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Exploring the Settlement Experiences of Eritreans in South

Australia

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Abstract

This research explored the settlement experiences of Eritreans living in South Australia using mainly a qualitative inquiry as well as some quantitative research methods. The analysis was based on in-depth individual interviews with twenty (n=20) Eritreans living in South Australia for at least five years. The study found that some services, as well as personal and cultural resources, helped their settlement experiences, including health care services, education provision and cultural resources (such as resilience). Participants also identified several challenges that made their settlement experiences difficult at times, such as a lack of knowledge about Australian culture, language barriers and unemployment. The study concludes by recommending potential strategies to improve the settlement experiences of Eritreans and similar groups to assist successful integration into Australian society.

Keywords

Settlement experiences, social inclusion, resilience, integration, empowerment, refugees, Eritrea.

1 Introduction and Background

Research shows that many African refugees have encountered serious difficulties settling into Australian society (Winkler, 2011). According to many studies conducted in Australia, the major issues facing African refugees are housing, unemployment and mental health concerns (Burgemeister, 2008; Abdelkerim & Grace, 2012).

According to Burgemeister (2008), the most urgent issue for the majority of black African newcomers is finding suitable and affordable accommodation. It has been particularly difficult for these refugees to be accepted for housing, as they often experience discrimination in the private housing sector (Burgemeister & MRC, 2008; Dhanji, 2009). Unemployment is high in African migrant communities due to many factors, such as language barriers, lack of training, discrimination and overseas qualifications being unrecognised in Australia (African Think Tank, 2007; Abdelkerim & Grace, 2012).

Specialist mental health services for African refugees are rare throughout Australia. It has become a serious issue for the Australian health system as frontline general practitioners deal with complex mental conditions without specific training, and in many cases lacking adequate sensitivity to deal with such issues (Anstiss & Ziaian, 2010; Tiong et al., 2006).

The primary focus of this research is to explore adaptation experiences of Eritrean refugees living in South Australia and to give a voice to members of this community.

The study investigates factors identified by Eritrean refugees as helpful in their adaptation experiences and factors identified by them as unhelpful during the settlement period following their arrival in Australia.

This study provides useful knowledge for identifying relevant and useful ways to assist Eritrean refugees adapt to life in Australia and contributes ideas that may be applicable to refugees from other regions. The research highlights the importance of broader social and political environments and their influence on refugee health and well-being.

There is an existing gap in the literature regarding Eritrean migrants in Australia which this study addresses by contributing new knowledge regarding the challenges and issues facing this ethnic community as well as describing their strengths and resilience. The key findings of this study may be transferable to other African refugees settling in Australia. In the following section extensive information about Eritrea is presented to provide the reader with background information about the study population.

1.1 Eritrea: Country Profile

"I know that there are many different classes, ethnic groups, levels of education and religion that make up the amalgam that is Eritrea - but for me the factor that set Eritrea apart from other third-world situations that I have worked in is the

level of consciousness about the history, nature and direction of the Eritrean struggle for freedom and peace" - Fred Hollows.

Source: <http://www.hollows.org/Eritrea/>

Eritrea is a small country of approximately 121 300 square kilometres located in the Horn of Africa. It has borders with Sudan in the north and west, with Ethiopia in the south, with Djibouti in the south-east and with the Red Sea in the east (Figure 1). Eritrea was ruled by Italy from 1890 until Italy's defeat by British forces in 1941 during World War II. Britain governed Eritrea for 10 years until the United Nations (UN) formed the federation of Eritrea and Ethiopia in 1952, known as Ethiopia. In 1962 the Ethiopian emperor Haile Selassie proclaimed Eritrea as a province of Ethiopia, ending Eritrean autonomy. Eritrean citizens fought a war of independence with Ethiopia from 1961 to 1991 and successfully gained independence officially following a referendum in 1993.



Figure 1: Map showing location of Eritrea

Eritrean society is multi-ethnic, multi-faith and its population is diverse. There are nine tribes and each tribe possesses its own language and culture. The economy is based mainly on agriculture with over 70% of the population involved in some way or another in farming, much of which is subsistence farming. Decades of war and border disputes have had detrimental impacts on the Eritrean economy. Thus, Eritrea is one of the poorest countries in the world.

1.1.1 Politics and government

There is only one political party in Eritrea. The National Assembly is the highest legal power, setting international and domestic policies. It includes 75 members from the ruling party, The People's Front for Democracy and Justice (PFDJ), and another 75

elected members. In February 2002, the National Assembly banned creation of other political parties in Eritrea. There are few non-government organisations (NGOs) in Eritrea. Those that do operate in Eritrea tend to be run by overseas agencies for a specific function, such as the Fred Hollows Foundation which focusses on medical treatment for eye diseases. Religious organisations in Eritrea are not permitted to challenge the government or social institutions. The population is divided 50:50 between Muslims and Coptic Christians. On the international level, there is concern about the Eritrean government's lack of respect for human rights, such as freedom of speech, poor prison conditions, limited activities of NGOs and lack of democratic process.

1.1.2 Social determinants of health in Eritrea

In this section, general health status and current social issues are discussed in some detail to outline the current political situation in Eritrea. This provides some background knowledge pertaining to reasons behind forced migration of Eritrean people. There are many social and health issues challenging people in Eritrea including unemployment, lack of access to clean water and safe sanitation, lack of educational opportunities, poor nutrition, scarcity of primary health services, environmental concerns and other lifestyle, cultural and social issues. Using the determinants of the health model described by Dahlgren and Whitehead (1991) (see Appendix 2, Figure 1), these key health and social related issues challenging Eritrean people are discussed.

1.1.3 Mortality rate in Eritrea

As in other African countries, the proportion of deaths in Eritrea from communicable diseases is much higher than for the rest of the world. Deaths from noncommunicable diseases and life expectancy are higher in more developed regions. In Eritrea, accurately measuring birth weight is difficult, many babies are born at home without a skilled attendant and newborn babies are rarely weighed. In Eastern Africa 63% of babies are not weighed. However, of babies weighed 13.5% have low birth-weight, compared to 7% in Australia (WHO, 2013).

In Australia, non-communicable diseases account for 90% of all deaths, compared to 40% in Eritrea. Communicable, nutritional, perinatal and maternal deaths account for 6% of deaths in Australia, compared to 68% in Eritrea. Cancer, which is generally seen as an older person's disease, accounts for 29% of deaths in Australia (high life expectancy) compared to 7% in Eritrea. Cardiovascular disease causes 35% of deaths in Australia compared to 14% in Eritrea (WHO, 2013) (see Appendix 1, Figure 2)

1.1.4 Infant mortality rate

Australia has an infant mortality rate of five deaths per thousand. Eritrea has a high rate of infant mortality at 48 deaths per thousand (WHO, 2013). A strong intervention effort is required to reduce the rate of infant mortality.

1.1.5 Economy and GDP growth

Eritrea is one of the poorest nations on earth with a Gross National Income (GNI) of \$450 per capita (see Appendix 2, Figure 5). Low income is reflected in the poor health of the population as most people cannot afford to secure the daily necessities of life, such as healthy food, access to health care services and education. Due to low income, people tend to seek medical advice only in extreme circumstances and consume cheap food which contributes to negative health outcomes. This is clearly indicated in the low life expectancy rate of Eritreans.

1.1.6 Age distribution

Disparity in age distribution in Eritrea is evident, with a higher percentage of people aged less than 30 compared to those aged over 60 amongst the population.

1.1.7 Food and nutrition

Healthy food and a balanced diet play a crucial role in people's well-being and leads to better health outcomes. Due to drought there is not enough food for the population and many people suffer from malnutrition. Shortages in electricity supply, especially in rural areas, mean that people are not able to store fresh food adequately.

Although Eritrea has a coast on the Red Sea of more than 1 000 kilometres, the people rarely consume fish and seafood. As McMichael (1991, p. 11) reports, "Food choice

and eating behaviour are intimately associated with culture. They reflect the prevailing cuisine, which in turn reflect the population's food supply and the associated fabric and culture". Improvements in the nutrition of a community can be achieved by public health practitioners providing adequate information to policy makers, or by advocating and empowering marginalised communities. Improvement in food quality leads to a decline in food associated diseases, such as stomach cancer and heart disease, consequently improving people's health (Gruszyn, Hetzel & Glover, 2012).

1.1.8 Primary health care services

Eritrean government expenditure on the health sector is approximately 2.6% of national income (World Bank, 2012) (see Appendix 2, Figure 6). Public hospitals are under-staffed and under-equipped. Most Eritreans do not visit a doctor unless their condition is very serious and the use of modern medicines is not widespread. Many Eritreans use traditional medicines, such as herbs, to treat common illnesses (World Bank, 2012).

There are not enough primary health care resources and facilities in place to meet the needs of the population in Eritrea. People wait for long periods of time to be seen and treated by a doctor. Those who can afford to go outside the country for medical care mainly travel to Sudan and Egypt for treatment. In marginalised communities where nearly 70% of people live below the poverty line most people do not access medical treatment. Existing hospitals and medical centres are under-staffed, crowded and have

few trained personnel. Furthermore, inaccuracy in diagnosis and treatment is a high probability. According to World Bank reports in 2000, there were only 19 hospitals and a handful of medical specialists in Eritrea for a population of over five million people. Since 2000, there has been no major improvement in the Eritrean health sector. It has become difficult for NGOs to have open access to Eritrean people following United Nations sanctions imposed more than seven years ago. There is no transparency or accuracy in health data provided by the Eritrean government (Connell, 2005; UN, 2013; World Bank, 2012).

1.1.9 Education

Education is free for all Eritreans, but facilities are insufficient and in very poor condition. The literacy rate was only 20% at independence and although it is currently over 60% access to education is difficult, especially for children living in small rural villages. Schools are under-staffed, under-equipped and teachers are under-trained. Even in most large cities, such as the capitals of Asmara, Keren and Massawa, some schools work two shifts per day in order to accommodate the large number of students. At elementary level, Eritrean students are taught in their mother language due to a shortage of foreign language teachers and often teachers only receive three months training before they start teaching. There is one university of limited capacity in Eritrea located in the capital city, with no other branches within the country.

1.1.10 Unemployment

The unemployment rate is high in Eritrea, especially amongst young people, due to the country's poor economy (Montenegro et al., 2010). Following United Nations sanctions, there are no global companies working in Eritrea. This, combined with the political situation and absence of NGOs, makes it very difficult for people to be profitably employed. Due to unemployment, poverty, alcohol abuse and indefinite national military service for Eritreans, family members may suffer from problems such as depression and anxiety which are linked to domestic violence. Serious consequences may result, such as suicide.

1.1.11 Housing, pure water and political instability

The average family size in Eritrea is six per household and the average number of rooms in the family home is two per household. This results in little privacy for adults and children and puts individuals at high risk of contagious diseases. Due to mandatory national service of an indefinite period, young Eritreans, scholars and professionals are compelled to flee the country enlisting the help of human traffickers. For example, there are more than 30 000 Eritrean refugees in Israel and more than 500 000 in Sudan (UNHCR, 2012). This phenomenon has an adverse effect on the country's economy and growth due to the loss of skills and contribution to community building, leading to poor outcomes for society's welfare and well-being. The Eritrean government record for providing access to water is improving according

to a World Bank report (World Bank, 2011), but due to drought and limited resources not all areas have adequate access to water.

1.2 Future Challenges and Current Situation

Eritrea requires major reform of the health and social sectors which could be achieved through political reform to a democratic system, an option currently unavailable in Eritrea. The current situation in Eritrea as described by Human Rights Watch, below:

“Eritrea has no constitution, functioning legislature, independent judiciary, elections, independent press, or nongovernmental organizations; it does not hold elections. All power is concentrated in the hands of President Isaias Afewerki, in office since 1991. Eritrea is among the most closed countries in the world; human rights conditions remain dismal. Indefinite military service, torture, arbitrary detention, and severe restrictions on freedoms of expression, association, and religion provoke thousands of Eritreans to flee the country each month. Among those fleeing in 2013 were the minister of information—whose 85-year-old father, brother, and 15-year-old daughter were immediately arrested—and the deputy head of economic affairs of the People’s Front for Democracy and Justice (PFDJ), Eritrea’s sole political party that controls most major domestic commercial enterprises” (Human Rights Watch, 2014, World Report 2014: Eritrea, 2014, p.1).

The main goal of a community development plan is to achieve social justice for community members through the social reform process by empowering citizens to determine their individual and community destiny. This goal is achieved more readily in democratic societies as compared with non-democratic societies. In Eritrea, the main challenge for community development workers, such as social workers and public health practitioners is working in a society where citizens have neither a voice nor power. In this setting it may be very difficult for the social worker not to be seen as an agent of the state.

Due to decades of war and drought since 1961, people in Eritrea face a range of health and social issues including a lack of access to essential health services, especially primary health care. This is evidenced in data presented by the WHO which shows low life expectancy. People die at an early age as preventable illnesses escalate to chronic problems through a lack of early intervention and treatment.

In addition, overcrowding, poor quality housing, severe malnutrition, lack of food security, low literacy levels (especially amongst women) and lack of democracy contribute to poorer health outcomes. Unemployment is one determinant of health factors because unemployment is not only about income and a limited ability to access a healthy lifestyle, it also affects the mental health of individuals. Table 1, below, summarises the social and health issues described in this section.

Table 1: Eritrea Country Profile

Total population (2012)	6,131,000
Gross national income per capita (PPP international \$, 2012)	550
Life expectancy at birth m/f (years, 2011)	59/64
Probability of dying under five (per 1,000 live births, 2012)	52
Probability of dying between 15 and 60 years m/f (per 1,000 population, 2011)	347/259
Total expenditure on health per capita (Intl \$, 2011)	17
Total expenditure on health as % of GDP (2011)	2.6

Source: World Health Organisation (2012).

1.3 Eritrean Immigration in Brief

There are many factors behind Eritrean immigration to other countries. War, indefinite national service, lack of freedom and poverty are the main factors driving Eritreans to migrate towards neighbouring countries, such as Sudan and Somalia, and to foreign shores, such as Australia.

The Eritrean economy relies mainly on agriculture which represents around 12% of GDP and supports 70% of the population in the form of subsistence farming and herding. The Eritrean manufacturing sector mainly consists of light industries which contribute 25% towards GDP. The remaining 62% of GDP is represented by other services, such as port and distribution related services. Eritrea remains an economically struggling country with a GDP per capita of US\$180. In 2005, Eritrea was ranked 161 of 177 countries by the Human Rights Development Index ranking. For example, in 2004, domestic food production supplied less than 20% of domestic demand due to the continuing border dispute plus a four-year drought.

Eritreans arriving in Australia have entered under the Humanitarian Program. The main languages spoken at home by Eritrean-born people arriving in Australia from 2000-2005 are Tigrinya (50%), Arabic (30%) and Amharic (7%). The majority of arrivals to Australia settled in Victoria, followed by Western Australia as the second most favoured state.

1.4 The Eritrean Community in Australia

There is a small community of Eritreans in Australia. At the time of the 2001 Australian Census, there were 1 620 Eritrean-born persons living in Australia, an increase of 42% from the 1996 Census. There are now approximately between 7 000 and 9 000 Eritreans living in Australia (DIAC, 2012).

The number of Eritrean community members living in South Australia is small. The community, including children, numbers approximately 700 to 800. (Reference?)

Most community members live in and around the western suburbs of Adelaide. Most community members have spent time in some form of refugee camp in Sudan, Kenya or Egypt. Eritrean community members are not united under one community body. The division amongst Eritreans is due to different religious and political opinions and backgrounds. There are three official bodies representing Eritreans living in Adelaide. In general terms, most Eritreans from these three official bodies get together during social events, such as wedding celebrations or mourning.

1.5 Pre-arrival to Australia Experiences of Eritrean People

More than 750 000 people fled Eritrea between 1961 and 1991, taking refuge in neighbouring countries, particularly Sudan, due to the fight for independence from Ethiopia. Many started to return to Eritrea after the war drew to a close in 1991 and independence was won with a referendum vote in 1993. However, the border war with Ethiopia from 1998 to 2000, and political unrest within Eritrea, such as a lack of democracy and indefinite national service, caused many Eritreans to again leave their country. At the end of the dispute with Ethiopia in 2000, approximately 356 000 Eritreans were refugees and another 310 000 people were displaced within Eritrea (UNHCR, 2001).

Most Eritreans arriving in Australia through the Humanitarian Program had been living in refugee camps, mainly in Sudan and Kenya. Repatriation has been possible for some refugees. However, some entered into mixed marriages while living in refugee camps in surrounding countries and for many of these arrivals repatriation was not a viable option. Others are refugees for political and humanitarian reasons.

Since 2001, the United Nations (UN) has expressed concern regarding conditions in Eritrea including possible renewed conflict between Eritrea and Ethiopia, the escalating food crisis, existence of undetected land mines and ongoing human rights abuses. This situation is not helped by Eritrean Government actions in imposing restrictions on the operations of international aid organisations, including provision of food aid and, as a result, resettlement is a necessary option for many Eritrean refugees.

Experiences in refugee camps can affect individuals differently and be a source of great stress and lasting trauma, adding to the existing stress of circumstances that led to flight from their country of birth. Most refugee camps are crowded and while basic accommodation services are provided, many cannot offer schooling. In some refugee camps, sexual assault may be as high as 98% (Mallki, 2012; Sakani et al., 2012).

Many Eritreans have lived in refugee camps for years, sometimes for periods of more than twenty years. Some Eritreans may have lived in a number of different camps,

either moving from camp to camp as refugees, or through successive periods of flight from their homes. Children born in refugee camps may not have experienced any other way of living.

1.6 Social Inclusion of Refugees in Australia

According to the United Nations High Commissioner for Refugees (UNHCR) Global Trends Report of 2010, Australia is ranked first in its intake per capita and third globally in terms of resettlement commitment based on equity and multiculturalism (Fozdae & Hartley, 2013).

The key objective of the Refugee and Humanitarian Program in Australia and other western countries, such as the US and Canada, is to achieve successful settlement and integration. The Australian Department of Immigration and Citizenship (DIAC) uses a variety of measures to assess settlement outcomes, including economic participation (labour force outcomes, occupational status, sources of income, level of income and housing), social participation and well-being (English proficiency, satisfaction with life and Australian citizenship) and physical and mental well-being.

As successful settlement is defined as integration, it is worth considering what this term means. Goodwin-Gill (1990, p.38) argues that:

“a durable solution entails a process of integration into a society; it will be successful and lasting only if it allows the refugee to attain a degree of self-sufficiency, to

participate in the social and economic life of the community and to retain what might be described as a degree of personal identity and integrity”.

Valtonen (2004) also describes successful settlement in terms of integration, i.e. the ability to participate fully in economic, social, cultural and political activities.

The UNHCR International Handbook to Guide Reception and Integration similarly provides a definition of settlement based on integration which is described as a mutual, dynamic, multifaceted and ongoing process (UNHCR, 2002). It includes the restoration of refugees’ security, control and social and economic independence; promotion of family reunification, and connections with volunteers and professionals able to provide support; and promotion of cultural and religious integrity and restoration of attachments to community and culture, as well as the countering of racism, discrimination and xenophobia (UNHCR, 2002).

As the majority of Eritrean refugees have spent many years in refugee camps, education levels are low. Children born in refugee camps are usually less educated than those born in Eritrea and Eritrean asylum seekers may be unfamiliar with formal schooling methods. Furthermore, illiteracy is common amongst women who have come from rural areas where their role was to care for children and elderly family members.

The majority of the Eritrean-born population entering Australia are between 18 and 44 years of age and are likely to require education, training and employment assistance.

In Eritrea, and in refugee camps, a large proportion of the Eritrean population were dependent on food aid, having few marketable skills and few employment opportunities. It was common for men to gain work in or near refugee camps working for the UN as drivers or in nearby townships. Women sometimes sell tea and food. However, most refugee camp residents are unskilled, especially longterm residents.

A lack of English language skills can make it difficult for newly arrived Eritreans to understand the Australian system and settle easily. Entrants are likely to require translating and interpreting services, possibly in languages that are not readily available. Some Eritrean families are larger than the Australian norm and arrivals may need assistance to find appropriate long-term housing.

While some have had the experience of living in an urban environment, most Eritreans have not had the opportunity to develop a range of basic life skills required for everyday life in Australia. Arrivals may be unfamiliar with the use of modern appliances and utilities, maintaining a Western-style home, banking or performing other day-to-day transactions typical in Australia.

Eritreans may experience a sense of separation from family and friends, many of whom have been displaced or resettled in various countries throughout the world. Australia no longer takes large numbers of African refugees and children must be less than 18 years of age at the date of application in order to enter Australia under family reunion (DIAC, 2013). In January 2015, the fee for an application for a spousal visa

increased from \$1 700 to \$5 000. At present, it takes 16 years to bring a parent to Australia by which time they may not pass the mandatory medical examination (DIAC, 2013). There is a small community of Eritrean-born people in Australia so there is no local culturally relevant community into which an immigrant can settle.

This can lead to isolation and exacerbate difficulty in accessing services.

1.7 Motivation for this Project

I am an Eritrean, born in the town of Keren in Eritrea. Due to the war with Ethiopia, when I was 15 years old I fled Eritrea for Sudan with my family. My father had served in the British Army in Sudan, Libya and Egypt during World War II. I lived in Sudan for two years and then in Egypt for five years. When we arrived in Sudan we were labelled foreigners and refugees. This created difficulties for my family as they had to adapt and cope with the sudden and complete change of day to day life. I was young and had to deal with a new language, culture, climate, make friends at school and in the neighbourhood. The two years in Sudan remain in my memory. I can remember as if it were yesterday what it means to be 'refugee'. I left Sudan for Egypt through the United Nations Scholarship Program to continue my education as a high school student. In Egypt I completed the secondary school certificate and afterwards I migrated to Australia under the Humanitarian and Refugee Program.

Here, I describe my experience and knowledge about social work prior to studying for a Masters of Social Work (MSW) at Flinders University. I first showed an interest in

becoming a social worker whilst studying my final year Bachelor of Computer and Information Science at University of South Australia. For over five years, I was involved in many activities of refugee associations in Adelaide, such as the Australian Refugee Association (ARA), Migrant Resource Centre and Survivors of Torture and Trauma Assistance and Rehabilitation Services (STTARS). Some activities I undertook as a volunteer were helping and supporting orphans, disabled people, homeless people, poor people and others in need. Frederick Reamer (1993) describes the notion that we have a duty and care to provide aid to those in need.

I enjoyed, and still enjoy, helping people, especially those with specific needs. I have questioned myself and my friends about our society, feeling that people under the poverty line do not receive enough help from the government. I was able to identify my moral values and beliefs at this stage. I was sometimes tested regarding the value of my voluntary work, but I was committed to the work.

I have also worked within my own community with the help of a retired social worker. We attempted to facilitate family reunions across multi-faith and distance barriers. We were able to help several families, but were not successful in every situation.

After completing my MSW, I became more interested and engaged with refugee issues and challenges, not only with my own community, but also with the refugee population in general. Social work aims to provide aid, equality, justice, compassion, support, liberty and rights (AASW, 2010). To help others by providing aid is central to my understanding and philosophy of social work. The aim of social work is to provide

guidance, support and care to those in need. This approach to social work is linked to equality. This may seem inappropriate as some clients may seem to be treated more generously at the expense of others. As resources are finite, this is one of the many contradictions in social work practice. Mackie (2007) argues that inequality is an inherent and ineradicable feature of the human condition. It is self-evident that some are born with social, financial, intellectual and physical advantages, and social welfare systems are intended to rectify that imbalance.

Social work is inherently concerned with helping people in need, and usually this refers to those experiencing emotional, personal or other difficulties (Clark, 2000).

Not all people agree on definitions of 'equality', but "people who praise it or disparage it disagree about what they are praising or disparaging" (Dworkin, 2000, p. 92).

Rae (1981) states that there is no single concept or definition of equality. Equality is influenced by the context, situation and attitude of the person identifying and defining it. Nonetheless, equality can be described as a common ground, an even basis within which we should all be able to reside; a right to be treated equally, in certain circumstances. A central tenet of social work philosophy should be the goal of equality, but this is rarely achieved, and even rarer to be achieved for long periods of time. Equality is elusive and short-lived but as a social worker I strive to achieve it constantly.

Fundamental equality means that persons are alike in many respects, but not that people are all generally the same or can be treated in the same way (Nagel, 1991).

Moral equality is the treatment of persons as equals, with equal concern and respect, rather than actually treating persons equally (Dworkin, 2000). While the appropriateness of equality is a difficult issue, the concept of morality underlies equality. Moral equality is a complex concept, yet it reflects my philosophical approach to social work. On an objective level, I consider it difficult to define 'moral equality' because moral depends upon the specific outlook of the person holding that value. If equality derives from moral outlooks then it is unlikely there can be agreement on a single definition.

To migrate to another country as a refugee and start a new life involves leaving behind one's country, culture, language and belongings. Adaptation to the new country is often not easily achieved; it requires courage and determination. The time of change involving moving from one life to another in a different environment can be a time of excitement and anticipation, but it can also be a time of fear and anxiety. Overcoming the necessary hardships in order to come to terms with the realities of life in a new country can be long and difficult. On a deeper level, it can also mean standing between two cultures, two religions or two countries, while caring for, and belonging to, each country, religion and culture at the same time. This can be a very challenging task. It can bring both joy and pain, invariably resulting in a period of depression which may be experienced as guilt for being safe while family members remain at risk.

Refugee host countries, such as Australia, provide settlement services for new arrivals to ease the process of their integration into their societies. For refugees to successfully

integrate into Australian society their specific needs must be considered and met. This can be facilitated by understanding refugee adaptation experiences and investigating what has been useful and what has not. It is generally understood and appreciated that refugees arriving in a new country and environment have limited social networks. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued (Wilkinson & Marmot, 2003). This has a powerful protective effect on health. Supportive relationships may also encourage healthier behaviour patterns (Wilkinson & Marmot, 2003).

Social inclusion of new arrivals and refugees had a positive impact on their health and well-being (Wilkinson & Marmot, 2003). People who are socially isolated or disconnected from others have between two and five times the risk of dying from all causes compared to those who maintain strong ties with family, friends and community (Berkman & Glass, 2000). The findings of this study may help policy makers to better understand specific needs of African refugees which can lead to successful integration and also improve their health and well-being.

2 Literature Review

2.1 Definition of a Refugee

The 1951 United Nations Refugee Convention defined a refugee as someone who:

"owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country" (Article 1, 1951 Convention Relating to the Status of Refugees).

2.2 Australian Immigration Programs

The Australian immigration program for refugee intake has two components, the migration program and humanitarian program. The migration program is specifically for families and skilled migrants. In order for applicants to be granted a visa and enter Australia under the migration program, applicants must go through two stages. Firstly, they must pass the general skilled migration points test. Secondly, applicants are selected based on a number of criteria including age, English language ability, qualifications, work experience, nominations or sponsorships and nominated skilled occupation (Cully, 2011; Spinks, 2010).

The Humanitarian Program is specifically for refugee and asylum seeker entrants and consists of two main components, the offshore and onshore programs. The offshore

program processes applications and visas for applicants seeking Australian protection from outside Australian shores, while the onshore program processes applications and visas for applicants who are already in Australia. The annual intake number for the offshore resettlement program is decided based on many factors including Australian capacity to assist and settle newcomers, the United Nations High Commissioner for Refugees (UNHCR) assessment of refugees and their needs, and the number of people seeking the protection of Australia.

Australia is ranked third worldwide in terms of resettlement commitment towards refugees and is ranked first in the number of refugees accepted per capita (Fozdar & Hartley, 2013). According to the Department of Immigration and Citizenship (DIAC), Australia accepts around 13 000 refugees per year. As is the case in other western countries, arriving refugees are dispersed across Australia through arrangements made by DIAC. Many refugees, including Eritrean refugees, are likely to have experienced serious human rights violations and may well have experienced trauma, most especially the loss of family members and family separations including children separated from their parents and other family members (Rousseau et al., 1998). Other common abuses experienced by refugees include torture, discrimination on religious and/or cultural grounds and sexual, physical or emotional abuse.

2.3 Settlement Services

Contemporary Australia is a multicultural society with a population originating from different ethnic and cultural backgrounds. The concept of multiculturalism means that all Australians have the right to preserve and express their cultural heritage, to be treated equally regardless of their background and to have the opportunity to maintain and develop their skills and talents. These rights are based on the premise that all Australians should accept Australian societal structures, principles and systems and should be committed to the interests of Australia and its future (Blackshield & Williams, 2010; Wieviorka, 1998; Blommaert & Verschueren, 1998).

Australian multiculturalism evolved over time according to many differing government policies. From the beginning of the 19th century until the 1960s, immigration policies were based on the white Australia policy. The idea behind the policy was that preferred migrants were Caucasian, preferably English speaking, in order to promote a monoculture Anglo-Saxon Australian community. The policy of forced removal of Australian part European/part Aboriginal children was related to this concept. The assumption was that a single white culture would prevail as the indigenous population would die out and children of mixed race would be assimilated into white society. These policies were strongly supported by the Australian public at the time. One consequence of this policy was the expectation that immigrants speak English and abandon their native tongue if it was not English. This view may still be held by older Australians (Dandy & Pe-Pua, 2010; Tavan, 2005; Lake & Reynolds, 2008).

Due to mass European migration, particularly after World War II, many immigrants from non-English speaking countries were able to maintain their language and culture by forming institutions, community organisations and participation, economically and socially, in wider Australian society. Ethnic minorities began to make a difference in marginal electorates. The move to abandoning the white

Australia policy provided momentum towards a policy of multiculturalism in the late 1960s. From the late 1970s to mid-1980s settlement services were challenged as they began to accommodate newly arrived Asian migrants and attempted to meet their specific needs. From the 1990s mass migration from Africa occurred which brought novel challenges to existing settlement services, as service providers had negligible experience with African needs or demands and existing services were customised for European and Asian migrants (Abdelkerim & Grace, 2012; Taylor & Stanovic, 2005; Gebre-Selassie, 2008).

Within the refugee context, resettlement refers to the transfer of refugees from their first country of asylum to another country where permanent protection is provided and they can begin to establish a new life (Nawyn, 2010; UNHCR, 2002; Valtonen, 2004). Settlement services which deal with refugee mental health issues, such as trauma and depression, are crucial to refugee well-being (Marlowe, 2009). The settlement process is not time limited and is a lifelong process. The Australian government, through the Department of Immigration and Citizenship (DIAC), provides a range of services to assist refugees and new arrivals to meet with the demands of their new life and adapt to Australia. These services include language programs, counselling services, health

checks, job networks and organisations which help facilitate connections to mainstream sectors in Australian society. These services are provided to facilitate participation of refugees in the Australian community, both socially and economically, and facilitate integration into wider Australian society.

2.4 Integration

The aim of settlement services is to ease the process of integration of refugees into the host country's society. Integration as defined by the UNHCR is:

“Local integration in the refugee context is a dynamic and multifaceted two-way process, which requires efforts by all parties concerned, including a preparedness on the part of refugees to adapt to the host society without having to forego their own cultural identity, and a corresponding readiness on the part of host communities and public institutions to welcome refugees and to meet the needs of a diverse population” (UNHCR Executive Committee Conclusion on Local Integration No.104).

In order for refugees to successfully integrate into a host country, in this instance Australia, they must be able to adapt to Australian culture. This includes speaking the official language (English), participating economically and socially in society, abiding by Australian law and respecting Australian political and legal systems. At the same time, refugees and newcomers (especially African refugees) also need to maintain their culture of origin, including language and religious practices. Successful

integration of refugees is crucial, for both newly arrived refugees and the wider Australian host community, in order to create social harmony and stability.

Research shows that health issues among newly arrived African refugees in Australia are complicated compared to other refugee groups for many reasons (Venters & Gany, 2011; Tiong et. al., 2006). Existing settlement services need to recognise the significance of the cultural, social, political, economic and religious aspects of African culture and take into account that significant differences exist between African refugees and other refugees. Most Africans refugees come from low socio-economic and education levels where culture, tribe and clan played a significant role in their communities. Many services do not recognise the significance of gender divisions, specific cultural needs and family concepts which exist in African refugee communities (Patrick, 2001). A report of the Federation of African Councils in Australia (2005, p.44), clearly stated that resettlement of African refugees:

“... cannot simply repeat methodologies that worked for the resettlement of European migrants in the 1950s to 1970s, or of Indo-Chinese in the 1970s and 1980s. African communities need new responses”.

Regardless of differences existing among refugees in general, all share a wellfounded fear of prosecution (Nyers, 2013; Majka, 2001). Research shows that refugees arriving in Australia are faced with challenges such as the need to adapt to differences in customs, rules and laws, life style, language and the norms of social interactions

(Abdelkerim & Grace, 2012; Lewig, Arney & Salveron, 2010; Organista & Kurasaki, 2003). A study conducted by Schweitzer et al. (2007) investigating the effects of pre-migration trauma and post-migration adaptation difficulties of Sudanese refugees found that once in Australia, participants indicated stressors in relation to adaptation issues. Stressors included social isolation, discrepancies in cultural values, racism and concern of financial responsibility for family members in their home country.

According to the Australian Department of Immigration and Citizenship, many refugees settling in Australia come from Africa (DIAC, 2014). Research shows that many African refugees, and African migrants in general, have encountered difficulties settling into Australian society (Winkler, 2011). According to many studies conducted in Australia the most frequent challenges facing African refugees in Australia were identified as housing, unemployment and mental health issues (Atem, 2008).

According to Migrant Resource Centre (MRC) reports (2008) the most urgent issue for the majority of African migrants is finding suitable and affordable accommodation, especially to cater for large families. It has been particularly difficult for African migrants to be accepted in rental accommodation as they endure discrimination from the private housing sector (Burgemeister, 2008; MRC, 2008). This discrimination against African migrants can be related due to lack of employment, large family sizes and negative perception exist about Africans (Burgemeister, 2008).

Specialist mental health services for African refugees are in extremely short supply across Australia. It has become a serious issue for the Australian health system as medical general practitioners working at the frontline have to deal with the complex mental conditions of African refugees for which they have neither training nor adequate sensitivity (Anstiss & Ziaian, 2010; Tiong et al., 2006). As a result, African refugees too often do not receive proper or effective treatment nor the ongoing care needed for their well-being (Tiong et al., 2006)

Unemployment is high in Australian-African migrant communities, as often their overseas qualifications are not recognised and employers may discriminate against them (Abdelkerim & Grace, 2012). Many African refugees lack the job-ready skills as many African refugees come from small villages with limited education and then spent long periods in refugee camps prior to their arrival to Australia. This has often affected not only their health and well-being, but also their previous skills may no longer be current. These factors impact on their capacity to obtain employment.

The African refugee intake by the Australian Government under humanitarian programs has changed the Australian demographic profile and has placed many demands on settlement services in order for them to be effective. Almost half the yearly intake of the 2006-07 Australian Humanitarian Offshore Processing Program granted visas to African refugees (DIAC, 2008). In 2013-2014, around 50% of the Australian Government granted visas were to applicants born in Asia and only 15% were granted to people born in Africa (DIAC, 2015).

A sudden increase in a specific group into the Australian society needs well-planned and for culturally appropriate services to be delivered to the newcomers. Many refugee organisations and refugee advocates express concerns that settlement programs are not an adequate response to the specific needs of African refugees.

It is commonly accepted that the culture of origin has significant impact on response to trauma and coping process (Bhushan & Hussain, 2010). Since there is a great variation in response to traumatic events, the presence and intensity of trauma symptoms needs to be interpreted within a cultural context, taking local meaning systems and socio-political milieu into account (Nader, Dubrow & Stamm, 2013; Westermeyer, 2000). Studies have indicated that community ideology, beliefs and value systems give meaning to traumatic events and promote adaptive functioning in everyday life, even under extreme conditions (Rossi, 2013; Baker, 1999). According to Antonovsky (1979, pp. 117–118):

“Culture . . . give(s) us an extraordinarily wide range of answers to demands. The demands and answers are routinized: from the psychological point of view, they are internalized; from the sociological point of view, they are institutionalized A culture provides . . . ready answers . . . with meaning for a death, an explanation for pain, a ceremony for crop failure, and a form for disposition and accession of leaders”.

McMillen (2004) posited that culture may affect people's fundamental assumptions and their ability to modify assumptions and accept the kind of social support they require. It is well established that culture mediates responses to situations including traumatic encounters. Kinsie's (1988, 1993) studies on Cambodian refugees who had suffered multiple traumatic events categorically suggest that these refugees interpreted their traumatic experience in terms of Buddhist beliefs of karma and fate. A study conducted by Shakespeare and Wickham (2009) investigating the settlement experiences of African refugees who have settled in Australia revealed that positive adaptation is possible but requires encouragement and broadening of social networks.

2.5 Arrival Experiences of African people: Barriers to Settlement

Many studies have identified the issues and difficulties experienced by African refugees as barriers to successful settlement (Abdelkerim & Grace, 2012; Fodzar & Hartley, 2013; Watkins, Razee & Richters, 2012). These include housing, unemployment, mental health issues, language barriers, social isolation or social network and law enforcement issues (i.e. domestic violence and child neglect or abuse). The following sections discuss these issues in more detail.

2.5.1 Housing

Appropriate housing is an essential part the settlement process. Refugees in general, and especially African refugees, face difficulties in securing appropriate housing due

to many factors including, housing or renting cost, discrimination and lack of understanding of the Australian housing market. Due to current shortages in the housing sector, it has become more difficult for refugees to secure appropriate housing due to high cost. On arrival, most refugees are on a low income, unemployed and rely on Centrelink payment benefits. Many real estate agents are reluctant to rent properties to African refugees due to large family size, discrimination due to the stigma around African refugees involving the belief that they are incapable of taking care of Western-style houses and fear that they may damage the property.

Most African refugees apply for public housing but availability is limited and many enter the private market where houses may not meet their needs. As a consequence, many African refugees are living in inappropriate and overcrowded housing which can lead to health issues.

2.5.2 Unemployment

There are many barriers facing African refugees in securing employment (Abdelkerim & Grace, 2012; Colic-Peisker & Tilbury, 2007). It has been noted that there is a big difference in employment rates between mainstream Australians and refugees, especially those with clear visible differences such as Africans (Berman, 2008). A study comparing two migrant groups, in relation to employment rates, revealed that people from the former Yugoslavia with poor English and communication skills were

found to have higher employment rates than a group of eastern African English speaking communities (where English is an official language).

The main barrier is discrimination against African refugees, usually based on visible difference, language and communication skills. Visible appearance includes skin colour, facial appearance and bodily features. Other barriers for African refugees trying to secure employment are a lack of local experience and knowledge and nonrecognition of overseas qualifications. Many employers prefer to hire people who hold a local qualification or qualifications from Europe and particularly from the UK, Canada and the United States.

Those who have successfully been able to secure employment may experience discrimination in the work place. Reports show that many refugees, especially African refugees, are reluctant to lodge a complaint following discriminatory treatment in the workplace due to the fear of dismissal, regardless of existing antidiscrimination laws (Victorian Equal Opportunity & Human Rights Commission, 2008).

2.5.3 Mental health issues

Almost all refugees were living in refugee camps in neighbouring countries for several years before they arrived in Australia. Many refugees experienced some form of mental illness due to the traumatic events and adverse situations they underwent, such as political prosecution, violence, torture, sexual abuse, the randomness of survival

and the loss of loved ones. Depression due to 'survivor guilt' is almost universal in newly arrived refugees (Chaudhry, 2015; Nguyen, 2012).

Mental health refers to cognitive or emotional well-being or an absence of a mental disorder (Keyes, 2010; Nock et al., 2008; Bentley, 2002). Mental health, also known as emotional health, is a part of overall health and life. Good mental health is not about an absence of illness, it is more about how well someone feels they are coping with the challenges life brings. Similar to physical health, sometimes an individual's mental health is good and sometimes it is not so good. Mental health has more to do with thoughts and feelings, but also has to do with the biochemistry of the brain, which is not necessarily understood by the African community or the wider community (Schubert & Punamäki, 2011; Bentley, 2002).

According to the World Health Organisation (WHO), there is no single, official definition of mental health. Cultural differences, subjective assessments and competing professional theories all affect how mental health is defined. People with an obvious physical illness receive more community concern and sympathy than those experiencing mental illness. As the needs of people with physical illness are more easily recognised, people with mental illness often find that their health needs are untreated, underestimated and not properly assessed.

Research has identified social psychological factors to be reliably associated with suicidal behaviour. These factors include depression, anxiety and hopelessness

(Wilkinson et al., 2011; Hong, Knapp & McGuire, 2011; Comtois, 2014). Links between suicidal ideation and emotional distress, such as anger and resentment, have been identified in adolescents (Ellis et al., 2010; Brent, 1995; Lester, 2000). Social-environmental factors, such as child abuse (Fazel et al., 2012; Fergusson et al., 1996), bullying (Hinduja & Patchin, 2010; Kim et al., 2005) and knowledge of suicide through family or friends (Bolton & Robinson, 2010; Bearman & Moody, 2004), are all significantly related to suicidal ideation.

Reisch et al. (2008, p. 266) stated that:

“factors that contribute to thoughts of suicide, other than depression and psychopathology, include parent-child conflict, poor parent-child communication, disorganized family functioning, low school connectedness, ways of coping that tend to be internalized, early pubertal development and use of weapons or alcohol.”

The greatest link to suicide ideation is weak attachments (Prabhu et al., 2010; Maimon et al., 2010; DiFilippo & Overholser, 2000), in particular poor parental attachment and peer support. Brown et al. (2008, p. 5) state that “low levels of friendship quality and social self-concept have been empirically linked to suicidal ideation”. The link between attachments, self-concept and suicide ideation is clear, as is the link between self-concept and self-esteem. Reisch (2008) supports this concept, emphasising the role of family functioning and communication in self-esteem. It is critical to address mental health within refugee and migrant communities as mental ill health impacts on

individuals negatively and limits capacity for engagement within the community and neighbourhood.

2.5.4 Language barriers

Good communication and English language skills are central to education, employment and social integration. Employment rates for people with high level language and communication skills tend to be higher compared with those who do not have good language skills. Many African refugees have limited knowledge of the English language, as many came from villages, refugee camps and from communities with low levels of literacy. Poor English language level is reflected in high unemployment rates amongst African refugee communities, the inability to seek and gain information regarding law enforcement issues, such as rights and obligations, understanding documents and medical terminology.

Knowledge and use of the English language within Australian society, especially in terms of dealing with structured systems, such as government agencies, is crucial to meeting demands and needs in daily life. Unfortunately, this can sometimes create a huge challenge for African refugees due the big gap which exists between modern Australian society and African societies.

As part of settlement services, the Australian government provides 510 hours of free English lessons for new entrants, such as refugees, within the first five years of arrival through the Adult Migrant English Program (AMEP). The African community raised

concerns in relation to AMEP because sometimes the level of teaching is too high or too low, the hours are insufficient and mixed gender classes are culturally inappropriate for some ethnic groups, such as Muslim (Dhani, 2009).

2.5.5 Social isolation

A socially inclusive society is one where all people feel valued, differences are respected and basic needs are met so individuals can live in dignity. Social exclusion is the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of a person into the community (Hickey & Du Toit, 2013; Cappo, 2002). Social networks can provide social support, social influence, opportunities for social engagement and meaningful social roles as well as access to resources and intimate one-on-one contact (Ife, 2012; Berkman & Glass, 2000). Refugees arriving in a new country have limited social networks or none at all. They leave behind their culture, language and social ties which makes them vulnerable to social isolation in the new environment.

Adverse life outcomes have been identified in many studies on children who were forcibly removed from their parents in Australian Aboriginal communities (Human Rights and Equal Opportunity Commission, 1997). These adverse outcomes include trauma and loss, mental illness, suicide and violence, parenting problems and poorer physical health. Unacknowledged sexual abuse was also a common experience for

children in these categories and the negative effects were not only on the children who were removed, as the impact was also intergenerational (Barrientos, 2013; Silburn et al., 2006).

People who are socially isolated may suffer from depression later in life due to low self-esteem. Low self-esteem has been associated with youth suicide attempts, but this association may attenuate after controlling for depression and hopelessness (Fergusson & Lynskey, 1995a; Overholser et al., 1995 cited in Bridge, 2006, p. 378).

Many studies show that, social support strengthens mental health (Tol et al., 2011; Sohlman et al., 2004). Palmer (2003) found that young people reporting poor social connectedness were between two and three times more likely to experience depressive symptoms compared with peers who reported the availability of confiding relationships.

A strong correlation exists between poor social networks, such as weak social ties, and mortality from almost every cause of death (Tol et al., 2011; Berkman & Glass, 2000). Many studies have demonstrated that people who are socially isolated or disconnected from others have between two and five times the risk of dying from all causes compared to those who maintain strong ties with family, friends and community (Tol et al., 2011; Berkman & Glass, 2000). Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. This has a powerful protective effect on health. Supportive relationships may also encourage healthier behaviour patterns (Wilkinson & Marmot,

2003).

2.6.6 Cultural Issues

2.6.6.1 *Child abuse or neglect*

The aims of child protection include supporting families, especially in vulnerable populations such as indigenous and refugee communities and among African refugees where many are already under noticeable surveillance as a result of issues such as poverty, unemployment and inadequate housing (Svensson, Bornehag & Janson, 2011; Harries & Clares, 2002). Harris and Clare (2002, p. 39) state that child abuse is linked to societal problems, such as poverty, alienation, unemployment, family violence, societal fracturing, drug misuse and intergenerational trauma of families, which is the case for most African refugee families.

Many studies show an association between child abuse or neglect and trauma experienced by vulnerable groups, such as refugees and Aboriginal communities (Herrenkhol et al., 2013; Heim et al., 2010; Chen et al., 2010; Atkinson, 2002; Robertson, 2000; Silburn et al., 2006; Stanley et al., 2003). There are also individual factors associated with high rates of child abuse or neglect of indigenous children in Australia. Overcrowded housing is associated with the spread of many infectious diseases, child neglect, sexual assault and domestic violence (Anderson & Wild, 2007).

In Australia, individuals working with children are legally required to report cases of child abuse or neglect. Fundamentally, mandatory reporting sends the message that society does not tolerate child maltreatment and perpetrators will be reported and face consequences (Cross et al., 2012; Tomson, 2002, p. 13). There is little doubt that the general public agrees that child abuse and neglect is wrong and should not be tolerated (Douglas, 2010; Harris & Clare, 2002, p.39). However, the roots of child abuse problems are seen only in terms of individual responsibility and do not take into consideration the social context of vulnerable populations, such as African refugees, in which abuse or neglect occurs and where people are less likely to seek help for themselves or report others (Greenfield, 2010; Lindsay, 2010; Harris & Clare, 2002). To minimise the number of African children being abused or neglected governments need to adopt a holistic approach that includes improving the wellbeing of African communities by addressing specific needs, such as physical, spiritual, cultural, emotional and social well-being, community capacity and governance.

2.6.6.2 Domestic violence

Historically, domestic and family violence has been under-reported in Australia across all levels of society. As much research shows, there is greater underreporting of family violence amongst refugees and migrants (Shakespeare-Finch & Wickham, 2010; Bagshaw et al., 2000; Dimopoulos & Assafiri, 2004; Young, 1998).

Many studies conducted in relation to Immigrant Women's Domestic Violence identified several risk factors that immigrant women face in relation to domestic

violence. These include isolation, trauma, gender roles, cultural change and lack of appropriate information targeted at refugee communities (Berger, 2013; Syed & Pio, 2010; Bandyopadhyay et al., 2010; Rees & Pease, 2006).

A study conducted by the NSW Department of Human Services suggested that women from refugee communities are more likely to be at high risk of domestic and family violence due to cumulative risk factors, as the author stated:

“Whilst domestic violence in the wider community results from several factors that interact to create the climate for abuse, in the case of refugee families there is an abnormal or extra-ordinary cumulation of risk factors which may result in a greater propensity for violence. Understanding this cumulative risk enables us to locate the cause of refugee men’s violence in the interplay of psychological factors, cultural factors and the extreme socio political and socio economic situations they experience” (Pittaway, 2005, p.35).

As previously mentioned, women of refugee and migrant background are more likely to be at risk of domestic violence and are less likely to report. There are many reasons that refugees may report domestic violence, such as a lack of knowledge and understanding about the Australian legal system and a lack of knowledge in relation to where and how to report domestic violence. Language, culture and knowledge barriers impact on the ability of refugees to access legal information and legal systems. Other reasons for not reporting domestic violence include language barriers, shame,

social isolation and fear of deportation (Bonar & Roberts, 2006). Furthermore, migrant and refugee women reporting domestic violence are unlikely to receive culturally responsive assistance when trying to leave a violent relationship (Deng & Marlowe, 2013; Bonar & Roberts, 2006).

2.6.6.3 Grief and loss

Generally, all refugees have experienced many hardships and difficulties before their arrival in Australia and past life experiences should be taken into account when considering current life experiences. Research shows that at times of loss and grief concerning loved ones, social support and networks are essential (Weenolsen, 1991; Warden, 2008; Ando et al., 2013). New migrants and refugees are likely to be in a long period of mourning due to the lack of, or limited, social support networks. Weenolsen's theories (1988, 1991) are useful in providing a framework to understand how past experiences of loss and healing contribute to many refugees' current experience.

In Weenolsen's (1988, p. 55) work, losses are complex, multi-layered and can be categorised according to various levels, all of which must be understood, identified and addressed in order to facilitate true coping, healing or 'transcendence'. Refugees may suffer from depression and trauma due to the sudden loss of their previous life and the shock and stress of being a refugee in a foreign country. This involves multiple and multi-layered losses, including the primary loss of country of origin and the secondary losses of home, income, relationships with immediate family members and the

symbolic, or abstract, loss of a sense of identity as a person within a societal context (Weenolsen, 1991, p. 62).

2.6.6.4 Law enforcement issues

The relationship between the criminal system and most African communities is not based on trust, fairness and safety. Most African refugees came from countries where the criminal justice system was used as a means of persecution, human rights violations and social control. Unfortunately, when arriving in Australia African refugees may carry with them these traumatic experiences and associations. As a consequence, most African refugees, especially new arrivals, can be reluctant to lodge a complaint to the police and when approached by the police their interaction is based on fear and mistrust which can lead to ineffective social inclusion and creates a barrier to a successful resettlement. To reduce negative reactions towards law enforcement, awareness of the legal system through legal education is crucial for newly arrived African refugees.

There is a common misconception in Australia regarding African youth who have arrived under the humanitarian program. The perception is that they are criminals who have failed to integrate into Australian society and the media has been unhelpful by passing on and promoting such messages (Olliff, 2009). Media bias against African refugees was identified in a 2008 study that analysed media coverage of the murder of a young person of Sudanese heritage. Soon after the murder, the then Immigration

Minister, Kevin Andrews, restricted the refugee intake from Africa suggesting that African refugees were forming gangs and failing to integrate. The media reported on the Minister's decision by raising questions of economic impacts of refugee settlement programs and suggesting that African refugees fail to integrate to Australian society. However, notably, most media reports failed to acknowledge that the attackers who murdered the young Sudanese person were not refugees and were not Sudanese. Thus, the media portrayed a negative view of African refugees, and at the same time was reporting negative stories regarding Aboriginal people, in a way that suggested white people belong in Australia and black people do not (Esses, Medianu & Lawson, 2013; McKay, Thomas & Blood, 2011).

2.6 Multiculturalism and Implications for Social Work Practice

The social work profession is committed to the pursuit and maintenance of human well-being (AASW, 2010). Social work is a profession which involves the use of social theory and research methods to learn and enhance the lives of individuals, groups, community and societies. Social work is a helping activity, a social activity and a liaison activity (Hollis & Taylor ,1951; Thompson, 2015; Payne, 2014).

The goal of social work is to achieve the basic standard of social and economic wellbeing for individuals in society. The major role of the social work profession is assisting disadvantaged individuals, families, and groups to find the resources

available to them in their community and help them to utilise these resources to meeting their unsatisfied needs (Sue et al., 2016).

According to the Australian Association of Social Workers (Code of Ethics, 2010; Standard of Practice, 2013), social work is committed to five basic values which are human dignity and worth, social justice, service to humanity, integrity and competence. Social workers enrich their experience by helping marginalised people, such as refugees, as Irizarry (2008, p. 238) states: "Travelling as social workers on the road with those who have suffered unjustly and had the courage to survive and construct meaningful lives is a humbling experience". Also social workers can assist their clients through empowerment and through recognition of their strength and resilience, as Shulman (1999, quoted in Irizarry, 2008, p. 239) stated:

"When the social worker represents to the client a professional who believes in the client's capacities for growth, change and adaptation, the social worker becomes one of the sources for resilience in the life of the client".

In multicultural societies, social work practice can be influenced by how client problems are defined and method of intervention in terms of specific cultural perspectives of clients. Social work is about social justice, and this means social workers must listen to marginalised groups to offer assistance and help their clients. This may be achieved through empowerment and advocacy for the rights of marginalised groups, such as refugees. Some problems encountered by

marginalised groups result from inequalities existing within society (Mackie, 2007; Sue et al., 2016)

Social work practice can play a large role in democratic and multicultural societies, such as Australia, in improving the lives of minority groups, such as refugees and newly arrived migrants. Social work aims to change lives at an individual level, and at an institutional level by challenging existing policies that create inequalities within society. Cultural competence is vital in cross-cultural advocacy. Cultural competence of marginalised groups can be enhanced by understanding their world-view through their life experiences, values, customs, beliefs and assumptions about human behaviours (Sue et al., 2016).

Vetrovec (2007) argues that in multicultural or super-diverse societies, such as Britain or Australia, social policy makers and social science researchers are faced with many challenges to accommodate the needs of newly emerging communities with different sociodemographic backgrounds (Vetrovec, 2007). These challenges are the result of previous social policies chiefly designed for mainstream community needs (Vetrovec, 2007). Thus, it is important for social science researchers to understand the situations of marginalised groups in society and explore beyond their stories in order to inform social policy (Sorsoli, 2010).

2.7 Successful Integration to Australian Society

Despite the many barriers to successful settlement of African communities, there are numerous success stories of African refugees that describe a high level of satisfaction for both the refugees and broader community (Fozdar & Torezani, 2007). A study conducted in Murray Bridge, South Australia, surveyed Sudanese refugees and revealed that all participants were able to secure employment and that most integrated well and engaged with their local community (Taylor-Neumann & Balasingam, 2009).

In recent years, the number of refugees and displaced people around the globe has increased significantly. According to the United Nations High Commissioner for Refugees (UNHCR), the number of refugees and forcibly displaced people by mid 2015 stood at 58 million worldwide (UNHCR, 2015). Increasing refugee numbers has many consequences for host countries, including disrupted communities and social networks, contests over existing, and possibly limited, resources and complex health and social needs. For these and other reasons, there has been an increase in research of refugee issues (Hugman et al., 2011). Refugees require services to accommodate specific needs to overcome difficulties including depression, trauma and settlement and integration into the new environment (Marlowe, 2009).

Ellis et al. (2007) argue that even though there is a necessity for research regarding refugees and other marginalised groups, simultaneously these groups are at risk of harm and exploitation due to poor research practices. These matters are of concern

to many refugee organisations and practitioners, and specifically to social workers (Pittaway et al., 2007).

Social workers undertake research to explore and answer specific social questions while following ethical research principles. Research questions, methods and findings are inter-related and raise issues of symbiosis. Research questions, methods and findings are each affected by how issues are explored and interwoven. Changes to one will often affect all. Knowledge generated from qualitative research in relation to refugees can benefit social workers in the following ways:

- Social workers are involved in the provision of many services to refugees including counselling and community development. Research which increases the knowledge base will benefit social workers in the direct practice of their profession.
- Social workers, individually and through organisations, are involved in advocacy on behalf of refugees and also in decision making in relation to refugee policy. Sound knowledge can be applied within social work practice in these fields (Brisman & Goddard, 2007).

Social workers can contribute to the well-being and care of refugees both in Australia and internationally through the International Federation of Social Workers (IFSW), the International Association of Schools of Social Workers (IASSW) and the International Consortium for Social Development (ICSD) by participating in debates about refugee

matters. These organisations report to the United Nations (UN) and influence UN policies in regard to refugee law and policy.

3 Methodology and Study Design

3.1 The Research Approach

This study employed qualitative research methodology to investigate and explore the experiences of Eritrean refugees settling in Australia. Qualitative research is about understanding meanings and it produces descriptive, textual or narrative information, rather than the numerical and statistical based information produced in quantitative research. Qualitative research aims to “describe and explain persons’ experiences, behaviours, interactions and social contexts” (Fossey, Harvey, McDermott & Davidson, 2002, p.717). It is conducted in a systematic and rigorous manner in order to generate reliable findings (Liamputtong, 2013, p.27). In this study, qualitative research methodology was suitable for the following reasons:

1. To minimise the potential for misinterpretation and misunderstandings (Liamputtong, 2010; Rousseau et al., 1998; Ryen, 2001). The use of standardised questionnaires developed in Western English speaking countries for the collection of quantitative data can be problematic (Fontes, 1998) when applied in English as a second language contexts. Thus, the qualitative

research approach allowed the researcher to ensure participants understood the questions and allowed further explanation to be provided where needed.

2. Existing theories based on Western cultures may not be validly applied to other cultures (Liamputtong, 2010; Fontes, 1998; Berry et al., 1992). Qualitative research methodology allows researchers to investigate the experiences of under researched groups or new topics without imposition of preconceived ideas in order to contribute to theory building. This is the case in this research, as there is a shortage of studies on adaptation experiences of Eritrean people.
3. The diagnosis of mental health issues in refugees may fail to capture the full range of refugees' perceptions and interpretations (Liamputtong, 2010; Berman, 2001; Fantino & Colak, 2001; Schweitzer, Buckley & Rossi, 2002; Weine, 2002). The diagnosis of mental health issues is complicated due to many factors, such as culture, environment, ethnicity, education and lifestyle issues. Thus, current mental health diagnoses based on the Western notion of individualism may not capture the full perceptions of refugees' family and cultural contexts. Hence, qualitative research methodology allowed participants to share their experiences without imposing existing and predefined categories (Liamputtong, 2010; Massey, Cameron, Oullette & Fine, 1998). In conducting this research with Eritreans, cultural and family structure was specifically considered in assessing emerging mental health symptoms.

3.2 Research with Refugees

Storytelling and personal narrative are valuable sources of information and are an important tool in qualitative research and evaluation. Reissman (2008) argues that as much as people tell their stories, they also live the stories they tell. There are many advantages in conducting research with refugees using narrative or storytelling approaches, including:

- Allowing refugees and other marginalised groups' voices to be heard in their normal settings.
- Enabling researchers to capture the complexities and richness of refugees' adaptation experiences.
- Highlighting refugees' most serious concerns and challenging researchers and policy makers to think creatively about ways to address them.
- Ability to uncover gaps in knowledge of particular situations.
- Empowering refugees by creating bonds between researchers and participants, as well as helping researchers, policy makers and others to understand the impact of persecution, hardships and the trauma of refugees in terms of adaptation experiences and well-being in general.

Brockmeier and Harre (2001, p. 40) summarise the importance of narrative:

“as far as human affairs are concerned it is above all through narrative that we make sense of the wider, more differentiated, and more complex texts and contexts of our experience”.

Just as narrative is important for people to describe their life and world, it can be particularly useful when applied within refugee research settings for describing refugee experiences, past and present. However, this is not to say that narratives are the only suitable approach for research in the refugee context (Andrews, 2013; Hallam, 1998; Apthorpe & Atkinson, 1999; Bakewell, 2000; Kaiser, 2002).

When faced with disruptions to life, including violence to self and others, separation from family and friends and the loss of home, community and country, refugees may need to reconstruct their identities to encompass their losses, embrace new environments and position themselves between home and host cultures. Telling stories can help repair the ruptures to refugees’ identities, thereby assisting them to recreate new and more acceptable self-identities, restore order in the aftermath of disruption, gain control of their present lives and find meaning in the incomprehensible (Frank, 2010; Lieblich et al., 2004; Zion, Briskman & Loff, 2010).

3.2.1 Some potential concerns about research with refugees

There are many issues associated with research with refugees including cultural factors, children and identification, language barriers and ethical issues.

3.2.1.1 Culture

It is commonly accepted that culture impacts the response to traumatic events and also to adaptation and coping experiences. Traumatic responses can be interpreted differently in different cultures (Bushan & Hussain, 2010). According to Antonovsky (1979, p. 117-118):

“Culture . . . give(s) us an extraordinarily wide range of answers to demands. The demands and answers are routinized: from the psychological point of view, they are internalized; from the sociological point of view, they are institutionalized. A culture provides ready answers with keening for a death, an explanation for pain, a ceremony for crop failure, and a form for disposition and accession of leaders”.

3.2.1.2 Language barriers and difficulties using interpreters

Different languages construct different ways of seeing social life which poses methodological and epistemological challenges for the researcher. As stated by Larkin et al. (2007, p. 468), "Power dynamics between the researcher and translator cannot be ignored, as they can directly affect the validity of the work".

3.2.1.3 Ethical issues

There are many ethical issues associated with research concerning refugees. The main ethical issues include access to refugees to conduct research, identifying

potential participants, recruitment, engagement with participants, establishing a relationship and trust, conducting the research, analysing data, confidentiality, reporting and potential for harm. The main ethical issues are discussed in more detail in the following sections.

3.3 Theoretical Concepts that Affect Methodology

3.3.1 Symbolic interactionism

In a symbolic interactionist approach the focus of meaning is crucial in understanding human social process in relation to interactions and behaviour through the use of languages and symbols as people are able to communicate through mutually agreed and understood symbols (Cohen, Manion & Morrison, 2013; Blumer, 1969).

Researchers must understand participants' symbolic meanings in specific cultural and historical contexts (Charmanz, 2006). In the symbolic interactionist approach, knowledge is attained through mutual construction between the researcher and participants (Richey, Klein & Tracey, 2010; Mottier, 2005). For the purpose of this research, symbolic interactionism provided the advantage of theoretical perspectives to explore the associated symbols and meanings of resettling Eritreans in South Australia. As I am Eritrean, recognising participants' associated symbols and meanings was familiar.

3.3.2 Phenomenology

Phenomenology is concerned with the study of experience from the perspective of the individual, eliminating pre-assumed knowledge and assumptions. The goal of phenomenology is to identify phenomena through perceptions of research participants in a given situation. It is a powerful method for gaining insights into people's thoughts and motivations, as well as understanding subjective experience by gathering 'deep' information and perceptions through inductive, qualitative methods, such as interviews, discussions and participant observation. In symbolic interactionism, the focus is on social rules, cultural scripts and interactions between roles and actors, while phenomenology distinguishes between what has been culturally inherited and something in our experience that is authentic (Crotty, 1998; Andrews, 2012).

Phenomenological methods can be powerful tools used by researchers to bring deep insights into thoughts and motivations, particularly exploring the experiences and perceptions of individuals from their own perspectives. Therefore, they can challenge pre-assumptions and perceptions. Adding an interpretive dimension to phenomenological research makes it even more powerful by enabling it to be used as the basis for practical theory, allowing it to inform, support or challenge existing policy and action. In addition, phenomenological approaches can be used to allow voices to be heard by surfacing deep issues.

3.4 Methods

In this section, methods that facilitated exploration of Eritrean settlement experiences are presented, including data collection, ethical issues, participant recruitment, research tools, data analysis and reporting.

3.4.1 Data collection

The data collection phase of the study explored and addressed the main issues for this study, including ethical issues, recruitment of study participants and the data collection process.

3.4.2 Ethical issues

In order to conduct research with the South Australian Eritrean community the following ethical procedures were followed:

1. Written approval to conduct the study was received from the Social and Behavioural Research Ethics Committee, Flinders University.
The process of gaining approval is described in detail below.
2. A participant information sheet describing the research was provided to potential participants to explain the purpose of the study.

3. Potential participants who expressed an interest in the study received a letter of introduction stating the interview time and date.
4. Completion of a participant consent form, stating that participants can withdraw from the study at any time, ensured informed consent was obtained from study participants prior to the interview.
5. Confirmation of the confidentiality of study participants was provided in writing.

3.4.3 Ethics approval process

In order to conduct the study, which explores the settlement experiences of Eritreans living in South Australia, an application for ethical clearance was submitted to the Social and Behavioural Research Ethics Committee at Flinders University. The process underwent two stages. In Stage One, the initial application form was submitted on 30th of September 2015. On October 15th, conditional approval was granted and responses to the conditional approval were lodged on 26th October 2015 and final ethical clearance was granted on 3rd November 2015. In order to obtain ethical clearance for the study to commence, the following items (included in Appendices) were submitted with the application form:

- Participant information sheet: Information provided to potential participants related to the topic under investigation (Appendix 5):
- Letter of introduction
- Letter from the supervisor to support the research
- Questionnaire
- Publicity flyer
- Permissions: Letter of Support from community leaders.
- Consent form
- Interview Guide (List of questions): The topics covered in the questions focus on views and experiences of Eritrean refugees life during the settlement process (Appendix 2).

The main concerns that the ethics committee required to be addressed were: a) that safety protocols be put in place during the investigation process, b) that strategies for anxiety and distress management be identified, c) that conflicts of interest be identified, d) a statement about how the researcher would avoid biases due to the fact of his

being a community member and researcher simultaneously. These concerns were addressed through the following additional statements which were added to the ethics application.

3.4.3.1 Safety protocols

Some participants elected to be interviewed in their homes. The following procedures were in place to ensure my personal safety:

1. I took my mobile with me to participant homes and made sure it was sufficiently charged
2. I arranged to call a colleague before and after the visit
3. If a colleague was not available, I called my supervisor

3.4.3.2 Emotional anxiety and/or distress

The participant information sheet included a list for participants of free support services participants could access if they experienced emotional distress during the course of this study.

3.4.3.3 Potential conflict of interest

It was identified that possible conflict of interest may arise during the course of this research as the researcher is a member of the Eritrean community and knows many of the potential participants personally. To minimise conflict of interest, such as a feeling of obligation to participate by some community members, potential conflict of interest was managed using the following strategies:

1. There was no direct recruitment by the researcher for potential participants.
2. Publicity and information documents clearly stated that participation is voluntary and that participants can withdraw at any time without any explanation with no negative effects.
3. The topics covered in the questions were about general life experiences and were not expected to interfere in the personal lives of participants.
4. A confidentiality agreement between the researcher and participant was signed.

3.4.3.4 Strategies for minimising bias due to researcher dual identity

To minimise biases that might arise due to the researcher's dual roles as a community member and a researcher, the following strategies were used:

1. Study participants for the study were Eritrean refugees who had lived in South Australia for at least five years, which eliminated the newest arrivals who are not familiar with the Australian system.

2. Participants were recruited through publicity flyers and not directly approached.
3. Potential participants were with information about the project, such as its objectives, information required, process and time involved, as well their voluntary participation and their right to withdraw at any time.
4. A confidentiality agreement and consent form were signed before interview commencement.
5. A semi-structured interview guide was used during the interview process.
6. During the course of the study the researcher reflected and reviewed with supervisors the possibility bias.

The researcher detailed extensive information about his background in chapter one. He shares a common cultural background and migration status with the study participants, which gives an in-depth understanding of the data gathered from the participants and in the interpretation process. The researcher is familiar with the social and cultural norms, as well as the languages of the participants involved in the interviews.

Many studies show that research involving participants of minority groups have enhanced rigour when carried out by researchers who share a common culture and common language. This is because language plays a vital role in the production of authentic qualitative data due to familiarity with cultural norms (Shklarov 2007). Twinn

(1998) argues that interviewing participants in their first language enhances the quality of the data (cited by Liamputtong, 2008, p. 42).

3.4.4 Recruitment of participants

Inclusion criteria for the study was that the participant should be a former refugee from the Eritrean community residing in South Australia for at least five years. Must be 18 years of age or more and willing to participate in the study through an in-depth semi-structured interview of up to 45 minutes duration. Initial recruitment of participants was undertaken through Eritrean community leaders, community members, telephone contact and later call for interviews was done via flyers. As an Eritrean, I know the current Eritrean community leaders in South Australia. I established and maintained good relationships with the leaders and with many Eritreans. My cultural links and knowledge improved engagement with participants during the data collection process.

Purposive sampling was used to recruit study participants. First, a verbal explanation of the research was provided at initial contact. A participant information sheet about the study was provided to potential participants in English.

3.5 *Participants*

Participants were 20 refugees, eight females and 12 males, from the Eritrean community living in South Australia. Participants were recruited through flyers placed in the Eritrean Community Centre and community cafe shops. Table 2 shows

background data, at the time of arrival in Australia, of participants interviewed in the study. Table 3 shows participant current background data. The vast majority of study participants, around 80%, came from Sudan (n=16) and the remainder came from Egypt and Kenya. Around 45% of the participants had lived in South Australia between eight and 10 years; 30% 11 to 14 years; 10% five to seven years and around 15% had lived in South Australia for more than 15 years.

Table 2: Demographic data of study participants at arrival (n = 20)

Pseudonym	Age range	Accompanied (Acc)/Alone	Gender	Qualification	No of children at arrival	Primary Language	Coming from
Kelly	25-35	Alone	F	Degree	0	Tigre	Egypt
Simon	45-60	Acc	M	6 grade	6	Tigre	Sudan
Steve	18-24	Alone	M	Year 12	0	Tigrigna	Kenya
Michelle	25-35	Alone	F	Year 12	0	Tigrigna	Kenya
Andy	18-24	Acc	M	Year 10	0	Tigre	Sudan
James	46-65	Acc	M	Year 6	4	Bilen	Sudan
Andrew	25-35	Alone	M	Degree	0	Tigre	Sudan
Carol	25-35	Acc	F	Year 6	4	Tigre	Sudan
Ben	18-24	Alone	M	Year 12	0	Arabic	Egypt
Kym	36-44	Acc	M	Degree	4	Tigre	Sudan
Chris	35-45	Acc	M	Year 6	5	Saho	Sudan

Daniel	18-24	Alone	M	Year 10	0	Arabic	Sudan
Nancy	35-45	Acc	F	Year 12	0	Tigrigna	Sudan
Bradley	18-24	Alone	M	Year 12	0	Tigre	Sudan
Kate	18-24	Alone	F	Year 12	0	Tigrigna	Sudan
Michael	18-24	Alone		Year 12	0	Tigrigna	Sudan
Alex	24-35	Alone	F	Year 6	2	Tigrigna	Sudan
Tom	45-60	Acc	M	Year 4	6	Saho	Sudan
Edward	36-45	Acc	F	Year 4	3	Tigrigna	Sudan
Sheryl	25-35	Acc	F	Year4	0	Bilen	Sudan

Table 3: Current background data of study participants (n = 20)

Pseudonym	Age range	Marital status	Qualification	Employment status	English Level	Years in Australia
Kelly	45-60	Alone	Degree	F	Good	> 15
Simon	45-60	Acc	6 grade	U	Basic	8-10
Steve	35-45	Alone	Degree	F	Good	> 15
Michelle	45-60	Alone	Diploma	F	Good	>15
Andy	25-35	Acc	Year 10	U	Good	8-10
James	46-65	Acc	Year 6	P	Good	11-14
Andrew	35-45	Alone	Degree	F	Good	11-14
Carol	35-45	Acc	Year 6	P	Medium	8-10

Ben	35-45	Alone	Degree	F	Good	>15
Kym	45-60	Acc	Masters	F	Good	5-7
Chris	45-60	Acc	Year 6	U	Medium	8-10
Daniel	25-35	Alone	Degree	P	Good	8-10
Nancy	45-60	Acc	Year 12	P	Good	8-10
Bradley	25-35	Alone	Degree	F	Good	8-10
Kate	25-35	Alone	Degree	F	Good	11-14
Michael	35-45	Alone	Degree	F	Good	11-14
Alex	45-60	Alone	Year 6	U	Medium	8-10
Tom	45-60	Acc	Year 4	U	Basic	8-10
Edward	35-45	Acc	Year 4	U	Basic	5-7
Sheryl	35-45	Acc	Year 4	U	Basic	11-14

3.6 Research Tools

The research tools used in this study were semi-structured interviews and questionnaires, as described below.

3.6.1 Interviews

In-depth individual interviews were conducted with 20 study participants. This number of interviews provided a spread of data not dominated by one or two strong individuals

as may occur in a smaller number of interviews. Interviews were tape recorded where the participant (all participants) agreed and provided signed consent.

A life satisfaction questionnaire was distributed to study participants. It has been shown that this questionnaire is a reliable assessment of life satisfaction. The life satisfaction questionnaire consists of very simple questions (Pavot & Diener, 2008) and the purpose of the questionnaire is to highlight areas of life dissatisfaction that need to be addressed.

3.6.2 Data collection process

Interviews discussions were tape recorded and collected data was transcribed with the permission of participants. The tape recording was supported with field notes, which helped the researcher when he translated the non-English interviews later into English interview transcriptions.

quantitative (survey) quantitative (survey) Identifying markers were replaced and coded. Interviews were conducted using the following four languages:

1. English with people who studied at university in Australia and find it easier to communicate and express themselves in English.
2. Tigrigna for Eritreans whose background is that of Coptic Christianity, mainly from the high land region of Eritrea.

3. Arabic for Eritreans who grew up in Sudan where Arabic is the main language.
4. Tigre for people whose English and Arabic is limited, mainly Muslims from the low land region of Eritrea.

The researcher can speak, read and write the above four Eritrean languages, as well as speak, read and write in Amharic, the national Ethiopian language. Thus, all interviews were conducted by the researcher. The researcher shared cultural background with the study participants, as well as immigration status. The researcher's background increased rapport with participants and the likelihood of collecting authentic qualitative data.

3.7 Data Analysis

Interpretative phenomenology analysis (IPA), developed in the field of health psychology, aims to understand participant experiences (Osborn & Smith, 1998; Smith, 1996). IPA attempts to explore the individual's subjective experience of reality and how meaning is assigned to experiences. IPA recognises the influence of the researcher's bias on data interpretation. This recognition and assumption is an important aspect of the research process (Smith, 2010, 2011).

The IPA method is appropriate for the exploration of the settlement experiences of Eritreans in South Australia for the following reasons:

1. Bias control: IPA recognises the researcher's personal beliefs in interpretation of the participant's account. This means, IPA allows the researcher to interpret the participant's experiences and understanding using their own interpretations.
2. Engagement: IPA recognises the inevitable engagement of the researcher in the interpretation process. For example, when the participant interprets his/her inner world, the researcher also interprets how participants attempted to make sense of their world (Smith & Eatough, 2007; Smith, Flowers & Larkin 2009).
3. Transferability: IPA begins with individual cases and then moves towards more general categorisation applicable to an entire group (Smith & Osborn, 2003).
4. More detail: IPA provides a detailed account of meaning making for a small group of individuals, rather than making a generalised claim for a large group or population (Smith, Jarman & Osborn, 1999, 2003).

After interviews were transcribed and the data review was completed, interview text was coded line by line (Charmanz, 2006). Themes developed during the coding process. Thematic analysis is a method that assumes themes exist in the data that can be identified and analysed (Braun & Clarke, 2006). A theme is a notion which refers to a particular pattern of meaning that exists in the data. Thematic analysis highlights which themes in the data under investigation are important (Chamanz, 2006).

3.8 Reporting Results

In this phenomenological study, reporting of results describes participant statements, including direct quotes, using individual situational responses, rather than generalisations that result from survey research. The development of general theories from phenomenological findings transferred to other situations beyond the people under the study need to be rigorous, robust and conducted transparently in order to ensure validity. This can be achieved by being faithful to participants in acknowledging biases, considering ethical issues and providing data details. The reader should be able to work through the steps the researcher took in arriving at interpretations from findings to theories. The reader should be provided a summary of findings which can be arranged according to themes and topics and the key issues discussed by study participants.

Similarly, Baker (2006) argues that researchers with multilingual skills have an advantage in access to original data, avoiding difficulties involved with relying on third parties for translation, as well as having a greater awareness and sensitivity in the language of participants and its meanings. However, it has to be acknowledged that sharing a common language and culture does not guarantee the formation of rigour. Rather, scientific rigour is associated with the research approach and methodology congruent with the research under investigation (Shklarov, 2007; Pope & Mays, 2006). The role a researcher and at the same a member of the community can lead to complacency due to intimacy with the culture. To overcome this difficulty a semi-

structured interview guide was used in this study. A reflexive stance was also adapted (Robson, 2002; Gerrish, 2003; Irvine et al., 2007) to help the researcher be aware of his own influence and interpretations of the data.

3.9 Self-Reflection

Due to the potential impact of the researcher on the research process, reflexivity is recognised as an important and crucial strategy in qualitative research for the production of knowledge (Ahmed et al., 2011). According to Fook (2001, cited in Karpētis, 2010, p. 6), "Reflexivity is the ability to recognize the influence of the researcher's whole self and context on every aspect of the research, as well as the ability to use this awareness in the research act itself". Its importance comes from the fact that critical self-evaluation throughout the research process is required to ensure the integrity of the research (Bradbury-Jones, 2007; Bradbury-Jones & Sambrook, 2010).

As noted earlier, the aim of this study was to explore the settlement experiences of Eritreans living in South Australia. The findings can contribute to existing knowledge of Eritrean refugees living in South Australia and benefit study participants or new arrivals of Eritrean background through scholarly publication of research findings. During the course of the research, I considered questions such as: could my research findings benefit the subjects or other Eritreans living in SA; could the findings be transferable to other marginalised groups from similar situations; and am I engaging

with the participants as a researcher or a community member?. These concerns were addressed through transparency and reflexivity.

During the course of this study, I engaged with research participants in a professional manner and not as a community member. I considered my position as a researcher and drew a line between the participants as fellow-countrymen and my role as a researcher. It was important for me not influence participant responses to interview questions, due to my intimacy with the Eritrean culture and the common immigration status I share with the subjects. I emphasised and reminded research participants that participation in the study was voluntary and they could withdraw at any time without explanation. This normalised the imbalance of power between the researcher as an authority figure and research participants.

During the interview process, engagement with participants was easy and participants responded to questions without hesitation. This was due to three main reasons. Firstly, I was able to establish a relationship with participants based on trust and respect. Secondly, the topics presented for discussion were general life experience questions and not overly personal. Also, the questions were open ended allowing participants to express their views freely. Thirdly, I related to participants through the same culture and immigration status. This equipped me with insight and understanding of hidden or implied meanings in the participant responses. I was familiar with the concept of being a refugee and issues of language and social norms in the settling process.

As a researcher, I was aware that my familiarity with Eritrean culture, my own settlement experience and my perceptions and values may influence the research (Drake, 2010). In order to minimise the biases that I may impose on the data and research outcomes, I continually evaluated my reactions to participant responses and in writing my observations in a diary for later reflection, assessment and evaluation with thesis supervisors. Berger (2015, p. 224) stated that "when researcher and participants share experiences, the assumption of researcher's familiarity with participants' realities carries the dangers of participants withholding information they assume to be obvious to researcher and researcher's taking".

As a researcher, my role was to present the concerns of participants as they viewed them and not to judge responses based on my own opinions, experiences and values, because a researcher cannot know the world of interviewees (Nunukoosing,2008). The findings of this study are based on data that participants disclosed using their full rights provide information. As Jacobsen and Landau (2003, quoted in Marlowe, 2011, p. 63-64) state:

"Refugees and IDPs might (consciously or unconsciously) be reluctant or afraid to tell researchers their true views, or they might wish to promote a particular vision of their suffering. Their responses could be part of their survival strategy. Refugees are unlikely to tell researchers anything that might jeopardize their position in the community. After all, why should a refugee tell a researcher anything that is not in their interest?"

4 Results

4.1 Life Satisfaction Questionnaire Results

Participants (n=20) were given the Life Satisfaction Questionnaire to complete before the interview (See Appendix 10), which consisted of five categories, namely: overall quality of life questions; health related questions; education related questions; accommodation related questions; and English language related questions. These questions were based on the semi-structured interview guide. Results are presented in Table 4, below.

Table 4: Life Satisfaction Questionnaire Results

Overall Quality of Life	Always	sometimes	Never	total
Safety	17	3	0	20
Free movement Engagement with community	18	2	0	20
	10	7	3	20
Health	Always	sometimes	Never	total
Access to health care	18	2	0	20
Satisfaction with services	16	4	0	20
Education	Always	sometimes	Never	total
Satisfaction with Educational programs	17	3	0	20
Accommodation	Easy	problematic	Diffic.	total
Satisfaction with Educational programs				

	4	10	6	20
Language	Work	Educ	SL	All
Importance of English	2	2	3	13

4.1.1 Overall quality of life related questions

The overall quality of life section of the questionnaire covered three questions. Question 1 was related to safety, question 2 was related to freedom of movement and question three was related to engagement with neighbours and neighbourhood. In relation to safety, 85% (n=17) of respondents indicated they always feel safe living in Adelaide and 15% (n=3) feel safe sometimes. In relation to question 2, results indicated that 90% (n=18) move easily and freely anywhere in Adelaide and the metropolitan area, and 10% (n=2) sometimes move freely and easily. Fifty percent of respondents always engage positively with their local community; 30% sometimes engage positively with their community and 20% do not engage with their local community (Figure 2).

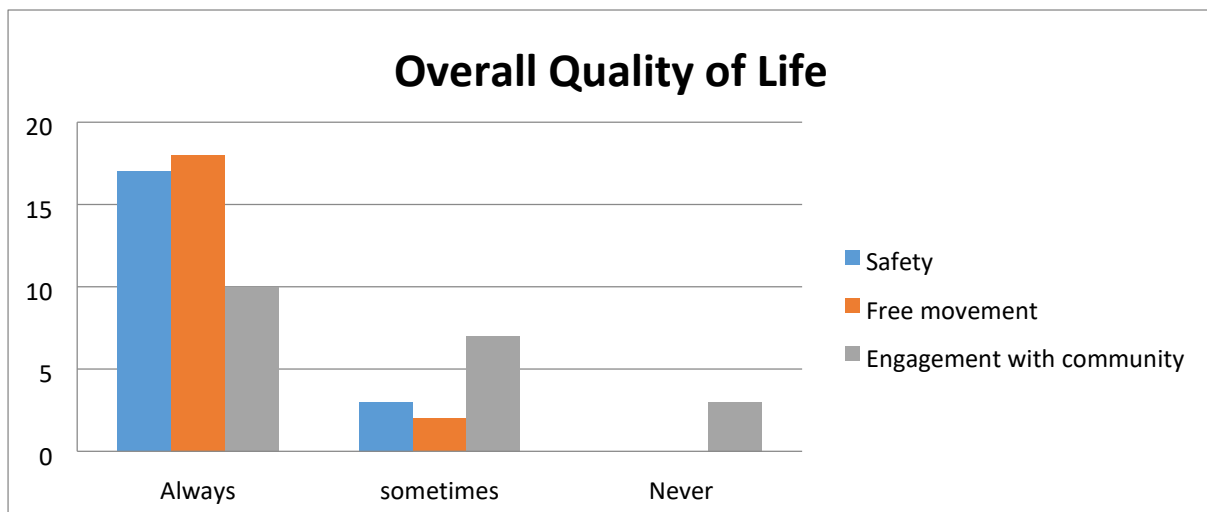
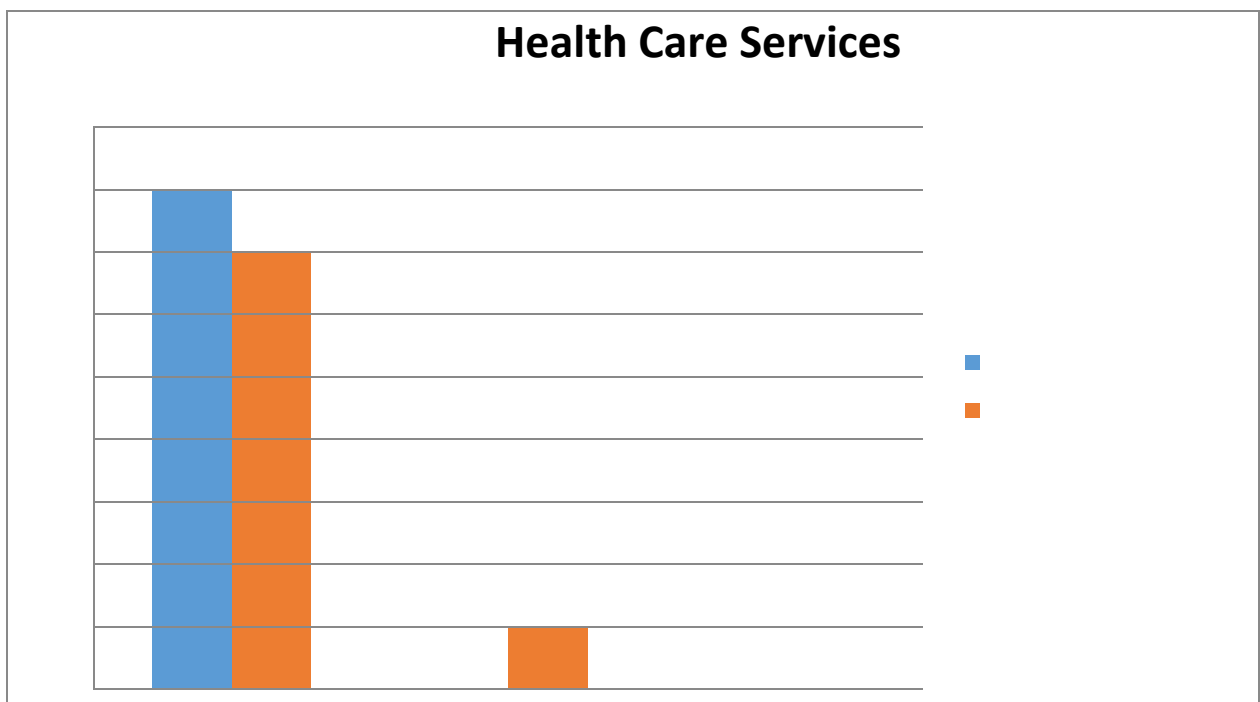


Figure 2: Overall quality of life scores as indicated by research participants

4.1.2 Results of health related questions

The survey included consisted of two health care related questions. Question 1 was related to access to health services. Question 2 explored satisfaction with health care services. In relation to question 1, 90% (n=18) of respondents indicated they always had access to health care services, while 10% (n=2) indicated they sometimes had access to health services. In relation to question 2, 80% (n=16) of respondents indicated they were always satisfied with the health care services they receive; while 20% (n=4) indicated that they were sometimes satisfied with health services (Figure 3).



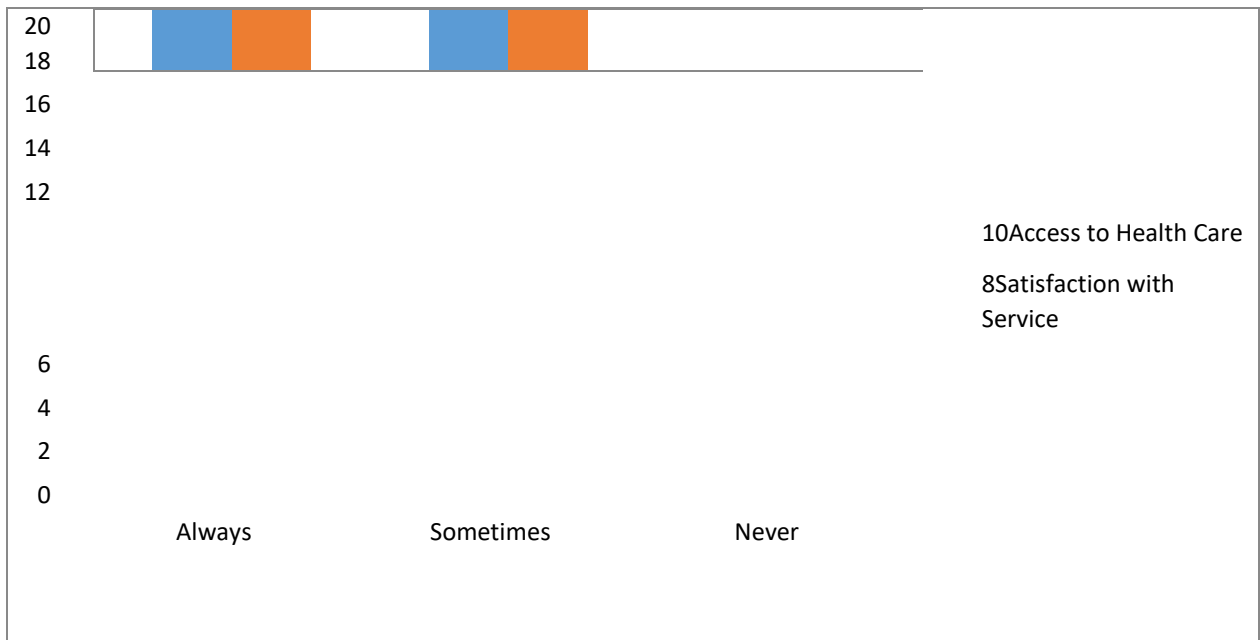


Figure 3. Access to, and satisfaction with, health care services as indicated by research participants

4.1.3 Results of education related questions

Seventeen of 20 respondents indicated they were always satisfied with the education programs for themselves or for their children and 15% were sometimes satisfied with education programs. Responses to this question are shown in Figure 4.

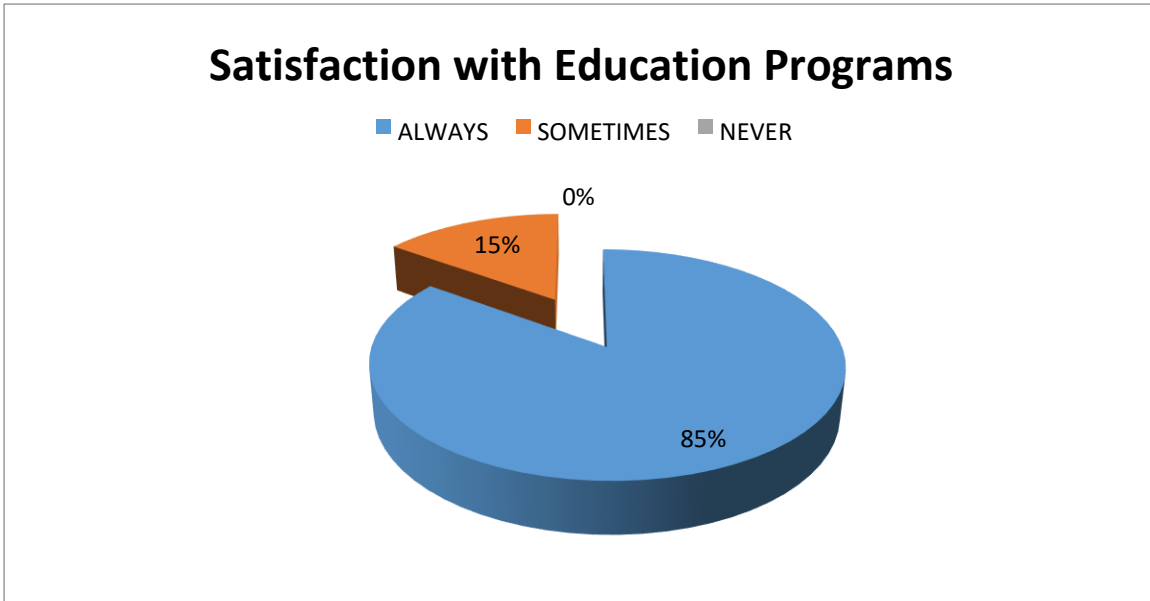


Figure 4. Satisfaction with education programs as indicated by research participants

4.1.4 Results from the Accommodation Related Questions

Respondents were asked about the process of finding suitable accommodation. Fifty percent (n=10) of respondents described finding suitable accommodation as problematic; 30% (n=6) described their experiences as quite difficult; while 20% (n=4) indicated that finding suitable accommodation was easy. Overall 80% of the respondents described their experiences of finding suitable accommodation as difficult (Figure 5).

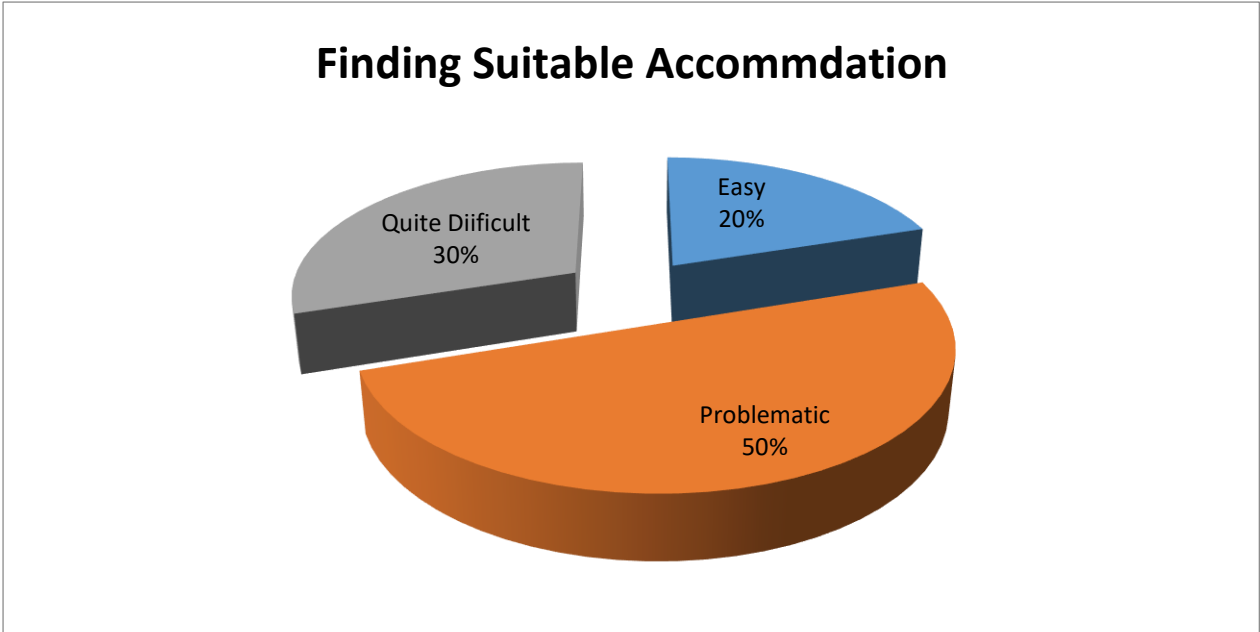


Figure 5. Difficulty in finding suitable accommodation as indicated by research participants.

4.1.5 Language and Communication Related Questions

In this section, participants were asked about the importance of the English language in their migration experience. All participants, responded that English has been important for life here in Australia. Ten percent of respondents indicated that English is important for work, 10% indicated that English is important for education, 15% highlighted that English is important for their social life and 65% stated that English is important for work, education and social life (Figure 6).

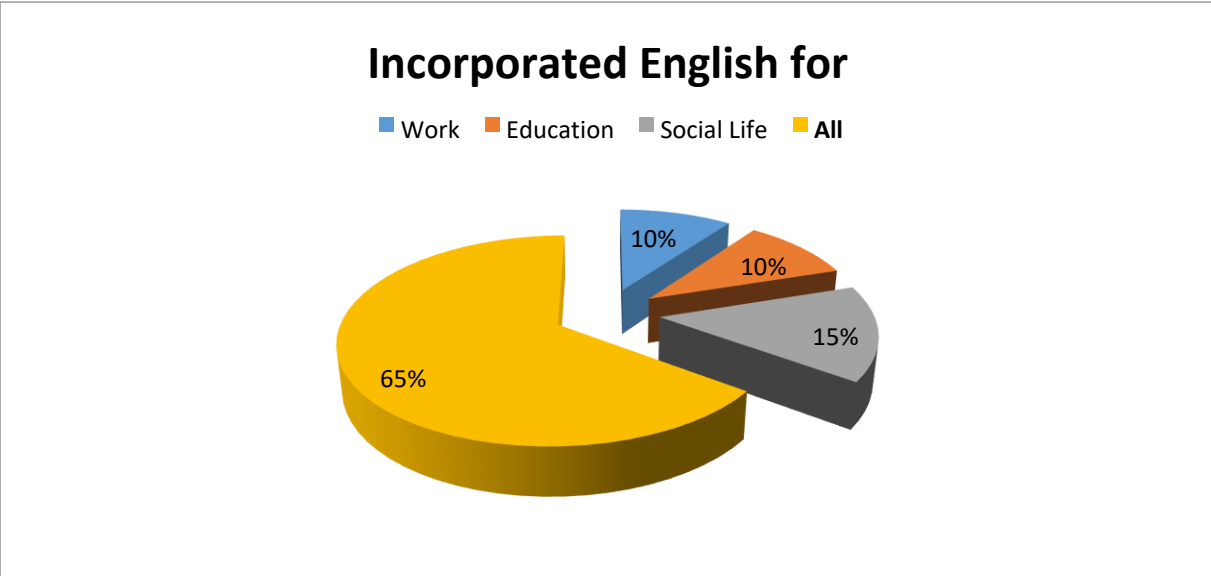


Figure 6. Importance of English in the migration experience as indicated by research participants.

From the Life Satisfaction Questionnaire results it was clear that most respondents were satisfied with the services they received in the areas of health, education and overall quality of life. It was also clear from the responses that the majority of the respondents had difficulties in finding suitable accommodation. All respondents agreed that English has been important for their integration into Australian society, whether through work, education or their social connections.

The instrument for collecting the data in this study was through qualitative inquiry processes, and the specific Life Satisfaction Questionnaire was based on the semistructured interview guide questions. The questionnaire questions were simple and subjects were required to choose one of three responses. All 20 participants in

the study completed the questionnaire. This was due to the wording being simple, short, and easy to understand. Anonymity was also preserved (no names or any personal identifying details were required). The purpose of this was to compare the data gathered through the questionnaire with the data collected through the interview process. The responses obtained from the questionnaire helped the researcher achieve better understanding of the qualitative findings, as well providing the researcher with some ideas of the emerging themes.

Frels and Onwuegbuzie (2013) stated that "collecting quantitative data via psychometrically sound quantitative instruments during the qualitative interview process enhances interpretations by helping researchers better conceptualise qualitative findings" (Frels & Onwuegbuzie, 2013, p.184). The use of questionnaires with the qualitative interview process can be used for triangulation to increase study credibility (Hussein, 2015). Triangulation is the process of using different research methodologies, different instrument measures and different sources of data for the study of the same phenomenon in order to increase the study's accuracy and validity (Hussein, 2015).

Figure 7 shows that refugees with good English skills tend to be employed either on a full time or on a part time basis, while people with very basic English skills are often unemployed. Similarly, it is clear from Table 2 (participant demographics data, qualifications and employment status) that there a clear relationship between qualifications and employment. Study participants with an education of high school or

lower were unemployed and those with a diploma were able to secure employment. Those with an education equal to a degree were employed full time or part time. Those with a post-graduate degree were in part time employment.

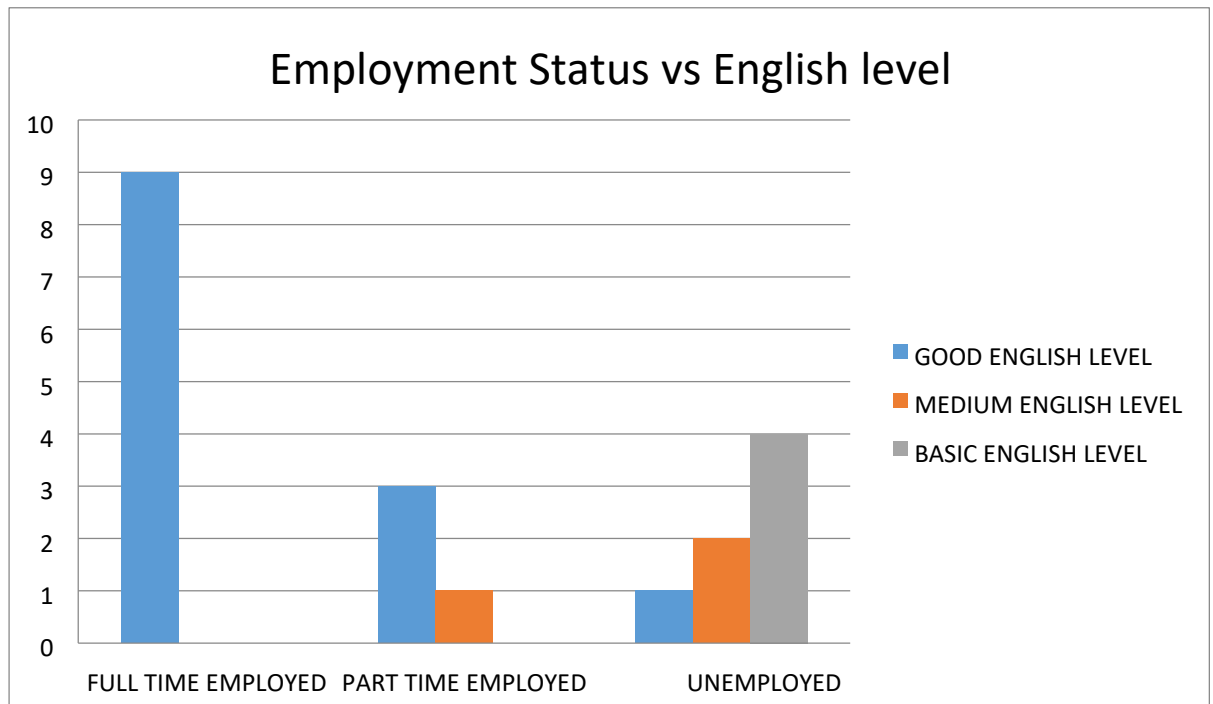


Figure 7: Relationship between employment and English language skills.

Employment: 1 = Full time, 2 = Part time, 3 = Unemployed. English: 1 = Good, 2 = Medium, 3 = Basic

4.2 Interview Results

This chapter presents the results of data collected from 20 participants in the Eritrean community living in Adelaide who participated in a structured interview. The names

used in the quotations are not the real names of participants. Non-Eritrean pseudo names are used throughout the thesis to ensure confidentiality. The following section discusses themes that emerged from during data analysis.

4.2.1 Life in Adelaide

Twenty Eritrean resettled refugees were asked to describe their life in Adelaide. Eighteen participants (90%) expressed appreciation and satisfaction regarding the quality of life they now experience and the services they receive. They commented on life in Adelaide in positive terms, such as 'life is great', 'Adelaide is a safe place', 'life is good' and 'life is ok'. However, seventeen participants identified challenges that created some difficulties for them during their settlement period in Adelaide, particularly during the first years following their arrival. The difficulties identified by participants included: language barriers; establishing and making social connections within their neighbourhood; social isolation; unemployment; lack of housing or other suitable accommodation; frustration (helplessness); and the lack of recognition of overseas qualifications. These difficulties are discussed in the following sections.

4.2.2 Language barrier

Fluency in English is considered by the Australian Department of Immigration and Citizenship to be one of the most significant indicators of the successful integration of refugees into Australian society (DIAC, 2006a). Twelve participants said that after completing the mandatory 510 hours of English classes for new arrivals, they could

only speak a few basic English sentences. Eleven participants stated that the English course was insufficient. They expressed a clear preference for greater access to English classes.

"After my arrival in Adelaide, I attended English classes for 510 hours. After completing the course one year later, the improvement in my English was not great. I wish the hours were more" (Chris).

All participants stressed that mastering English had a huge impact on their life in Australia and that good English skills leads to successful integration of immigrants and refugees into Australian Society.

"To know English and communicate well with people here in Australia is crucial. It makes life much easier in general. It is crucial for day to day life. For example, if your English is good you can engage with the local community well; you find work; you can express yourself well to others; and your voice can be easily heard. In my opinion English is the key for a lot of things not only in Australia, I think it is very important everywhere" (Andrew).

Similarly, another participant felt that being fluent in English aided refugees and immigrants to engage and participate in their local community:

"Learning English in Australia is very important. It is like food and water. Without English to live in Australia, I consider it like a fish without enough water, you can

survive, but hard to live and move around. To study you need English and to work you need English. To participate with people around you and feel part of your local community you need English. Whatever you want to do in Australia, English the key word for everything" (Chris).

4.2.3 Housing and suitable accommodation

Most participants found that locating suitable housing after arrival was a major issue. Many participants found it difficult to secure suitable accommodation, especially those with large families. They identified some of the main factors or barriers towards finding suitable accommodation as: family size; unemployment; lack of social connections; and language barriers. Several participants said that they found it difficult to find private rentals due as their family size was large and generally house owners prefer to rent their properties to people with small families.

"My housing experience in Adelaide was very bad. Finding a suitable house is very difficult, especially for big families and refugees. In my opinion, I think that landlords prefer not to rent their houses to big families with kids and unemployed people. Whenever I mentioned during my search for a private rental accommodation my family size nine, in most cases the answer was in negative" (Chris).

One participant expressed the frustration experienced while house hunting for himself and his large family:

“I have suffered a lot to secure a suitable accommodation for me and my family. I applied several times for rental accommodation, but the outcome was in negative, because of the size of my family [eleven], as well as I was not working. I had suffered a lot for not securing a house for my family” (Simon).

Five participants mentioned that a lack of stable accommodation impacted their adaptation to life and contributed to non-engagement with their neighbourhood and local community.

4.2.4 Fear and discrimination

Three participants indicated they were discriminated against due to their faith and appearance. One participant expressed his fear and anxiety for his daughters and his wife, particularly during major terrorist events:

“I am a Muslim and four of my daughters and my wife they wear a Hijab. I get very worried during major events, such terrorist attack anywhere in the West, so I tell my daughters and my wife to be careful and not to go out unnecessarily outside with Hijab. My worry comes from that fact they might be attacked because there is Islamophobia around the world, and unfortunately the media is contributing to this phenomenon” (Simon).

Another participant said that due to the fear of discrimination and abuse, he does not mention his name, Mohamed, in public places:

"Due to the current Islamophobia exists in Australia and the West about Islam, I try to avoid mentioning my name in public places. Sometimes I do go to coffee shops to have a cup of coffee, when they ask for my name, I give a fake name to avoid any embarrassment and discrimination" (Edward).

4.2.5 Cultural knowledge

Many participants identified that a lack of knowledge of Australian culture was a major challenge which impeded settlement in the new environment. The lack of knowledge of Australian culture impacted on their ability to engage in their neighbourhood, as stated by one participant:

"I do not have any special relationships with my neighbours. I only say hello to only two of my neighbours. I have never been to their homes and no one came to my house. I think there are many reasons why I could not be able to establish good relationships with my neighbours, including language barrier, unstable accommodation and lack of knowledge of Australian culture" (Chris).

One participant expressed his wish to establish a good relationship with his neighbours, but he was unable to do so because of language limitations and lack of knowledge of the Australian culture:

"I would like to have a good relationship with my neighbours, but I do not have the key for that, which is English, as well as I do not know how to engage with my neighbours due to the lack of knowledge of the Australian culture" (Simon).

4.2.6 Unemployment

Two participants stated they were unable to find employment in Adelaide and identified some of the main barriers they faced in securing employment. One participant stated he was not able to secure employment due to lack of English and communication skills:

"I have arrived in Adelaide in 2009 from Sudan. I tried hard to find employment and I am still unsuccessful. This is due to that I cannot communicate in English properly, as well as I don't know how to use computers to look for work. I am hard worker and keen to work any shift, during the day or at night. Employment for me is only to get money, it will help to improve my English also" (Tom).

The other participant said that she was not able to secure employment due her dress and faith:

"I have applied for many positions for work in the last five years and I have been short listed for an interview only twice. I have attended two interviews, but I was unsuccessful in both times. I am a Muslim women and I do wear a Hijab and I think people are scared to hire a Muslim women wearing Hijab" (Sheryl).

Two participants said they were unable to find a job due the lack of recognition of their past qualifications and a lack of experience regarding the requirements in Australia.

"I have graduated from a university in Sudan in Accounting and Commerce. When I arrived in Australia 6 years ago, I have applied to work in an accounting firm, but I was unsuccessful. I have assessed my previous qualification and I have been told I have to study 1.5 years in order my previous degree to be equivalent to an Australian degree of commerce" (Kym).

4.2.7 Social isolation

Several participants commented that social isolation was one of the major obstacles towards adaptation to Australian life during the settlement process, especially in their first years after arrival. Several participants said they experienced social isolation for various reasons, including language barriers; discrimination; unemployment and lack of knowledge of Australian culture.

"Honestly when I first came I did not feel a part of the local community for many reasons. One of those reasons was the language barrier, also the fear of the unknown" (Carol).

Some participants stated they felt isolated from Australian society due to fear of being discriminated against because of their dress and faith. As one participant commented:

“At first I did not feel a part of the wider Australian community for the same reasons as there was a language barrier and the fear of the unknown. Another factor that impacted me not integrating into the wider community was the fact that I wear a scarf. I would constantly get looks as I walk down the road or wherever I go. This made feel like I did not belong and that I was intruding. After 9/11 and the most recent terror attacks all over the world the fear has increased. Racism and discrimination because I am a Muslim increased which resulted in me not engaging with the community as often out of fear of being abused or mistreated” (Carol).

Others expressed the view that social isolation and non-engagement within their neighbourhood was due to a lack of knowledge of Australian society and cultural norms.

"I do not have enough knowledge about the Australian culture. I have never attended any Australian footy match and I do not know the rules of Australian footy and cricket game rules" (Chris).

4.2.8 Factors helpful towards adaptation to Australia

Several participants identified factors helpful to them in their adaptation to life in Adelaide. These factors contributed to their life positively and made the settlement stage easier despite the many obstacles they faced to adapt to life in their new environment.

Eight participants expressed satisfaction with, and appreciation for, the services they received after their arrival. These participants said that certain services made adaptation to life in Australia easier. One participant expressed satisfaction with educational opportunities which helped him to establish social networks:

"I came to Australia with my family in the year 2000. I was twenty-two years of age. After my arrival, I was able to study an accounting course at Flinders University and graduated in 2005. At the same time I joined in a sport club and [was] able to make many friends. Through contacts I was able to find a job in an accounting firm. I am happy and married in 2012" (Bradley).

Another participant expressed satisfaction with health services:

"I was diagnosed with diabetes type 1 so I am able to get free insulin and free needles, whenever my supply is running low I am able to get another batch. Healthcare is very good here compared to other countries where I would have to pay to get my medicines and they may not be readily available. Also, the healthcare is so good to the point where I can go see my doctor for free when needing medical attention and would get the medicines required at a discounted price" (Andy).

One participant stated that adaptation to Australian life was easy due to the social connections she was able to establish and maintain:

"I am [a] really social person by nature, the people in Adelaide are very friendly and welcoming. I have seen Melbourne and Sydney but I would not be able to live there as I feel that Adelaide is my home. Six months following my arrival to Adelaide, I have joined the African Women Association, which helped to make social connections and I have participated in many social activities as a member of the African Women Association, which enhanced my social connections with various sections of the community" (Kelly).

Several participants stated they were able to get help from various organisations in Adelaide in the first few years following their arrival:

"On my arrival, I was lucky enough to be accommodated by Anglicare to have a temporary house for a year. To secure a government house for me and my family I was lucky enough to get a support from STTARS, as Steve [the councillor] wrote a letter of recommendation for me to the Housing Trust" (Simon).

Another participant said:

"I am still grateful to the help I was able to get from ICRA [currently ARA]. They were in the airport for my reception on my arrival. They provided me with a temporary accommodation. ICRA helped to find a rental accommodation as well as they assisted me to sponsor my brother. Whenever I needed an assistance I used to go and ask ICRA" (Michelle).

Another participant expressed appreciation for assistance he received from STTARS:

"I was so depressed to get my family members to Adelaide and I had a great assistance from STTARS in terms of counselling, as well on advocating on my behalf by writing a support letter for my case to the Australian Embassy in overseas. With the support I was able to get from STTARS and also ARA my family arrived in Adelaide and in particular the assistance and help I was received from Steve Thompson. I really appreciate his help and assistance" (Michael).

Likewise, another participant stated:

"On my arrival to Adelaide and after that I was assisted by ICRA in various ways. At first they offered me a temporary accommodation for two months. After the two months period ICRA helped me to secure a private rental flat with two of my friends. They also assisted me in getting a job and to sponsor my sister" (Michael).

One participant expressed her hope for a better future:

"I used to say to myself, at least I am in a safe place and with the help of God everything will be ok for me and my family. Australia is much better from where we came from and I have gone through many difficulties in the past" (Carol).

Similarly, another participant said:

"I am lucky to be in this lucky country. I have many friends and relatives who want to immigrate to Australia and I know many others who spent [a] few years in Libya to go to Italy through the Mediterranean Sea in a risky journey. The challenges we face as refugees in Australia is nothing compared to what others are facing in refugee camps in Libya" (Edward).

5 Discussion

The aim of this study was to explore the settlement experiences of Eritreans living in South Australia, to identify factors which were hindrances to adaptation to life in Australia and factors that assisted integration into Australian society. In Australia, the degree of integration of newly arrived refugees and immigrants is assessed based on the UNHCR's socioeconomic indicators and on the DIAC's Integrated Humanitarian Settlement Strategy (IHSS) program (DIAC, 2015). The IHSS program provides initial settlement support services to new immigrants for the first six months following their arrival in Australia. The services include short-term accommodation; on-arrival reception; short-term torture and trauma counselling; case coordination and emergency medical assistance (DIAC, 2015). Refugees and newly arrived immigrants need good language communication skills, paid employment, access to health and

welfare facilities and community participation to be able to integrate successfully (Dhanji, 2009).

This study provides a descriptive account of the experiences of Eritrean refugees living in South Australia, giving a voice to their feelings and thoughts. Participants shared positive and negative aspects about their life in Adelaide after their arrival.

Many refugee studies show that exploring settlement experiences of refugees postimmigration may trigger previous traumatic experiences or depression (Schweitzer et al., 2006). Participants in this study who shared their accounts did not display symptoms associated with depression or post traumatic stress disorder (PTSD). This may have partly been due to the research questions being related only to the participants' current life experiences in Adelaide. Despite the challenges and obstacles reported by some participants, the majority of participants described themselves as happy with their current lives in Adelaide. Many reported they were participating in Australian society through employment, language improvement and educational activities. These positive attitudes reflect the tendency of Eritrean refugees towards positive adaptation experiences, despite challenges faced during the settlement period in Adelaide.

In this study, participants identified hindrances and helpful actions towards their adaptation experiences after their arrival in South Australia. Participants reported

several obstacles to participation in Australian society. These included lack of language skills, unemployment, social isolation and lack of suitable accommodation. Participants also reported several helpful factors towards adaptation to life in Adelaide. These included financial and settlement assistance, personal psychological resources (such as, hope for a better future for them and their families), and their resilience and goals.

The difficulties identified by study participants, and the help they identified during their settlement period in Adelaide, are similar to previous studies of other refugee communities in Australia and in other refugee hosting countries (Berman, 2001; Fenta et al., 2004; McMichael and Manderson, 2004; Schweitzer et al., 2006). Findings are also consistent with previous studies where refugees living in Western countries faced the same challenges (Beiser & Hou, 2001; Cunningham & Cunningham; McMichael & Manderson, 2004; Schweitzer et al., 2002; Schweitzer et al., 2006).

Language barriers, lack of knowledge of Australian culture and unemployment contributed to the difficulties experienced by many participants in establishing and making social connections within their neighbours and with mainstream Australian society. These factors were identified by many participants in this study as major challenges facing the Adelaide Eritrean community, preventing them from gaining full integration into the Australian society and should be considered as very significant to their adaptation and settlement. Such factors have also been identified as difficulties experienced amongst resettled refugees in previous studies (e.g., Abdelkerim &

Grace, 2012; Dhanj, 2009; Carter & Osborne, 2009; Anstiss, 2009; Berman, 2001; McMichael & Manderson, 2004; Schweitzer et al., 2002; Udo-Expo, 1999).

The difficulties experienced by Eritrean refugees identified in this study are consistent with the understanding of what it means to be a refugee, as refugees leave their home country involuntarily and arrive in the host country without preparation for post-arrival life (UNHCR, 2011). Eritrean refugees in Australia cannot expect to act and participate on equal terms with Australian-born citizens only a few years after arrival.

Eighteen study participants spent years in refugee camps in Sudan and experienced many difficulties and hardships before arrival in Adelaide. Most refugee camps are overcrowded, insecure, unsafe and lacking basic services, such as proper medical care and education facilities. For many refugees to move from the refugee camp environment to Australia is a huge change in their life and the vast majority were unprepared for the transition which also impacted on their coping capabilities in the new environment.

Many studies show that employment is an important means of participation in society and an important factor for successful integration of refugees and immigrants. However, there is a high rate of unemployment amongst refugees and recent studies suggest that the main factors are language barriers, non-recognition of overseas qualifications and the lack of required skills and experiences (Dhanji, 2009; Abdelkerim

& Grace, 2012). Abdelkarim and Grace (2012) found an association between unemployment, social isolation, ill health and child neglect.

Neglect refers to the failure by parents or carers to provide for a child's basic needs, including a healthy diet, clothing, hygiene and medical attention. High rates of neglect are consistent with the disadvantaged socio-economic conditions prevalent in many low income communities, such as indigenous and newly migrated communities (Steering Committee for Review of Government Service Provision, 2011).

Several participants indicated that they lack good communication skills due to language barriers. English classes for new arrivals may have inherent limitations because class members are from a wide range of cultures and language backgrounds. In the 1978 Galbally Report, teaching experts suggested that achieving good communication skills in a new language requires one to two years of regular learning (Dhanji, 2009). In the same report, cited by Dhanji (2009), one English teacher in the new arrivals program commented that:

"We have come across a lot of them who are highly motivated. The reward comes in seeing them become more articulate and improve their questioning skills to gain information. English classes are good for all refugees as they increase confidence" (Danji, 2009, p.163).

In relation to employment and social inclusion, Jamrozik (2009) suggested that *"in a democratic society access to employment means access to social participation"* (p.

159, cited by Grace & Abdelkarim, 2012, p.105). The importance and complexity of social participation through employment has been highlighted by Calma (2008):

"Human rights is the missing dimension of multiculturalism as it has been recently articulated in Australian policy. For example the economic participation of skilled immigrants, and the recognition of their qualifications, language retention, and inclusion in government decision-making - these are issues where there is clear intersection of social inclusion, of human and cultural rights and of multicultural principles" (Calma, 2008, p. 1 in Grace & Abdelkarim, 2012, p.105).

Furthermore, Colic-Peisker and Tilbury (2007a, p. 5) claimed that "new and emerging African and Middle Eastern migrant communities may develop into marginalised minorities where social problems may crystallise over time, unless more decisive measures are introduced by policymakers". A report prepared by the Western Australian OMI (2009, p. 23) in relation to the consequences of unemployment among African Australians suggested that: "In the current environment, high unemployment and the accompanying feelings of marginalisation and exclusion increase the risk that some members of the community will become vulnerable to political and ideological radicalization".

Several participants expressed they fear discrimination against them because of their culture, appearance or religious faith, and in particular against the Muslim faith. Discrimination against refugees has a negative impact on their adaptation to life in

Australia, as it can contribute to unemployment and social isolation as noted in several studies (Colic-Peisker & Tilbury, 2007; African Think Tank, 2007). In a 2004 report of the Human Rights and Equal Opportunity Commission, it was stated that:

"Increased hostility towards particular groups produces a dynamic of exclusion that encompasses a range of vulnerable groups attacking the very principle of respect for diversity has an alarming ripple effect. Protecting the core multicultural values of our society is good reason for action" (HREOC, 2004, p. v).

In relation to assistance that aided study participants towards adaptation to Australian society, two main factors were identified - the Australian environmental factor and a psychological/personal resource factor. Regarding the Australian environmental factors that helped towards adaptation to life, the vast majority of participants in this study expressed their appreciation regarding many aspects of Australian society and the services they received. All participants expressed that Australia is a peaceful and safe country with a democratic and fair system of government. They also expressed their appreciation of the services and rights they enjoy as Australian citizens, such as the Medicare facilities, educational activities and financial assistance.

Understanding the experiences and challenges of refugees during their settlement period is crucial for provision of services which can lead to positive adaptation. Silove (2004, cited in Marlowe, 2011, p. 81-82) states that:

"Where refugees have been welcomed and offered opportunities to develop their capacities and to participate in all the affairs of the host country, they have overcome major adversities of the past. In contrast, where refugees are marginalised, victimised, or constrained, they tend to become entrapped in negative stereotypic roles that are self-reinforcing, leading to further persecution and deprivation".

Many participants indicated positive attitudes towards their future life in Australia and spoke of their hope for a bright future for themselves and their families. This finding is consistent with findings from previous research indicating positive attitudes towards acculturation and personal resources, such as resilience and hope, contribute toward positive adaptation (Beiser & Hou, 2001; Schweitzer et al., 2007).

It is clear from demographic data, shown in Tables 1 and 2, the number of study participants holding University qualifications changed from 10% on arrival to 45% at the time the study was conducted. Also 65% of participants were participating in the Australian economy through employment, 40% full time and 20% on a part time basis.

5.1.1 Resilience and Eritrean culture

The majority of study participants shared that, with willingness and positive attitudes towards integration, they had met many of their goals, despite the obstacles faced during settlement. Both genders, and both Christians and Muslims, showed resilience

when facing and overcoming the initial difficulties and expressed hope for a brighter future for themselves and their families. As Rossi stated:

"One's existential well-being seems to be maintained through hope and ascribing meaning in life. This appears to provide the psychological environment appropriate for engaging with traumatic experiences in a functional and adaptive way e.g. by motivating individuals to persevere with their action despite the level of environmental threat" (Rossi, 2013, p.45).

Resilience is a coping strategy that assists individuals to function positively under stressful situations. Resilience has deep roots beginning in a person's childhood environment, including their culture and values (Ungar, 2008; Rossi, 2013). Results of this study show that most participants demonstrated resilience during their settlement period and were able to cope and function positively despite being faced with many challenges.

The resilience of these participants may be partly due to the Eritrean cultural influence. Resilience is a coping mechanism rooted in to Eritrean cultural values and norms (Rossi, 2013). Due to the difficulties of daily life in their home country, Eritreans face many challenges: an arbitrary ruling system, political insecurity, compulsory military service for an indefinite period, and a deteriorating economic situation. Coping with life in this type of situation requires courage and resilience (Ungar, 2008).

Eritrean culture nurtures resilience through the cultural values of self-reliance, endurance, persevering towards one's goal, responsibility towards community, collective consciousness and family unity. These values influenced Eritreans in the diaspora and for many became a coping mechanism through difficult times. Thus, these values are reflected in the responses of several study participants who said they still care about family members in refugee camps and in Eritrea. This care is demonstrated through sponsorship and financial assistance for family members left behind.

Most importantly, experience of the war for independence and subsequent political aftermath had a huge impact on Eritrean people. The war for independence lasted from 1961 to 1991. All Eritreans, regardless of gender, faith, tribe and age, participated in the movement for independence. As a result of participation in the struggle for independence, Eritrean women were empowered and their voices were able to be heard, allowing them to address some of their most important concerns, including issues of gender equality, political involvement and economic participation. A famous Eritrean poet, Kajerai, described women's role and participation in the struggle for independence movement, whose work is described as follows:

"Kajerai praises even women soldiers' contribution. The poet brings them out from the stereotype and traditional representations of their being passive, powerless, domestic and long suffering victims. Here the poet transforms the benevolent image of an Eritrean woman's breast into the mere earth where she should leave her dead behind

and go on fighting, 'Woman of Eritrea' can always be counted on for 'high spirits and passion" (Kumar, 2014, p.11)

The vast majority of Eritrean families were affected by involvement in the freedom movement and experienced many difficulties and challenges. Surviving horrendous experiences contributed to the resilience and coping abilities of Eritreans both inside the country and in diaspora.

A study conducted by Rossi, which investigated the coping mechanisms of Eritrean refugees and asylum seekers in Malta, also found that Eritrean refugees were able to cope with difficulties and hardships through resilience based on Eritrean culture (Rossi, 2013). Rossi (2013, p.45) stated that "The role of one's culture cannot be overlooked when seeking to understand the individual's resilience process. It is important to consider how particular political climates and cultures impact a person psychologically".

In this same study, one participant highlighted the impact of the Eritrean culture and the movement for independence on their resilience commenting:

"...the ideologies, of resilience, of the challenges and passing through hardships...these things and they worked a lot, the leaders of the armed struggle on this...so it becomes more stronger and stronger, even these terms are much more used... because of the armed struggle as well...not retreating , not moving...if there is things like trying to push you, you stay, and we grow up in this kind of culture so it

becomes part of you, so with individuals and with me to an extent, because I grow up in this culture I now say that, I have these things” (Rossi, 2013, p.38).

5.2 Study strengths and limitations

The strength of this study comes from the methodology used to investigate and explore the settlement experiences of Eritrean refugees living in South Australia. The use of qualitative inquiry methodology allowed an investigation into the settlement experiences of the Eritrean refugees living in South Australia without preconceived theories. During interviews participants shared their personal settlement experiences and their adaptation to life in South Australia by identifying obstacles and assistance experienced during the settlement period. Most importantly, participants did not experience obvious discomfort from their past traumas and no participants referred to PTSD symptoms. In addition, triangulation was used as themes that emerged from the in-depth interview process were supported by results of the Life Satisfaction questionnaire.

Study results show several key factors affecting adaptation to life in Australia for Eritrean community members in South Australia. These factors are the perspectives of those who participated in the study and the findings of this study cannot be generalised to the Eritrean community living in South Australia. Furthermore, results may be limited due to the use of non-random sampling, therefore participants in this study are not representative of all Eritrean people living in South Australia. However,

the sample was balanced in terms of gender, age, tribe, English language skills, social status and religious faiths of the Eritrean people in South Australia.

6 Recommendations and Conclusion

Based on interviews with Eritrean participants living in South Australia, this study identified several obstacles to adaptation to life in Australia, as well as factors which assist adaptation. Overall, participants demonstrated a positive tendency towards integration into Australian society, despite the challenges faced in their new environment. The positive attitudes expressed by participants when asked to describe their life in Australia and if they felt part of wider Australian society suggests they have the resilience to succeed in adaptation to life in Australia.

Refugees come with various capacities and potential to settle into life in Australia and need support to strengthen their personal resources, such as resilience, and integrate successfully (Pittaway, Muli & Shteir, 2012). A majority of study participants identified the major obstacles to adaptation as language barriers, difficulty accessing suitable accommodation, unemployment, lack of knowledge about Australian culture, social isolation, fear of racism and discrimination. Such challenges have been identified as factors which deter integration of refugees into the community of the host society (Pittaway, Muli & Shteir, 2012). In order to ease the process of integration of Eritrean refugees, and other similar communities, into Australian society, these concerns should be addressed.

To successfully integrate African refugees into Australian society, settlement services provided need to address the specific needs of African refugees. Most African

refugees come from a low socio economic status, with low literacy levels and were subjected to various hardships and difficulties before arriving in Australia.

These refugees should be empowered and supported on arrival to ease and facilitate settlement into Australian society. There are many organisations providing settlement services to refugees in Adelaide, including ARA, STTARS and AnglicareSA. The services provided by these organisations were mentioned by several study participants. These agencies were identified as helpful to participants and as making an important contribution to people undergoing a settlement process. In order to ease the integration process for Eritrean refugees, and other similar communities living in South Australia, the South Australian government and other government bodies should continue to fund these organisations to allow these agencies to provide the required assistance for refugees and immigrants. Research shows that refugee communities are able to adapt to mainstream Australian life with increased time of residence (Markus & Dharmalingam, 2011; Markus, 2014).

There are many barriers facing African refugees while undergoing settlement in Australian society. The lack of understanding of mainstream Australian culture, values and principles, past traumas and hardships, and culture shock can be barriers to adaptation (Ager & Strang, 2008). Most refugees, including Eritrean refugees, arrive in Australia with limited resources and they are among the most disadvantaged and vulnerable groups in Australia (Deljo, 2000). Furthermore, there is a misconception within Australian society in general that African refugees are unable to adapt to Australian values and culture, which unfortunately has been supported by media

misrepresentation (Windle, 2008). Based on the findings of this study, the following recommendations are proposed to aid refugees and newly arrived immigrants:

- The provision of Australian cultural awareness for newly arrived refugees and migrants, including social norms and expectations, would help create social connection within their neighbourhoods and local communities.
- Many local community members do not understand the specific needs of refugees to integrate into Australian society and this information could be supplied by holding specific refugee events and festivals.
- Increase in existing support and help for refugees in securing more suitable and affordable accommodation;
- The provision of specific job and multi-skilled training for migrants to prepare them for demands of the job market, as well as liaise with job and employment agencies to facilitate the job search process.

Implications for Social Work Practice

This study provides useful information to help social work practitioners working with Eritrean clients understand Eritrean people's settlement experience in South Australia in order to establish better engagement with their clients. This research also provides valuable knowledge, not only about the study participants and their concerns, but also

about Eritrean culture and how that culture assists Eritrean people living in diaspora to cope and function positively in stressful situations. In addition, this study may help human service workers to understand gaps in knowledge about Eritreans living in South Australia.

Findings of this study are particularly helpful for the social work profession, as social work is a profession which involves the use of social theory and research methods to enhance the lives of individuals, groups, community and societies. Participants in this study identified some important factors that assisted towards their adaptation to life in South Australia, as well as the main challenges they faced during the settlement period.

The social work profession involves promotion of social change by solving problems in human relationships and empowering and liberating clients to enhance their wellbeing. Using theories of human behaviour and social systems, social work practitioners can help Eritrean people interact with their own environment. The fundamentals of social work are the principles of human rights and work social justice. Social workers can also play an important role in assisting with social integration.

Future Research Directions

This study investigated the settlement experiences of 20 study participants via indepth individual interviews by asking about their current adaptation to life in Adelaide. There is a need for further qualitative studies to explore refugee settlement experiences from

a different perspective than that covered in this study. A future study might include life experiences in refugee camps and enroute to Australia to gain insight into the impact these experiences had on integration to Australian society. In addition, future studies with Eritrean people living in South Australia could include other measures, for example focus groups, as an additional means of investigation which may enhance study outcomes.

The findings of this study, and future studies, assist policy makers in the assessment of refugee adaptation to life in Australia. Such assessment aids development of policies to ease the integration process for new arrivals of refugees and immigrants into Australian society.

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7 Appendices

Appendix 1

Eritrea

2010 total population: 5 253 676

Income group: Low

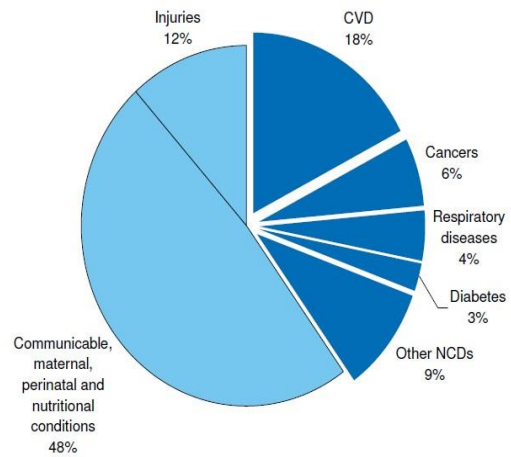
NCD mortality*			
2008 estimates			
	males	females	
Total NCD deaths (000s)	5.6	6.3	
NCD deaths under age 60 (percent of all NCD deaths)	45.7	36.3	
Age-standardized death rate per 100 000			
All NCDs	759.3	599.8	
Cancers	92.2	80.0	
Chronic respiratory diseases	109.9	52.2	
Cardiovascular diseases and diabetes	402.7	363.1	

Behavioural risk factors			
2008 estimated prevalence (%)			
	males	females	total
Current daily tobacco smoking	9.7	0.4	4.9
Physical inactivity	23.9	52.1	38.5

Metabolic risk factors			
2008 estimated prevalence (%)			
	males	females	total
Raised blood pressure	33.9	29.8	31.7
Raised blood glucose
Overweight	8.4	9.7	9.1
Obesity	1.1	1.8	1.5
Raised cholesterol

Metabolic risk factor trends

Proportional mortality (% of total deaths, all ages)*



NCDs are estimated to account for 40% of all deaths.

Figure 2: Population Mortality Rate in Eritrea

Source: World Health Organisation (WHO, 2012)

Country capacity to address and respond to NCDs		
Has a Unit / Branch / Dept in MOH with responsibility for NCDs	Yes	<i>Has an integrated or topic-specific policy / programme / action plan which is currently operational for:</i>
<i>There is funding available for:</i>		
NCD treatment and control	No	Cardiovascular diseases
NCD prevention and health promotion	No	Cancer
NCD surveillance, monitoring and evaluation	No	Chronic respiratory diseases
		Diabetes
		Alcohol
<i>National health reporting system includes:</i>		Unhealthy diet / Overweight / Obesity
NCD cause-specific mortality	Yes	Physical inactivity
NCD morbidity	Yes	Tobacco
NCD risk factors	Yes	
Has a national, population-based cancer registry	No	Number of tobacco (m)POWER measures implemented at the highest level of achievement
		1/5

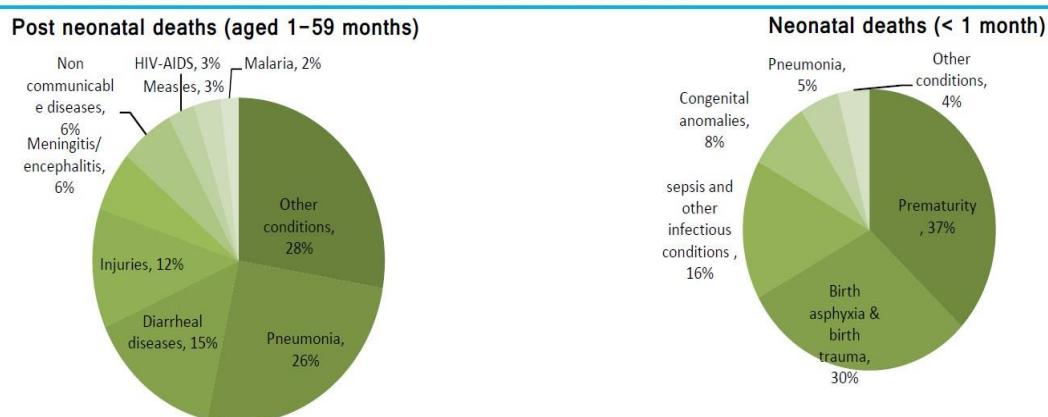
* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data. The estimates are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).
... = no data available

World Health Organization - *NCD Country Profiles*, 2011.

Figure 3: Mortality Rate in Eritrea

Source: World Health Organisation (WHO, 2012)

Why: Estimated* distribution of causes of neonatal and under-five deaths, 2010



Source: CHERG/WHO/UNICEF for distribution of causes of neonatal and under-five deaths (published in Liu et al, *Lancet* 2012).

Notes: These are estimated proportions of causes of death obtained from models with input data from available Vital Registration data and population-based studies (for detailed methods and list of references please refer to Liu et al, *Lancet* 2012).

These estimates are not necessarily the same as those from the Member State, which may use alternative methods of estimation of causes of death. All Member States have undergone an official country consultation on the CHERG estimation (documents available upon request).

Figure 4: Infant Mortality Rate

Source: World Health Organisation (WHO, 2012)

Appendix 2: Interview Question Guide

How would you describe your life here in Adelaide?

Do you feel a part of the local community?

If yes, what has helped you to feel a part of this community and if no what has been a hindrance to your feeling you are part of the community.

Do you feel a part of the wider Australian community?

If yes, what has helped you to feel a part of this community and if no what has been a hindrance to your feeling you are part of the community.

Who are the people do you mix with each day or most days of the week?

How do you get on with your neighbours or those around you?

Can you tell me about your housing experiences here in Adelaide??

Can you tell me about your experience with the health care services you receive?

Can you comment on your children's experience at school?

How important is learning English in helping to feel part of Australia?

Appendix 3: Letter of Introduction

Associate Professor Carol Irizarry

GPO Box 2100
Adelaide SA



Flinders 5001
UNIVERSITY

Date

LETTER OF INTRODUCTION

Dear Participant,

This letter is to introduce Mr Mohamed Farrage who is a Masters student in the School of Social and Policy Studies at Flinders University. He will produce his student card, which carries a photograph, as proof of identity. He is undertaking research leading to the production of a thesis on the subject of the adaptation experiences of former Eritrean refugees living in South Australia after forced migration.

He would be most grateful if you would assist in this study, by participating in an interview which covers this topic. One meeting of no more than 45 minutes is all that would be required of your time for the meeting. Any information you provide will be

treated in the strictest confidence and no identifiable information will be presented in the final thesis or any report or subsequent publication. You would be free to withdraw or discontinue your participation in the interview at any time, or to decline to answer any particular questions.

Since Mohamed intends to make a tape recording of the interview, he will seek your consent, on the attached form, to record the interview and to use the recording or a transcription in preparing the report or publications with the condition that your name and identity not be revealed. Mohamed himself will do all transcriptions of the recordings.

Since I am Mohamed's supervisor any concerns you may have concerning this project should be directed to me at the address given above or by telephone on 8201-2452 or by email: carol.irizarry@flinders.edu.au Thank

you for your cooperation and assistance.

Yours sincerely,

A handwritten signature in black ink that reads "Carol Irizarry". The signature is written in a cursive, flowing style.

Dr Carol Irizarry

Associate Professor, School of Social and Policy Studies

Flinders University

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number 7080). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

Appendix 4: Participant Demographic Questionnaire

Dear Participant

Any information you provide will be accessed only by the student researcher Mohamed Farrage and the researcher supervisor Associate professor Carol Irizarry and it will be treated with strict confidentiality. Your identifying information will not be revealed in the final report of the study and which will only contain anonymous information about participants.

1. What is your name: -----

2. Your Contact Details:

Residential address: -----

Phone (home): ----- Mobile-----

3. Your age group: Please select

18 - 24

25 -34

35 - 44

45 - 60

60 +

4. Your Marital Status:

Married

Single

Widowed

Separated

5. Year of Arrival in South Australia:

6. Your Employment Status:

Employed

Self employed

Unemployed

Studying

Volunteer

Other : -----

7. Your highest Education Level: -----

8. Where you came from before arrival (country): -----

9. Who came with (Alone/ Accompanied) -----

Appendix 5: Participant Information Sheet

Associate Professor Carol Irizarry

GPO Box 2100

Adelaide SA 5001



INFORMATION SHEET

(for 'Eritrean Community Members')

Title: The adaptation experiences of Eritrean refugees in South Australia.

Researcher:

Mr Mohamed Farrage

School of Social and Policy Studies
Faculty of Social and Behavioural Sciences
Flinders University
GPO Box 2100, Adelaide, SA, 5001, Australia

Supervisors:

Associate Professor Carol Irizarry

School of Social and Policy Studies
Faculty of Social and Behavioural Sciences
Flinders University
Tel: (08) 82012452

Dr George Karpetis

School of Social and Policy Studies
Faculty of Social and Behavioural Sciences
Flinders University
Tel: (08) 82012270

Dear Potential Participant,

Description of the study:

This study is part of the project entitled 'The adaptation experiences of Eritrean refugees in South Australia'. The study has been approved by the **SOCIAL AND BEHAVIOURAL RESEARCH ETHICS COMMITTEE** at the Flinders University (approval number 7080). The purpose of this letter is to explain my proposed research and ask for your participation in the project. I would be most grateful if you would assist in this study. The things I am hoping to learn from you and from other Eritrea refugees are related to what has been helpful to you during your settlement experiences, and what have been the main barriers or hindrances to full adaptation into Australia during your resettlement here.

Purpose of the study:

This study aims to bring about a better understanding of refugees from Eritrea living in South Australia, and to learn what has been helpful to them after the often difficult experiences of forced migration. My research will lead to a greater awareness and understandings of Eritrean people and their culture in this country. This knowledge may not result in an immediate benefit to you personally, but it is expected to contribute to a better understanding of and assistance to other Eritrean refugees in the future.

What will I be asked to do?

You are invited to attend a one-on-one interview with a student dietitian who will ask you a few questions about your settlement experiences. The interview will take about 45 minutes. The interview will be recorded using a digital voice recorder to help with

looking at the results. Once recorded, the interview will be transcribed (typed-up) and stored as a computer file and then destroyed once the results have been finalised. To better understand the depth of the experiences I want to listen to what Eritrean people have to say. If you are willing to assist in this project by participating, I will be happy to organise a place to meet that is best for you and a time that is suitable.. The questions that I ask you will mainly be about how you would describe your life here, whether you feel a part of the Australian society and things that have helped or not helped this to happen.

What benefit will I gain from being involved in this study?

The sharing of your experiences will improve the planning and delivery of future programs. My research will lead to a greater awareness and understandings of Eritrean people and their culture in this country. This knowledge may not result in an immediate benefit to you personally, but it is expected to contribute to a better understanding of and assistance to other Eritrean refugees in the future.

Will I be identifiable by being involved in this study?

Your personal identification details such as your name and address will not be mentioned and any information obtained from you in connection with this research will be kept strictly confidential. But due to the small size of the community, some participants may be identified from their responses. If my research produces helpful information then the results will be published to pass on the knowledge.

Once the interview has been typed-up and saved as a file, the voice file will then be destroyed. Any identifying information will be removed and the typed-up file stored on a password protected computer that only the coordinator (Mr Mohamed Farrage) will have access to. Your comments will not be linked directly to you.

Are there any risks or discomforts if I am involved?

Other group members may be able to identify your contributions even though they will not be directly attributed to you. The investigator anticipates few risks from your involvement in this study. If you have any concerns regarding anticipated or actual risks or discomforts, please raise them with the investigator. If you feel upset or you feel distressed emotionally during the interview due to the discussed issues and you want to talk to someone, you can contact one of the free counselling services organisations list attached at the of this document.

How do I agree to participate?

Participation is voluntary. You may answer 'no comment' or refuse to answer any questions and you are free to withdraw from the interview at any time without effect or consequences. If you become upset or you feel discomfort, please do not hesitate to let me know and the interview will be stopped if that is your wish. I also made available the names of counsellors where you could seek support and assistance if needed. A consent form accompanies this information sheet. You may choose to participate by speaking in English, Tigre, Tigrigna or Arabic. So that I can remember everything you

tell me, I would like to record the interview and then make a written transcription. Since I want to make a recording of the interview, I will seek your consent to interview you and to record the interview. If you agree to participate please read and sign the form and send it back to me via my email at farr0144@flinders.edu.au or send it to:

School of Social and Policy Studies

Faculty of Social and Behavioural Sciences
Flinders University

GPO Box 2100, Adelaide, SA, 5001, Australia **How**

will I receive feedback?

Outcomes from the project will be summarised and given to you by the investigator if you would like to see them. After I have transcribed your interview I will be happy to review with you what has been written from your comments. At that time you could alter or delete any misrepresentations.

Thank you for taking the time to read this information sheet and we hope that you will accept our invitation to be involved.

Free Counselling Services in Adelaide

Imam Hasan Gabress: Ph: 0421159329 or Home 83542532

Lifeline Australia: 131114

Uniting Care Wesley Port Adelaide: 8440 2200

Address: 58 Dale Street, Port Adelaide

Open Monday to Friday 9 AM to 1:30 PM

STTARS: 8206 8900

Address: 81 Angas street, Adelaide SA

Open Monday to Friday 9 AM to 5 PM

Dale Street Women's Health Centre: 8444 0700

Address: 47 Dale Port Adelaide

Open Monday to Friday 9 AM to 5 PM

Andrew Clarke: A retired social worker

Phone: (Home) 8261 4862 Mobile: 04291 9007

Try mobile first and home number second, but not after 7:30 PM.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (7080). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

Appendix 6: Consent Form

Associate Professor Carol Irizarry

GPO Box 2100

Adelaide SA 5001



Consent Form for Participation in Research

This research is being conducted by Mohamed Farrage, a Flinders University Master's student and any information you provide will be dealt with the strict confidentiality. Your personal identification details will not be revealed. If the study produces useful information, the findings will be publicised and neither your name nor any personal identification information will be mentioned.

This study aims to bring about a better understanding of refugees from Eritrea living in South Australia, and to learn what has been helpful to them after the often difficult experiences of forced migration. This research will lead to a greater awareness and understanding of Eritrean people and their culture in this country. This knowledge may not result in an immediate benefit to you personally, but it is expected to contribute to a better understanding of and assistance to other Eritrean refugees in the future.

Your participation in this study is voluntary and you may decline to answer any of the questions or discontinue the interview at any time. If you become upset or you feel

discomfort, please do not hesitate to let me know and the interview will be stopped if that is your wish. I also will have available the names of counsellors where you could seek support and assistance if needed.

You may choose to participate by speaking in English, Tigre, Tigrigna or Arabic. I would like to record the interview to capture everything you say and then make a written transcription. After I have transcribed your interview I will be happy to review with you what has been written from your comments. If you agree to grant me an interview to about the topic as mentioned above, please sign the following section.

I have read and understood the project information sheet, as well as I am aware of the procedures involved for the interview and I am willing to participate in the study by granting an interview.

Participant's Details:

Name:----- Mobile:-----

Signature:----- Date-----

Researcher Details:

Name: ----- Signature: ----- Date:-----

Appendix 7: Publicity Flyer



Mohamed Farrage

Mobile: 0411530479

Call for Research Participants: The adaptation experiences of Eritrean refugees in South Australia.

Are you an Eritrean Australian or permanent resident?

- Are you over 18 and have you been living in South Australia (SA) for at least five years? |
- If yes, would you like to share your settlement experiences here in SA?

I am Mohamed Farrage, a Master's student at Flinders University and I am hoping to interview Eritreans living in South Australia, who have been living in Australia for at least five years.

The research aims is to provide an insight into how Eritreans are experiencing their new life in South Australia and add knowledge to help fill the existing gap in the literature about Eritrean-Australians. The study will investigate what factors have been helpful to you while you adjusted to living in Australia as well as which factors were not been helpful to you during your settlement period following your arrival in Australia.

Anyone who is interested in learning more about the study or who would like to be interviewed is asked to contact me by phone so that we can organise a place and a time to meet that is convenient for you. All participants will be provided with an information sheet about the study and before the commencement of any interviews all participants will be asked to read and sign a consent form. Any information collected will be treated with strict confidentiality and NO personal identification information of participants will be revealed in the publicity of the research.

Although the results of this study may not benefit you personally, your comments will contribute to a greater awareness and understanding of Eritrean people in South Australia.

If you would like to participate in this study by granting an interview or if you would like more information about the study, please contact **Mohamed Farrage** on

0411530479 OR on email: farr0144@flinders.edu.au Thank

you.

Mohamed Farrage

**Appendix 8: Support Letter from the Eritrean Community
Committee in South Australia.**

Date: 28/10/2015

To whom it may concern

This letter is to confirm that we as a committee members of the Eritrean Community of South Australia are happy to support Mohamed Farrage on Conducting his research project entitled 'Exploring the adaptation experiences of Eritrean refugees and factors affecting their engagement with their surroundings' within the Eritrean community members living in South Australia. We support his project by granting him access to our community through the community centre. He can use the community centre resources and office during the course of the study including potential participants recruitment, conduct the interview and other required available facilities.

Please feel free to contact me if you need more information on 0403686772.

Yours sincerely,



Yared Ghebretensae

Treasurer

Eritrean Community of South Australia

62 Stroud St N, Cheltenham SA 5014

Appendix 9: Themes that emerged from interview data

Constituent theme	Quotations
Language barrier	<p data-bbox="373 389 1110 495">“I had trouble understanding the accent as well as being understood with my accent” (Andy)</p> <p data-bbox="373 577 1139 683">“When I first arrived in Australia it was quite difficult for me to learn English.” (Carol)</p> <p data-bbox="373 766 1147 871">“It was very difficult as my family did not speak any English or very little English.” (Idris)</p> <p data-bbox="373 954 1102 994">“It was hard at first as the language was foreign.” (Kym)</p> <p data-bbox="373 1077 1161 1256">“If you do not speak English you will feel isolated and lonely. Which is how I felt at first when I did not know the language properly.” (Kelly)</p> <p data-bbox="373 1339 1118 1444">“I could only understand but could not speak. My accent also made it harder to communicate with others.” (Steve)</p> <p data-bbox="373 1527 1059 1635">“I could not be able to establish and engage with my neighbours due to the language barrier.” (Simon)</p> <p data-bbox="373 1718 1155 1787">“Because of my poor English skills, I am unable to establish a close relationships with the main Australian community</p>

	members.” (Andrew)
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<p>Fear and discrimination</p>	<p>“It was difficult as it was hard to tell people that I am African as they were scared of us.” (Michelle)</p> <p>“I wear a scarf. I would constantly get looks as I walk down the road or wherever I go. This made feel like I did not belong and that I was intruding. After 9/11 and the most recent terror attacks all over the world the fear has increased. Racism and discrimination because I am a Muslim increased which has resulted in me not engaging with the community as often out of fear of being abused or mistreated.” (Carol)</p> <p>“There is a fear of the unknown.” (Carol)</p> <p>“I am a Muslim and two of my daughters and my wife they wear a hijab. I get very worried during major events, such terrorist attack anywhere in the west, so I tell my daughters and my wife to be careful and not to go out unnecessarily outside with Hijab. My worry comes from that fact the might be attacked because there is islamophobia around the world, and unfortunately the media is contributing to this phenomenon.” (Simon)</p> <p>“I am too worried what might happen to me and my family,</p>
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	<p>as my wife wears the hair scarf (Hijab).” (Chris)</p>
<p>Lack of cultural knowledge</p>	<p>“I do not follow the footy which does make feel excluded from the community.” (Alex)</p> <p>“At first I only could mix with my family as we could not interact with others due to the language barrier as well as a lack of knowledge of Australia.” (Kym)</p> <p>“I think there are many reasons why I could not be able to establish good relationships with my neighbours, including language barrier, unstable accommodation and lack of knowledge of Australian Culture.” (Chris)</p>

Unemployment	<p>“Some challenges that I have faced are finding employment.” (Danielle)</p> <p>“The only problem I can say about Adelaide is job opportunity is very limited and sometimes it is hard to find a job.” (Chris)</p>
Social isolation	<p>“It was hard to interact with other Australians and to live an average life as everything was so foreign to my family.”</p>

(Kym)

“At first I only could mix with my family as we could not interact with others due to the language barrier as well as a lack of knowledge of Australia.” (Kym)

“I wish I was fluent in English so that I can mix and establish a good relationship with many people here in my local area and anywhere in Adelaide. Because I rely on others to interpret for me, I feel that I do not belong to the Australian community, as well as I feel that I am missing a lot by not speaking English.” (Simon)

“I don't feel 100 percent that I am part of the local community. I do not have enough knowledge about the Australian culture.” (Chris)

<p>Frustration and depression</p>	<p>“Shared accommodation with friends is a cheaper option however I have found it very difficult and frustrating at times.” (Danielle)</p> <p>“Finding a suitable house is very difficult and frustrating, especially for big families and refugees.” (Chris)</p>
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<p>Positive attitudes</p>	<p>“There is a lot of differences between Australia and my country, but they are all good differences that I am thankful for.” (Michelle)</p> <p>“I am lucky to come to Australia and specially to live in Adelaide.” (James)</p> <p>“Australia became my home country now and I feel fortunate to be here.” (Kelly)</p>
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<p>Positive attitudes & satisfaction</p>	<p>"I am diagnosed with diabetes type 1 so I am able to get free insulin and free needles whenever my supply is running low I am able to get another batch. healthcare is very good here compared to other countries where i would have to pay to get my medicines and they may not be readily available. Also the healthcare is so good to the point where I can go see my doctor for free when needing medical attention and would get the medicines required at a discounted price "(Andy).</p> <p>"I am still grateful to the help I was able to get from ICRA [currently ARA]. They were in the airport for my reception on my arrival. They provided me with a temporary accommodation. ICRA helped to find a rental accommodation as well as they assisted me to sponsor my brother. Whenever I needed an assistance I use to go and</p>
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ask ICRA" (Michelle).

"I am lucky to be in this lucky country. I have many friends and relatives who want to immigrate to Australia, and I know many others who spent few years in Libya to go to Italy through the Mediterranean sea in a risky journey. The challenges we face as refugees in Australia is nothing compared to what others are facing in refugee camps and Libya" (Edward).

Appendix 10: Ethics approval



Social and Behavioural Research
Ethics Committee
Room B1, Union Building
GPO Box 2100
Adelaide SA 5001
Tel: 08 8251 9962
Fax: 08 8251 2050
human_research@flinders.edu.au
www.flinders.edu.au/research/info-for-researchers/ethicscommittees/social-behavioural.cfm
CRICOS Provider No. 00116A

3 November 2015

Dear Mohamed,

The Chair of the Social and Behavioural Research Ethics Committee (SBREC) at Flinders University considered your response to conditional approval out of session and your project has now been granted final ethics approval. This means that you now have approval to commence your research. Your ethics final approval notice can be found below.

FINAL APPROVAL NOTICE

Project No.:	<input type="text" value="7080"/>		
Project Title:	<input type="text" value="Exploring the adaptation experiences of Eritrean refugees and factors affecting their engagement with their surroundings"/>		
Principal Researcher:	<input type="text" value="Mr Mohamed Farrage"/>		
Email:	<input type="text" value="farr0144@flinders.edu.au"/>		
Approval Date:	<input type="text" value="3 November 2015"/>	Ethics Approval Expiry Date:	<input type="text" value="11 March 2018"/>

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided with the addition of the following comment(s):

Additional information required following commencement of research:

- Permissions
Please ensure that copies of the correspondence granting permission to conduct the research from Eritrean Community Committee is submitted to the Committee on receipt. Please ensure that the SBREC project number is included in the subject line of any permission emails forwarded to the Committee. Please note that data collection should not commence until the researcher has received the relevant permissions (item D8 and Conditional approval response – number 14).

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achievement

Appendix 11: Life Satisfaction Questionnaire

Please circle the appropriate answer.

Overall quality of life Questions:

1. Do you feel safe here in Adelaide

Always

Sometimes

Never

2. Can you move around your neighbourhood and the metropolitan area easily and freely?

Always

Sometimes

Never

3. Do you get on well with your neighbours and within your neighbourhood?

Always

Sometimes

Never

Health Related Questions

Do you have access to health care services?

Always

Sometimes

Not at all

Are you satisfied with the health services you receive?

Always

Sometimes

Not at all

Education Related Questions:

1. Are you satisfied with the education programs for yourself or your children?

Always

sometimes

Not at all

Accommodation related Questions:

1. How would you describe the process of finding accommodation?

Easy

Problematic

Quite difficult

Language and Communication Related Questions:

1. Learning English is important for:

1. Work

2. Education

3. Social Life

4. All of the above