and adaptation developed in this study fits those found in other fields of psychology and the qualitative data from Study 1, it is unclear that that the observed relationships represent true causal pathways. Prospective studies are

required to establish temporality in mediation models and interventions would be required to test the effective causality in increasing social support and approach coping skills for young people from refugee backgrounds. However, these findings indicate associations between resources and psychological adaptation that had not previously been seen in young people from refugee backgrounds and represent promising directions for future research into causality.

9.4.2. Limited Model of Risk, Resources and Adaptation

The refugee journey affects young people throughout their development, with a complex array of risk and resource factors potentially playing a role in shaping adaptation (Layne, et al., 2008; Qouta, et al., 2007). It is not possible to assess all of these in a single study, and a number of key psychosocial constructs were not considered within the scope of this research, which focused only on those issues that were found to be most salient to participants. This was done in order to increase the power of analyses and answer key questions regarding the role of social support and coping style.

It must be acknowledged that this model of stress, resources and psychological adaptation does not capture many broader, external determinants of development for young people from refugee backgrounds. Research with refugees has been criticised for focusing on individual factors over the broader sociocultural, economic and political factors that determine exposure to stressors and access to resources (Hobfoll, Mancini, Hall, Canetti, & Bonnano, 2011). By doing so, research may implicitly or explicitly shift the onus of adaptation onto those who are being unfairly discriminated against, and inaccurately portray the scope of the determinants of adaptation. Multiple positive and negative factors are likely to play a role in outcomes following a refugee experience. This research has only explored several that were seen as salient to young people themselves.

One major construct that is missing from Study 2 that was prominent in Study 1 is discrimination. This is primarily due to ethical concerns on the part of partner schools, who did not wish their students to be asked specific questions about discrimination. Although social conflict was addressed in three items of the measure of stressors, it is impossible to know to what degree that experiences of discrimination, which was a salient theme in Study 1, was a captured by these items. Discrimination would be a useful addition to any future models examining risk factors for young people from refugee backgrounds.

Whilst this research aimed to examine outcomes other than post-traumatic stress, it is undeniable that post- traumatic stress is an important consideration for development after conflict (Punamäki, 2001). This research would have benefited from its inclusion alongside the other domains of adaptation, but, due to ethical concerns on the part of participating schools, this did not occur. Thus we cannot make any statements about how the resources identified through this research might relate to post-traumatic stress symptoms in resettlement. This does not affect the implications of findings regarding mental health problems and positive adaptation, but it limits the comparisons that can be made to studies that have solely examined PTSD as an outcome.

9.4.3. Appropriateness of Measures and Protocols Used

A limitation common to research with refugee populations is the application of measures and protocol designed for Western populations. Few questionnaires are adequately validated with the wide variety of languages and cultural backgrounds required (Ahearn, 2000). Additionally, participants in both studies came from non-English speaking backgrounds and many were not literate in any language. Steps were taken in both studies to ensure confidence that the measures and protocols used represented the constructs they had been designed for. Issues with comprehension

were addressed reflexively during the research process. For example, a subscale of the Perceived Stress Scale was removed after interpreters expressed concern that participants were not understanding directional metaphors (such as "on top of problems") used in items. This was the only scale for which there was such concern. Generally, confirmation of the qualitative data with participants and bilingual assistants, the use of measures that had previously demonstrated cross-cultural applicability, and internal reliability tests of those measures used can give us confidence in the constructs that these data represent.

One element of the data that should be extremely cautiously interpreted is the clinical cut-offs of the mental health problems measure. As has previously been noted, these cut-offs were based on a normative sample of Australian youth, from a different age bracket to those considered in this research. The prevalence of clinically significant problems has been reported, but due to the limitations of this measure, it should not be considered a valid measure of psychopathology in this sample.

9.4.4. Unrepresentative Samples

This research investigated a subset of young people in Australia at a specific period of time, and noted the ways in which differing contexts influence the role of stress and coping on psychological adaptation. The young people resettled in Australia may not be representative of other populations of young refugees, even those that have been resettled in other Western nations. Furthermore, the composition of Australia's humanitarian intake is constantly changing and therefore the participants in these studies may not be representative of cohorts of refugees that arrive in the future.

The recruitment of participants was conducted in such a way as to be ethical and effective, but potentially at the cost of representativeness of the population. In the first study participants were recruited with the assistance of non-governmental

methods approach also allowed for different types of knowledge to be obtained regarding the nature and significance of stressors and challenges. Broad findings regarding relationships between variables were supported by qualitative descriptions that highlighted specific instances of the role played by resources and the circumstances in which coping efforts were felt to succeed and fail. Qualitative and quantitative research methods were used to complement each other and provide this research with a richer, more accurate perspective on adaptation after resettlement.

A custom designed measure of stress was used to explore stressors that had not previously been considered salient in refugee literature. One of the key findings of the first study was the complexity of stressors and challenges following resettlement. Stressors that were typically associated with adolescence, regardless of cultural background or refugee experiences, were often most salient for participants. The cumulative burden of these multiple stressors and challenges, interacting with those of migration and the refugee experience, was reported to be one of the greatest threats to positive adaptation. Based on this finding, a measure was developed to test this threat, and cumulative stress level was measured as the key risk factor for psychological adaptation. Through this mix of qualitative and quantitative investigation, this research has contributed to a better understanding of the challenges facing young people who have been resettled in Australia.

Measuring multiple domains of psychological adaptation led to important findings regarding the different risk and resource relationships for different outcome domains. The finding that an approach coping style was adaptive across all four domains demonstrates how important this resource is for young people adapting to the challenges of resettlement. However, the findings also demonstrated the importance of social support to young people's sense of subjective wellbeing, and

raised questions regarding the role that avoidant coping might play in domains outside mental health.

The use of multiple mediation analyses to assess direct and indirect relationships allowed for the investigation of resource pathways that were associated with mental health outcomes. Rather than simply investigate predictor variables in isolation, this research has examined a model of mental health that takes into account the complex interactions between individual and environment in terms of risk and resources. Although this model warrants further investigation to ensure causality generalisability, it presents an important step forward in the investigation of adaptation for young people from refugee backgrounds.

9.6. Further Directions for Research

The findings of this research support the use of an approach to research with young people from refugee backgrounds that examines resources and capacity for positive adaptation. Key resources were identified, including one which predicted positive outcomes across four outcome domains. The rationale for investigating these resources was based on qualitative data gathered from young people reflecting specifically on their resettlement experiences. This is the first study that could be identified which has examined coping and social support in this way for young people from refugee backgrounds. It has been noted, however, that these resources may only be beneficial for young people from refugee backgrounds once they are in contexts of resettlement. Additional research is required that before it can be determined whether these resources are related to adaptation at other stages of the refugee journey and whether they are relevant in multiple countries of resettlement.

A second important direction for future research would be to examine risk, resources and psychological adaptation in resettlement using longitudinal research designs that allow the temporal relationships between these variables to be identified.

Although some of individual pathways identified in the model developed for this research have been established in longitudinal research in non-refugee populations (Greenglass & Fiksenbaum, 2009; Kim, 2012) further research is required to determine whether the risk, resource and adaptation relationships show the same temporal pattern among young people from refugee backgrounds.

In this research, a custom-designed measure of stressors was derived based on qualitative findings regarding the stressors that young people found to be most salient to their current experiences. Whilst this measure was used successfully in Study 2 there were some discrepancies between the levels of social conflict reported by participants in Study 1, and those reported in Study 2. A possible explanation for this was that participants in Study 2 were still newly arrived to Australia, and had primarily experienced schooling with specially trained teachers, amongst other students from non-English speaking backgrounds. However, this possible hypothesis requires quantitative testing with cohorts of new arrivals from a variety of backgrounds and at multiple times since arrivals. Further examination of the psychometric properties of this measure is required before it can be promoted as a tool for investigating psychosocial stressors as risk factors following resettlement.

Research in other populations has found that social support and coping skills can be enhanced through the use of evidence-based interventions. This research identified clear associations between approach coping and positive outcomes in psychological adaptation. It also identified direct and indirect pathways by which social support related to positive outcomes. However, there is insufficient evidence of the effectiveness of interventions that target these resources. Ideally this future research would investigate psychopathology as well as positive adaptation in both internal integration and external adaptation, and explore direct and indirect resources pathways both before and after interventions. This research provides evidence that

further investigation into these two resources may yield findings that benefit our understanding of adaptation in resettled young people, and our capacity to improve outcomes in young people at risk.

9.7. Conclusion

The studies presented in this thesis investigated the role of stress, self-sufficient coping and social support in the psychological adaptation of resettled young people from refugee backgrounds. Of primary significance was an approach coping style, which predicted positive outcomes in all four domains of psychological adaptation that were investigated. However, coping is a complex construct and qualitative findings revealed the myriad ways in which both approach and avoidant coping strategies were used in conjunction with the support of friends, family and school staff to manage the many stressors and challenges that they experienced in resettlement. This research highlights the importance of understanding how resources may change for young people as they enter different environmental contexts. By learning about the ways that young peoples' coping skills and social networks change and develop across the refugee journey, we can better design interventions and services that promote wellbeing, and supplement young peoples' own resources.

References

Achenbach, T. M., Rescorla, L. A., McConaughey, S., Pecora, P., Wetherbee, K., & Ruffle, T. (2003). The Achenbach system of empirically based assessment. *Handbook of psychological and educational assessment of children: Personality, behavior, and context, 2*, 406-432.

Ahearn, F. L., Jr. (Ed.). (2000). *Psychosocial Wellness of Refugees: Issues in Qualitative and Quantitative Research* (Vol. 7). Oxford: Berghahn Books.

Ajdukovic, M., & Ajdukovic, D. (1993). Psychological well-being of refugee children. *Child Abuse & Neglect, 17*, 843- 854. doi: 0145-2134/93

Almqvist, K., & Broberg, A. G. (1999). Mental health and social adjustment in young refugee children 3 1/2 years after their arrival in Sweden. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(6).

Almqvist, K., & Hwang, P. (1999). Iranian Refugees in Sweden: Coping Processes in Children and Their Families. *Childhood, 6*(2), 167-188. doi: 10.1177/0907568299006002002

American Psychological Association. (2010). Resilience and recovery after war: Refugee children and families in the United States, from http://www.apa.org/pi/about/newsletter/2011/02/refugee.aspx

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

Australian Institute of Health and Welfare. (2011). *Young australians: their health and wellbeing*. (PHE 140). Canberra: AIHW.

Bailey, F. J., & Dua, J. (1999). Individualism—collectivism, coping styles, and stress in international and anglo-australian students: A comparative study. *Australian Psychologist, 34*(3), 177-182.

Barbarin, O. A. (1993). Coping and resilience: Exploring the inner lives of African American children. *Journal of Black Psychology, 19*, 478- 492. doi: 10.1177/00957984930194007

Barber, B. K. (2001). Political violence, social integration, and youth functioning: Palestinian youth from the Intifada. *Journal of Community Psychology, 29*(3), 259-280.

Baron, R., & Kenny, D. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality & Social Psychology, 51*, 1173- 1182.

Bean, T. M., Eurelings-Bontekoe, E., & Spinhoven, P. (2007). Course and predictors of mental health of unaccompanied refugee minors in the Netherlands: One year follow-up. *Social Science & Medicine, 64*(6), 1204-1215. doi: 10.1016/j.socscimed.2006.11.010

Begovac, I., Rudan, V., Begovac, B., Vidovic, V., & Majic, G. (2004). Self image, war psychotrauma and refugee status in adolescents. *European Child and Adolescent Psychiatry, 13*, 381- 388. doi: 10.1007/s00787-004-0423-x

Betancourt, T. S., Brennan, R. T., Rubin-Smith, J., Fitzmaurice, G. M., & Gilman, S. E. (2010). Sierra Leone's Former Child Soldiers: A Longitudinal Study of Risk, Protective Factors, and Mental Health. *Journal of the American Academy of Child & Adolescent Psychiatry, 49*(6), 606-615. doi: http://dx.doi.org/10.1016/j.jaac.2010.03.008

Betancourt, T. S., & Khan, K. (2008). The mental health of children affected by armed conflict: protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317-328.

Birman, D., Trickett, E. J., & Vinokurov, A. (2002). Acculturation and adaptation of Soviet Jewish refugee adolescents: Predictors of adjustment across life domains. *American Journal of Community Psychology, 30*(5), 585-607.

Birks, M., & Mills, J. *Grounded theory: A practical guide*. Sage publications, 2011.

Bonanno, G. (2004). Loss, trauma and human resilience: Have we underestimated the human capacity to thrive after extremely adverse events? *American Psychologist, 59*(1), 20- 28. doi: 10.1037/0003-066X.59.1.20

Bonanno, G. (2005). Resilience in the face of potential trauma. *Current Directions in Psychological Science, 14*(3), 135-138.

Bonanno, G., Pat-Horenczyk, R., & Noll, J. (2011). Coping flexibility and trauma: The Perceived Ability to Cope With Trauma (PACT) scale. *Psychological Trauma: Theory, Research, Practice, and Policy, 3*(2), 117.

Bracken, P., Giller, J. E., & Summerfield, D. (1997). Rethinking mental health work with survivors of wartime violence and refugees. *Journal of Refugee Studies, 10*, 431- 442.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.

Bronstein, I., & Montgomery, P. (2011). Psychological distress in refugee children: a systematic review. *Clinical Child and Family Psychology Review, 14*(1), 44- 56.

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, 38*(2), 193- 208.

Byrne, D. G., & Mazanov, J. (2002). Sources of stress in Australian adolescents: factor structure and stability over time. *Stress and Health, 18*(4), 185-192. doi: 10.1002/smi.940

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267-283.

Cassity, E., & Gow, G. (2005). *Shifting space and cultural place : the transition experiences of African young people in western Sydney high schools.* Paper presented at the AARE 2005 International education research conference, UWS, Parramatta. http://www.aare.edu.au/05pap/cas05485.pdf

Cohen, S. (1988). Perceived stress in a probability sample of the United States. In S. Oskamp & S. Spacapan (Eds.), *The Social Psychology of Health* (pp. 31-67). Thousand Oaks: Sage Publications.

Coifman, K. G., Bonanno, G. A., Ray, R. D., & Gross, J. J. (2007). Does repressive coping promote resilience? Affective-autonomic response discrepancy during bereavement. *Journal of Personality and Social Psychology, 92*, 745- 758.

Colic-Peisker, V., & Tilbury, F. (2003). "Active" and "passive" resettlement: The influence of support services and refugees' own resources on resettlement style. *International Migration, 41*(5), 61-92.

Colic-Peisker, V., & Tilbury, F. (2007). Integration into the Australian labour market: The experience of three "visibly different" groups of recently arrived refugees. *International Migration, 45*(1), 59-85. doi: doi:10.1111/j.1468-2435.2007.00396.x

Commonwealth of Australia. (2005). *Australia's support for humanitarian entrants* Retrieved from

http://www.immi.gov.au/media/publications/general/humanitarian-support-2005.htm.

Commonwealth of Australia. (2012). *Report of the Expert Panel on Asylum Seekers*. [Canberra]: Australian Government.

Compas, B., Malcarne, V. L., & Fondacaro, K. M. (1988). Coping with stressful events in older children and young adolescents. *Journal of Consulting and Clinical Psychology, 56*(3), 405- 411. doi: 10.1037/0022-006X.56.3.405

Corbin, J., & Strauss, A. (2008). *Basics of Qualitative Research* (3 ed.). Thousand Oaks, California: SAGE Publications.

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 and Medicine, 71*(8), 1399-1408.

Couch, J. (2007). Mind the gap : considering the participation of refugee young people. *Youth Studies Australia, 26*(4), 37-44.

Coventry, L., Guerra, C., MacKenzie, D., & Pinkney, S. (2001). *Wealth of all nations: Identification of strategies to assist refugee young people in transition to independence* Hobart: Australian Clearinghouse for Youth Studies.

Crisp, J., Talbot, C., & Cipollone, D. B. (2001). Learning for a future: Refugee education in developing countries. Lausanne: United Nations High Commissioner for Refugees.

Crowley, C. (2009). The mental health needs of refugee children: A review of literature and implications for nurse practitioners. *Journal of the American Academy of Nurse Practitioners, 21*(6), 322-331. doi: 10.1111/j.1745-7599.2009.00413.x

D'Anastasi, T., & Frydenberg, E. (2005). Ethnicity and coping: What young people do and what young people learn. *Australian Journal of Guidance & Counselling, 15*(1), 43-59. doi: 10.1375/ajgc.15.1.43

Daud, A., Klinteberg, B. a., & Rydelius, P.-A. (2008). Resilience and vulnerability among refugee children of traumatized and non-traumatized parents. *Child and Adolescent Psychiatry and Mental Health, 2*(7).

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

Department of Education and Children's Services. (2010). New Arrivals Program, from http://www.decs.sa.gov.au/curric/pages/ESL/nap/

Department of Immigration and Border Protection. (2013). Hummanitarian Settlement Services, from http://www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-programs/hss.htm

Department of Immigration and Citizenship. (2010). *Settlement Reporting Facility*. http://www.immi.gov.au/living-in-australia/delivering-assistance/settlement-reporting-facility/

Department of Immigration and Citizenship. (2011). *Humanitarian Program Outcomes for 2010-11*. Canberra: Commonwealth of Australia.

Department of Immigration Multiculturalism and Indigenous Affairs. (2003). *Review of settlement services for migrants and hummanitarian entrants*. Canberra: Commonwealth of Australia Retrieved from www.immi.gov.au/settle/settlement_review.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of personality assessment, 49*(1), 71-75.

Dumont, M., & Provost, M. A. (1998). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of Youth and Adolescence, 28*(3), 343 - 363. doi: 0047-2891/99/0600-0343$16.00/0

Duraković-Belko, E., Kulenović, A., & Dapić, R. (2003). Determinants of posttraumatic adjustment in adolescents from Sarajevo who experienced war. *Journal of Clinical Psychology, 59*(1), 27-40. doi: 10.1002/jclp.10115

Elklit, A., Kjaer, K. O., Lasgaard, M., & Palic, S. (2012). Social support, coping and posttraumatic stress symptoms in young refugees. *Torture, 22*, 11- 23.

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. doi: 10.1177/1363461507081642

Emmelkamp, J., Komproe, I. H., Van Ommeren, M., & Schagen, S. (2002). The relation between coping, social support and psychological and somatic symptoms among torture survivors in Nepal. *Psychological Medicine, 32*(08), 1465-1470. doi: doi:10.1017/S0033291702006499

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. doi: http://dx.doi.org/10.1016/S0140-6736(05)61027-6

Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26*, 399- 419. doi: 10.1146/annurev.publhealth.26.021304.144357

Ficková, E. (2009). Reactive and proactive coping with stress in relation to personality dimensions in adolescents. *Studia Psychologica, 51*(2-3), 149-160.

Field, A. (2013). *Discovering statistics using IBM SPSS Statistics* (4 ed.). Thousand Oaks: Sage publications.

Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist, 55*(6), 647.

Fordyce, M. W. (1988). A review of research on the happiness measures: A sixty second index of happiness and mental health. *Social Indicators Research, 20*(4), 355-381.

Fredricks, J. A., Blumenfeld, P., Friedel, J., & Paris, A. (2005). School engagement. In K. Moore & L. Lippman (Eds.), *What do children need to flourish? Conceptualising and measuring indicators of positive development* (pp. 305-321). New York: Springer.

Frydenberg, E. (2008). *Adolescent coping: Advances in theory, research and practice*. Hove, UK: Routledge.

Frydenberg, E., Lewis, R., Kennedy, G., Ardila, R., Frindte, W., & Hannoun, R. (2003). Coping with concerns: An exploratory comparison of Australian, Colombian, German and Palestinian adolescents. *Journal of Youth and Adolescence, 32*(1), 59-66. doi: 0047-2891/03/0200-0059/0

Gifford, S. M., Bakopanos, C., Kaplan, I., & Correa-Velez, 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.

Gilmore, L., Patton, W., McCrindle, A., & Callum, L. (2002). Single-sex classes in a Queensland primary school: An evaluation of outcomes. *The Australian Educational and Developmental Psychologist, 19*(1), 49-58.

Goodman, J. H. (2004). Coping with trauma and hardship among unaccompanied refugee youths from Sudan. *Qualitative Health Research, 14*, 1117- 1196. doi: 10.1177/1049732304265923

Greenglass, E. (2002). Proactive coping. In E. Frydenberg (Ed.), *Beyong coping: Meeting goals, vision, and challenges*. London, UK: Oxford University Press.

Greenglass, E., & Fiksenbaum, L. (2009). Proactive coping, positive affect, and well-being. *European Psychologist, 14*(1), 29-39.

Greenglass, E., Fiksenbaum, L., & Eaton, J. (2006). The relationship between coping, social support, functional disability and depression in the elderly. *Anxiety, Stress, and Coping, 19*(1), 15-31.

Guerin, P., & Guerin, B. (2007). Research with refugee communities: Going around in circles with methodology. *Special Edition Papers, 19*(1).

Halcón, L. L., Robertson, C. L., Savik, K., Johnson, D. R., Spring, M. A., Butcher, J. N., . . . Jaranson, J. M. (2004). Trauma and coping in Somali and Oromo refugee youth. *Journal of Adolescent Health, 35*(1), 17- 25. doi: 10.1016/j.jadohealth.2003.08.005

Harrell-Bond, B., & Voutira, E. (2007). In Search of 'Invisible' Actors: Barriers to Access in Refugee Research. *Journal of Refugee Studies, 20*(2), 281-298. doi: 10.1093/jrs/fem015

Harris, M., & Zwar, N. (2005). Refugee health. *Australian Family Physician, 34*(10), 825-829.

Harter, S. (1985). *Manual for the social support scale for children*. Denver: University of Denver.

Hartley, L., & Pedersen, A. (2007). Asylum seekers: How attributions and emotion affect Australians' views on mandatory detention of "the other". *Australian journal of psychology, 59*(3), 119-131.

Hayes, A. F. (2013). Some frequently asked questions. Retrieved from: http://www.afhayes.com/macrofaq.html.

Henley, J. (2011). *Psychosocial outcomes in recently resettled refugee youth (Unpublished doctoral dissertation).* Flinders University, Adelaide.

Henley, J., & Robinson, J. (2008). *A longitudinal study of wellbeing in child and adolescent refugees recently resettled in Australia.* Paper presented at the 20th Biennial ISSBD Meeting, Würzburg, Germany.

Henley, J., & Robinson, J. (2011). Mental health issues among refugee children and adolescents. *Clinical Psychologist, 15*(2), 51-62. doi: 10.1111/j.1742-9552.2011.00024.x

Herman-Stabl, M. A., Stemmler, M., & Petersen, A. C. (1995). Approach and avoidant coping: Implications for adolescent mental health. *Journal of Youth and Adolescence, 24*(6), 649-665. doi: 10.1007/BF01536949

Hobfoll, S. (2002). Social and psychological resources and adaptation. *Review of general psychology, 6*(4), 307.

Hobfoll, S. (2011). Conservation of resource caravans and engaged settings. *Journal of Occupational and Organizational Psycholog*(84), 116- 122. doi: 10.1111/j.2044-8325.2010.02016.x

Hobfoll, S., Horsey, K., & Lamoureux, B. (2009). Resiliency and resource loss in times of terrorism and disaster: lessons learned for children and families and those left untaught. In D. Brom, R. Pat-Horenczyk & J. Ford (Eds.), *Treating traumatixed children: Risk, resilience and recovery* (pp. 150- 163). New York: Routledge.

Hobfoll, S., Mancini, A., Hall, B., Canetti, D., & Bonnano, G. (2011). The limits of resilience: Distress following chronic political violence among Palestinians. *Social Science and Medicine*(72), 1400- 1408. doi: 10.1016/j.socscimed.2011.02.022

Hodes, M. (2000). Psychologically Distressed Refugee Children in the United Kingdom. *Child Psychology and Psychiatry Review, 5*(02), 57-68.

Hodes, M. (2002). Three key issues for young refugees' mental health. *Transcultural Psychiatry, 39*(2), 196- 213. doi: 10.1177/136346150203900206

Hodes, M., Jagdev, D., Chandra, N., & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. *Journal of Child Psychology and Psychiatry, 49*, 723- 732. doi: 10.1111/j.1469-7610.2008.01912.x

Hooberman, J., Rosenfeld, B., Rasmussen, A., & Keller, A. (2010). Resilience in trauma-exposed refugees: The moderating effect of coping style on resilience variables. *American Journal of Orthopsychiatry, 80*(4), 557-563. doi: 10.1111/j.1939-0025.2010.01060.x

Jayasuriya, L., Sang, D., & Fielding, A. (1992). Ethnicity, immigration and mental illness: A critical review of Australian research. Canberra: Bureau of Immigration Research.

Judd, C. M., & Kenny, D. A. (1981). Process analysis estimating mediation in treatment evaluations. *Evaluation review, 5*(5), 602-619.

Kallasmaa, T., & Pulver, A. (2000). The structure and properties of the Estonian COPE inventory. *Personality and Individual Differences, 29*(5), 881-894.

Keles, S., Friborg O., Idose, T., Sirin, S., & Oppedal, B. (2013). Depression among unacoompanied refugees: The relative contribution of general and acculturation-specific daily hassles. *Manuscript submitted for publication.*

Kemp, C. (1985). Cambodian refugee health care beliefs and practices. *Journal of Community Health Nursing, 2*(1), 41-52.

Kenny, D. A., (2013, December 1). Mediation. Retrieved from http://davidakenny.net/cm/causalm.htm

Kenny, D. A., Kashy, D. A., & Bolger, N. (1998). Data analysis in social psychology. *The handbook of social psychology, 1*(4), 233-265.

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.

Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry, 12*(1), 29-43. doi: 10.1177/1359104507071052

Kim, M.-Y. (2012). *Relationship between types of social support, coping strategies and psychological distress in individuals living with congenital heart disease.* University of British Columbia, Vancouver.

Kinzie, J. D., Boehnlein, J. K., Leung, P. K., Moore, L. J., Riley, C., & Smith, D. (1990). The Prevalence of Posttraumatic Stress Disorder and Its Clinical Significance among Southeast Asian Refugees. *The American Journal of Psychiatry, 147*(7), 913-917.

Kirk, J., & Cassity, E. (2007). Minimum standards for quality education for refugee youth. *Youth Studies Australia, 26*(1), 50-56.

Kitzinger, J. (1995). Qualitative research. Introducing focus groups. *BMJ, 311*(7000), 299-302.

Klasen, F., Oettingen, G., Daniels, J., Post, M., Hoyer, C., & Adam, H. (2010). Posttraumatic resilience in former Ugandan child soldiers. *Child Development, 81*(4), 1096-1113. doi: 10.1111/j.1467-8624.2010.01456.x

Kovacev, L., & Shute, R. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia. *International Journal of Behavioral Development, 28*(3), 259-267. doi: 10.1080/01650250344000497

Krueger, R. A., & Casey, M. A. (2009). *Focus groups: a practical guide for applied research* (4 ed.). Thousand Oaks: Sage Publications.

Krupinski, J., & Burrows, G. (Eds.). (1986). *The price of freedom: Young Indochinese refugees in Australia*. Sydney: Pergamon Press.

Kuo, B. (2010). Culture's consequences of coping: Theories, evidence and dimensionalities. *Journal of Cross-cultural Psychology, 20*(10), 1- 17. doi: 10.1177/0022022110381126

Kuterovac-Jagodić, G. (2003). Posttraumatic stress symptoms in Croatian children exposed to war: A prospective study. *Journal of Clinical Psychology, 59*(1), 9-25. doi: 10.1002/jclp.10114

Lau, W., & Thomas, T. (2008). Research into the psychological well-being of young refugees. *International Psychiatry, 5*(3).

Layne, C. M., Beck, C. J., Rimmasch, H., Southwick, J. S., Moreno, M. A., & Hobfoll, S. E. (2008). Promoting "resilient" posttraumatic adjustment in childhood and beyond: Unpacking life events, adjustment trajectories, resources, and interventions. In D. Brom, R. Pat-Horenczyk & J. Ford (Eds.), *Treating traumatized children: Risk, resilience and recovery*. New York: Routledge.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer Publishing Company.

Leavey, G., Hollins, K., King, M., Barnes, J., Papadopoulos, C., & Grayson, K. (2004). Psychological disorder amongst refugee and migrant schoolchildren in London. *Social Psychiatry and Psychiatric Epidemiology, 39*(3), 191-195. doi: 10.1007/s00127-004-0724-x

Leung, C. (2001). The psychological adaptation of overseas and migrant students in Australia. *International Journal of psychology, 36*(4), 251-259.

Litman, J. (2006). The COPE inventory: Dimensionality and relationships with approach- and avoidance-motives and positive and negative traits. *Personality and Individual Differences, 41*(2), 273-284. doi: http://dx.doi.org/10.1016/j.paid.2005.11.032

Litman, J., & Lunsford, G. (2009). Frequency of use and impact of coping strategies assessed by the COPE Inventory and their relationships to post-event health and well-being. *Journal of Health Psychology, 14*(7), 982-991.

Lohman, B. J., & Jarvis, P. A. (2000). Adolescent stressors, coping strategies, and psychological health studied in the family context. *Journal of Youth and Adolescence, 29*(1), 15- 43. doi: 0047-2891/00/0200-0015$18.00/0

Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., . . . Saxe, G. N. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*, 24- 36.

Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology, 12*, 857- 885.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3).

Luthar, S. S., Sawyer, J. A., & Brown, P. J. (2006). Conceptual issues in the studies of resilience: Past, present and future research. *Annals of the New York Academy of Science, 1094*, 105-115.

MacKinnon, D. P., Krull, J. L., & Lockwood, C. M. (2000). Equivalence of the mediation, confounding and suppression effect. *Prevention Science, 1*(4), 173-181.

Masten, A. S. (2001). Ordinary Magic: Resilience Processes in Development. [Miscellaneous Article]. *American Psychologist March, 56*(3), 227-238. doi: 10.1037/0003-066X.56.3.227

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*, 425-444.

Masten, A. S., Hubbard, J. J., Gest, S. D., Tellegen, A., Garmezy, N., & Ramirez, M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology, 11*, 143- 169.

Masten, A. S., & Obradovic, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Science, 1094*, 13-27.

Matthews, J. (2008). Schooling and settlement: Refugee education in Australia. *International Studies in Sociology of Education, 18*(1), 31-45.

Melia, Kath M. "Producing "plausible stories": interviewing student nurses." *Context and method in qualitative research. London: Sage* (1997): 26-36.

Melville, M. B., & Brinton Lykes, M. (1992). Guatemalan Indian children and the sociocultural effects of government-sponsored terrorisms. *Social Science &*

Medicine, 34(5), 533-548. doi: http://dx.doi.org/10.1016/0277-9536(92)90209-9

Mghir, R., 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.

Mollica, R. F., Poole, C., Son, L., Murray, C. C., & Tor, S. (1997). Effects of trauma on Cambodian refugee adolescents functional health and mental health status. *American Academy of Child and Adolescent Psychiatry, 36*(8), 1098- 1106. doi: 0890-8567/97/3608-1098/$0.300/0

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

O'Connor, R. C., & O'Connor, D. B. (2003). Predicting hopelessness and psychological distress: The role of perfectionism and coping. *Journal of Counseling Psychology, 50*(3), 362.

O'Doherty, K., & Lecouteur, A. (2007). "Asylum seekers","boat people" and "illegal immigrants": Social categorisation in the media*. *Australian journal of psychology, 59*(1), 1-12.

Omidian, P. A. (2000). Qualitative measures and refugee research. In F. L. Ahearn, Jr. (Ed.), *Psychosocial Wellness of Refugees: Issues in Qualitative and Quantitative Research, Studies in Forced Migration* (Vol. 7, pp. 41-66). Oxford: Berghan Books.

Paardekooper, B., Jong, J. T. V. M. d., & Hermanns, J. M. A. (1999). The psychological impact of war and the refugee situation on South Sudanese children in refugee camps in Northern Uganda: An exploratory study. *Journal of Child Psychology and Psychiatry, 40*(4), 529- 536.

Papageorgiou, V., Frangou-Garunovic, A., Iordanidou, R., Yule, W., Smith, P., & Vostanis, P. (2000). War trauma and psychopathology in Bosnian refugee children. *European child & adolescent psychiatry, 9*(2), 84-90.

Phelps, S. B., & Jarvis, P. A. (1994). Coping in adolescence: Empirical evidence for a theoretically based approach to assessing coping. *Journal of Youth and Adolescence, 23*(3), 359-371.

Pidgeon, N., & Henwood, K. (1996). Grounded theory: practical implementation. *Handbook of qualitative research methods for psychology and the social sciences*, 86-101.

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. doi: 10.1001/jama.294.5.602

Preacher, K. J., & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods, Instruments, & Computers, 36*(4), 717-731.

Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior research methods, 40*(3), 879-891.

Punamäki, R.-L. (2001). From childhood trauma to adult well‑being through psychosocial assistance of Chilean families. *Journal of Community Psychology, 29*(3), 281-303.

Punamäki, R.-L., Muhammed, A. H., & Abdulrahman, H. A. (2004). Impact of traumatic events on coping strategies and their effectiveness among Kurdish children. *International Journal of Behavioral Development, 28*(1), 59-70. doi: 10.1080/01650250344000271

Qouta, S., Punamäki, R.-L., Montgomery, E., & Sarraj, E. E. (2007). Predictors of

    psychological distress and positive resources among Palestinian adolescents:

    Trauma, child, and mothering characteristics. *Child Abuse & Neglect, 31*(7),

    699-717. doi: http://dx.doi.org/10.1016/j.chiabu.2005.07.007

Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health

    of displaced and refugee children resettled in low-income and middle-income

    countries: risk and protective factors. *The Lancet, 379*(9812), 250-265.

Riollo, L., Savicki, V., & Cepani, A. (2002). Resilience in the face of catastrophe:

    Optimism, personality and coping in the Kosovo crisis. *Journal of Applied*

    Social Psychology, 32, 1604- 1627.

Robinson, J. (2011). Sudanese heritage and living in Australia: Implications of

    demography for individual and community resilience. *Australian Review of*

    African Studies, 32(2), 25- 56.

Rousseau, C., & Drapeau, A. (2003). Are refugee children an at-risk group? A

    longitudinal study of Cambodian adolescents. *Journal of Refugee Studies,*

    16(1), 67- 81.

Rousseau, C., Said, T. M., Gagne, M.-J., & Bibeau, G. (1998). Resilience in

    unaccompanied minors from the north of Somalia. *Psychoanalytic Review,*

    85, 615- 637.

Ryan, D., Dooley, B., & Benson, C. (2008). Theoretical perspectives on post-

    migration adaptation and psychological well-being among refugees: Towards

    a resource-based model. *Journal of Refugee Studies, 21*(1), 1- 17. doi:

    10.1093/jrs/fem047

Sack, W. H., CLARKE, G., Him, C., Dickason, D., Goff, B., Lanham, K., & Kinzie,

    J. D. (1993). A 6-year follow-up study of Cambodian refugee adolescents

traumatized as children. *Journal of the American Academy of Child & Adolescent Psychiatry, 32*(2), 431-437.

Sam, D. L., & Oppedal, B. (Writers). (2003). Acculturation as a developmental pathway, *Online Readings in Psychology and Culture*.

Sampson, R., & Gifford, S. M. (2010). Place-making, settlement and well-being: The therapeutic landscapes of recently arrived youth with refugee backgrounds. *Health & Place, 16*(1), 116-131. doi: http://dx.doi.org/10.1016/j.healthplace.2009.09.004

Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., . . . Raphael, B. (2001). The mental health of young people in Australia: key findings from the child and adolescent component of the national survey of mental health and well-being. *Australian and New Zealand Journal of Psychiatry, 35*(6), 806-814.

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*, 282- 288.

Seglem, K. B. (2007). *Interpersonal risks, resources and depression symptoms among resettled unaccompanied minor refugees.* University of Oslo, Oslo.

Seiffge-Krenke, I. (2000). Causal links between stressful events, coping style, and adolescent symptomatology. *Journal of Adolescence, 23*(6), 675-691. doi: 10.1006/jado.2000.0352

Shakespeare-Finch, J., & Wickham, K. (2010). Adaptation of Sudanese refugees in an Australian context: investigating helps and hindrances. *International Migration, 48*(1), 23-46.

Sherbourne, C. D., & Stewart, A. L. (1991). The MOS social support survey. *Social Science & Medicine, 32*(6), 705-714.

Shrout, P. E., & Bolger, N. (2002). Mediation in experimental and nonexperimental studies: new procedures and recommendations. *Psychological methods, 7*(4), 422.

Sica, C., Novara, C., Dorz, S., & Sanavio, E. (1997). Coping strategies: Evidence for cross-cultural differences? A preliminary study with the Italian version of coping orientations to problems experienced (COPE). *Personality and Individual Differences, 23*(6), 1025-1029. doi: http://dx.doi.org/10.1016/S0191-8869(97)00112-8

Sidhu, R., & Taylor, S. (2007). Educational provision for refugee youth in Australia: left to chance? *Journal of Sociology, 43*(3), 283-300.

Silove, D., Steel, Z., McGorry, P., Miles, V., & Drobny, J. (2002). The impact of torture on post-traumatic stress symptoms in war-affected Tamil refugees and immigrants. *Comprehensive Psychiatry, 43*(1), 49-55. doi: http://dx.doi.org/10.1053/comp.2002.29843

Silove, D., Steel, Z., & Watters, C. (2000). Policies of deterrence and the mental health of asylum seekers. *The Journal of the American Medical Association, 284*(5), 604-611.

Simich, L., Hamilton, H., & Baya, B. K. (2006). Mental distress, economic hardship and expectations of life in Canada among Sudanese newcomers. *Transcultural Psychiatry, 43*(3), 418- 444. doi: 10.1177/1363461506066985

Slodnjak, V., Kos, A., & Yule, W. (2002). Depression and parasuicide in refugee and Slovenian adolescents. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 23*(3), 127-132.

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. *The Journal of the American Medical Association, 302*(5), 537-549. doi: 10.1001/jama.2009.1132

Steel, Z., Momartin, S., Bateman, C., Hafshejani, A., Silove, D. M., Everson, N., . . . Mares, S. (2004). Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia. *Australian and New Zealand Journal of Public Health, 28*(6), 527-536. doi: 10.1111/j.1467-842X.2004.tb00042.x

Steel, Z., Silove, D., Bird, K., McGorry, P., & Mohan, P. (1999). Pathways from War Trauma to Posttraumatic Stress Symptoms Among Tamil Asylum Seekers, Refugees, and Immigrants. *Journal of Traumatic Stress, 12*(3), 421-435. doi: 10.1023/a:1024710902534

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, VI*(2), 63-86. doi: spo.10381607.0006.205

Sultan, A., & O'Sullivan, K. (2001). Psychological disturbances in asylum seekers held in long term detention: a participant-observer account. *The Medical journal of Australia, 175*(11-12), 593-596.

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science and Medicine, 48*.

Tabachnick, B. G., Fidell, L. S., & Osterlind, S. J. (2013). *Using multivariate statistics* (6 ed.). Boston: Pearson.

United Nations High Commissioner for Refugees. (2009a). 2008 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons.

United Nations High Commissioner for Refugees. (2009b). Protecting refugees & the role of UNHCR, from http://www.unhcr.org/509a836e9.html

United Nations High Commissioner for Refugees. (2010). Asylum levels and trends in industrialized countries, 2009: Statistical overview of asylum applications lodged in Europe and selected non-European countries

Uptin, J., Wright, J., & Harwood, V. (2013). 'It felt like i was a black dot on white paper': Examining young former refugees' experience of entering Australian high schools. *Australian Educational Researcher, 40*(1), 125-137.

Vaux, A. (1988). *Social support: Theory, research, and intervention*. New York: Praeger publishers.

Warland, J., Ziaian, T., Stewart, H., Procter, N., Sawyer, M., & Baghurst, P. (2007). Challenges faced when conducting research with young Australians with refugee experiences. *The Australian Community Psychologist, 19*(2).

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of Personality and Social Psychology, 54*(6), 1063.

Watters, C. (2001). Emerging paradigms in the mental health care of refugees. *Social Science and Medicine, 52*, 1709- 1718.

Weisenberg, M., Schwarzwald, J., Waysman, M., Solomon, Z., & Klingman, A. (1993). Coping of school-age children in the sealed room during scud missile bombardment and postwar stress reactions. *Journal of Consulting and Clinical Psychology, 61*, 426- 467. doi: 0022-006X/93/$3.00

Werner, E. E. (2012). Children and war: Risk, resilience, and recovery. *Development and Psychopathology, 24*(2), 553.

West, S. (2004). School's in for Australia's refugee students. *Principal Matters, 61*, 30-32.

Wilkinson, R. B., Walford, W. A., & Espnes, G. A. (2000). Coping styles and

    psychological health in adolescents and young adults: A comparison of

    moderator and main effects models. *Australian Journal of Psychology, 52*(3),

    155- 162. doi: 10.1080/00049530008255383

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

Zimmer-Gembeck, M. J., & Skinner, E. A. (2008). Adolescents coping with stress:

    Development and diversity. *Prevention Research, 15*, 3- 7.

Appendix A

Study 1 Information and Consent Forms

LETTER OF INTRODUCTION

Dear parents/guardians,

This letter is to introduce **Mr Michael Oliver**, who is a PhD student in the school of Psychology at Flinders University and youth worker with the Australian Refugee Association. Michael is undertaking research leading to the production of a thesis on the adaptation of young people from refugee backgrounds to the challenges of high school in Australia.

He would be most grateful if you would consent for your child to participate in a group interview, where some of the difficulties faced by students from refugee backgrounds at high school, and the things that help them to manage these difficulties. The interview will be supervised by moderators, including a bilingual peer support worker. The interview will take between 45- 60 mins, at a place and time that is safe and convenient for all children.

Participation is entirely voluntary and there is no consequence for your child if they choose not to participate. Your child is free to withdraw at any time, or to only answer some of the questions.

A consent form has been provided for you to sign and your child to bring with them when they attend. If their consent form is not signed, they will not be able to take part in the project.

Should you have any questions about the project you may contact me using the contact details in the letterhead, or contact Michael (michael.oliver@flinders.edu.au, Ph: 8201 3435). Additionally, an interpreter can be organised to discuss any questions you have. Thank you for your attention and assistance.

Sincerely

Dr Julie Robinson, School of Psychology, Flinders University.

CONSENT FORM

Research Title:
Adaptation to the Australian education system:

Investigators:
Dr. Julie Robinson   Mr Michael Oliver
School of Psychology   School of Psychology
Flinders University   Flinders University
Ph:8201 2395   Ph: 8201 3435
Email: Julie.robinson@flinders.edu.au   Email: Michael.oliver@flinders.edu.au

Please tick the box if you agree:

- I am 18 years old or able to give consent for myself
- The researcher has explained to me what the interview will be about
- The researcher has answered my question about this research
- I know that my responses will be kept confidential (a secret)
- I know that I do not have to participate if I don't want to, and that I can choose not to answer any question
- I know that there will be no consequences if I decide at any time during the project that I do not want to be involved anymore

☐   I agree to be involved in this project

Young person's name: _____

Signature: _____ Date: _____

CONSENT FORM

Research Title:
Adapting to High School

Investigators:
Dr. Julie Robinson   Mr Michael Oliver
School of Psychology   School of Psychology
Flinders University   Flinders University
Ph:8201 2395   Ph: 8201 3435
Email: Julie.robinson@flinders.edu.au   Email: Michael.oliver@flinders.edu.au

Please tick the box if you agree:

•   I understand what this project is about

•   The researcher has answered my questions about this project

•   I know that the things my child says will be kept confidential (a secret), and that no photos will be used to identify my child to other people

•   I know that the group discussion will be audio recorded

•   I know that my child does not have to do the focus group, and that can choose not to answer any question

•   I know that there will be no consequences if my child decides at any time during the focus group that they do not want to be involved anymore

You may choose to tick one option or both:

☐   I give permission for my child to be involved in this project

☐   I also agree for my child to have their photo taken as part of this project

Child's name: _____
Parents's name: _____
Signature: _____ Date: _____
_____

For the Researcher/Interpreter to Complete   **.**

I, _____ have described to _____
the research project and nature and effects of procedure(s) involved. In my opinion he/she
understands the explanation and has freely given his/her consent.

Signature: _____Date: _____

Status in Project   _____

Appendix B

Study 1 Interview Protocol

Interview

Introduction:

Explain confidentiality and anonymity again to the interviewee before you start recording. Stress that they can stop the interview at any time and also refuse to answer any question. Also let them know that if there are any issues brought up during the interview that they would like to seek help with, they are welcome to talk to you about them after the interview has concluded.

1. One of the things we're going to talk about today is school, and how it's going for you. High school can be really stressful and challenging for everyone, but also a lot of fun and really important for the future. How do you feel about school at the moment?

2. So we know that some of the things that happen at school can be hard They can make you feel worried, or sad, or confused or stressed. I want you to think back to a time since coming to do school in Australia where something has happened that's made you feel stressed, or worried or sad. It might be something that happened at school, or something that happened outside of school.

3. Let's talk about some of these stressful experiences- What helps you when you have problems?

4. One thing that helps people is good coping skills. Have you heard the term coping before? (*Explain to group that coping can refer to the things people do to help themselves when feeling stressed).* People have different ideas about what it means to cope. What do you think good coping means, for you?

5. What do you do when you get stressed or sad that you would count as good coping, that helps you deal with stress and problems at school?

6.   What did you do in that past that wasn't so good, or didn't work so well?

7.   Where do you think that that people learn about what helps them when they feel stressed or sad?

8.   Have the thing that you do when you have a problem changed since coming to Australia?

9.   We're interested in what you think are the most useful things for a person from your background to have, or to do, so that they feel good. If you had to pick one, that was the most important to you, that you think works really well, what do you think that would be?

Appendix C

Study 2 Information and Consent Forms

LETTER OF INTRODUCTION

Dear Student

This letter is to introduce **Mr Michael Oliver**, who is a PhD student in the school of Psychology at Flinders University. Michael is undertaking research leading to the production of a thesis on the strategies young people from non-English speaking backgrounds use to adapt to the challenges of secondary school in Australia.

He would be most grateful if you would consent to participate in a supported survey, where they will be asked about some of the difficulties faced by students from non-English speaking backgrounds at high school, and their ways of coping with these difficulties. This project has been approved by Thebarton Senior College and will be supervised by school moderators, including a bilingual peer support worker. The survey will take approximately 60 mins during school hours and on the school grounds.

Participation is entirely voluntary and there is no consequence for you if you choose not to participate. You are free to withdraw at any time, or to only answer some of the questions.

A consent form has been provided for you to sign or for your parent or guardian to sign if you are under 18 years and not able to sign for yourself. If the consent form is not signed, you will not be able to take part in the project.

Should you have any questions about the project you may contact me using the contact details in the letterhead, or contact Michael (michael.oliver@flinders.edu.au, Ph: 8201 3435). Additionally, an interpreter can be organised to discuss any questions you have. Thank you for your attention and assistance.

Sincerely

Dr Julie Robinson, School of Psychology, Flinders University.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 5753). For more information regarding ethical approval of the project the Executive Officer of the Committee can be

CONSENT FORM

<u>Research Title:</u>

Adapting to a New School: Survey of Student Wellbeing

<u>Investigators:</u>

Dr. Julie Robinson   Mr Michael Oliver

School of Psychology   School of Psychology

Flinders University   Flinders University

Ph:8201 2395   Ph: 8201 3435

Email: Julie.robinson@flinders.edu.au   Email: Michael.oliver@flinders.edu.au

<u>Please sign if you agree:</u>

- I am over 18 years old or able to give consent for myself

- Someone has explained to me what this project is about

- Someone has answered any questions I have about the project

- I know that the things I say will be kept confidential (a secret)

- I know that I do not have to do the survey if I don't want to, and that I can choose not to answer any question

- I know that there will be no consequences if I decide at any time during the project that I don't want to be involved anymore

Young person's name: _____

Signature: _____ Date: _____

Appendix D

Study 2 Self-Report Questionnaire

These questions ask you all about how you feel, and things that you do to deal with challenges in your life. If there are any questions you are unsure about, or if you would like help, please ask your support worker. Before you begin please answer the questions below. It is ok if you aren't sure about the answer to a question; just take your best guess.

About Me…

My Age _____

My School _____

I Am A   Boy ☐   Girl ☐

My Year Level _____

The country that my people come from is: _____

The language I speak at home is: _____

Before I came to Australia I went to school for _____ Years and _____ Months

Since coming to Australia I have been going to school for _____ Years and _____ Months

I have been living in Australia for _____ Years and _____ Months

The questions in this section ask you how you feel about the people in your life. In each case, you will be asked to circle *how often* you felt or thought a certain way about the people in your life at school, in your family and amongst your friends.

0= Not at all   1= Sometimes   2= A Lot of the Time

1. At school there are adults I can talk to,
    who care about my feelings and what happens to
    me……………………………………………………………...……**0 1 2**

2. At school, there are adults I can talk to,
    who give good suggestions and advice about my
    problems…………………………………………………..………....**0 1 2**

3. At school, there are adults I can talk to,
    who I do fun things with and who make me feel happy………….**0 1 2**

4. At school, there are adults who help me with practical problems,
    like helping me get somewhere or helping with a
    project……………………………………………………..……....……**0 1 2**

5. At school there are adults I get upset with
    or angry at (even if I don't show it.)
    …………………………………………………..…………………**0 1 2**

6. There are people in my family who I can talk to,
    who care about my feelings and what happens to
    me……………………………………………………..……………**0 1 2**

7. There are people in my family I can talk to,
    who I do fun things with and who make me feel happy................ **0 1 2**

8. There are people in my family I can talk to,
    who give good suggestions and advice about my
    problems…………………………………………………...………….**0 1 2**

9. There are people in my family who help solve
    problems like fixing something or making
    food……………………………………………………………………**0 1 2**

10. There are people in my family who I get upset with
    or angry at (even if I don't show it)
    …………………………………………………..……………………**0 1 2**

11. I have friends I can talk to, who care about
    my feelings and what happens to
    me…………………………………………………………...…………**0 1 2**

12. I have friends I can talk to, who I do fun things with
    and who make me feel
    happy……………………………………………………...……………**0 1 2**

13. I have friends I can talk to, who give good
    suggestions and advice about my
    problems……………………………………………………………**0 1 2**

14. I have friends who help me by doing something
    to help solve problems like fixing something or making food..........**0 1 2**

15. I have friends who I get upset with
    or angry at (even if I don't show it)
    ……………………………………………………………………….**0 1 2**

16. There are organisations outside school where people
    give good suggestions and advice about my
    problems……………………………………………………...……**0 1 2**

17. There are organisations outside school where people
    help me with practical
    problems……………………………………………..…………….……**0 1 2**

18. There are organisations outside school where there
    are people I can talk to, who I do fun things with,
    and who make me feel happy……. …… …………….………….…..**0 1 2**

19. There are organisations outside school where I can talk
    to people who care about my feelings and what happens to
    me……………………………………………………………...**0 1 2**

20. There are organisations outside of school with people
    who I get upset with, or angry at (even if I don't show it)…………..**0 1 2**

The questions in this section ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

0 = Never   1 = Almost Never   2 = Sometimes   3 = Fairly Often   4 = Very Often

1. In the last month, how often have you been upset
because of something that happened unexpectedly?........................ **0 1 2 3 4**

2. In the last month, how often have you
 felt that you were unable
to control the important things in your life?.. **0 1 2 3 4**

3. In the last month, how often have
you felt nervous and "stressed"? .... …………………………………...**0 1 2 3 4**

4. In the last month, how often have you
felt confident about your ability
to handle your personal problems?... **0 1 2 3 4**

5. In the last month, how often have you felt that things
were going your way?.. **0 1 2 3 4**

6. In the last month, how often have you
found that you could not cope
with all the things that you had to do? **0 1 2 3 4**

7. In the last month, how often have you been able
to control irritations in your life?...**0 1 2 3 4**

8. In the last month, how often have you felt that you
were on top of things?.. **0 1 2 3 4**

9. In the last month, how often have you been angered
because of things that were outside of your control? **0 1 2 3 4**

10. In the last month, how often have you felt difficulties
were piling up so high that you could not overcome them?............... **0 1 2 3 4**

The questions in this section ask you about areas of your life which may be sources of <u>difficulties, stress or worries</u>. For each one, please indicate how often these areas were a source of stress for you **during the past six months**.

**0= Never   1 = Almost Never   2 = Sometimes   3 = Fairly Often
4 = Very Often**

1.   Getting difficult schoolwork and homework
done………………………………………………………….......... **0 1 2 3 4**

2.   Thinking about what I am going to do
 in the future……………….……………………………….......… **0 1 2 3 4**

3.   Arguments or disagreements with my family
(even if I don't show it).. **0 1 2 3 4**

4.   Being separated from my family and
 the people I love..….... **0 1 2 3 4**

5.   Arguments or disagreements with
other students at school (even if I don't show
it)...……...**0 1 2 3 4**

6.   Problems with speaking or understanding
 the English language...…….... **0 1 2 3 4**

7.   Financial troubles (worrying about
not having enough money
to afford the things that I need or that my family needs)....................**0 1 2 3 4**

8.   Arguments or disagreements with
teachers at school (even if I don't show
it)..…. **0 1 2 3 4**

The questions in this section ask you about things you do in school and how you feel about your school and classroom. For each one, please indicate how often you feel each statement is true for you **during the past six months**.

0= Never   1= On Occasion   2= Sometimes 3 = Most of the Time
4= All the Time

1.   I pay attention in class.. **0 1 2 3 4**

2.   I feel happy at school... **0 1 2 3 4**

3.   When I read a book, I ask myself questions
 to make sure I understand what it is about........................……**0 1 2 3 4**

4.   When I am in class, I just act as if I am
working... **0 1 2 3 4**

5.   I feel excited by the work in school...........................………..**0 1 2 3 4**

6.   I study at home even when I don't have a
test... **0 1 2 3 4**

7.   I follow the rules at school ....………..**0 1 2 3 4**

8.   I like being at school.. **0 1 2 3 4**

9.   I try to watch TV shows about things that
 we are doing at school.. **0 1 2 3 4**

0= Never   1= On Occasion   2= Sometimes 3 = Most of the Time   4= All the Time

10. I get in trouble at school... **0 1 2 3 4**

11. I am interested in the work we do at school............................. **0 1 2 3 4**

12. I check my schoolwork for mistakes.. **0 1 2 3 4**

13. My classroom is a fun place to be... **0 1 2 3 4**

14. I read extra books to learn more about
    things we do in school. **0 1 2 3 4**

15. I feel bored in school... **0 1 2 3 4**

The questions in this section ask you about how well you <u>feel that you are coping</u> with areas of your life which may be sources of <u>difficulties, stress or worries</u>. For each one, please indicate how often you feel like you are able to cope well **during the past six months**.

0= Never   1 = Almost Never   2 = Sometimes   3 = Fairly Often 4 = Very Often

N/A= This is not a problem for me

1.	Getting difficult schoolwork and homework
done…………………………………………………………...... **0 1 2 3 4 N / A**

2.	Thinking about what I am going to do
 in the future……………………….. **0 1 2 3 4 N / A**

3.	Arguments or disagreements with my family................. **0 1 2 3 4 N / A**

4.	Being separated from my family and
 the people I love... **0 1 2 3 4 N / A**

5.	Arguments or disagreements with
other students at school..**0 1 2 3 4 N / A**

6.	Problems with speaking or understanding
 the English language...**0 1 2 3 4 N / A**

7.	Financial troubles (worrying about
not having enough money
to afford the things that I need or that my family needs)............**0 1 2 3 4 N / A**

8.	Arguments or disagreements with
teachers at school..**0 1 2 3 4 N / A**

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This section asks you to indicate what you **generally do and feel, when you experience stressful events**. Obviously, different events bring out somewhat different responses, but think about what you **usually** do when you are under a lot of stress. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU--not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

0 = I usually don't do this at all
1 = I do this a little bit
2 = I do this a medium amount
3 = I usually do this a lot

1. I try to grow as a person as a result of
 the experience…………………………………………………………………..**0 1 2 3**

2. I turn to work or other substitute activities
 to take my mind off things…………………………………………………..**0 1 2 3**

3. I get upset and let my emotions out……...**0 1 2 3**

4. I try to get advice from someone about what
 to do. **0 1 2 3**

5. I concentrate my efforts on doing something
 about it. **0 1 2 3**

6. I say to myself "this isn't real." **0 1 2 3**

7. I put my trust in my religious beliefs. **0 1 2 3**

8. I laugh about the situation. **0 1 2 3**

9. I admit to myself that I can't deal with it,
 and quit trying. **0 1 2 3**

10. I restrain myself from doing anything too quickly. **0 1 2 3**

0 = I usually don't do this at all
1 = I do this a little bit
2 = I do this a medium amount
3 = I usually do this a lot

11. I discuss my feelings with someone. **0 1 2 3**

12. I get used to the idea that it happened..**0 1 2 3**

13. I talk to someone to find out more about the situation......................**0 1 2 3**

14. I keep myself from getting distracted by
    other thoughts or activities. **0 1 2 3**

15. I daydream about things other than this..**0 1 2 3**

16. I get upset, and am really aware of it..**0 1 2 3**

17. I seek help through my religious faith..**0 1 2 3**

18. I make a plan of action…...**0 1 2 3**

19. I make jokes about it…..**0 1 2 3**

20. I accept that this has happened and
    that it can't be changed…...**0 1 2 3**

21. I hold off doing anything about it
    until the situation permits…..**0 1 2 3**

22. I try to get emotional support from
    friends or relatives…..**0 1 2 3**

23. I just give up trying to reach my goal…..**0 1 2 3**

24. I take additional action to try to get
    rid of the problem…..**0 1 2 3**

0 = I usually don't do this at all
1 = I do this a little bit
2 = I do this a medium amount
3 = I usually do this a lot

25. I refuse to believe that it has happened...**0 1 2 3**

26. I let my feelings out……...**0 1 2 3**

27. I try to see it in a different light,
    to make it seem more positive. **0 1 2 3**

28. I talk to someone who could do something
    concrete about the problem. **0 1 2 3**

29. I sleep more than usual. …………..**0 1 2 3**

30. I try to come up with a strategy about what to do...........................**0 1 2 3**

31. I focus on dealing with this problem, and if
    necessary let other things slide a little...**0 1 2 3**

32. I get sympathy and understanding from someone. **0 1 2 3**

33. I kid around about it. **0 1 2 3**

34. I give up the attempt to get what I want. **0 1 2 3**

35. I look for something good in
    what is happening. **0 1 2 3**

36. I think about how I might best
    handle the problem. **0 1 2 3**

37. I pretend that it hasn't really happened..**0 1 2 3**

38. I make sure not to make matters
    worse by acting too soon……………...**0 1 2 3**

0 = I usually don't do this at all
1 = I do this a little bit
2 = I do this a medium amount
3 = I usually do this a lot

39. I try hard to prevent other things from
    interfering with my efforts at dealing with this..................................**0 1 2 3**

40. I go to movies or watch TV, to think about it less...........................**0 1 2 3**

41. I accept the reality of the fact that it happened................................**0 1 2 3**

42. I ask people who have had similar
    experiences what they did…………….....................................**0 1 2 3**

43. I feel a lot of emotional distress and
    I find myself expressing those feelings a lot…................................**0 1 2 3**

44. I take direct action to get around the problem.................................**0 1 2 3**

45. I try to find comfort in my religion………....................................**0 1 2 3**

46. I force myself to wait for the right time
    to do something…………………..**0 1 2 3**

47. I make fun of the situation…………….......................................**0 1 2 3**

48. I reduce the amount of effort I'm putting
    into solving the problem……………...**0 1 2 3**

49. I talk to someone about how I feel…….....................................**0 1 2 3**

50. I learn to live with it……………….....................................**0 1 2 3**

51. I put aside other activities in order
    to concentrate on this……………...**0 1 2 3**

0 = I usually don't do this at all
1 = I do this a little bit
2 = I do this a medium amount
3 = I usually do this a lot

52. I think hard about what steps to take...**0 1 2 3**

53. I act as though it hasn't even happened...**0 1 2 3**

54. I do what has to be done, one step at a time....................................**0 1 2 3**

55. I learn something from the experience...**0 1 2 3**

56. I pray more than usual……………...**0 1 2 3**

The questions in this section consist of words that describe different feelings and emotions. Reach each one and then circle the number that indicates to what extent **you feel these emotions in general**.

0=Very Slightly or Not at All   1=A Little   2=Moderately   3=Quite a bit 4 = Extremely

1. Interested..**0 1 2 3 4**

2. Excited... **0 1 2 3 4**

3. Strong.. **0 1 2 3 4**

4. Enthusiastic...**0 1 2 3 4**

5. Proud....................................... ……………...**0 1 2 3 4**

6. Alert.. **0 1 2 3 4**

7. Inspired.. ……….....**0 1 2 3 4**

8. Determined..**0 1 2 3 4**

9. Attentive...................................... ….............**0 1 2 3 4**

10. Active...................................... ……………...**0 1 2 3 4**

Please circle on this line how **happy you feel in general**

1   2   3   4   5   6   7   8   9   10   11

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Extremely Unhappy,   **Extremely Happy,**

Completely Depressed   **Feeling Fantastic**

Below are five statements that you may or may not agree with about your life. Read each one and then circle that number that indicates **how much you agree with the statement**.

1. In most ways, my life is
close to my ideal... **0 1 2 3 4**

2. The conditions of my life are excellent................................ **0 1 2 3 4**

3. I am completely satisfied with my life..................................... **0 1 2 3 4**

4. So far, I have gotten the most
important things in life... **0 1 2 3 4**

5. If I could live my life over,
I would change nothing.......................................…...**0 1 2 3 4**

Please print

BRIEF PROBLEM MONITOR-YOUTH FORM (BPM-Y) FOR AGES 11-18

For office use only ID #	Rating Period #	Days in Interval:

YOUR FULL NAME	First	Middle	Last	YOUR GENDER ☐ Boy ☐ Girl	YOUR AGE	YOUR BIRTHDATE Mo. _____ Day _____ Year _____

COMPLETE THIS FORM BY:

Mo. _____ Day _____ Year _____

TODAY'S DATE

Mo. _____ Day _____ Year _____

Below is a list of items that describe kids. Please rate each item that describes you **now or within the past _____ days.** Please circle the **2** if the item is **very true** of you. Circle the **1** if the item is **somewhat true** of you. If the item is **not true** of you, circle the **0**. *Please answer all items as well as you can.*

0 = Not True	1 = Somewhat True	2 = Very True

Comments

0 1 2 1. I act too young for my age

0 1 2 2. I argue a lot

0 1 2 3. I fail to finish things I start

0 1 2 4. I have trouble concentrating or paying attention

0 1 2 5. I have trouble sitting still

0 1 2 6. I destroy things belonging to others

0 1 2 7. I disobey my parents

0 1 2 8. I disobey at school

0 1 2 9. I feel worthless or inferior

0 1 2 10. I act without stopping to think

0 1 2 11. I am too fearful or anxious

0 1 2 12. I feel too guilty

0 1 2 13. I am self-conscious or easily embarrassed

0 1 2 14. I am inattentive or easily distracted

0 1 2 15. I am stubborn

0 1 2 16. I have a hot temper

0 1 2 17. I threaten to hurt people

0 1 2 18. I am unhappy, sad, or depressed

0 1 2 19. I worry a lot

Additional items

0 1 2 _____

0 1 2 _____

0 1 2 _____

Please be sure you answered all items.

Appendix E

Study 2- Teacher Report Questionnaire

Below are a series of statements about your student's behaviour in the classroom and generally at school. For each one, please indicate how often you feel each statement is true for your student.

0= Never   1= On Occasion   2= Sometimes 3 = Most of the Time   4= All the Time

16. When we begin work, this student appears relaxed.. **0 1 2 3 4**

17. In my class, this student works as hard as he/she can...**0 1 2 3 4**

18. In my class, this student often appears anxious...................……**0 1 2 3 4**

19. In my class, this student does just enough to get by...……..**0 1 2 3 4**

20. This student is proud of his/her achievements..……...**0 1 2 3 4**

21. This student is not afraid to ask questions in class... **0 1 2 3 4**

22. When we start something new in class this student appears bored...….**0 1 2 3 4**

23. In class, this student often appears to be daydreaming... **0 1 2 3 4**

24. This student has a positive approach to classwork... **0 1 2 3 4**

25. This students tends to give up when tasks become difficult.. **0 1 2 3 4**

26. In my class, this student is enthusiastic................................. **0 1 2 3 4**

27. This student appears to set very high goals for him/herself.. **0 1 2 3 4**

28. This student looks embarrassed when he/she does well in class.. **0 1 2 3 4**

29. This student often comes to class unprepared...................... **0 1 2 3 4**

30. This student appears to be happy during class...................... **0 1 2 3 4**

31. This student appears to enjoy challenging tasks................... **0 1 2 3 4**

32. In my class, this student is quiet and withdrawn.................... **0 1 2 3 4**

33. When working in class, this student appears very involved.. **0 1 2 3 4**

34. When working on classwork, this student often appears frustrated.. **0 1 2 3 4**

35. When we start something new, this student doesn't pay attention... **0 1 2 3 4**

36. This student shows interest in learning new things.. **0 1 2 3 4**

37. This student is easily distracted... **0 1 2 3 4**

38. This student does not appear confident about his/her own ability... **0 1 2 3 4**

39. This student participates in classroom discussions... **0 1 2 3 4**

Appendix F

Example of Visual Aid Used in Study 2
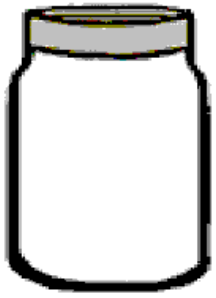
0   1   2   3   4

Appendix G
Correlations between social support subscales and psychological adaptation outcomes

Table 10.1 Pearson's Product Moment Correlation matrix for social support subscales and psychological adaptation outcomes

	Family Support	Friend Support	NGO Support	Subjective Wellbeing	Mental Health Problems	School Engagement	Teacher Reported Engagement
School Support	.19	.49**	.59**	.084	-.13	.30**	.13
Family Support		.09	.18	.41*	-.08	.17	-.01
Friend Support			.49**	.07	-.01	.10	.17
NGO Support				.21	.02	.26*	.07
Subjective Wellbeing					-.38**	.48**	.15
Mental Health Problems						-.30**	-.22
School Engagement							.25*

$*p < 0.05$; $**p < 0.01$

Appendix H

Sample of the cross-coding list

Coding Protocol- Coping Strategies/Resources/Attitudes

__Theme__	__Passage No.__	__Notes__
1. Determination		
2. Working Hard		
3. Physical Fights		
4. Avoiding problems		
5. Focusing on the positive		
6. Walking away from fights		
7. 'Releasing' emotions		
8. 'Letting Go' of negative experiences		
9. Working towards goals		
10. Participating as part of a group		

11. Receiving Positive Affirmation from teachers, counsellors		
12. Seeking practical help from teachers, counsellors		
13. Receiving Emotional Support from family		
14. Seeking practical help from family		
15. Receiving Emotional Support from Friends		
16. Having a purpose		
17. Having faith in a higher power		
18. Having others with shared identity around you		
19. Assimilating with the host country		
20. Other		