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**MAKING A NEW HOME:
FORMER REFUGEE CHILDREN AND THEIR
PARENTS' EXPERIENCES OF RESETTLEMENT**

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ABSTRACT

People from refugee backgrounds face unique hardships and challenges throughout their migration path including pre-flight and flight stressors and are vulnerable to a wide range of physical and emotional difficulties. Resettlement can be viewed as an additional trauma as during this time, children and adults alike face an array of challenges which may negatively influence long term resettlement outcomes. Children face additional stressors to their parents including educational and familial stressors, and their wellbeing is influenced by their parents' ability to cope.

The current study followed thirteen families with children aged between 7 and 12 over the first year of their resettlement into New Zealand society. Children and their mothers were interviewed separately three times over the study period using a semi-structured interview which focused on both positive and negative resettlement experiences. The interviews were transcribed and then analysed using thematic analysis. Five main themes were identified in the parent and child data: New Beginnings, Loss, Challenges of Resettlement, Support and Coping, and Advice for Others. Distinct sub-themes were identified between the child and parent data sets, indicating subtle differences in child and parent experiences of resettlement.

The analysis illustrated the myriad of both positive and negative experiences involved in resettlement, and highlighted the contradictory emotions felt during this process. Language difficulties and lack of cultural knowledge had a negative impact on subjective wellbeing. Parents identified pragmatic support as being invaluable, and found emotional support through people from their ethnic community. Children found support through their school. Both children and their parents had experiences of racism and feeling isolated. Some participants started to question their cultural identity, and an acculturation gap appeared between parents and their children over the course of the year. This placed some strain on family relationships. Implications of this research are discussed, and directions for future investigations are suggested.

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CHAPTER ONE

INTRODUCTION

A refugee is a person who is outside of their country of origin and is unable to return due to a well-founded fear of persecution (United Nations Convention, 1951). Refugees are distinguished from other immigrants who plan their departure and are able to return to their homeland as they please. Refugees often flee without preparation, without their possessions, and without the opportunity to say goodbye to loved ones. Unlike other immigrants, refugees have no choice about where they resettle, and often arrive in their new countries without any knowledge of the language, the people, or the culture.

There are currently over 10 million refugees worldwide (United Nations High Commissioner for Refugees, 2012). In addition, internationally there are more than 34 million displaced individuals who have been forced from their homes due to refugee-like reasons (United Nations High Commissioner for Refugees, 2012). Approximately forty-five percent of the refugee population are under the age of 18 (United Nations, 2009).

The number of refugees worldwide has been steadily increasing since the second half of the twentieth century (United Nations, 2009). With this, there has been a growing body of research examining the mental, physical, and psychosocial wellbeing of refugees and people from forced migration backgrounds (Mollica, Poole, Son, Murray, & Tor, 1997; Tempany, 2009). However, while the United Nations has recognised the need to support refugee children across their journey to resettlement, there is limited research addressing children's experiences of resettlement (UNHCR, 2008).

There are a number of reasons why better understanding of the experiences of children throughout the refugee journey is important. Exposure to traumatic events and instability during important developmental periods can have an adverse effect on psychosocial functioning and wellbeing, potentially increasing vulnerability to mental health difficulties in children as well as in adults (Lustig et al., 2004). In addition, during resettlement, young people from refugee backgrounds must navigate developmental challenges whilst also deciphering a new culture, language and education system (Gibbs & Huang, 2003). Furthermore, throughout the refugee experience and resettlement process, the family system can become disrupted and this potentially impacts on child wellbeing (Papadopoulos, 2001). Finally, like all people experiencing resettlement, children need to integrate their experiences of flight, loss of culture, and separation from family and friends into their current reality (Choumanivong, 2013). Understanding these challenges and how they impact on the children's ability to resettle has the potential to positively influence resettlement policy and practices.

My interest in this research area arose from experiences working with displaced and orphaned children and adolescents in South East Asia over a three year period. During this time I became aware of the multifaceted hardships that these young people encounter, as well as the complexity of emotions that arise as they attempt to build new lives. These children showed me both their vulnerabilities and their resilience in the face of great obstacles. Back in New Zealand, I began to wonder how New Zealand was supporting children from similar backgrounds and whether or not their needs were being met.

The current study aims to explore the experiences of resettlement for former refugee children and their families in New Zealand. Each year, up to 1,500 new refugees are resettled in New Zealand under the United Nations Convention 1951, and there are approximately 40,000 people in New Zealand with refugee backgrounds (New Zealand Immigration Service, 2004). Of these, it can be assumed from the percentage that applies internationally, that up to half are under 18 when they arrive in the country. While the majority of research has focused on adolescents and/or experiences two or more years post resettlement, the current research looks at the first year of resettlement for children aged 12 years and under. International research suggests that these children encounter a range of difficulties, even years after they first arrive in their resettlement country (Davidson, Murray, & Schweitzer, 2008). It is thought that by providing appropriate support early on in the resettlement process, some of these negative outcomes may be circumvented.

Children have unique perspectives and insights into their problems. They are also often influenced by their parents' experiences and beliefs and the family environment can impact on resettlement outcomes (Choummanivong, 2013). As such, both children and their parents were interviewed in the current study. Through understanding the different experiences of these children and their families, and how these interact with one another, understanding as to how to achieve positive resettlement outcomes may be garnered.

The following chapter will present a review of the relevant literature on factors influencing resettlement outcomes. First, the phases of migration will be reviewed to give the reader insight into the journey of a refugee from forced migration to resettlement including common resettlement difficulties. Next, the process of acculturation is considered including behavioural changes, adaptation and acculturative stress. Factors affecting child resettlement prior to migration and post resettlement are then examined, before a review of the literature on mental health risks and interventions. Finally, the support and services currently provided in New Zealand to former refugees is discussed.

The Refugee Journey

Several writers have described the refugee experience as a journey, starting with flight from their country of origin and ending in resettlement (Fazel & Stein, 2002). Moving to a new country involves losses, disruptions to familiar life patterns, and exposure to new challenges. In addition to these stressors, people from forced migration backgrounds face a host of unique stressors along their migration path including pre-flight, flight, and resettlement stressors. These phases have been described by Fazel and Stein (2002) as being associated with four broad responses to the stressful experiences faced by these people: anticipation, devastating events, survival and adjustment.

In a review of the literature, Lustig et al. (2004) observe that prior to flight from their country of origin, there is a state of anticipation in which danger is forewarned. At this time, anxiety increases as the people start the process of guessing what the best course of action for themselves and their extended family is (Papadopoulos, 2001). This includes decisions regarding whether to flee or not, who to travel with, how to travel, and what to take. During this pre-flight stage, social upheaval and chaos in daily life increases. Uncertainty rises as breakdowns in positive authority and law and order are often witnessed; and there are no social supports or past experiences that serve as guidelines of how to act. Social development and schooling is often disrupted, and people frequently face threats to their safety. In this pre-flight stage, displaced persons often witness torture or war, and some engage in violence themselves. In addition to these devastating events, it is common for from forced migration backgrounds to face imprisonment, and for systematic reductions in personal freedom to occur. Rape is common (Heptinstall, Sethna, & Taylor, 2004). Separation of family members can also occurs, either as a result of persecution, or as an attempt to keep family members safe (Luster, Qin, Bates, Johnson, & Rana, 2008). Throughout this time, displaced persons live with rising levels of fear and anxiety (Heptinstall et al., 2004; Lustig et al., 2004; National Child Traumatic Stress Network [NCTSN], 2003; Papadopoulos, 2001).

When devastating events, in the form of acute episodes or chronic situations, reach the community, the time for flight begins. During flight from their homes, refugees face great uncertainty about the future and are at the mercy of external forces for their safety and wellbeing (Fazel & Stein, 2003). Refugees are often disorientated, disempowered and helpless as they enter a survival mode (Papadopoulos, 2001). Daily routines are no longer valid and refugees do not perform their normal roles, as employees or members of the community. Family roles are also disrupted. Refugees are plunged into a state of limbo while they wait for politicians, international organisations, and warlords to decide their fate (Papadopoulos, 2001).

Separation of family members can occur during the refugee journey, either by choice or by incident along the migration path (ChangeMakers, 2009; Poole & Swan, 2010). For some, due to the

costs and danger involved in escaping from their home country, one family member will leave first, acting as a scout. Once a safe path is established, the family must find the money to bring each of the other family members. Other families may become separated during their flight path. This may be due to unforeseen situations such as an air attack which can result in people fleeing in different directions. For other families, separation can occur as a result of circumstance, where family members are in different locations when a crisis strikes and they are forced to flee. Families may also become separated due to organisational persecution where one family member is taken by government forces, and the rest of the family flee so as not to be harassed (Rousseau, Mekki-Berrada, & Moreau, 2001). As a result, separation from parental figures is common, leaving the child vulnerable to attachment and trust difficulties (Simpao, 1999; A. Smith, Lalonde, & Johnson, 2004).

At the next stage (Fazel & Stein, 2002), displaced persons may spend many years in refugee camps or in transit countries while their future is decided by external forces. Although the safety threat is diminished, refugee camps present new challenges and hardship. Conditions are often overcrowded, and resources are scarce (Unite for Sight, 2010). Basic necessities, such as food and water, are frequently rationed which can result in chronic malnourishment. Furthermore, researchers have found bullying, intimidation, and violence to often be commonplace in many refugee camps (Crisp, 2000; De Jong, Scholte, Koeter, & Hart, 2000). Alcohol and drugs are frequently widespread and addiction levels are often high (Poole & Swan, 2010). Schooling can be further disrupted in the camp due to lack of resources including the availability of qualified teachers (Unite for Sight, 2010). Persons who land in transit countries without refugee camps face many of the same difficulties, though often lack the protection of authorities found in some refugee camps. Lack of control and uncertainty about their lives and their future, add to anxiety, and depression has been found to be common in this stage (Unite for Sight, 2010).

The final stage of the refugee journey is resettlement. Upon arrival in their host country, former refugees face a series of challenges. Adjustment to a new culture includes learning a new language, forming new relationships, challenges to religion and traditions, loss of control, separation from loved ones, loss of lifestyle and career, and loss of confidence and self-identity (Lustig et al., 2004; Schweitzer, Melville, Steel, & Lacherez, 2006). Given the context of this study, this phase of the refugee journey is described in more detail in the following section.

Resettlement Difficulties

Reviewing the literature on resettlement, there is a complex array of positive and negative experiences and emotions that may be experienced during the resettlement phase (Papadopoulos, Lees, Lay, & Gebrehiwot, 2004). Resettlement offers former refugees the opportunity to build a new

life in a secure location and is often met with hope from these individuals. However, the research indicates that building a new life often without knowledge of the language, social customs, local laws, or the community, has many challenges (Lustig et al., 2004; Papadopoulos et al., 2004).

In this stage it is asserted that people from refugee backgrounds must re-establish themselves within an alien community (Papadopoulos et al., 2004). This involves navigating, often faceless, social support systems without the guidance of familiarity or past knowledge. Without being able to speak the language, people from refugee backgrounds can become isolated and unable to access the necessary support systems. In addition, due to their past, Wilmsen (2011) reports that many former refugees have a mistrust of authority. This can make it difficult for them to seek help, and fear of persecution from authorities can act as a barrier to seeking adequate council, housing, and support services.

Most people from refugee backgrounds come to their new country without possessions or financial security (ChangeMakers, 2009). Although many wish to work, they often do not have the correct qualifications, or adequate language skills to enable this. This can lead them to be dependent on the state which can decrease their self-esteem and Ainsworth (1989) writes that this can also influence feelings of hopelessness about the future. Financial insecurity can increase stress within the family unit. The stress reduces personal resources to manage hardship, and this, coupled with the financial constraints, can make it increasingly difficult for families to seek and attain the resources required to make positive changes to the family's situation (Papadopoulos et al., 2004).

While resettlement can offer hope for a new life, it also means the loss of a previous life. The process of resettlement requires people to give up aspects of their own culture (Rousseau, Rufagarib, Bagilishyaa, & Meashama, 2004). This may be due either to conflicting cultural expectations between the country of origin and the new country, or due to lack of resources. For example, many former refugees are unable to practice their religion to the extent which they previously have due to lack of temples, or leaders within that faith in the new country. Different laws and moral etiquette means that certain practices are no longer viable, and family members are given different roles than what they have traditionally entertained (Papadopoulos et al., 2004). Furthermore, as Rousseau et al. observe, many people from refugee backgrounds come from communities where the male is dominant, both within the home and in the community. When relocating to Western societies, this dynamic may not be able to be maintained and new family interactions need to be established. This can further increase family stress and relationship tension.

Cultural bereavement refers to the grief felt by people from forced migration backgrounds at losing touch with attributes of their homeland (Lustig et al., 2004). Cultural bereavement results from the loss of social structures, cultural values and self-identity, and symptoms can include

flashbacks of the country of origin, anxiety, depression and survivor guilt (Eisenbruch, 1991). Survivor guilt refers to a feeling of guilt about surviving, or being in a safe country, when loved ones have not been as lucky (Okulate & Jones, 2006). Former refugees may feel that they need to fulfil obligations to loved ones to mitigate these negative feelings (Eisenbruch, 1991). Erreich (2011) further noted that feelings of anger are also common both towards the perpetrators of the trauma suffered, as well as towards the host society which can be culturally insensitive to the needs of people from forced migration backgrounds. This can include anger at the delays of family reunification. Distressing flashbacks are common, but emotional pain is also encountered as the images begin to fade and the person feels isolated from their culture once more. Sleep disturbances and heightened startle reactions are also related to cultural bereavement (Eisenbruch, 1991).

Rousseau et al. (2004) observe that resettlement can also lead to changes in a person's social situation and standing. People from refugee backgrounds come from a vast variety of backgrounds and may occupy a number of important roles in their countries of origin; politically, in the community, and in their family. Coming to a new community means re-establishing the self against a backdrop of changed rules and protocols. Academic achievements from the country of origin are often invalid; decreases in socio-economic status are common; and former refugees come to their new community without social standing (Murray, Davidson, & Schweitzer, 2008; NCTSN, 2003; Papadopoulos et al., 2004). This can create a personal identity crisis and it can be difficult for a former refugee to come to terms with the loss of their previous life.

Negative attitudes and/or perceived discrimination from the local community can further negatively influence self-esteem and identity (O'Doherty & Lecouteur, 2007). In New Zealand, Butcher, Spoonley and Trlin (2006) found that people from refugee backgrounds encountered significant challenges to gaining employment. They also found that these people experienced discrimination in regards to accessing goods and services such as education and housing.

Swann Jr, Gomez, Seyle, Morales and Huici (2009) have posited that personal identity is often based on personal values which are based on community and upbringing, close associates, work, and standing in the community. Resettlement takes away many of these standards, leaving the person without their usual supports or methods of personal validation. This can lead to a loss of personal confidence and, at times, a mental health crisis while trying to re-establish personal identity (Rumbaut, 1994).

Through resettlement, family members, community links and friendships may be lost. Communication with the country of origin may be difficult for many reasons. Poole and Swan (2010) state that, although global communications have improved in recent years, this has often added to the negative impact of separation. Instant messaging has meant that news can be heard in real time

of distressing events, such as persecution, property seizure, detention or torture, increasing the fear and anxiety about family members while simultaneously highlighting the inability of the family in New Zealand to be able to help them. Furthermore, they note that long distance communication can be expensive to maintain. Family members left behind customarily do not have regular access to the internet, and postal services in these countries are often disrupted. This means that communication may be limited to those times of crises increasing anxiety and feelings of guilt. Rousseau et al. (2001) further note that communication makes it difficult to let go of the relationships, while at the same time not being able to maintain the personal links that existed prior to migration.

As previously mentioned, due to the costs, risks, uncertainty and general chaos involved in the flight of a person from a forced migration background, families are often separated (ChangeMakers, 2009). These families often hope to be reunited once in a safe country. The stress of on-going separation can have detrimental effects on both physical and mental wellbeing, and negatively impact the process of resettlement (Poole & Swan, 2010; Rousseau et al., 2001).

Due to the losses such as loss of culture, identity, and loved ones, as well as the challenges of navigating a new culture and establishing new individual and family roles, resettlement can be viewed as a new traumatic event along the former refugee's pathway (Murray et al., 2008). The act of resettlement begins the process of acculturation which can take many years. This is discussed in the next section.

Acculturation

Acculturation has been defined as the cultural change, in one or both groups, which results from continuous first-hand contact between two distinct cultural groups (Redfield, Linton, & Herskovits, 1936). Acculturation was originally defined as a group phenomenon. However, it is now recognised as having an individual component to it as well. The individual level is termed *psychological acculturation* and refers to the changes in the individual whose cultural group is collectively experiencing acculturation (Berry, 1992; Graves, 1967).

Berry (1992) has identified that six main changes occur as a result of acculturation at the group level. He states that cultural changes are at the heart of acculturation and include changes to language, religion, education, and cultural expectations. Physical changes, such as relocation, new community settings, and changes to population and urbanisation, take place as a result of resettlement. Biological changes are common resulting from changing diets and access to healthcare. Political changes occur as the immigrating group comes under the control of the new country's government. Changes to the group's economic status also occur. Finally, social relationships become

altered. New relationships are formed with people from the dominant society, and old relationships are adjusted to allow for separation and distance.

Berry (1992) then identifies two forms of change that are seen at the individual level. The first is changes in behaviours, called behavioural shifts, and includes changes to values, attitudes, abilities, and motives. Secondly, changes in the social and psychological functioning of the individual occur and frequently cause a specific type of stress referred to as acculturative stress.

Behavioural shifts Berry (1992) writes that behavioural shifts take place as the individual makes changes to their behavioural repertoire away from previously learned behaviours, and towards patterns more frequently found in the new society. Group level variables such as the political and economic situation in the society of origin will influence the amount that an individual will maintain or change their behaviour. In addition, variables within the new society, such as social support, and attitudes towards the ethnic group will further influence the motivation for behavioural change. Individual variables also affect behavioural shifts. These include the reasons for migration, expectations for the future, and individual acculturation strategies used.

Further, Berry (1992) states that behavioural shifts consist of learning new behaviours from the dominant culture, as well as shedding behaviours from one's own culture. The amount of learning and shedding occur as a result of the acculturation strategy that the individual uses. In this process Berry identifies four strategies that one can adopt. These are: assimilation, integration, separation and marginalisation. These strategies are also outcomes of the acculturation process and are available to both acculturating groups and individuals.

The four categories are based on the responses to two questions: (1) "Is it considered to be of value to maintain cultural identity and characteristics?"; and (2) "Is it considered to be of value to maintain relationships with the other group?" (Berry, 1992). One can identify with one's own ethnic or cultural group without having to reject the dominant group and vice versa. The assimilation option is defined by relinquishing one's cultural identity and moving into the dominant society. In the integration strategy, an individual or group retain their cultural identity to some extent while also moving to join the dominant society. Separation refers to the rejection of the dominant society while retaining one's existing cultural identity. Separation may also be a product of the dominant society's views and rejection of the non-dominant group. Finally, marginalisation occurs when the non-dominant group or individual loses cultural and psychological contact with their traditional culture as well as the dominant society, either through exclusion or withdrawal (Berry, 1992).

According to Berry (1992) the largest behavioural shift occurs as a result of the assimilation strategy. Assimilation leads to both a high level of learning new behaviours, and a high level of shedding old behavioural patterns. Low levels of learning and shedding are seen during the

separation strategy, which leads to a reaffirmation of one's heritage behaviours and results in little behavioural shift. The integration strategy leads to the selective adoption of behaviours from both cultures, through significant learning of the new culture, combined with limited shedding of one's traditional culture. Considerable shedding, combined with limited learning of the new culture, is seen in the marginalisation strategy. Behavioural strategies vary within the acculturating group leading to an array of behavioural repertoires. All learning and shedding is accompanied by some level of stress, though the process of marginalisation is associated with the highest levels of acculturative stress.

Acculturative stress Acculturative stress refers to stress brought about by stressors related to the process of acculturation. In addition, it also refers to a particular set of stress manifestations and changes which occur during acculturation. These include a lowered mental health status, feelings of marginality and alienation, and heightened psychosomatic and psychological symptom levels (Berry, 1992).

Acculturative stress occurs when stressors involved in resettlement and acculturation take place. These events often lead to psychological conflict. As a result, the individual or group displays new behavioural patterns as a direct reaction to the stressor. These reactions can form barriers against successful adaptation to the new society. For example, increased mental health problems, resulting from acculturative stress, act to isolate the individual from the dominant culture and to decrease personal resources to overcome resettlement difficulties.

While acculturative stress can occur during the acculturation process, it is not inevitable and there are a host of personal variables that influence the emergence of it (Berry, 1992). The interpretation of the life changing events involved in acculturation can influence stress levels. For example, while some people may perceive the changes as opportunities, others may perceive them as stressors. The degree of positive contact with the dominant society and the degree of participation in the host country can also influence the stress response. If the degree of contact is within the desired levels, stress is decreased. However, stress is increased if the amount of contact is not within the sought after level. Prior knowledge of the host country's culture and language decrease acculturative stress. In addition, an individual's coping resources influence the emergence of acculturative stress, as does the general health of the person, their age, and their education level at the time of the transition (Berry, 1992).

Acculturative stress typically manifests in a variety of psychosomatic and psychological complaints. Heightened levels of anxiety and depression are the most common (Berry, 1992). Disturbed eating and sleep patterns are often present, and a sense of marginality and identity confusion develop. As a result of these complaints, the individual and group have fewer resources to

tackle adaptation into the new society. Acculturative stress is thus a process that may underlie poor adaptation.

Adaptation

Berry (1991) refers to adaptation, or adjustment, as both the strategies used during psychological acculturation and its outcome. It can be defined as the process of change in the affective, behavioural and cognitive functioning of an individual in relation to their current physical, social, cultural and psychological context. While various conceptualisations are possible, successful adaptation can be seen as the healthy functioning of an individual in different areas of their life, from the individual's and from society's perspective.

Mendenhall and Oddou (1985) identify that adaptation includes psychological wellbeing or affective change, behavioural adjustments, and cognitive components. The acculturation strategies of assimilation, integration, separation, and marginalisation are used during the adaptation process and also refer to broad adaptation outcomes, depending on the individual's level of adjustment towards, withdrawal from, and retaliation against the dominant society. More specific areas of adaptation in the acculturation process include interaction adaptation, work adaptation, and general adaptation (Black & Stephens, 1989). Studies that have assessed adaptation have tended to focus on the specific elements of these and include measures of physical and mental health functioning, self-esteem, self-worth, academic performance, job attainment and performance, and acquisition of culturally appropriate communication skills and behaviours (Papadopoulos et al., 2004; Ryan, 1985; Swann Jr et al., 2009; Ward & Kennedy, 1993).

Cross-cultural adaptation can be broadly categorised into two aspects: psychological adaptation and socio-cultural adaptation. Psychological adaptation refers to feelings of wellbeing and satisfaction, while socio-cultural adaptation is concerned with the ability to fit-in or negotiate interactive aspects of the new culture (Ward & Kennedy, 1994).

Psychological adaptation

Berry (1991) defined successful psychological adaptation as a set of psychological outcomes including a clear sense of personal and ethnic identity, good mental health, and a general sense of personal satisfaction in the society of settlement. The literature indicates that it is shaped by aspects of personality, life changes and social support, and is closely related to acculturative stress.

When an individual possess personality traits that are admired in the new society, the person is less likely to have problems. For example, in a study with Korean sojourners in New Zealand, those who were extraverted had fewer difficulties than their introverted counterparts (Searle & Ward, 1990). However, in another study of extroverted expatriates in Singapore, a culture

where introversion is respected, had increased difficulties and heightened levels of depression (Armes & Ward, 1989). Some research has indicated that high dissonance between the personality traits and values held in the culture of origin and in the new culture, can lead to increased distress and added barriers to positive psychological adaptation (Armes & Ward, 1989; Swagler & Jome, 2005).

Psychological adaptation involves forming a new cultural identity, which can increase levels of acculturative stress. Identity confusion is common as a result of dual-cultural membership. The formation of a strong ethnic identity, either as a re-alignment to the culture of origin, or the development of a new identity that is in-line with the new society, increases psychological adaptation and personal wellbeing (Correa-Valez, Gifford, & Barnett, 2010; Ward & Kennedy, 1993).

Life changes can also affect psychological adaptation, with those who experience more traumatic life changes typically having more problems gaining a sense of wellbeing (Ward & Kennedy, 1993). Multiple life changes can influence an individual's ability to gain a strong sense of self and identity, and can lead to a diminished sense of security. The intensity of the life changes and the individual's ability to control the changes also effects their impact (Ward & Kennedy, 1993). For the former refugee population, who have often been through multiple disruptive life changes, with little control over them, their sense of self can be disrupted. This influences mental health outcomes and personal ability to adapt to the new society.

Psychological adaptation affects mood and has implications for mental health (Ellis, MacDonald, Lincoln, & Cabral, 2008). Increased levels of depression and anxiety are particularly common during psychological adaptation while the person is in the process of learning about the new culture, and grieving for their past life. Increased mood disturbances are linked to a lack of control, greater life changes, homesickness, and social difficulties. As the person comes to terms with the loss of their past life, and as they start to understand how the new society functions, mental wellbeing typically starts to be restored (Rousseau et al., 2004).

The level of social support received in the host country further influences psychological adaptation. Social conditions may promote an easy or a difficult path to adjustment. The presence of ethnic enclaves that can offer support and advice about the resettlement process, and give the former refugee the opportunity to speak with people in their own language and about their homeland can smooth adaptation (Gil & Vega, 1996). In addition, support services and advocacy groups that help people from refugee backgrounds access the necessary resources and navigate their new environment, can help ease the transition. Ward and Kennedy (1994) indicate that the level of satisfaction with relationships with local people can affect psychological adaptation. In their research, immigrants who have high levels of positive contact with the local population have lower

levels of acculturative stress and better adaptation outcomes. It appears to be the quality of these relationships, rather than the quantity of social interaction, that mediates adaptation (Ward & Kennedy, 1993).

The local community's reaction to the immigrants is also of importance. Immigrants often report feeling discriminated against, or high levels of prejudice in the community of resettlement. Others report feeling rejected by the host community, while some feel that the community is indifferent to them and that they cannot ask for help (Correa-Valez et al., 2010; Poole & Swan, 2010). The local community may partake in many boundary maintaining strategies including political marginalisation, overt racism, and lack of receptivity to the immigrants' language and culture. Researchers have shown that these behaviours can lead to cultural conflicts which result in feelings of dissatisfaction and hopelessness from former refugees (Gil & Vega, 1996; O'Doherty & Lecouteur, 2007). Active or passive resistance from the local community to new immigrants can severely decrease psychological wellbeing and therefore adaptation.

Socio-cultural adaptation

Socio-cultural adaptation refers to a set of external psychological outcomes that link the individual with their new socio-cultural environment. It includes behavioural adjustments and the ability to problem solve in daily life, especially in the areas of family, work and school (Berry, 1992).

Ward and Kennedy (1994) posit that the similarities between the culture of origin and the host society influence socio-cultural adaptation. If the cultures are similar, the immigrant is more likely to have an array of appropriate social skills to communicate with in the new society. In addition, their problem solving strategies are more likely to be suitable in the new setting than those of people who migrate from dissimilar societies. According to these authors, the greater the disparity between social customs found in the new society and those from the culture of origin, the greater the disadvantage to the person and the higher the risk of mental health concerns.

The expectations that the immigrant has of the host country and their future in it can also influence socio-cultural adjustment (Ward & Kennedy, 1993). Expectations include hopes for the future, thoughts about the expected reception from the host society, and anticipated difficulties during resettlement. When expectations are met, the immigrant may gain a sense of hope and is more likely to be motivated to become involved with the host community. This leads to benefits such as increased social support and faster language acquisition. However, if expectations are not met, difficulties may arise which lead to increases in acculturative stress.

Socio-cultural adaptation increases as a result of the general cultural knowledge held by the immigrant (Ward & Kennedy, 1993). This knowledge tends to grow over time, though if the

immigrant follows a separation or marginalisation strategy of acculturation, their knowledge of the new culture may not increase a great deal. The greater the level of positive contact with the dominant society and improvements in appropriate social skills further aid adaptation (Ward & Kennedy, 1993).

Although psychological and socio-cultural adaptation can be considered independent, they are closely related. The level of psychological adaptation is linked to the level of socio-cultural adaptation and vice versa (Searle & Ward, 1990). For example, some measures of psychological adaptation, such as depression, are also predictors of socio-cultural adaptation (Searle & Ward, 1990; Ward & Kennedy, 1993). It is therefore important to consider both forms of adaptation when looking at resettlement experiences.

In summary, acculturation is a long process which is influenced by multiple personal, cultural, and environmental factors. Psychological and socio-cultural adaptations transpire whilst behavioural changes occur as an individual adapts to the dominant culture. These processes are influenced by cultural knowledge, personality factors, and the essence of the interactions with the dominant culture. During these interactions, the individual is faced with cultural and identity challenges. Acculturative stress is common as a result of the acculturation process. In the following section, challenges specific to children during resettlement are considered.

Child Resettlement and Adaptation

As the current study is interested in children's experiences of resettlement, the following section focuses on variables that can impact children's resettlement and wellbeing. Children face an array of additional stressors to those experienced by their parents during resettlement (Poole & Swan, 2010). Lustig et al. (2004) describe how children from refugee backgrounds go through a series of developmental milestones amid adversity and high stress. Relationships to important figures and caregivers can be disrupted and the child learns early on about trauma and misfortune. Once in the resettlement country, children from refugee backgrounds have to navigate the school system, often with little help from their parents who are often uninformed about the new country's school processes. Due to elevated levels of contact with the host country, predominantly through school, children often pick up aspects of the new culture faster than their parents. This can lead to intergenerational conflict and identity confusion (Buki, Ma, Strom, & Strom, 2003). Furthermore, children often learn the language faster than their parents, and Pumariaga and Rothe (2010) have identified that this can cause them to be placed in culturally uncomfortable roles, such as the family interpreter and advocate, disrupting culturally appropriate age and family roles.

Variables Prior to Migration that May Affect Adaptation Outcomes

Interruption of normal developmental processes

According to theories of child development, prior to the age of twelve, a number of important developmental milestones are achieved (e.g.: Erikson, 1968; Piaget, 1964). Ongoing physical, physiological, psychological and emotional growth occurs. According to these theories, during this developmental period, the child forms bonds to caregivers and through these, learns about the safety of the world and their own ability to control events. During the first two years of life, if caregivers are responsive to an infant's needs in a predictable and sensitive manner, the infant develops a sense of trust which underpins a capacity to have hope in later life (Bowlby, 1969). If this attachment is not developed, the child may instead form a mistrust of others and the world which can cause relationship problems in later life. In the course of these years, the infant learns about cause and effect and the concept of object permanence (Borkowski, Ramey, & Bristol-Power, 2009). For children who experience forced migration, they grow up against a background of harsh consequences, war and trauma, influencing their impressions of the world.

During the following years, a child strives to exert themselves on the world around them, and gain a sense of autonomy. Through investigations and experiments, children learn about how the world works and the boundaries of appropriate conduct; and they gain a sense of themselves in the world. The family act as the primary social context within which these discoveries are made. When the family acts as a supportive and secure base, offering the child emotional and informational support, the child gains a sense of purpose, as well as personal competence and a sense of self (Armstrong, Birnie-Lefcovitch, & Ungar, 2005).

During middle-childhood, between the ages of approximately 7 and 12 years, children are preparing themselves for eventual independence and responsibility. This is an important period of growth for children as they are forming their self concept, and deepening their understanding of themselves, the world, and how society works (Collins, Madsen, & Susman-Stillman, 2013). As they grow towards adolescence, children learn to problem solve, plan and organise goal driven activities. They start to generalise their learning and their competence and resourcefulness grows. They develop a deeper understanding of themselves, the world, and other people, and they become socially more competent. In addition, they become more aware of broader society and issues of fairness. This is also a time for increased self determination and expression, and increased independence from the family is gained. During middle-childhood, children are expected to learn emotional regulation, and they start to evaluate themselves (Collins et al., 2013).

Smith, Bond and Kagitcibasi (2006) point out that culture influences the way in which we think about ourselves and the world, parenting practises, moral conduct, and perceptions of what constitutes as 'normal' behaviour. As children mature, there is greater diversification between cultures as to what is expected of them and their roles within the family. However, based on biological needs including care, nutrition and protection, Smith et al. (2006) report that the construct of infancy and early childhood is relatively constant across cultures. Children who are brought up in an environment which offers safety, assured care, defined boundaries, and intellectual stimulation, have the best long term outcomes. These are provided through regular and stable food and shelter, attachment, empathy, understanding and emotional support (Carr, 2006). Families who are forced from their homeland are often unable to guarantee these provisions for their children due to the environmental stressors which threaten family and individual survival.

As discussed above, due to the pervasive nature of the conflict in many of the former refugee's homelands, family life can be disrupted on many levels. Families are often torn apart, both physically when members live in different locations, and emotionally as they each struggle to deal with the turmoil in their lives. The internal struggle to come to terms with the loss of their lives as they have known them can make it difficult for family members to communicate or to nurture one another. This can make it difficult for the parent to be emotionally available to their child and attachment difficulties between parents and their children are common (Derluyn, Mels, & Broekaert, 2009; Glasgow & Gouse-Sheese, 1995; Mitrani, Santisteban, & Muir, 2004).

Attachment theory suggests that the lack of a strong attachment to a nurturing figure in early childhood will have a negative impact on the child's psychological wellbeing (Bowlby, 1969). A strong attachment in childhood gives the child a sense of security in the world, and in themselves. A lack of attachment can lead the child to feel abandoned and unable to form strong bonds with anyone. This leaves them feeling insecure and uneasy in the world and within themselves. Attachment theory posits that lack of a secure attachment in early life can lead to behavioural and emotional disturbances, and a decreased ability to regulate the self (Mitrani et al., 2004).

Lustig et al. (2004) describe how attachment may be a particular problem for those children born into the flight stage of migration. Not only do they go through important stages of psychological development against a backdrop of turmoil, their parents are often also struggling with daily survival and loss which decreases their ability to be emotionally responsive to the child's needs. This can make the formation and maintenance of a secure attachment difficult, and may result in increased behavioural and emotional disturbances.

As discussed above, physical separation of families is common in the forced migration population, and can further disrupt attachment. Many of the cultures where refugees come from

have a long established history of community surrogacy where extended members of the family, and/or community, help to raise the children (Beiser, 1988; Mitrani et al., 2004). Children from forced migration backgrounds are often left with family members for long periods of time, prior to migration. These children frequently report feeling a sense of abandonment and anger towards their parents (Derluyn et al., 2009; Glasgow & Gouse-Sheese, 1995; Mitrani et al., 2004). Mitrani et al. (2004) state that this is mitigated by the attitude, care and emotional availability of the child's surrogate caregivers. In their research with Hispanic adolescents and their families who had endured extended separations from one another, they found that children who were cared for by people who made an effort to continue the connection between the biological parents and the children, were often feel less angry and felt more loved by their parents. In addition, Glasgow and Gouse-Sheese (1995) report that caregivers who offer emotional support and are active in their care of the child, often instil the child with a sense of stability and love. This enables the child to form a strong sense of self and become secure in the world around them.

On the other-hand, research has indicated that surrogate caregivers may have a negative influence on the development of the child and their attachment to their biological parents (Glasgow & Gouse-Sheese, 1995; Mitrani et al., 2004). This may be intentional or unintentional on the part of the caregiver. Mitrani et al.'s (2004) research indicated that some caregivers directly undermine the authority of the parents by telling the children negative stories about their parents abandoning them. Furthermore, Smith et al. (2004) reported that in other cases, the surrogate caregiver has been emotionally unavailable to the child increasing their sense of abandonment. This can be for a number of reasons but is most commonly due to the caregivers own sense of loss, abandonment, and/or anxiety about their own lives (Mitrani et al., 2004; Rousseau et al., 2004). Other children have reported that their caregiver was negligent and physically abusive (Mitrani et al., 2004; A. Smith et al., 2004). This increases the child's sense of anger at their parents, while at the same time decreasing their ability to trust the world. This in turn creates problems with the child forming future attachments.

Buki et al. (2003) describe how when reunification between child and parent does occur, either prior to migration, or in the country of resettlement, the child is often a stranger to their parents and how a new relationship must be built. However, the child must also mourn the loss of their surrogate caregivers who are often left behind. Rousseau et al. (2001) state that parents are often slow to understand the child's anger towards them and the child's wish for the surrogate caregiver. For the parent, this can feel like a rejection of them by the child, and creates further stress within the family unit. Poor attachment and a lack of secure relationships can negatively influence the developmental trajectory of these children.

Exposure to traumatic events

Child refugees often witness or experience traumatic events. A study in Mozambique found that 77% of children surveyed had witnessed murders or mass killings (Boothby, 1994). Another study on adolescents who survived the Pol Pot regime found that of those surveyed, 98% endured forced labour, 90% lived in age-segregated camps, and 83% did not have enough food for long periods of time (Kinzie, Sack, Angell, Manson, & Rath, 1986). Combat is another common experience for refugee children. It was estimated that 300,000 children under the age of 18 have fought in armed conflicts around the world (Child Soldiers, 2001). Although the number of current child soldiers appears to be dropping, it is clear that there are still tens of thousands of children currently in active combat (Child Soldiers, 2008). Frontline combat increases the risk of abuse, depression, anxiety, and suicidal ideation (de Silva, Hobbs, & Hanks, 2001). Furthermore, it adds to the loss of home, family and possessions, and can further intensify the children's distrust of authority figures. These experiences have implications for the child's future, including their ability to form stable attachments to parents and authority figure, their ability to trust, and their mental wellbeing.

As previously mentioned, further disruption and trauma occurs in refugee camps. Harrell-Bond (2000) described refugee camps as total institutions where inhabitants are depersonalised and left without adequate resources or opportunities to better their lives. Traumatic events are also common. In their study of Cuban refugees, Rothe et al. (2002) found that 80% had witnessed acts of violence, and 37% had seen someone attempt or commit suicide while in the refugee camp.

Harrell-Bond (2000) describes how refugee camps do not provide a normal life for a child. Life in refugee camps is hard on the family unit. At times, children need to act as the head of the family while parents look for work or food. Often, the camp does not create an environment which is conducive to children learning from parents or elders about employment, morals, or honesty. Parents and family units become dependent on hand-outs which are often insufficient. This creates a need to manipulate the system to secure additional rations, teaching the children about inequality and deceit. Domestic violence and alcohol abuse has also been found to be common within the camp environment (Crisp, 2000). Furthermore, refugee camps often restrict the freedom of inhabitants. The inability to make choices about living conditions can lead to an inertia which contributes to feelings of depression and lowered self-esteem (Poole & Swan, 2010). This further disrupts the child's upbringing, their view of the world and their ability to exert control over their own lives.

Deprivation of physical provisions

The environment in the country of origin, as well as during flight, including stays in refugee camps often result in severe and chronic malnourishment. Malnourishment can cause a number of developmental difficulties (Grantham-McGregor, 1995; Longo-Mbenza, Lukoki Luila, & M'Buyamba-Kabangu, 2007). Grantham-McGregor (1995) found that during periods of malnourishment and directly following, children have lower IQ scores, poorer cognitive functioning and lower academic achievement than age matched controls. Santiago, Wadsworth and Stump (2011) state that malnourishment tends to cause a delay in the developmental milestones and inter-sensory integration in younger children. Furthermore, there have been consistent findings that children who have previously experienced malnourishment have more difficulties forming successful peer relationships, shorter attention spans, higher distractibility, and shorter play time with toys than their peers (Grantham-McGregor, 1995). In addition, some studies have reported poor emotional control and reduced activity rates in these children (Galler, Ramsey, Solimano, & Lowell, 1983; Hoorweg, 1976).

The impact of malnutrition on cognition, behaviour, and school achievement has been shown across a number of studies (Grantham-McGregor, 1995). However, there are a number of mitigating circumstances that may influence the outcomes. Malnutrition is associated with lower socio-economic status which is also linked to poor academic achievement, social difficulties, cognitive delays, and behavioural problems (Andrews & Bonta, 2006; Santiago et al., 2011). Safety concerns may also be of note, as family in poorer socio-economic neighbourhoods, arguably have increased safety concerns for their children and through this may limit their activity and exploration of the environment. Furthermore, children who are malnourished are also often brought up in an impoverished environment which inhibits intellectual stimulation, leading to further disruptions to development (Grantham-McGregor, 1995; Hertzman & Wiens, 1996). In some families and in some circumstances, particularly those involved in the refugee migration, schooling is not thought to be of primary importance (Henry, 2009). This disruption to schooling and low importance given to education is likely to influence grade attainment. People from forced migration backgrounds not only encounter severe malnourishment along their migration path, the influence of malnourishment may be confounded by their living situation as they often encounter real threats to safety and wellbeing, disrupted schooling, and economic and physical constraints to freedom.

Despite the negative effect of malnutrition on development, research has indicated that many of the problems can be reversed if the child is moved to an enriched environment which includes good health care, nutrition, and intellectual stimulation (Grantham-McGregor, 1995). It is unclear what effect the age at which malnutrition was suffered, the length of the malnourishment,

or the age at which improved environmental resources are accessed has on the developmental outcome (Grantham-McGregor, 1995). However, for children with refugee backgrounds resettling in New Zealand, the possibility of reversing the negative effects is encouraging.

Children from refugee backgrounds come to New Zealand with a variety of disadvantages which can include lack of secure attachment, lack of adequate economic resources, and poor nutrition and health. Furthermore, lack of education is common, and time spent in refugee camps can leave people unprepared for the outside world. These factors can influence cognitive, behavioural and social development. Once in New Zealand, a number of additional variables influence the child's development and eventual adaptation process.

Variables Post Migration that May Affect Resettlement

As discussed in an earlier section, when refugees arrive in the country of resettlement, they face a torrent of stressors. As with their parents, former refugee children are faced with a society for which they do not know the language or the social customs. Friends and extended family are often left behind, diminishing the social network and support available. Grief over losing loved ones is common (Rousseau et al., 2001). In addition, children must enter into a school system in a language they don't understand. Family relationships are changed and former refugee children may be left to navigate an unfamiliar environment, with diminished guidance of their parents (Lee, 2001).

Family influences

Lack of knowledge about the host country and the language has the potential to create difficulties within the family unit. Ordinarily, children are able to learn from their parents. Children follow their parents' guidance about how to act in different situations, and go to them for direction. In their review, NTCN (2003) report that the chaos of resettlement makes this difficult. Parents have no additional knowledge about the host society from their children, and are therefore unable to offer their counsel. The inability to garner advice from their parents can leave the child vulnerable to increased levels of stress and depression. The child may feel alone or abandoned as they struggle to find their way through the new society without the ability to rely on their usual support networks. This may also leave them open to negative peer influences and vulnerable to substance abuse or gang activity. Lustig et al. (2004) state that former refugee children can be harder to comfort in the face of the extreme change brought about by resettlement as there are no familiar objects or situations with which to comfort them. This includes the lack of familiar familial routines which are often no longer valid in the new setting (Weine et al., 2004).

Research has indicated that following adversity, parental functioning has a powerful impact on child wellbeing (American Psychological Association, 2010). In their review of the literature, Fazel,

Reed, Panter-Brick and Stein (2011) report that family cohesion and high parental support can promote child wellbeing. They further reported that parental mental and physical health difficulties can negatively impact children. While additional research is needed in this area, evidence thus far suggests that the more emotionally and physically available parents are to their children, the better the outcomes are.

Aside from their lack of knowledge about the host community, parents from refugee backgrounds may also be unavailable to their children due to their own acculturative stress (Weine et al., 2004). The process of resettlement and acculturation is stressful for all participants, and leads to multiple challenges to wellbeing. Parents may struggle with the new environment and have their own grief at losing their homeland and loved ones. Rothe et al. (2002) describe how parents going through this process may not have the personal resources to be able to accommodate their child's needs fully. As a result when children begin to show signs of distress, these may be missed or overlooked by the parent. This can deepen the child's sense of isolation. The child may also experience feelings of ambiguous loss towards their parents and their family unit.

Boss (1991) defines ambiguous loss refers to the unclear loss of a loved one. The loved one may be physically present but psychologically absent such as in the case of an Alzheimer's patient; or they may be psychologically present but physically absent for example a soldier who is missing in action, and their fate is unknown. Research has indicated that those families who are in a state of ambiguous loss show far greater distress than families who experience a more defined, or definite, loss of a loved one (Boss, 1991). Steinglass (2001) posited that ambiguous loss may be experienced by children who are separated from their family members. It is possible that this concept may apply also to children from refugee backgrounds whose parents are suffering from depression, anxiety, or stress, or are otherwise emotionally unavailable to support the child through the resettlement process. Björn and Björn (2004) reported that children will try to hide their difficulties from their families if they perceive their parents to be depressed, adding an additional burden to the young person.

Poole and Swan (2010) report that many former refugees come to New Zealand with an array of health complaints. At times these are manifestations of emotional difficulties (Weine et al., 2004), though they may also be physical ailments due to the poor living conditions found in the country of origin and in the refugee camps (Feldmann, Bensing, & de Ruijter, 2007; Poole & Swan, 2010). Illness can put pressure on families, especially when there are not a lot of resources to address the complaints. The physical effects of illness, as well as the emotional effect, can further distract parents, decreasing their ability to give their child the nurturing that they require. This may increase the child's distress and own mental health difficulties.

Acculturation gap and identity confusion

Research has indicated that children acculturate faster than their parents (e.g.:Buki et al., 2003; Kwak, 2003; Murray et al., 2008). This creates an “acculturation gap” in which children assume traits from the host society faster than their parents. Parents who perceive greater dissonance of acculturation levels between themselves and their children face the greatest challenges to parenting (Tempany, 2009). This may be due to increased levels of uncertainty in their roles as parents in the new community. Buki et al. (2003) reported that greater dissonance between acculturation levels are seen in parents with lower levels of education. Higher levels of education may make it easier for parents to learn English, and to acquire employment which in turn will lead to increased rates of contact with the host community. From these interactions, parents would adjust faster to the host society. This is beneficial for the child as their parent then has increased skills to be able to offer advice and assurance about the new community.

Large acculturation gaps tend to negatively influence the parent-child relationship over time. Culture influences personal thoughts and values and Lorenzo, Frost and Reinherz (2000) comment on the cultural conflict former refugee’s may face. In Western societies, where most former refugees are resettled, autonomy and individualism are seen as important and admirable qualities. However, most former refugees come from collectivist cultures where the good of the family and community are more important than individual success. This discord between values can create conflict within the family as the child adapts faster and takes on ideals found in the host society (Buki et al., 2003; Weine et al., 2004). Communication breakdowns are common as parents fail to understand the changes in their child, or the new ideas that are being introduced to them in the host community.

Buki et al. (2003) report that parents often feel uncertain about how to parent in the new culture. Parents are removed from their normal support networks and often do not fully understand the customs of their new country. This makes it difficult for them to support and guide their child as the child goes through their own journey of resettlement. As the parent does not know how the new society works they are unable to offer suitable advice to their children. In addition, due to language difficulties, parents are also often unable to advocate for their children at school or in the community if necessary. This can leave the child feeling let down and alone as they struggle to find their way in the new community. In turn, this can lead to feelings of resentment towards their parents and intergenerational conflict (Trickett & Jones, 2007).

Rambaut (1994) discussed the reversal of roles between the child and the parent that can occur as the child adapts faster and the acculturation gap increases. The child becomes the expert in the family on the culture and how the society works. The parent’s authority is undermined. This can undermine the parents’ self-esteem and increase levels of stress and depression. This in turn affects

the whole household. Furthermore, as the child usually becomes more proficient in the language faster than their parents, they are often used as the interpreter for the family. This can place them in socially and culturally awkward situations such as translating for parent conferences in school, or medical diagnoses and instructions in hospitals. Being used as the family interpreter has been linked to an increase in child acculturative stress (NCTSN, 2005) and poor psychological wellbeing (Pumariiega & Rothe, 2010).

Parents often feel that their children should adhere to the norms of their native culture (NCTSN, 2005). Weine et al. (2004) discuss how parents may try to pressure their children to uphold traditional cultural mores, values and behaviours. Children often have more contact with the host community than their parents, primarily through their schooling. Peer sentiments are often contradictory to those of their parents, compelling the child to take on more values from the host society. This can lead to identity confusion (NCTSN, 2005). The child must bridge the gap between the messages and influences they are receiving from the local community, and those from their parents. In some cases, the child has spent long periods of time in a transit country, often inside a refugee camp. In these instances, the child has a third culture that they must reconcile with. These mixed messages, and lack of support, can greatly increase the stress of resettlement felt by the child.

In the New Zealand context, difficulties with cultural identity and a sense of belonging was reported by Johnstone and Kimani (2010) to be one of the biggest challenges faced by former refugee youth. Furthermore, Joudi (2002) explored how Iraqi migrants make sense of Arab culture and the preservation of Arab culture in New Zealand. The researcher found that while the mothers worked hard to preserve their traditional beliefs and culture, their daughters sought membership with the dominant culture, and sought freedom from parental and cultural control. These conflicting agendas may contribute to conflict within family relationships.

Children's embarrassment of their parents, and parent-child relationship breakdowns can further increase children's stress (Rumbaut, 1994). In these situations, children may be further compelled to deepen their ties to the host community, while simultaneously cutting links to their traditional values.

School

School is often the main contact that the child has with their new community. The child's past experiences of school as well as their perceived levels of discrimination in the new school environment can greatly influence stress levels and resettlement outcomes. Language difficulties can make peer relationships difficult and isolation may occur (Tlhabano & Schweitzer, 2007).

Furthermore, parental influences may exacerbate negative school experiences, either through their lack of support, or their anxiety for the child to succeed academically (Nguyen & Brown, 2010).

Murray et al. (2008) observed that children from refugee backgrounds are usually placed in age appropriate classrooms when they arrive in their new community. However, there is often little regard for the child's past experiences of school, or their academic level in their native language. Many children from refugee backgrounds have a history of disrupted schooling, while others come to their country of resettlement with no formal education at all (Fazel & Stein, 2002). Studies have shown that former refugee children are often many levels below that of their peers in terms of age appropriate academic knowledge (Olsen, Jaramillo, McCall-Perez, & White, 1999; Ruiz-de-Velasco, Fix, & Clewell, 2000). In addition they may have difficulties being in a classroom, or concentrating on tasks, for hours at a time as these may be new expectations of them. Furthermore, children from refugee backgrounds commonly have little or no knowledge of the local language. Nguyen and Brown (2010) report that this can make the school system appear intimidating, and make it difficult for the child to seek assistance. These difficulties place the child at a disadvantage from their peers.

A New Zealand study found that children from refugee backgrounds often struggle, not only academically, but also culturally within the school system (Humpage, 1998) and teachers may pose an additional hurdle for former children. Igoa (1995) observes that the trauma experienced by refugee children along their migration path, typically causes children to mistrust authority figures, including teachers. This can increase their anxiety levels about asking for help from the teacher. Furthermore, Lee (2002) reports that some teachers do not feel that it is their responsibility to provide extra assistance to students from refugee backgrounds. Teachers have been found to have misconstrued and generalised ideas about students from refugee backgrounds' commitment to education, many believing that former refugees do not value education. In addition, many teachers do not learn about their student's culture or background, making them ill prepared to adequately manage children from refugee backgrounds' difficulties. Allwood, Bell-Dolan and Husain (2002) state that former refugee children often bring behaviours that are linked to their traumatic past into the classroom such as anxious/depressive symptoms and delinquent behaviours. When educators are ignorant of a child's culture or background, they may act in ways that would embarrass or shame the child (Delgado-Gaitan & Trueba, 1991). This could lead to further difficulties for the child to trust authority figures, and to seek help. Henry (2009) report that training education providers about children from forced migration backgrounds is also important as when teachers understand the background of their students, they are more passionate about meeting their needs, and are more willing to find alternative strategies to meet them.

School is where many peer relationships are formed. The quality of these relationships greatly affects the child's acculturation strategy and outcome (Ward & Kennedy, 1993). Pumareiga and Rothe (2010) report that many children from refugee backgrounds face bullying and discrimination from peers within the school environment. This has also been found in the New Zealand context (Johnstone & Kimani, 2010). This can cause the child to withdraw, and acculturative stress levels to increase. On the other hand, children who are able to form close relationships with their peers enjoy the protection of a support network. This support network protects against isolation, anxiety and depression. Furthermore, academic success tends to increase when the child has a supportive network around them (Pumareiga & Rothe, 2010). The reception that the child receives, both in the school environment as well as in the community, can greatly affect their motivation to assimilate or integrate into society and can affect resettlement outcomes.

Parents also play a crucial role in the child's ability to adapt to the new school environment. Henry (2009) reports that parental involvement in the school is often an unfamiliar concept to many former refugees, and does not come easily for many reasons. As previously mentioned, in the first few years, parents from refugee backgrounds are struggling with their own resettlement journey, including learning the language, the culture, and trying to gain financial stability. This often makes them physically and emotionally unavailable to support their child. Furthermore, many of these parents view teachers as experts, and are happy to entrust the school officials with educating their children. Parents from forced migration backgrounds often do not expect to be involved in the education process of their children even if they were emotionally or physically available (Henry, 2009). In addition, some parents pressure their children to succeed in their new country, and this may heighten the child's anxiety about school success (Lee, 2001).

When former refugee parents do wish to be a part of their children's education, they face another barrage of obstacles. Humpage (1998) observed that other than the language difficulty, these parents are unsure of the school system and expectations. Furthermore, parents may also have a distrust of authority, left over from their trauma experiences, and may feel ill-equipped to advocate for their children. These hurdles can leave the parents feeling anxious and hopeless to help their children. However, research by Correa-Valez et al. (2010) indicates that children whose parents who are involved in their education, whether it is showing an interest in their homework, or being an active member of the school, have lower levels of stress and better educational attainment.

The experiences at school in their new country can be stressful for a child from a refugee background. They can add to feelings of uncertainty, isolation, anxiety and depression. On the other hand, if the child is well supported, the school experience can aid the resettlement process, helping them to feel more comfortable with their new environment, and heal past wounds of social and

political exclusion (Henry, 2009). Positive experiences at school lead to faster language acquisition, and better grade attainment. This further leads to increases in self-esteem and a cycle of positive social interactions and educational success (Correa-Valez et al., 2010).

Summary

Children from forced migration backgrounds face a myriad of potential stressors on their path to resettlement. These are encountered both prior to arriving in the country of resettlement, and immediately afterwards. Stressors are found in the family, in the community, and in the education system. These variables affect the child's level of acculturative stress. This has implications for their mental health, with many studies indicating elevated levels of mental health complaints among former refugee children compared to the non-refugee population (Fazel, Wheeler, & Danesh, 2005).

Mental Health Research

There is clear evidence that the former refugee population have a high risk of mental health problems (Poole & Swan, 2010). The stressors unique to the refugee experience, at all stages of the migration process, influence mental health outcomes. These stressors include experiences of marginalisation and persecution in the country of origin; harsh conditions within the refugee camp; forced separation from country and loved ones; lack of control; social exclusion and isolation in the country of resettlement; and the inability to return to the country of origin (Poole & Swan, 2010). The most common mental health complaints in the refugee literature are post-traumatic stress disorder (PTSD) symptomology, depression, and anxiety related disorders. Rates of up to 86% for PTSD, and up to 89% for depression have been reported in the refugee and former refugee population, and there appears to be a dose-response relationship between trauma suffered and the severity of the symptoms (Fawzi et al., 1997; Mollica, McInnes, & Poole, 1998; Moore & Boehnlein, 1991). Furthermore, there are high rates of co-morbidity (Keyes, 2000).

Consistent and strong links have been found between pre-resettlement traumatic events and mental health status before, during and after resettlement (Davidson et al., 2008). There are different types of traumatic experience, and research indicates that these have differential effects on former refugees' mental health outcomes. In addition to the trauma of forced relocation, refugees may experience torture, human rights violations, threats to life and physical wellbeing, and traumatic loss. They may have first-hand experience of these, or may be the witness to such atrocities. Momartin, Silove and Steel (2003) found threats to life to be predictors of PTSD symptomology. Miller et al. (2002) reported that being a part of, or witnessing violence is also a

predictor of PTSD symptomology. The same researchers found traumatic loss to be a predictor of depressive symptomology, and while it does not predict PTSD, it impacts symptom severity.

Individual characteristics prior to displacement also appear to influence vulnerability to mental health concerns. A review by Porter and Haslam (2005) concluded that refugees from higher socioeconomic backgrounds have worse mental health outcomes following displacement. Furthermore, they found that refugees from rural backgrounds tend to have more difficulties following resettlement. Age and gender also appear to influence outcome, with those who are older at the time of displacement and resettlement, and females, having more mental health complaints (Davidson et al., 2008).

Many researchers have reported that the loss associated with resettlement is a significant predictor of depressive symptoms (Davidson et al., 2008; Miller et al., 2002; Porter & Haslam, 2005). As previously discussed, the loss of culture, family, and community standing has been found to influence levels of depression during resettlement. Lack of activity in the country of resettlement has a negative effect on depression; whereas social isolation negatively impacts PTSD symptoms (Miller et al., 2002). Lack of perceived control, and employment and education opportunities, can also increase depression levels. Poor language efficiency and lack of support from authorities may increase both depression and anxiety levels.

Porter and Haslam (2005) report that people from forced migration backgrounds do not always present as typical PTSD sufferers as the stressors they have encountered are often numerous and sustained. These stressors occur over the whole migration period, and the individual often does not have the time or resources to recover from one before the next stressor takes place (Poole & Swan, 2010). Furthermore, people from forced migration backgrounds do not always experience their symptoms in the same manner as persons from Western cultures. For example, van Ommeren et al. (2002) found that among former refugees, PTSD predicts increased levels of somatic and organ complaints, irrespective of depression or anxiety complaints. Likewise, refugees suffering from depression, are more likely to rely on the medical service rather than the psychological services for symptom relief (Poole & Swan, 2010).

Former Refugee Children's Mental Health

Research has consistently shown that children from forced migration backgrounds display higher rates of mental distress than the non-refugee population (Fazel & Stein, 2002). PTSD, depression and anxiety disorders are the most common presentations in this population. One study with children affected by the Bosnian war, found that 95% showed signs of PTSD (Goldstein, Wampler, & Wise, 1997). In their study of 87 Cuban child refugees, Rothe et al. (2002) found that 67% showed avoidance behaviours, 64% had regressive behaviours; 60% had flashbacks of the traumatic

event; 52% displayed somatic symptoms; and 51% showed signs of hyper-arousal. Furthermore, a study with war-displaced Sudanese children showed that these children were significantly more likely to have PTSD like complaints, behavioural disturbances, and depressive symptoms, than their Ugandan peers who were not exposed to war trauma (Paardekooper, de Jong, & Hermanns, 1999). McAdam-Crisp (2006) states that traumatic events can have a more severe impact on younger children as it can take them longer to make sense of and reconcile their experiences within their life story.

Other anxiety disorders are also commonly reported in refugee and former refugee children. Studies of newly arrived former refugee children show rates of anxiety from 49% to 69% (Cohn, Danielsen, & Holzer, 1985; Kinzie, Boehnlein, & Leung, 1990; Kinzie et al., 1986). In their review, Fazel and Stein (2002) reported that anxiety in refugee children tends to significantly increase if at least one parent has been tortured, or if the family has been separated. They further reported that aside from marked worry or anxiety, presentation of anxiety in this population includes restlessness, irritability, sleep disturbances, and somatic complaints such as headaches and abdominal pain.

Depression in children from refugee backgrounds has been reported to be up to three times greater than the average population (Goodman, Ford, Simmons, Gatward, & Meltzer, 2000). A longitudinal study with former child refugees from Cambodia found that two years after resettlement, 53% met the diagnostic criteria for depression (Kinzie et al., 1986). After three years, the number with depression dropped to 41%, and after six years 6% were assessed as having depression (Sack, Clarke, & Seeley, 1996). Common symptoms include low mood, loss of pleasure in hobbies, and decreased performance in school (Fazel & Stein, 2002). Behavioural problems and conduct disorder has also been noted in former child refugees (Bronstein & Montgomery, 2011; Mollica et al., 1997). It is important to note that children often display a range of symptoms, and do not necessarily fit one diagnostic label (Fazel & Stein, 2002). Furthermore, there are high levels of comorbidity (Kinzie et al., 1986).

Factors within the family unit affect the child's mental health. Poole and Swan (2010) report that high rates of parental mental health disturbance is linked to higher rates of child mental health symptoms. Furthermore, Rothe et al. (2002) indicate that as the parents try to cope with their own stress, they may not notice, or they may misinterpret their child's distress. Increased levels of PTSD, depression, and anxiety have been noted in children from refugee backgrounds with an emotionally disturbed parent, as well as increased levels of behavioural and adjustment difficulties (Lustig et al., 2004; Rothe et al., 2002). This usually results, not only in increased stress within the family unit that the child has to cope with, but also in their not gaining the support or services that they require.

Resilience

Despite the number of risk factors many people from forced migration backgrounds face, it is important to highlight the high level of resilience many of these people also exhibit. To date, the majority of the literature on the refugee experience has focused on psychiatric symptomatology. However, not all former refugees experience mental health disturbances (American Psychological Association, 2010). Pathologising the trauma story of former refugees does a disservice to these people, as it can mask current stressors and inhibit integration into the resettlement country (Hutchinson & Dorsett, 2012).

Factors that Can Build Resilience

The literature identifies a number of factors that can promote resiliency in people from forced migration backgrounds. These factors can play a part throughout the refugee journey. McAdam-Crisp (2006) identifies protective factors including the child's temperament, sense of humour, self-esteem, internal locus of control, family and community support, coping strategies, spirituality, and realistic appraisal of the environment. Resilience is either enhanced or limited by the quality and quantity of these factors and their interactions with each other. The level of resilience an individual has is difficult to predict or define (McAdam-Crisp, 2006).

Personal qualities including optimism, adaptability and perseverance have been linked to higher resiliency in resettlement (Hutchinson & Dorsett, 2012). Garmey and Masten (1994) found a positive personality disposition to be a protective factor against the negative influence of forced migration. A number of studies have indicated that the ability to accept the past and to look positively towards the future bolsters resiliency (Hutchinson & Dorsett, 2012). Spiritual or religious beliefs can further enhance people's resilience. Fernando and Ferrari (2011) suggest that such beliefs can promote acceptance of past trauma, help individuals gain a sense of control, and give people a sense of meaning in their lives.

Despite the high levels of stressors during resettlement, Porter and Haslam (2005) identify that resettlement can have a positive impact on pre-displacement risk factors. Good housing and high levels of support in the resettlement country have been found to decrease PTSD and depressive symptomatology. Furthermore, Davidson et al. (2008) state that high levels of perceived individual control, especially in relation to education and employment, has positive effects on mental wellbeing. People from refugee backgrounds who come from cultures that are similar to the country of resettlement are also more likely to have positive outcomes. This may be because they are more likely to relate to people in culturally appropriate ways, or because they understand how society works more easily and are therefore able to seek services more efficiently (Ward & Kennedy, 1993).

Former refugees with a high level of cultural fit to the new country are also more likely to access mental health services (Davidson et al., 2008).

According to Fazel and Stein (2002) external community support that is in-line with cultural needs can further decrease the risk of severe mental illness. The more people that a person is able to turn to for support, the more connected and less isolated they are able to feel. Children are able to learn a variety of coping mechanisms from different people in the support network. Furthermore, increased social support means that children are not left alone for long periods of time. This decreases their potential safety risk, while increasing feelings of connection and attachment, further enhancing their resilience.

In addition to the above, there are a number of extra factors that may promote resiliency in children. Family functioning and adaptation throughout the refugee journey can influence resiliency in children. Despite growing up in a troubled environment, those children who feel loved and secure have better mental health outcomes (Rousseau et al., 2004). Lustig et al. (2004) report that the responsiveness and functioning of the parent, both during and after the stressor has a profound impact on the child's behaviour, their beliefs about themselves, and their beliefs about the world. Structured and consistent parenting, that teaches the child right from wrong, without placing blame on them for events outside of their control, supports the child's realistic appraisal of the environment and their ability to take control of their own actions.

Education and the school environment can also impact children's resilience. In their study, Kia-Keating and Ellis (2007) found that former refugee youth who felt a greater sense of school belonging reported less depression. Peer relationships also appear to impact mental health, with Daud, af Klinteberg and Rydelius (2008) reporting that increased peer relationships in school was associated with fewer teacher reported PTSD symptoms in their study of former refugee children. School can also promote resilience in children by creating a welcoming, inclusive and accepting environment for children from minority groups (American Psychological Association, 2010).

Factors that Hinder Resilience

The literature indicates a number of factors that may create or obstruct resiliency in people from forced migration backgrounds during resettlement. The first is the language barrier that can encounter in the new country. On the one hand, fast language acquisition has been reported to improve resiliency (American Psychological Association, 2010). However, poor language skills can negatively impact employment opportunities and people's ability to feel included in society (Hutchinson & Dorsett, 2012). International literature also suggests that experiences of racism and discrimination in the resettlement country can hinder resilience, and that this can negatively impact

on their ability to form relationships with the local community (Brough, Gorman, Ramirez, & Westoby, 2003; Hutchinson & Dorsett, 2012).

Given the tendency within the research to pathologise the refugee experience, it is of particular importance to note the literature which indicates that this negative discourse can impede resettlement. Papadopoulos and Hilderbrand (1997) suggest that the refugee trauma narrative is so prevalent that society assumes that all refugees are traumatised. Pupavac (2002) argues that this reduces the refugee population to “traumatised and dysfunctional” by general society, and by doing so, disqualifies former refugees’ ability for self-governance. Furthermore, focusing solely on past traumas neglects former refugee’s present concerns, which can potentially lead to these people not receiving the support that they actually need (Hutchinson & Dorsett, 2012).

Summary

The resiliency of people from forced migration backgrounds has tended to be downplayed, or missed, within the current literature. However, strength and resilience are important elements of the human condition and it is important to take these into account when discussing the refugee experience.

The reported levels of disturbed mental health in the former refugee population vary widely. There are a number of explanations for this. The expression and experience of mental health is culturally defined (Murray et al., 2008), and Weine et al. (2004) state that children and their parents from forced migration backgrounds may define their symptoms in a different manner to western people. The measures used in most studies have been validated against a Western population, and may not adequately capture the wellbeing of refugees. Furthermore, current and former refugees are a diverse population, and there is wide heterogeneity in their experience. Not only do they come from a variety of ethnic backgrounds, individually they experience different levels of exposure to trauma and hardship (Davidson et al., 2008). Sample sizes and research methods may also influence the variation in the results. Finally, most studies with refugees focus on loss and trauma, and may downplay the person’s resilience and strengths (Papadopoulos, 2001). Despite the inconsistency of reported numbers, and the bias in the focus of the studies, overall, the literature indicates that people from forced migration backgrounds, as a group, are at a higher risk of developing mental health disturbances than their non-displaced peers (Fazel et al., 2005). This has implications for resettlement countries and service providers.

Services and Support for Former Refugee Children During Resettlement

The current literature on empirically tested interventions for former refugee youth is sparse (Lustig et al., 2004). Research indicates that former refugee’s and their children can benefit from a

wide net of social services. These may include English lessons, cultural classes, parenting assistance, housing, transportation, and general case management services (NCTSN, 2005). Berry (1991) posits that preventative programmes that are aimed at lowering acculturation stress and increase adaptive coping should also be considered to be a priority for this population. While many of these aspects are not considered mental health interventions, they can influence the mental health outcomes of families from refugee backgrounds. As the needs of former refugee children and their families are so diverse, there is a need for comprehensive services that address the multiple and varied aspects of the forced migration experience in a coordinated and inclusive manner (Davies & Webb, 2000).

Research has indicated that children from refugee backgrounds are unlikely to benefit from mental health services as they rarely access them (NCTSN, 2005). This is not unique to the former refugee population, with one study showing that fewer than 20% of children who need mental health attention receive services (Lahey, Rhodes, & Osbourne, 2004). Due to cultural and personal barriers, it is thought that former refugee children are at an even greater disadvantage in accessing required services (Geltman, Augustyn, Barnett, Klass, & Groves, 2000). As no service is effective if it cannot engage and retain its intended clientele, it is important to have mechanisms within the protocol which are effective at engaging former refugee children.

The timing of an intervention may influence engagement. In the initial six months of resettlement, former refugee families have multiple hurdles to address. Lustig et al. (2004) state that these families may view these needs on a hierarchy and begin by seeking services that address their survival and safety such as welfare benefits, education, and occupation. Mental health may not be of primary importance to them at this stage, and therefore they may not engage in such services. Furthermore, Gil and Vega (1996) suggest that families from refugee backgrounds have an initial honeymoon period in resettlement, in which they are happy and content with life. As such, they may not be motivated to engage in programmes aimed at mental health concerns.

The location of interventions can also influence engagement in services. Choummanivong (2013) reported that mental health can have negative connotations and that it may have different conceptualisations across different ethnic groups. This can make it unlikely that former refugees will seek out and attain specific mental health services. Settings that decrease the stigma of mental health can facilitate access. In addition, programmes that educate about mental health issues can decrease misconceptions about the services. Settings such as schools and medical offices may be more comfortable for the former refugee population than a mental health clinic. Schools in particular may be helpful for targeting children (Hoagwood & Erwin, 1997).

Cultural awareness and competence is crucial in services aimed at former refugee populations, and can increase engagement and retention. There are three general ways in which

mental health services can improve their cultural competence (NCTSN, 2005). Firstly a mainstream provider can adapt current programmes to suit the needs of different cultural populations. Second, people from the target community can be employed as service providers. And finally, a culture-specific programme or centre can be organised (NCTSN, 2005).

Increasing the cultural competence of existing providers is often advocated and has wide reaching benefits to the mental health profession. Adaptation of existing programmes to meet the needs of children from refugee backgrounds, as well as an increased awareness of the difficulties faced by these children within a cultural framework can increase the acceptability of these services for these children and their families (Vargas & Koss-Chioino, 1992). It has been suggested that services would be improved by ethnically matching service providers to clients (Gong-Guy, Cravens, & Patterson, 1991). A major difficulty in matching former refugees to bicultural practitioners is the lack of trained mental health professionals from diverse ethnic and refugee backgrounds (NCTSN, 2005). Matching with experience is also thought to improve engagement and retention (NCTSN, 2005). The heterogeneity of people from refugee backgrounds, in terms of culture and experience, make this difficult. Furthermore, in their research Rousseau et al. (2001) concluded that some former refugees feel more comfortable when they work with people who are not from their native country. It is important not to assume that the matching of ethnic and refugee status will benefit the therapeutic outcome.

Finally, cultural competence may be improved by setting up centres which are designed for a particular group. Snowden and Hu (1997) reported that ethnic-specific programmes that are culturally competent are more beneficial to treatment outcome than ethnically matching provider and client. However, in the refugee context, ethnic-specific centres can be difficult as the ethnic populations in the country of resettlement are often small and can be dispersed. This can make it impractical to set up these types of centres. Centres that are aimed specifically at former refugees run the risk of being too generic and not adequately capturing the different needs within this heterogeneous population.

As previously mentioned, the resilience of children and their families from refugee backgrounds must be remembered when working with them and it is important not to pathologise them or minimise their strength.

Resettlement interventions

Addressing concerns related to resettlement is thought to be an important component of successful interventions with people from refugee backgrounds (Murray, Davidson, & Schweitzer, 2010). These include school, community, and family stressors. Although these are not primarily

mental health interventions, as previously discussed, acculturative stress can have a negative impact on the mental health of all family members, and it is therefore common sense to address these. Furthermore, resettlement can be viewed as a new traumatic event, which may warrant treatment within its own right. Case management and preventative interventions can help address resettlement difficulties.

Case management is important as it can coordinate efforts to address all aspects of a former refugee family's resettlement in a cohesive and functional manner. Collaborative and strong relationships between multiple agencies that work together, to address the multiple facets of resettlement, create a safety net for the family, and decrease the risk that they will fall between the gaps of the different agencies. Agencies that provide a range of services, with open communication, may have an advantage in delivering effective case management (NCTSN, 2005).

As children from refugee backgrounds face multiple risk factors for a range of psycho-social problems, preventative programmes that address these may be useful. Prevention programmes hold many advantages including cost saving, ability to use paraprofessionals, and often a structure that can target large groups of people (NCTSN, 2005). Successful programmes for children without forced migration backgrounds that target risks of disruptive, behaviour, substance abuse, and psychopathology have been reported in the literature (NCTSN, 2005). Aspects of these may be transferable to the former child refugee population. Programmes that target cultural issues, family communication, adaptation to school, and acculturation gaps between parents and their children may be particularly useful in the former refugee setting (NCTSN, 2005). Further research is required into the effectiveness of such programmes with children from refugee backgrounds.

Resettlement Procedures and Services for Former Refugee Families in New Zealand

All former refugees who arrive in New Zealand through the United Nations quota programme spend six weeks in Mangere Refugee Centre. At the centre, they partake in a number of orientation classes to help them learn about New Zealand culture. This includes English language lessons, parenting classes, trips around Auckland, and information about New Zealand society. In addition, all newly arrived persons are medically screened, and those who are thought to be at risk for mental health issues are referred to Refugees as Survivors (RASNZ) where psychologists, counsellors, and body therapists work. Individuals may also self-refer to RASNZ, and children under the age of 16 years can be referred by their parents.

People from refugee backgrounds are settled in a number of cities around New Zealand. Once they are in the community a volunteer is assigned to them for a minimum of six months. This

person is responsible for helping the family furnish their homes, and find their way around their new community. In addition, a social worker is assigned to the family. The social worker is responsible for all family members and may also liaise with the children's school if necessary. If it is thought necessary, and the parents agree, children may be referred to a local psychologist.

Most schools offer special English classes for children who are learning English as a second language. However, there are no compulsory services offered to children from forced migration backgrounds, and no compulsory training for teachers who work with these students to help them understand the children's journey. This means that teachers are often unaware of the child's background, either culturally or in relation to their experience of forced migration. This lack of awareness and understanding can hamper the teacher and the school's ability to support the child in the most appropriate manner. This includes being culturally sensitive, as well as making provisions for the child's past experiences that may be influencing current behaviour.

As previously discussed, parents encounter multiple hurdles of their own during resettlement and may fail to notice, or they may misinterpret their child's needs for intervention (Rothe et al., 2002). In addition, there may be cultural barriers to asking for help, they may not view mental health as a priority, or they may not be aware of the services that are available for themselves or their children (NCTSN, 2005). For all of these reasons, and despite best intentions, it is possible that children from refugee backgrounds in New Zealand are not receiving the attention or support that they require during resettlement.

The Current Study

The current study aims to address the gap in knowledge about former refugee families' experiences of the resettlement process, with a particular interest in the children's experiences. As stated previously, the experience of resettlement from the perspective of children from refugee backgrounds has not been well documented, and there is minimal information regarding this journey within the New Zealand context. As this is considered a highly vulnerable population for future difficulties, it is important to have an understanding of their experiences to ensure that services are available that can successfully support these children. As children are highly dependent on their family, to understand the child's story, one must also consider the family context.

It is important to understand whether children coming to New Zealand are receiving adequate support during resettlement. Support may come from their family, from the community, the education system, and/or from social support agencies. Improved understanding about who the children are receiving support from, as well as their awareness of available services, can increase the effectiveness of support services and ensure that they are reaching their intended population.

As mentioned previously, children are affected by their parents' experiences of resettlement and their ability to cope with these changes (American Psychological Association, 2010). Parental mental and physical health can impact on children's wellbeing. In addition, the family environment can both positively and negatively influence children's resettlement experiences. As such, it is not only important to understand the family environment, but also the wellbeing of primary caregivers when exploring the resettlement experiences of children.

Much of the international literature on the refugee journey has focused on adolescents and adults. However, a large proportion of displaced persons are young children. Middle-childhood is an important developmental stage in which children deepen their understanding of themselves, the world, society and relationships (Collins et al., 2013). During this stage, they become more aware of the broader conditions in life and issues of fairness. They are better able to express themselves and act with self determination. Appropriate support during this time, from both caregivers and the wider community, is important to help children manage these changes successfully. Hence, better understanding of former refugee children's experiences of resettlement is important.

Children have unique perspectives and insights into their problems. As such, it is important that they are consulted as part of any effort to improve services aimed at their needs (UNHCR, 2008). Research has tended to rely on caregiver or teacher reports about child functioning rather than gaining direct information from the children themselves. By not addressing the children directly, potentially important information may be missed.

In the current study, former refugee children and their families were interviewed three times over the first year that they are in New Zealand. At the start of the study, the children were aged between 7 and 12 years. Participants came from Myanmar (Burma), Bhutan, and Colombia. Interpreters were used for the interviews. The primary focus of the study was children's adaptation, including mental health concerns, family relationships, positive experiences in New Zealand and difficulties during resettlement. Children and their mothers were interviewed. All of the interviews were audio-taped and then transcribed. The transcriptions were then analysed for common themes.

The study was guided by three main questions: What are the experiences of former refugee children and their families resettling into New Zealand?, what factors positively or negatively influence these experiences?, and, how can we improve services or support for these people? A qualitative approach was taken to data collection and analysis. This was considered the most appropriate approach as qualitative methods can give a depth and breadth of understanding to a phenomenon while maintaining the participant's "voice" (Willig, 2001).

CHAPTER 2

METHODOLOGY

Methodological Framework

A qualitative approach using semi-structured interviews with mothers and their children was used in the current study. This was deemed appropriate due to the potential contribution a qualitative methodology can make to understanding the experiences of resettlement for families from forced migration backgrounds.

Qualitative approaches aim to gather experiences rather than facts, and attempt to report the meaning of an experience within its context. Larkin, Watts and Clifton (2006) state that qualitative research enables the investigation of complex and dynamic experiences. Through its flexibility, a qualitative approach allows for a broad and rich survey of phenomena (Good & Watts, 1996). Furthermore, it allows for the individual's voice to be heard (Ahearn, 2000), which contributes to new levels of understanding, especially of phenomena that is under-represented in the research such as, in this study, the experience of resettlement.

Furthermore, qualitative methodology is not confined by the limitations of pre-set questionnaires or standardised measures. Such measures tend to be constructed from western concepts and use western terminology. These may not be relevant to, or may not adequately capture the experiences of people from non-western cultures. Qualitative approaches are able to adapt to cultural and individual needs, increasing their potential to be culturally sensitive.

Much of the previous research on the refugee experience has focused on pathology and has employed western concepts of mental wellbeing. As previously discussed, this can limit the understanding of resilience, as well as the psychology of exile and current stressors of resettlement. This can perpetuate a simplistic view of the refugee experience which does not accurately or comprehensively capture the complexities and nuances of this journey. By using a qualitative methodology, at least some of these intricacies can be identified.

Finally, a qualitative approach allows the participant to identify aspects of their experience which are of importance to them. This facilitates expansion of the literature and understanding of the phenomenon. It also increases the likelihood that the study will be relevant to the participants and will address factors of social validity.

Thematic Analysis

The method of data analysis in this research was thematic analysis. Thematic analysis is a highly flexible method of identifying, describing and interpreting themes within a data set (Braun & Clarke, 2006). All interviews in the current study were conducted through an interpreter. As such,

the reported words are not strictly the participant's words, but the interpreters' translation of these. Therefore it would have been inappropriate to employ a methodology that relies on in-depth analysis of words and cultural idioms. Thematic analysis, however, has the ability to reveal themes within families, across families, and over time.

The practical steps used within this method were informed by the descriptions by Braun and Clarke (2006) and Boyatzis (1998). An inductive approach was used that sought to organise data into codes and themes that existed within the data.

Subjectivity and Reflexivity

The data collection process and the interpretation of the data are influenced by theoretical, personal, interpersonal, institutional and emotional factors (Mauthner & Doucet, 2003). Qualitative research acknowledges this subjective nature of the research process (Morrow, 2005). Thus before and during conducting and reporting research it is important to consider the potential influence of these factors on the data. Reflexivity is required to accurately understand and report the outcomes within the context of these multiple facets of influence. Through reflecting on both personal responses to the data as well as methodological choices, the researcher should highlight how these elements may have impinged on the analysis, therefore enabling a more thorough understanding of the reported outcomes.

As a person who has not experienced forced migration, my understanding of my participants' journey is constrained, and therefore the interpretation of the analysis may be limited. To increase my understanding of the complexities of this journey I took a curious and flexible stance to the interviews so that I was able to follow up on idiosyncrasies within each individual's story. I also familiarised myself with the literature and spoke to members of the former refugee community so as to be prepared for possible topics that could arise within the interviews and to decrease the risk of offending my participants. Familiarity with the literature also has an influence on the data through the topics raised.

In addition, I recognise that I am working with families from different cultures and may be considered an outsider or an intruder. I further acknowledge that being from the dominant cultural society, I hold a relative position of power over my participants and this may have influenced the participants' responses to my queries. Being an adult and potentially viewed as an authority figure has the potential to influence the children's interactions with me. Furthermore, my training as a clinical psychologist has been focused more on pathology rather than strengths, potentially affecting the interview content.

Given that my own motivations and experiences have the potential to influence analysis, it is appropriate to give an abridged explanation of these. Prior to starting the project, I worked and

volunteered for a number of organisations across the globe that work with former refugees and in particular displaced children. I came to this project with a desire to help this population and to derive information that might be useful to professionals working with these people. While still in the beginning stages of conceptualising this project, I spent six months volunteering at Mangere Refugee Centre. In addition, I completed a 200-hour student placement at Refugees As Survivors (RASNZ) in Mangere Refugee Centre. These experiences and motivations will have influenced my understanding and interpretation of the interviews as well as the interview content.

Participants

Participants were quota refugees who arrived in New Zealand between September 2011 and November 2011. Quota refugees are people who, after fleeing their own country to the relative safety of a transit country, apply for refugee status from the United Nations (UN). Once this has been granted, the UN is responsible for gathering their personal information and for finding a suitable permanent country for the person to resettle in. This process can take many years. New Zealand accepts approximately 750 quota refugees per annum. In the year that this research was conducted, the majority of people from forced migration backgrounds that came to New Zealand were from Myanmar (Burma), Bhutan and Colombia.

To be included in this study, participant families had to have at least one child aged between 7 and 12 years old. Both the mother and the child had to agree to partake in the research. After consideration, it was decided to include any and all nationalities and ethnicities. The breadth of the inclusion criteria had the potential to obscure important ethnic differences. However, as each ethnic group coming to New Zealand was small, it was supposed that it would be difficult to adequately represent a particular ethnic group in this research. Furthermore, the aim of the study was to explore the variety of pathways that children from refugee backgrounds and their families take during the first year of resettlement. By keeping the inclusion criteria open, it was felt that these multiple pathways could be better represented and explored, giving a breadth and depth of information that could ultimately be beneficial for many people.

During the recruitment period, 31 families from forced migration backgrounds arrived in New Zealand with children aged between 7 and 12 years old. Of these, 15 mothers initially agreed for their family to participate in the research. However, one of the children from these families did not wish to partake, and subsequently this family was not included in the study. The remaining 14 families included 19 children in the right age range, all of which agreed to participate and signed assent forms. Ten of the families were originally from Myanmar (Burma), two were from Bhutan, and two were from Colombia. These families represented a diverse range of ethnicities and religions.

Refugee Services in Mangere provided the researcher with demographic information of the participant families, the transit country they were coming from, and the UN Category they were being resettled under. All other information was gathered from the participants. The demographics of the participants are presented in Table 1.

Initially it was thought that the research would include 7-10 families as it was not predicted that so many people would volunteer for the study. It was also thought that the study would have poor retention once the participants entered the community. However, this was not the case and only one family (F11) decided to leave the project. This meant that the project was much larger than originally planned for. This was seen as a positive attribute as it increased the study's potential to capture the multifaceted resettlement process.

The families in the study came from all of the major ethnic groups that were resettled in New Zealand during 2011. Furthermore, they represented a number of UN Categories, and were resettled across all of the resettlement cities in New Zealand. Finally, the participants had a range of experiences that had lead them to becoming refugees and had lived as displaced persons between 3-25 years which is considered typical in the refugee literature (Poole & Swan, 2010). Therefore, while it cannot be said that these research participants fully capture the experiences of former refugees resettling into New Zealand, the sample was considered sufficiently diverse to explore the variety of pathways that may be taken during this process.

Table 1.

Participant Information

Family	Participant	Age *	Country of Origin	Transit Country (TC)	Ethnicity	Religion	UN Category	Years in TC
F1	F1.M F1.C1	40 7	Myanmar (Burma)	Thailand	Mon/Shan	Buddhist	Protection	8
F2	F2.M F2.C1	38 10	Myanmar (Burma)	Thailand	Karen	Muslim	Protection	11
F3	F3.M F3.C1	28 9	Myanmar (Burma)	Thailand	Karen/ Burmese	Muslim	Protection	9
F4	F4.M F4.C1	28 8	Myanmar (Burma)	Thailand	Arkanese	Buddhist	Protection	11
F5	F5.M F5.C1 F5.C2	27 10 8	Myanmar (Burma)	Thailand	Burmese	Buddhist	Protection	16
F6	F6.M F6.C1 F6.C2	30 9 7	Myanmar (Burma)	Thailand	Karen	Muslim	Protection	15
F7	F7.M F7.C1 F7.C2	34 12 8	Myanmar (Burma)	Thailand	Kayan	Animist	Protection	12
F8	F8.M F8.C1	37 9	Myanmar (Burma)	Thailand	Karen	Christian	Medical/ Disabled	20
F9	F9.M F9.C1	28 9	Myanmar (Burma)	Malaysia	Bengali	Muslim	Protection	10
F10	F10.M F10.C1 F10.C2	29 9 7	Myanmar (Burma)	Malaysia	Chin	Christian	Protection	3
F11	F11.M F11.C1 F11.C2	31 9 7	Colombia	Ecuador	Spanish	Christian	Women at Risk	5
F12	F12.M F12.C1	39 9	Colombia	Ecuador	Spanish	Christian	Medical/ Disabled	17
F13	F13.M F13.C1	35 12	Bhutan	Nepal	Lhotshampa	Hindu	Women at Risk	25
F14	F14.M F14.C1	37 12	Bhutan	Nepal	Lhotshampa	Hindu	Protection	19

*The reported age is at the time of recruitment

Interpreters

All interviews were conducted through interpreters who signed confidentiality agreements (see Appendix K). The interpreters employed in the study were recommended by RASNZ and Refugee Services. The interpreters used in the first round of interviews were contractors who worked at the Mangere Refugee Centre. The interpreters used in the second and third round of interviews were employed through professional interpreting services or directly through Refugee

Services. All of the interpreters were native speakers of the languages they interpreted for and had intimate knowledge of the culture. Furthermore, nearly all of the interpreters came from refugee backgrounds.

While all of the interpreters were experienced in this work, not all of them had formal interpreting qualifications. The use of unqualified interpreters is due to the location and the languages of the participants. There are not many people in New Zealand who speak some of the dialects spoken in this project as well as fluent English, and it was impossible to employ qualified interpreters in these languages in all of the resettlement locations.

The interpreters at Mangere worked for all of the agencies at the Centre and therefore had some contact with the participants prior to their involvement in the study. In addition, in the community, the ethnic communities tend to congregate with one another, and some of the community interpreters knew the participants socially. This raises concerns about confidentiality and the influence this could have had on the participant's answers. A lot of time was taken with both the interpreters and the participant's to ensure that they were comfortable and understood the confidential nature of this work. This was intended to decrease the potential of participants holding back in their answers due to concern about the information being disseminated among their peers without their consent. That this was successful is evidenced in the fact that all of the participants disclosed both positive and negative experiences as well as personal information, indicating comfort with sharing their experiences with the researcher as well as the interpreter. However, it cannot be stated with certainty that all participants felt completely comfortable. As such, it is possible that the information disclosed was censored by the participants.

Interview Schedule

Mothers and their children were interviewed three times over twelve months. The focus of the interviews with parents included their own experiences and challenges, and how these may impact on the family functioning and the children. Parents were also able to provide rich contextual information about their forced migration journey and family factors that the children may be too young to have known. The interviews with children focused on their experience of resettlement, but also covered their memory of their former life in transit camps and, where relevant, their country of origin.

The semi-structured interviews covered the following topics that have been identified as potentially influencing resettlement: physical health complaints, school experiences, available support networks, family left behind, continued links to own culture including unrestricted practicing of faith and speaking own language, and interactions with the host community (Lustig et al., 2004;

Rousseau et al., 2001). General topics were introduced followed by prompts in order to facilitate further talk. These prompts were informed by the literature as well as discussion with RASNZ staff members and Refugee Services social workers who gave insight into important topics from a frontline perspective. The interview schedules are shown in Appendices E-J.

As previously mentioned international literature reports a high prevalence of mental health concerns within the former refugee population, and parental mental wellbeing can influence their children's wellbeing (e.g.: Fazel et al., 2011). As such, both parents and the children were asked about their subjective mental wellbeing. As discussed previously, culture can influence the experience and presentation of mental health. Language also shapes the expression of distress. In the current study, western psychiatric terms such as 'anxiety' or 'depression' were not used in the interviews and instead participants were asked about general symptoms of mental health including psychosomatic complaints such as sleep disturbances, headaches, and dizziness. With the help of the interpreter, they were also asked about cultural expressions of distress such as feelings of tightness or sore bones.

While many of the same topics were covered in the parent and child interviews, there were some differences to explore their different situations. For example, different questions were asked regarding their experiences within the family, and the impact that this had on each of them. The language was also adapted for the different age groups, as well as for the different cultures. There was also flexibility within the interview approach that allowed the participants to highlight topics that were important to them. As mentioned above, due to the complexity of the refugee experience it was imperative to have the flexibility of an inductive approach to cover other topics as they arose and were meaningful to the individual.

Each round of interviews covered past and present experiences, and expectations or hopes for the future. The first interviews asked both the mothers and the children to talk about their life in their country of origin and transit country to establish a picture of their background. They were also asked about their time at the Mangere Refugee Centre including what they had enjoyed and what had been difficult for them. The interviews finished with questions related to how they envisioned their future in New Zealand.

The second round of interviews covered their experiences of New Zealand so far including both positive and negative experiences, and again concluded by asking them about their hopes for the future. In the third round of interviews participants were asked to reflect on the previous six months and their resettlement journey thus far. They were also asked what improvements to services they thought would be beneficial for other people from refugee backgrounds, and what

services had been helpful to them. Their hopes for the following three years were discussed and how these had changed from their original visions of living in New Zealand.

The first and second interviews with the parents lasted between one-hour and an-hour-and-a-half. The final interview with the parents lasted between 1 and 2 hours. All interviews with the children lasted between half-an-hour and one-hour.

Procedure

Ethics

Ethical approval for this study was granted by the University of Auckland Human Participants and Ethics Committee. The details of this approval were included on the Participant Information Sheets and the Consent Forms for the study (see Appendices A-D).

Recruitment

Participants were recruited at the Mangere Refugee Centre shortly after they arrived in New Zealand and before they were resettled into the community. Counsellors from RASNZ, through the help of interpreters, introduced the project to mothers at the end of the second Women's Group session. The Women's Group occurs three times during people's stay at Mangere Refugee Centre. In these sessions the challenges of adjusting to a new culture are discussed, and practical advice for coping effectively through the resettlement process is offered. People who were interested in the research project were given a Participant Information Sheet in both English and in their own language (Burmese, Spanish or Nepalese) to take away, read over, and speak to their children about. One week later, at the end of the third Women's Group, potential participants were asked to sign consent forms if they still wished to be part of the study. The consent forms were collected by the RASNZ counsellors and then handed to the researcher. The researcher was available to answer any questions at the end of the Women's Group, but was not in the room while the project was being explained or consent was being asked for. This decreased any chance of perceived coercion to participate in the project.

First Interviews

The first interviews were conducted approximately five weeks after participants arrived in New Zealand. Once the consent forms were received, the researcher organised interviews with the mothers followed by an interview with the children. These interviews were held at the RASNZ offices at Mangere Refugee Centre and were conducted with the aid of an interpreter. Before starting the interviews, the purpose and process of the research was explained again, and the participant was given the opportunity to ask questions and/or to withdraw from the study. Assent from the children

was gathered at this time. Everything was done to ensure that the child felt safe to refuse participation and to make sure that they understood the project and their rights. Consent and assent was obtained before interviews commenced.

To help participants feel relaxed and comfortable, they were given the option to have family members present during the interviews. The mothers were given the choice of having their spouse in the room. None chose to have this happen. Children were given the option to be interviewed with siblings or without. All children chose to be interviewed with their siblings as opposed to separately.

The interviewer began each interview with open-ended questions that were designed to set the scene and enable the participants to 'tell their stories' unhindered. The semi-structured format ensured that areas of practical and theoretical importance were covered and allowed the interviewer the ability to raise and follow up topics where appropriate. This inductive approach provided room for additional query and discussion of individual issues. A conversational style was used to help the participant feel relaxed and to open up while covering topics that were at times sensitive.

Follow up Procedures

At the time of the first interviews, participants knew where in New Zealand they were being resettled but not their contact details. They each gave the researcher permission to follow up this information with Refugee Services once they had left Mangere. Social workers at Refugee Services in the resettlement locations were contacted to obtain addresses and phone numbers of the participants. Refugee Services also facilitated contact with local interpreters. The researcher made phone calls to the interpreters and explained the project to them. If they were interested in working on this research they were asked to sign a confidentiality agreement. Once these were received, the interpreters were asked to set up interviews with the participants, either at the local library or in the family's home, whichever the participant preferred. When setting up the second and third round of interviews, interpreters were instructed to remind participants of their right to withdraw as well as confidentiality.

Second and Third Interviews

All but one of the families was interviewed three times over a twelve month period. The purpose of interviewing participants over three occasions was to capture the dynamic process of resettlement over time. Family F11 decided not to continue to be part of the project at Round 2, and subsequently data exists for this family only at Round 1. The second round of interviews was conducted four months after participants had been resettled into the community. The final

interviews were conducted six months later (approximately 12 months after participants originally arrived in New Zealand).

Interviews in Round 2 and 3 followed a similar format to round 1. Mothers were interviewed first followed by the children. Participants were given the option of having their extended family with them for support. Approximately one-third of the mothers chose to involve their spouses or extended family. Only one of the children chose to have their sibling who was not part of the study attend the interview. Before each interview confidentiality was spoken about again. Throughout the interviews, a conversational style was used with open ended questions to allow flexibility and openness in the interview process.

Safety and Risk

The participants in this research all came from trauma backgrounds. In addition some were still living in unstable environments. Throughout the project there was a two-way dialogue between the researcher and the agencies working with the participants to ensure their continued safety. This dialogue also aided in making sense of the contextual information or discrepancies between mother and child reports. Staff from Refugee Services, both in Mangere and in the community, and RASNZ highlighted potential sensitive areas such as known domestic violence or severe mental health concerns. In addition, where appropriate, social workers drew attention to any major struggles the family had faced during resettlement, for example any marital break-downs. This helped the researcher be prepared for the interview and to be aware of sensitive areas. If safety concerns arose during the interviews, the researcher reported these back to Refugee Services and to RASNZ. This occurred for three families. One mother reported suicidal ideation twice through the study, while there were concerns regarding family violence for the other two families.

Cultural Advice

The interpreters used for the study also acted as cultural advisors to the researcher. Where questions did not translate accurately into the participant's language, a discussion was had between the researcher and the interpreter to redefine a question that made sense to the participant while still asking for information that was necessary for the study. The interpreter also advised the researcher on cultural practices and the best ways to conduct the interviews to ensure that offense wasn't accidentally given to participants. This included inviting other members of the family to be present and whether it would be appropriate to present the families with compensation for their time. Finally, interpreters were able to advise the researcher on underlying meanings of the participant's words and body language. This facilitated increased understanding of the participants and decreased the chance of offense caused by misunderstanding.

Following the advice of interpreters and people working with this population, participants were not offered monetary compensation for being part of this study. However, in line with the cultural customs of the participants of not going “empty handed” to people’s homes, when going to the participants’ homes, the researcher presented the family with small gifts such as colouring pens for the children and flowers for the parents.

Data Analysis

After each round, all interviews were transcribed verbatim. The first round of interviews were transcribed by the researcher to increase familiarity with the participants and with the research material. The researcher then transcribed half of the following rounds of interviews. All other interviews were transcribed by professional transcribers who signed confidentiality agreements (see Appendix L). The researcher went over areas of the recordings that the transcriber had difficulty hearing. Hard copies of transcripts were stored in a locked filing cabinet at The University of Auckland. Electronic versions were password-protected and stored on a secure server at the university. As far as possible, all identifying information was removed from the transcripts including names of individual’s and towns. Participants were assigned a number that was used to identify their transcript from that point forward.

Each round of interviews were analysed separately giving the researcher six separate data sets: three for the parent data, and three for the child data. Analysing each data set separately enabled the resettlement experiences at each time point to be reviewed more clearly, and then allowed the changes in acculturation to be viewed across the study period. Parent and child data were analysed without regard to the other as the individual experiences of resettlement of both the parent and child were considered important to overall resettlement outcomes. Once all of the data sets had been analysed the three parent data sets were considered against each other. Common themes were seen across the three time periods, and the data was collapsed into major themes whilst keeping awareness of the differences at each time period. The same was done for the child data sets.

Each round of interviews were analysed following the six-step guide given by Braun and Clarke (2006). After each round of interviews, transcripts were read and re-read to increase familiarity with the data and initial ideas were noted down. Next, the data was organised into initial codes by cutting and pasting data into separate excel spreadsheets, each representing a different code. This was comprehensive with little material left out. Several attempts were made at coding the material as different ways of conceptualising the data were tried. The final coding strategy

attempted to represent the participants' stories as completely as possible rather than "fit" the literature.

Codes were then grouped into themes and subthemes. These were reviewed multiple times and refined. Codes were discarded or collapsed into each other as it became clear that they did not contain enough unique material to warrant a separate code. Themes were likewise refined, merged or separated out to best represent the data. In each case, care was taken to ensure that no material important to the participants or the research questions went unrepresented. Throughout this process, intensive discussion with my primary academic supervisor guided the analysis and the shape and understanding of the data.

Once the material was coded and organised into themes, my primary academic supervisor checked them for validity. He was given a list of themes, subthemes, and codes with a description of each. He was also given transcripts with these codes identified. My supervisor was then asked to determine whether or not they believed that each theme, subtheme and code was perceptible in the data and if it was adequately described. This was then discussed and changes were made accordingly. Themes and subthemes were finalised when it was felt that each faithfully represented the data set and adequately addressed the research questions.

The prevalence of each theme and subtheme across the data set was noted. Qualitative methods do not seek to enumerate data (Pope & Mays, 1995) as this can give inaccurate weight to some aspects of the research while obscuring other important elements. As such the specific frequency of themes is not reported. However, giving an indication of the prevalence of a theme can provide the reader a gauge to its pervasiveness. In-line with qualitative reporting conventions, the following constructs were used to report prevalence: 'most participants' (parents $n \geq 10$; children $n \geq 13$); 'many participants' (parents $n = 6-9$; children $n = 7-12$); and 'some participants' (parents $n = 2-5$; children $n = 3-6$). Where reported incidents were considered important to the scope of the research, but were reported by only 1 or 2 people, these are noted anecdotally. It is important to note that prevalence does not necessarily indicate significance (Braun & Clarke, 2006), and the small sample size and qualitative focus of the project should be kept in consideration when viewing the analysis.

CHAPTER THREE

BEING A PARENT DURING RESETTLEMENT: PARENT DATA ANALYSIS

The following chapter presents the data gathered from the parent's interviews across all three time periods. As parents' own experiences and wellbeing influence the children's experiences, parents were asked about their own journey as well as for information about their children and family functioning. Each round of interviews with the parents were transcribed, coded and analysed individually at the time of the interview. Once all data had been gathered and preliminary analysis had been conducted, common themes emerged across all three interviews. However, the participants' experiences under each theme changed over time. To best represent this evolution and their changing experience across the first year of resettlement, rather than report each round of interviews separately, each theme is reported with how it changed over time.

Five main themes in the data were identified in the parent data that spanned across all three interviews. The data was further divided into subthemes where appropriate. See Table 2 for further details.

Table 2
Parent data themes and sub-theme

Theme	Sub-theme
New Beginnings	A New Life New Beginnings for the Children A Growing Sense of Home
Loss	Loss of Home Loss of Culture and Identity Loss of Family and Support Network The Importance of Reunification
The Challenges of Resettlement	Communication Difficulties: The Need for English Isolation and Lack of Cultural Knowledge Financial Difficulties and Unemployment Mental Health Concerns Family Conflict
Support and Coping	Emotional Support and Coping Practical Support
Advice for Others	Advice for New Zealander's Advice for New Families Resettling in New Zealand

Background and Contextual Information

The following information is provided to give the reader a contextual understanding of the participants. This information aids in presenting a full picture of the journey to resettlement, and provides depth to understanding the complexities of this journey, the hardships endured, and the resilience shown by persons with refugee backgrounds.

Within their country of origins, all of the adult participants had experienced discrimination and restricted access to materials. Many of them had direct experience of war conflict, witnessing atrocities and being subjected to torture and/or rape. Other participants had escaped direct exposure to war, but had nonetheless endured reduced freedom and persecution due to their ethnicity, their religion, and/or their political beliefs. Typical of the group were the following descriptions of family members' experiences prior to arriving in New Zealand:

Because of my husband he was involved with the political things he can't go back to Burma and I am afraid to go back as well. (F4.M, Round 1)

When I went back to Burma they put me in jail for two years because of my husband's politics. They do that, you know if they can't get him, they get you. (F5.M, Interview 1)

We are a Christian family, and our neighbours were Burmese. My father was a pastor and I was a Sunday School teacher and taught children bible stories and things. And every time we prayed, and we sung, and praised the lord, the neighbour didn't like it. And in our area there were police officers, and they complained about us to the police. And later on while my father was teaching the police officers came and put him in jail. And then later on, my husband and I were at home and trying to teach the children and we were approached by the police and they tried to interview us – "why you do that, are you friends with English people" – and they made a lot of problems and we couldn't live in our house anymore. (F10.M, Interview 1)

It was very hard, I almost went crazy. They killed a whole lot of my friends, my best friend, people that we loved a lot. My best friend who was like my sister, they killed her and people she was close to; they killed them horribly with acid, so, like in horror movies. (F11.M, Interview 1)

In their country of origin, all of the adult participants had survived long periods without the basic needs of daily living including food, water and shelter. Most of the adult participants had either

never been to school, or had had no more than two years of formal education. Within their country of origin, the participants tended to work as labourers and farm hands, often being denied access to other professions.

We work in a farm, it was all we could do. But it is not successful. We left because even food and water it is not enough. Life is not successful there. (F7.M, Interview 1)

It started from the soldiers in the village, at that time I was studying, I was a student, but at that time everyone run away, and if you don't run they arrest you, abuse you, make you hard work, so everyone had to run. (F8.M, Interview 1)

When I was small only my brother went to school and the rest of us didn't go to school because we had to look after the farm animals and the farming. (F14.M, Interview 1)

The parents escaped from their country of origin with determination to start a new life. The act of leaving their homeland always involved danger and uncertainty. It also involved leaving loved ones. Usually once the decision to leave their country of origin was made, they were unable to return, meaning that their decision had to be final.

All my husband's family are in Burma. They are safe but we can't contact with them because in Burma they have spies, they spy on you all the time and so if we contact the family then the family might get trouble; they will catch them. And if we go back, they will catch us. (F5.M, Interview 1)

Some participants had hoped that they would be able to resettle in the transit country, and start a new life there. However, in each of the different transit countries, the participants were denied legal papers that would enable them to work or access resources. Many found illegal employment in clothing factories, as maids, or in the fields. A couple had been able to attain qualifications. Within the transit countries, the participants experienced discrimination and further fear of authorities as they were often made to give monetary or sexual bribes to police to prevent deportation. Despite this, the participants did build new lives, starting families, and growing a support network. Only five of the children were born in their parent's country of origin, and only four of these had any memory of it. The majority of the children were born in the transit country.

In Thailand it's not safe for us and we can't see the future for our children, so nothing can succeed. (F4.M, Interview 1)

No. It is not safe because there are police everywhere. Even though we had a UN I.D it is still not safe and the police would keep asking for money. (F10.M, Interview 1)

So [Immigration] asked if I had been with anyone for money, and I said yes, and they asked, why did you do it? Because life is like that. So you have to respond to your life and your children, no-one is going to knock on your door, and say have you already eaten? And we learn how to live life this way. They told me that in NZ you don't have to sleep with anyone for money. (F11.M, Interview 1)

Despite many of the parents talking about the relative benefits of the transit country in comparison to their homeland, the continued discrimination and marginalisation led all of the participants to make the decision to become formal refugees and seek resettlement. For all participants except those in Malaysia, this meant entering a refugee camp where there was often over-crowding, poor sanitation, and reduced ability to work. However, within these camps, school was provided to the children and a limited amount of food rations were distributed.

It's not very easy, it's quite difficult, there is not a lot of freedom; you can't go anywhere that you want to go, sometimes you have a relative outside the camp who you want to visit but you can't go. The situation is quite tight, not very comfortable. (F4.M, Interview 1)

Um, I don't know what to say about the living, I'm not sure if I can say it's bad or good, because the refugee camp it's like just a hut you have to live in. And for the food, it's not enough. And for the job, I can't have a job because you are not allowed to leave the camp. There is no freedom there. (F7.M, Interview 1)

It's hard because when you are new to the camp you don't have a hut you have to sleep on the ground. We have to find our own way, cut down the bamboo and make our own hut. No one helps you. (F8.M, Interview 1)

The refugee camp did provide some benefits including school for the children and a constant support network for the families.

I joined the woman's group and there was lots of support and it was really good. I had lots of friends and I didn't worry. (F2.M, Interview 1)

I was there for a long time, like 12 years I think. I got married there and had my children there. I have a lot of friends in Thailand, kinda like a big family – big extended family of friends and family, and they are there, so it is like home. (F4.M)

Through these experiences, many of the participants had learned survival as a way of life. They were used to relying on themselves to get by and were unfamiliar with being given resources for free.

I try to be good person, try to do everything good like that, but my life is not um, not go around come around - even though I do something good, I never see something good come back to me (laughs). If I talk about this the story is going to be very long... (F8.M, Interview 1)

For me, life is a fight and that you have to fight to move forward...I'm not the type of person that lives with dreams. Other people talk about things that are beautiful and they dream of things but for me there's just the reality and that's it. It's just surviving and that's it. (F11.M, Interview 1)

The participants were self selected. In the final interview they were asked what their motivation was to participate in the study. Across the participants there were three reasons given for wanting to participate in the research. The first was to gain experience of talking in English with New Zealanders. The second was to help other people with refugee background through sharing their own experiences. The final reason given by the participants for being involved in the study was to have an outlet to express their feelings.

To get experience and to share my experience. (F3.M, Interview 3)

Because you said that you were making a record of this to help other people so this is the reason. (F5.M, Interview 3)

I like to talk, whatever I want to say, whatever is inside me I can let it out, so that is why. (F9.M, Interview 3)

I don't have anybody to be saying these things to, so for me to be able to tell you things this is good. And for me to be able to discuss these things and to be able to become friends, and to get some knowledge back from you and to discuss things, this is good. And for us, to have this discussion, to let you know how we are feeling, how happy we are and our problems, for you to know this, it is good for you and for other people, so it benefits both sides. (F10.M, Interview 3)

Theme 1: New Beginnings

From the time that they first arrived, and throughout the length of the study, all of the parents spoke of New Zealand as a new beginning for them and their family. The parents believed that New Zealand offered them a fresh start to build a life that they wanted, and would give their children a better future. This hope was in direct contrast to how they felt about their lives up until this point, where they often felt unable to provide for their family, and hopeless in their ability to change their situations. Over the time of the study, the participants described a growing attachment to New Zealand as a place to call home.

A New Life

The participants had been waiting a long time to be able to resettle into a new country. During their time in transit, the participants had been unable to build a life that they desired, and had little hope for a brighter future.

Over there even though we try really hard, we don't have any opportunity, people won't give us any opportunity. (F8.M, Interview 1)

When we were in Burma what we wanted to do we were never able to do. We were never able to hope. (F10.M, Interview 1)

With coming to New Zealand, many of the participants spoke about closing the door on their past.

Now I want to throw out everything I think inside, but now a little bit of its going out, I hope that now I can move forward in my future and I'll be able to throw out everything from inside. (F14.M, Interview 1)

When they first arrived in New Zealand, they were full of happiness. They believed that in New Zealand they would have better opportunities than they would in their homelands or in their transit countries.

Um happy because over there even though we try really hard, and we would be able to speak the language, but we won't have this opportunity, people won't give us any opportunity. But in here if we work hard enough we will be able to speak their language one day, and if we want to do we are able to do it, yeah we can do it. (F8.M, Interview 1)

Even though we don't know what we are going to do, when we think about the future it is kind of like happiness. (F10.M, Interview 1)

Most of the parents had dreams of particular careers, and all of them wanted a new life in New Zealand for themselves and their family.

I would like to do more hairdresser training and eventually run my own salon. (F1.M, Interview 1)

Now we are in New Zealand, our life is just starting. (F10.M, Interview 1)

Now here I come to NZ and I think my children are growing up and can go to school and pay the fees, and it's a very good system here now so I don't have anything to worry about, so I hope those kind of worries won't follow me when I leave [the Mangere Refugee Centre]. (F14.M, Interview 1)

In the second interviews, most of the parents continued to look forward to a new life. They continued to feel that they had more opportunities in New Zealand and believed that they were able to improve their situation. The parents thought about how they would be better able to support their families and future careers.

Yes, I am always thinking about the future, I think we have a good opportunity here. (F4.M, Interview 2)

When I look forward I see, like um because other people can do things, so can I – I have two hands and two arms and two legs, the same as other people so I can do well like them. If

they can do it, I can do it. In the future I might have a car and be able to drive. So if you look to the back you will see the things that you have done but not the things that can make your life better can improve your life. But when you look forward you will see more opportunities in the future and better things and more hope. (F8.M, Interview 2)

See here now there's so many opportunities and chances you know like even though you have hopes but you know your hopes can really turn into things that you really want to happen. (F10.M, Interview 2)

Their hopes overall were modest and they were grateful for experiences that many of us take for granted such as the freedom of being able catch a bus, or having food, indicating the depth of the oppression and discrimination that they had previously struggled through.

We just want to have a life that's not like over there where you are really down and there are no opportunities and chances. But here we can have a good life. We don't need to be rich, you know just medium, but with opportunities. Just a better life than over there. (F10.M, Interview 2)

It is good here because there is more freedom. Because I can buy things, go shopping and cook own meals and eat. I can visit my family and relatives - so much freedom. (F13.M, Interview 2)

All of the participants were motivated to learn and to start a new life. Despite becoming increasingly aware of the difficulties that they faced (see Challenges of Resettlement section), they generally continued to be hopeful about the future and reported feeling that they were their only barrier to success: If they worked hard, then they would be rewarded.

It depends on yourself - if I try hard I will improve and there will be no barriers in the future. (F8.M, Interview 2)

See here now there's so many opportunities and chances you know like even though you have hopes but you know your hopes can really turn into things that you really want to happen. (F10.M, Interview 2)

Some participants described a hesitancy to look towards the future. This appeared to be due more to their previous lives where it had been difficult to hope, than due to being unhappy in New Zealand.

We do have a proper house now, and we do have support from the government and we are happy. At the moment things are ok – we are alive and we can breath, but we don't know what will happen tomorrow. (F6.M, Interview 2)

As their first year in New Zealand came to a close, most of the families remained optimistic for a better life. Most mother's reported that they continued to be hopeful for a better future, and remained committed to building careers and stability for their families.

Yes, the opportunities. In our country we don't have this assistance and there are more difficulties. In our country we don't have these opportunities. (F4.M, Interview 3)

I have all these ambitions, and thinking far far ahead. And maybe it is wishful thinking but to own our own painting company, we don't have the money at the moment to start anything. But here, we can do these things ourselves, we can start our own company one day. It is not like in Burma where you don't have to get all these papers and permissions from the government, and bribing the government. (F10.M, Interview 3)

Most participants further reported that they were glad that they had come to New Zealand, and felt that it had been a positive move, despite the challenges and grief involved in the transition. The parent's were particularly grateful for the financial support they received from the government and the opportunities that this gave the family.

Oh the country has been so good. Extremely good. There are no restrictions on the children to go to school. And the costs of living here, the government takes care of you whether you can work or not, they take care of you. Like my husband's medical treatments they are all free which is really good. (F9.M, Interview 3)

It is very rare to be supported financially in the world. And my husband attending school which is good. And there are many people on the benefit, so you don't feel that they are looking down on you, you are all equal. You don't feel small because you don't have an income. So that is good. (F10.M, Interview 3)

New Beginnings for their Children

The parents further spoke about their desire to give their children a better quality of life than what they had endured. This was one of the main motivating factors behind most of the participants coming to New Zealand.

Everything is for my children. They are the most important thing in the world. (F12.M, Interview 2)

She is the only one I care about, whatever I have it is for my daughter, whatever I do, it is for her. (F14.M, Interview 2)

If we had stayed in Burma or Thailand we wouldn't be able to find a job. And if we found a job there would be no one to look after the children. So the children would not be looked after properly. But here we have proper care – the children go to school, we go to school, and the government supports us, so it is much better here. And we eat a lot! When we arrived my little boy was quite small but now he is very big because he is eating so much! All the family eats a lot now! (F2.M, Interview 3)

Education for the children was seen as a priority and as a major benefit of resettlement. Most of the participants commented on how their children would have better lives as a result of the education that New Zealand provides and indicated that the move to New Zealand would be successful if their children enjoyed a higher quality of life.

You know for the future I am just thinking about the children. I want them to get an education, so at the moment I am just worry about how to learn and how to speak English and making a better life for them. (F5.M, Interview 1)

We came to NZ for my children's education. Here we can also go to English class and so we can get better and make a better future for our children. (F2.M, Interview 2)

The children as the motivating factor not only to come to New Zealand, but also to stay and to build a new life here remained constant throughout the year of the study.

I think that my children will have a good education and my son will go for a career as a doctor and try to move forward. (F14.M, Interview 1)

No, the children will grow up here and education so there's no wish to go back there. Yeah, it is all good. For my children too, here they can achieve what they want. They can achieve it all. (F9.M, Interview 3)

Many of the parents also spoke about wanting their children to achieve so that they could then help their country of origin.

And also, for their education this is good, because then one day maybe they can help their own people. You know there are lots of people who are starving and poor. It doesn't mean that they are going to neglect here because they are here and they are educated here. It is just that they could help people more than themselves. Because for us, we are not educated, we cannot help those people, but I am hoping that my children will be able to. You know, they can have a good education and finish so they can do something for our own people over there. So that is my hope. (F10.M, Interview 3)

At the end of the year, the parents also reported an awareness of how difficult it was for the children coming to a new place, and the struggle that they had either had to overcome, or were still working through.

Being parents, we struggle a lot. For us, there were no opportunities to get an education. And we feel that it is also hard for our children having to move to a different place because this means that they have to learn new things all the time. But on the other hand, it will help them as they can have more education here in New Zealand. (F7.M, Interview 3)

A Growing Sense of Home

When they first arrived, many of the participants wished for New Zealand to be their final destination, hoping that they would not have to be resettled again. As they left Mangere and went into the community, the participants encountered a range of welcomes. Although most of the participants experienced both positive and negative reactions from others, many of them reported that they did feel welcome in New Zealand.

Even though they don't know us, people say hello, and how are you, and that sort of thing which is nice. They never, like just because we are Asian, they don't discriminate against us. They have friendly manners and that makes us more relaxed. (F4.M, Interview 3)

Many also spoke about feeling safe in New Zealand. This was a new experience for many of them and it took them some time before they adjusted to feeling safe and trusting people.

As kiwi people we are able to live in proper homes, in proper shelter and the government supports us. We don't have to worry about our shelter or getting food or have fear for our lives. (F3.M, Interview 3)

First, the security, we are safe here. And then, the children's education. Because in Burma we were not safe. (F8.M, Interview 3)

Safe now. Like before we just stayed inside and were scared of the neighbours. But now even when we go out, we don't need to lock up because those neighbours are always watching out for our home and look out for us. They observe and watch and they know what kind of visitors we have so they know if someone shouldn't be here. (F9.M, Interview 3)

At the final interview, some participants identified with New Zealand as their home. This appeared to stem from a combination of feeling safe and welcome, and the practical benefits of New Zealand over their previous country.

Yes I would like to visit [Burma], and yes I would come back. I would like to visit my country but I will come back. For me as far as I know this country is good, people are really friendly and there is education for my children, so I got to see the good things in this country. Focus on this. (F4.M, Interview 3)

I feel that New Zealand is my permanent place, because we were born in Bhutan and then we had to go to Nepal and then we had to come here, so I feel that this is my permanent place and I think my future will be better here. (F14.M, Interview 3)

However, many of the parents still identified with either their country of origin or in some cases the transit country as their true home. This illustrates the complex emotions that the parents were

coping with. On the one hand, they were committed to a future in New Zealand for themselves and their family; while on the other hand they felt that they belonged in a different country.

In Burmese religion they say that you have to give up something to get something, so I guess I have had to give up Burma to get a future here. But if it was possible and there were no problems anymore, I would live in Burma. (F4.M, Interview 3)

This is not our place, so that is hard. You know, it is not our country. That is the difficult thing. (F9.M, Interview 3)

Theme 2: Loss

Although the participant's came to New Zealand willingly and with hope for a brighter future, the price of resettlement is high and the participant's were faced with many losses. This was an on-going process, and the grief involved with these losses continued to be highlighted throughout the study.

Loss of Home

A sense of home is related to a sense of belonging which is important for all persons. By definition, all persons who have a refugee background have been forced to leave their country of origin. For most of the participants, this loss had occurred more than eight years ago. However, the length of time did not represent a decrease in their attachment to their country of origin. This was a complicated attachment, as it was full of sadness and tied with the memories of discrimination and war. Many of the participants continued to struggle with contradictory feelings about their homeland, feeling that they were connected to it, but that it was connected to sadness and hopelessness. However, most of the participants continued to think about their country of origin frequently, and hoped to be able to visit there one day.

Burma is still in our hearts. (F7.M, Interview 2)

Because we grew up in the war zone we had to run all the time, we had to hide from the military, so we had so many difficulties. And sometimes my daughter will ask me to tell her about Burma, about my stories, but I don't really know what to say. (F3.M, Interview 3)

When we listen to our news from Burma, some news is good and some news is not good. But we are hoping that our country's situation gets better, so there is some hope. A little bit of happy feeling. (F4.M, Interview 3)

The length of time in the transit country tended to have the effect of giving the participants a second home. Many had grown attached to their transit country and missed the people and the places that used to be in their lives.

Thailand is my home, lived there since I was 13 years old, so all my relatives are in Thailand. I miss it. (F5.M, Interview 2)

Loss of Culture and Identity

Although moving from the transit country meant the loss of the physical connection to their homeland, many of the participants had been able to continue their cultural links to their country of origin. The transit countries were often close to the countries of origin, and shared similar religious and cultural ideals. Furthermore, all of the participants lived in communities with other refugees from their homeland. This meant continuity of language, of religion, and cultural support and understanding.

Over [in Thailand] we could speak our own language and go to the temple and things. All of our friends are there and they understand us. It's better. More support. (F1.M, Interview 2)

The move to New Zealand meant that these cultural links were broken. Although many of the participants were resettled within close proximity to other people who shared their refugee background and cultural identity, these communities were unable to provide the same level of support or cultural connection due to limited resources.

Here, we can only go to the mosque once a week - we can't do all of the proper daily routines so it is not as good as before. (F6.M, Interview 2)

Life here is quite different from in Thailand because in Thailand there are lots of people who can speak our language and we can visit different houses. But here, although there are some families who can speak the same language as me, they go to work and they also have their own things to do so we can only meet on Sunday at church. So it quite different. (F8.M, Interview 2)

You know, in Burma there are all these different ethnic groups, but even in the Chin group itself, they have so many different types of Chin. Ours is Zo, but there are so many different Chin peoples. Burma has over 200 different languages actually. In New Zealand, they have only recognised the two different ethnic groups, they don't know Zo, we are only under Chin and there are all these different ethnic minorities under this Chin category. The language is not even the same. We can't forget Zo traditions. (F10.M, Interview 3)

Some of the parents also acknowledged that being unable to work made it difficult for them to feel a sense of purpose and identity. For many, this ability had been taken from them when they entered into refugee camps, though some had continued to work. Due to the language barrier and the differences in qualification requirements, those that had previously been skilled, had lost those qualifications when they moved to New Zealand. This was difficult for them, though at the time that the study ended, they were generally hopeful of being able to retrain quickly.

In Burma I was an electrician, but here I have to improve my English first and then I need a certificate to get a full time job. Back home, they gave me certificate for this, and I can do everything. But things are different here and I need to retrain. And language is the main barrier. I have to improve my English first. (F4.M, Interview 3)

In Colombia I always worked. In Ecuador, I always worked. In New Zealand I can't work anymore. This is hard for me. (F12.M, Interview 3)

Nearly all of the parents identified that it was important for them to continue their religion as this was an integral part of their culture and identity. For most of the participants, the move to New Zealand had meant that they were unable to access their religion as easily as they had been able to in the past predominantly due to their religion not being as well represented in New Zealand as it was in their previous countries.

We are Buddhist. We can't go to the monastery here though - we heard that there is one in Wellington but we have not been able to go. (F4.M, Interview 2)

We haven't gone to church here. We would like to but there is not a church close to us - there is but it is the wrong religion. So we haven't been. And also, even if we went we would not be able to understand! (F12.M, Interview 2)

We need to teach them about our faith, about our Muslim religion. This is the most important part of our culture we want them to keep. I am happy for them to grow up in kiwi culture but they do need to retain our faith. (F2.M, Interview 3)

Many of the parents spoke about wanting their children to maintain their culture. This included their religion.

I want my children to have religious studies. It is important to me, but here they cannot get them. (F6.M, Interview 2)

It was important to the parents that their cultural traditions were not lost in the process of resettlement and many of them were actively trying to teach their children about their culture including the language and traditions. There was some anxiety in the parents that their children would lose knowledge of, and interest in, their culture. This anxiety increased over the length of the study.

And also I want them to speak in Burmese and carry on this language. (F5.M, Interview 3)

Also the festivals that we believe in and care about, they should keep these. (F7.M, Interview 3)

Yeah, we do keep up our traditions. At the school they had a performance of all the different nationalities, so they asked my two sons and two other boys who are at the school and are also Chin, so four of them, to do something. So I was teaching them how to dance and they performed at the school. (F10.M, Interview 3)

Cultural values were also important to the parents, and many of them talked about wanting their children to continue to behave in a manner that was in line with their culture. For the most part, this related to manners, dress code, and respect for their elders.

Even though the culture may be different I will teach them how we grew up and how to behave right. (F3.M, Interview 3)

From Burma, I would like them to continue to grow up as Burmese as possible with the manners from Burma like being polite and things like this. Because I have seen so many children here being rude, I want [my children] to be polite and nice, the opposite from naughty. (F5.M, Interview 3)

My thinking is that if [our children] know our traditional values, and about our traditions and people, then they might study harder or they might understand what I am trying to achieve. (F10.M, Interview 3)

The parents were generally happy for the children to introduce elements of New Zealand culture into their lives, so long as it was balanced with the positive aspects of their own culture.

I want them to know the best about our culture back home, and also the best of the New Zealand culture. So I want them to have the best of both worlds. (F4.M, Interview 3)

Loss of Family and Support Network

At each stage of the journey to resettlement, disruption is caused to the person's connections to their support network. The incidents that lead people to leave their homeland cause families and communities to become dispersed both within their country of origin as well as between countries. It is not easy to stay in contact with family and friends once they have dispersed due to poor communication systems, money, and security.

All my family, my dad, my brother, my aunt, uncle, my nephews are in Colombia. I last saw them 7 or 8 years ago. It makes me really sad to think that they will die before I get to see them again. (F12.M, Interview 1)

My mother is not well, and I never got a chance to say goodbye to her. Since I came out to New Zealand my mother's health has gotten worse and whenever I talk to her she is always crying. So that makes me sad too. (F4.M, Interview 1)

We are able to contact Thailand and the US but it is very expensive. It is very hard to talk to family in Burma because there is no telephones or telecommunications. (F3.M, Interview 3)

The decision to enter into refugee camps further alienated people from their new support networks and families as once inside the camp, they had limited ability to socialise with persons outside of the camp.

It was a very hard decision to register as a refugee and decide to leave my family. (F5.M, Interview 1)

The act of resettlement further disrupts social ties as the people have limited autonomy over the process of resettlement from the decision of where they will be resettled, to when they will be resettled. This means that family members may be resettled in different countries creating further distance between relatives and communities.

My father's sibling, his own brother is in Finland – they moved from Thailand – you know refugees get put to all sorts of countries! (F9.M, Interview 3)

At each interview across the year of the study, every parent spoke about missing their family. With the exception of two families, each of the participants' families were spread across their country of origin and at different locations within the transit country. For some, their family members had already been resettled into different countries decreasing the possibility of future reunification.

My Mum is in Australia with two of my sisters. One brother is in the US. Three brothers are in Thailand, and one is still in Burma. (F8.M, Interview 1)

Some family are in Thailand. My Mum is still in Burma, in a town close to the border with Thailand. I talk to her whenever I can. When I call she asks how things are and then she cries. We miss each other so much. (F4.M, Interview 2)

Beyond wanting to see family and acquaintances, the parents spoke of how without these people in their life, they lacked support and were unable to utilise some of their previous coping strategies. This increased the pressure on the participants and impacted their feelings of being out of place within New Zealand.

Life here is quite different from in Thailand because in Thailand there are lots of people who can speak our language and we can visit different houses. But here, although there are some families who can speak the same language as me, they go to work and they also have their own things to do so we can only meet on Sunday at church. So it is quite different. (F10.M, Interview 2)

The Importance of Reunification

Of the fourteen families, two had the majority of their extended family already in New Zealand when they first arrived. Another two families, had some members of their extended family already in New Zealand. Each of these participants discussed how the reunification process was both a joy and an awkward process as the separation had lasted for many years.

When we were young we were quite close. But now when we saw each other again, we didn't really talk. I think that we are still close but only a little bit, not as close as before, it is a little bit strange. I hadn't seen him for about 13 years, so when I saw him, it was like we couldn't really remember each other. But it is good that he is here. Happy. (F9.M, Interview 1)

It is so good to be with my family again. It has been four years since we saw them so I am very happy. Everything is good now. (F14.M, Interview 2)

The additional family support was crucial for each of these families to feel secure in New Zealand and helped them to focus more quickly on resettling, rather than being preoccupied with hope for reunification.

It is so good to be with my family again. It has been three years since we saw them so I am very happy. Everything is good, we have a good relationship and they can help us when things are hard. (F14.M, Interview 2)

One other family were able to bring the maternal grandparents to New Zealand during the course of the study. This decreased the families' stress as they were no longer worried about the wellbeing of this loved one overseas, and were better able to focus on resettling into New Zealand.

Yeah, we want both Mum and Dad and brother, but he can't come yet. You know, we have no relatives here so we want to be together. (F10.M, Interview 1)

My parents just arrived in this current intake. They are still in Mangere but they are staying with us for the weekend. It will be much better having them here – now only worry about brother and sister! (F10.M, Interview 2)

Given the dispersal of family and support, it is not surprising that the issue of reunification became more prevalent throughout the course of the study. As the year progressed, more of the families discussed wanting to be reunited with their family. Many were anxious for answers about how the reunification process works in New Zealand, and what they could do to speed it up.

We don't know how to go about getting all of our family here. We have my family and my husband's family also still in Burma and we would like to have them all together. (F10.M, Interview 2)

We would like to reunite but they have not registered yet, so I feel upset. They would like to come here but it will take a long time. (F3.M, Interview 2)

Of course, my parents feel [the stress] too. So it is not only us that are finding it difficult being so far away from the rest of my family. And I try to tell my parents that we are quite lucky, you know there are so many families who are separated, and you hear so many stories of people who have died, so I have to keep telling my mother that at least we can talk to my sister and at least she is still able to get food... (F10.M, Interview 3)

Of the participants looking towards reunification, many of them felt that when they were reunited with their family, that would be when New Zealand would genuinely be their home.

Yes, I have one brother here already and then my younger brother in Thailand. He and my mother have been told that they are coming to New Zealand – last week they were told! It won't be until the end of next year though. We have a big family, and when we can be together, then things will be all good! New Zealand will be home then. (F9.M, Interview 3)

Theme 3: Challenges of Resettlement

Once in New Zealand, the participants encountered a range of further challenges. Their awareness of these difficulties increased as the year progressed, and new challenges which they had not expected arose. While the parents continued to remain hopeful for the future at the end of the study, their initial abundance of joy had decreased in the face of the reality of how difficult resettlement is.

It is hard here. I don't know. It is better for the children's future but it is hard. (F12.M, Interview 3)

Communication Difficulties – The Need for English

When asked what their biggest challenge was in New Zealand, most of the parents reported that it was their difficulties with English.

It is so hard to learn the language here and be treated like a kiwi. All of the idioms and the slang, it is very hard. (F14.M, Interview 2)

The hardest one is that don't understand the language, and going to school is hard. It's really have when you don't understand. (F7.M, Interview 3)

When they first arrived in New Zealand, only two parents mentioned the language as a potential difficulty. In the second and third interviews, all parents discussed how many difficulties not being able to communicate was creating. The parents felt a high level of stress when they needed to speak in English and concern about getting the language correct.

I think that we are getting better than before! Before it was really hard going out - really scary! Constant stress about what people will say and how will we say anything back! (F4.M, Interview 2)

Yes I am a little bit scared because when they ask certain things I will not be able to answer because I don't, so if do go out by myself and get some stuff, I make sure that what I do won't be followed by questions. (F5.M, Interview 2)

I try to understand what they said but if I respond and it is not correct they laugh. I worry about people laughing at me...Sometimes I understand a little bit but I cannot respond so a little bit sad. (F6.M, Interview 2)

Being unable to speak the language also made it difficult for the parents to understand what was required of them and how to respond appropriately to requests from other people or in the mail. The language barrier also prevented communication of these difficulties to the people sent to help them such as the volunteers and the social workers.

We assigned four social workers, so the one for the health is the youngest one and does not understand what our requirement is, so she just look blank to me, so does not understand that we are finding it difficult to understand at the doctor, so she will come along but will just sit there and do nothing. (F5.M, Interview 2)

Yes, the hardest thing is the language and then when the mail comes we don't understand what it is saying so we don't know what is important and what is not. Or when we should worry or not. We feel quite bad about that. (F7.M, Interview 2)

Most of the participants felt that language acquisition was the most important factor to their success in resettlement by the end of the study. Poor English skills had a negative impact on all of the other challenges that the participants faced. This included employment opportunities, friendships, and schooling. Many of the parents felt that if they knew the language life would be better.

Everything. We have transportation difficulties and language difficulties, and trouble at school. And I'm miserable because I have difficulty with the language. (F1.M, Interview 2)

Because of the language barrier we can't find a job, and without a job we cannot buy car. (F4.M, Interview 2)

The language. If we could speak English fluently everything would be fine, when we can speak everything will be easy. (F8.M, Interview 3)

It makes me sad that we can't communicate well – my friend speaks English to me, and then I respond in Nepali and it makes me sad that we can't communicate that well. I think that if I could speak English we could spend more time together and share things and this would make me happy, but we can't do that because of the language. (F13.M, Interview 3)

Furthermore, difficulties with English impacted on the participants' sense of independence.

I want to learn the English language, and I want to be a better person – like I always need an interpreter here for Work and Income and to go to the doctors and for everything and I don't want this, I want to be able to communicate by myself. So I want to improve my English, and this would mean that I would be more strong, more independent, a better person. (F14.M, Interview 3)

All of the parents were given access to English language lessons. However, the amount of English assistance varied considerably between participants. While some were given daily classes for the entirety of the study, others had access to only seven weeks of two hour lessons, and others had only one hour a week. For many of the participants there was a frustration about the time it was taking them to pick up the language. A few of the mothers had chosen to stop attending classes, believing that they were unable to learn quickly enough and thinking that their husbands and children would be better able to teach them. This has the potential of creating further isolation difficulties for the mothers, as well as difficulties with the children as they are relied on to be the bridge between two cultures.

It is difficult, I need to learn how to speak. Sometimes I get frustrated and upset, when this happens I...I just need to learn English. I am improving, but slowly! (F3.M, Interview 2)

I have class once a week from 1pm - 3pm. But it is too much for me - I just have to take care of the children, so I don't think I can do class anymore. And now my husband is going to class so I can ask him what he is learning and learn from him. (F6.M, Interview 2)

No I don't go now. So my husband attends class Monday to Friday, and if I attended a class like that, half would go into my head and half would fall out. But for me, the class that I was attending was only for 7 weeks, and each week was only 2 times a week for only 2 hours a day. And you have to pay \$170, so I am not going to be learning much am I? So that is why I stopped. (F10.M, Interview 3)

Isolation and Lack of Cultural Knowledge

The families had minimal knowledge of New Zealand prior to arriving. In Mangere they were given a basic introduction to New Zealand culture but there was no formal follow up or instruction in the community. Awareness of how different the New Zealand culture is to their own culture

increased over the course of the study and made parent's feel uncertain about communicating with others and asking for help.

Now we have to learn about New Zealand life and laws and things and we can start thinking about the future. (F10.M, Interview 1)

Everything is good but everything changed as well, different situation, different food, different culture, everything is different. (F8.M, Interview 3)

Many of the parents had difficulties understanding what was expected of them by the local community. It was difficult for them to know how to behave and what was considered "normal" conduct as their own cultural norms were different. This included lack of understanding about local laws.

They refer to being in New Zealand and having to live by [New Zealand] rules but we don't know them, and we don't know what is normal here. (F12.M, Interview 3)

Beyond the language barrier, they did not know how to read the body language or behaviour of New Zealander's creating further difficulties in understanding. Although many of the participants spoke about wanting to have more contact with local people, they often felt nervous about communicating with people as they were anxious not to offend.

I try to understand that sometimes kiwi people they help us, so they have a good heart, but they don't want to be that close. So my husband said that it must be their culture...So I feel that it is not our culture. In our culture we are very close to each other, and anything that we have, we share it. But here we are still trying to understand the western way of socialising. Just saying hello, that is all, not that close. (F4.M, Interview 3)

It was frequently the subtleties of the culture that people found the most difficult such as what are appropriate topics of conversation, or how to greet other people and to cultivate a friendship. Many of the participants experienced New Zealanders as reserved and disinterested and struggled to know if this was due to cultural norms, the individual, or something that the participant had done.

Before we came, I could speak a little bit of English but the way that we spoke English in Burma is totally different from here. For example, in our country we never speak about the

weather. And here, you never talk about you are fat or you are too big. So it is different. We talk about different things, and the way you put things together is different, so we don't want to say anything in case we offend someone. (F4.M, Interview 3)

Sometimes it holds me back, like I think, "is that polite?", "is that suitable?", I don't know so I don't want to say anything. (F4.M, Interview 3)

Feelings of isolation also featured prominently in the parents discourse once they had been resettled in the community.

It is just the isolation that is bad here. (F1.M, Interview 2)

Usually I spend more time on my own, because like the community, they are busy with their own lives. And so mostly I am by myself. (F5.M, Interview 2)

Yeah, we do feel a bit trapped. Other people are working so they don't come and visit that often. We only really see our own family. It is different from Malaysia, there we went and visited so many people. You are always going and seeing people, mixing and mingling. And the other thing is the weather, you never know if it is going to be hot or cold or windy or raining. So these things make it hard to go out. (F10.M, Interview 3)

We always feel like we are on the outside here. It is hard. We never feel like we belong or that people want us here. (F12.M, Interview 3)

This was closely related to poor English skills and uncertainty about cultural norms. Many of the parents spoke about not wanting to offend people, and therefore not speaking to local people. This not only increased their sense of isolation, it also decreased their opportunities to learn about the culture and to make connections with people. This in turn intensified their anxiety, creating a circular problem.

No, I don't have much contact with kiwi people. I think because of my language problem I can't communicate so it is difficult. (F14.M, Interview 2)

Furthermore, none of the parents participated in community activities, and most were not aware of any community groups or resources. Lack of knowledge about potential opportunities to socialise

and be involved in the community increased their separation and decreased opportunities to learn the subtleties of the New Zealand culture.

The ethnic community were often a vital source of socialisation and knowledge for the parents. Most of the parent participants relied on persons who had been resettled previously for information about the local community. These people were also the main source of social contact.

We have a neighbour that we say hello to. Other than that, we mainly just stay with other Burmese people. (F3.M, Interview 2)

For the participants who had been placed in homes far from other people of their ethnic group, their sense of isolation was increased. This negatively impacted on their happiness and their confidence in dealing with local people. Limited transportation further impacted these difficulties.

Yes [I feel sad] because the Burmese community here, they are far from here, from our house and this is a lone house in the area. We are alone, there are no other Burmese close so it is not easy for us if there is a problem, or we need to ask people what we should be doing. (F1.M, Interview 2)

Some families experienced racism. This added additional stress to the families and made them less likely to attempt communication with local people for fear of negative reactions. Experiences of racism also increased the participant's feelings of isolation and being unwanted in New Zealand.

And I thought that when I moved country, things would be different. The people would be different. No longer put me down because of where I am from. But no, things are the same. People are the same. (F12.M, Interview 3)

Following negative altercations with local people, some participants questioned whether this was due to racist attitudes or if they had inadvertently offended someone due to a cultural faux pas. Due to the language barrier, the participants were unable to clear up the matter leaving them feeling confused and uncertain about talking with other New Zealanders.

The neighbours there, yes, I think that they are a bit racist. They don't communicate at all, they don't say hi or anything, and they don't allow their children to come near us. And these people watch us, and maybe judge us because we speak a different language and things. (F1.M, Interview 3)

With the bullying, of course, I would like to question the children and ask them why are they doing this to my son. Is it because we are Burmese? Or why is it? Why are they putting us? (F5.M, Interview 3)

While still experienced by many of the participants, these feelings of being on the outside decreased over time for some of them.

When we first arrived, I felt lonely and didn't feel like I fitted in straight away, but it is getting better now and we are getting used to things. (F4.M, Interview 2)

Being in a new cultural environment also impacted their confidence in their parenting skills. By the end of the study, many of the participants acknowledged how difficult it was for them not being able to provide guidance or protection to their children as they lacked the necessary knowledge of the culture and the language. This created feelings of sadness and helplessness.

My son finishes school at 3pm, and then sometimes he doesn't get home 'til 4 so I get worried and ask him where he has been. He says to me, to the library, and I ask why? "Because you don't know anything so I have to go to the library to find it". (F10.M, Interview 2)

And as a parent I can't do anything – I can't help her, I can't help with her homework or anything, I can't do anything. Yeah, when I see other parents looking after their children, helping them with their homework and things, this pains me and makes me sad. (F13.M, Interview 3)

The parents found these difficulties most prominent when it came to their children's schooling. Due to their limited English, many of the participants felt that they were unable to help their children in the way that they would like. The language also hindered their ability to understand what the school required of them, creating anxiety for themselves and their children.

We can't really do much for our children at the moment because of the language. (F6.M, Interview 2)

Now we have found out that our oldest daughter is worried that when she shows us the letters from school we won't understand and won't do the right thing. And this makes her so worried and sometimes she can't sleep. (F4.M, Interview 3)

Furthermore, their language difficulties made it more difficult for the parents to talk to their children's teachers and to understand and sort out difficulties that the children were having.

When there was that bullying at the school and we talked to them, they said that it wouldn't happen again. But we don't really believe them. The school are not our people so how can we believe them or know if what they say is right? (F1.M, Interview 2)

Their difficulties with their children's school were confounded by the fact that the school system in New Zealand was different from the one that the parents were used to in their homelands, creating more confusion.

Also, the schools are hard. It is a different education system here and we don't understand it and so it is hard for us and for our children. (F14.M, Interview 2)

A further difficulty that started to emerge as the study progressed was that of the children beginning to act as interpreters for their parents. Increasingly, children not only interpreted the language for their parents, but they also explained cultural or societal processes especially in relation to school life. This disrupted the natural hierarchies and boundaries within the family and created some tension between the parents and their children.

Yeah my daughter translates everything for me when I speak to the teachers. (F3.M, Interview 3)

Now my children's English is better so they are also helping me. But I don't feel comfortable with that. (F14.M, Interview 3)

Financial Difficulties and Unemployment

Financial restrictions were a difficulty for many of the parents. While they reported being grateful that the government provided them with a benefit, a common observation was that the benefit did not cover their costs of living.

We don't spend what we shouldn't and we always try to reduce costs but it can be hard. Especially when there are bills and school things, in those weeks there is no money for

everything. In those weeks there is no money left. It can be tight. We are very limited. (F7.M, Interview 2)

I feel good but sometimes I feel quite low because once I get the benefit, once I have paid for everything I need to like the bills and things, sometimes it does not stretch to be able to do everything. (F12.M, Interview 2)

For us, for me and my husband we have to really take care of the benefit, of the money that we are getting and the expense, what we are spending so we are worrying all the time. For the children, I mean they see lots of things that others have. But we can't dish it out or give it to them. We even have to work out, like if we spend it on certain things like food, there won't be enough money. So we have to really look after our budget so we are always worrying. (F5.M, Interview 3)

Financial stress was particularly high around the children's schooling and educational needs.

We have to buy food and things for the children. And stationary for school, and uniforms. And transport. And we have nothing left at the end of the week. (F2.M, Interview 2)

And also my own children, there are so many costs for them like school uniform and fees, and school books. And my children want to wear new clothes and dress like other people but how can we afford new clothes? (F6.M, Interview 2)

Automatic letters sent out by government agencies (Work and Income New Zealand, welfare support) telling them that they needed to find employment or their benefit would be cut, further increased their stress.

One thing that always sort of bothers us are the letters from Work and Income that sort of push us. They always say that we need to find a job or we will stop your benefit. And this makes us afraid – this is why I need to find a job, why I am looking for a job. (F4.M, Interview 3)

I want to work as well but I can't find a job because I can't speak English. And I have no money and now the benefit, they say it will be cut, I don't know what is happening! (F12.M, Interview 3)

Many of the participants felt a responsibility to look after family and friends overseas. Giving financial aid to these people was seen as part of their duty as a family member. Furthermore, the people left behind often perceived the participant's to be relatively wealthy, at times requesting more financial aid than the participants could afford. This increased the financial strain and stress on these families.

Money is very tight - and we have to support my family too. Because I am the big sister in the family I have to look after everyone and there is not enough money for everything. I have to support my father. And I need to start sending money to my Mum in Thailand to help her with her costs. She wants money for a house and new clothes. And we don't have enough money to pay the daily costs in the home so it is all very hard. (F6.M, Interview 2)

And for us getting here, god has really looked after us, you know we have this opportunity. And we are always thinking of the people back in our village who are still there and how hard it is. So we need to work and to help them back in the village. It is not enough for just my husband to work, I need to be working and earning money too. (F10.M, Interview 2)

Financial constraints made many of the participants impatient to find employment. This was increased by a desire to become independent from the state. However, poor English and a lack of valid qualifications thwarted many of their employment opportunities. This increased their frustration and inner tension.

In New Zealand the employment opportunities are very rare, but I want to work! I talked to the Refugee Centre about work, but because I cannot speak English very well and the employment opportunities are not many, but I want to work! I don't know how long they will give the benefit to us. How can we find employment to live and to work when we are trying to study English to get better? (F1.M, Interview 3)

I want to work as well but I can't find a job because I can't speak English. And I have no money and now the benefit letter and I don't know what is happening! (F12.M, Interview 3)

Mental Health Concerns

Research shows increased rates of mental health problems among people from forced migration backgrounds. In addition, parental mental health concerns can negatively impact on

children. As such, both parents and their children were asked questions probing their mental health status at each interview. When the participants first arrived in New Zealand, all except for one mother reported symptoms of mental health problems. The most commonly reported symptoms included panic attacks, catastrophic thought patterns, sleep disturbance, headaches, and blurred vision and dizziness. Many of the participants also spoke about having an inner “tightness” and having a “sore heart”.

At the moment I feel like very blurry, very like oh you know, like pain and tired. (F6.M, Interview 1)

Sometimes it's hard to breath or my brain is like ahh! There is so much stuff. (F12.M, Interview 1)

In the first interview 11 participants described high levels of anxiety that were interrupting their ability to function in daily life.

Sometimes I can't sleep, thinking a lot about my situation - my husband and my sister in law and no family members around me... Just day and night, I just think about all of this and can't do anything. (F2.M, Interview 1)

Six were struggling with symptoms of depression, including two participants with suicidal ideation.

I don't know what happened to me. I don't know where it comes from when I got pain, I feel depressed, I want to cry or I want to scream, I don't know what wrong with me, what happened to me...I feel very depressed, want to stay by myself, don't want to talk to anyone, if someone talk to me I feel very angry. (F6.M, Interview 1)

Sometimes I would try to forget about all the stress, but sometimes the same kinds of tension and stress keeps on coming to my mind, I would sometimes think even harder for suicide, killing myself but afterwards I think no I need to look after my children, I need to think about them. (F14.M, Interview 1)

Three participants were experiencing flashbacks and nightmares of past trauma associated with significant levels of distress.

Yes it's like a horror movie, you see a horror movie and then in the night you dream about it.
(F12.M, Interview 1)

Despite there being a high level of mental distress, for some, coming to New Zealand had decreased some of their stress, and there was hope that resettlement would make them feel better.

Now I'm here in NZ and I'm getting help from all agencies and different people here like talking and counselling, so that has really made me feel better now. Like back at the camp I was 100% stressed, and now it's 75% here, so 25% has gone down. Now I think I'm a bit confident about what I can do to move forward. (F14.M, Interview 1)

In the second interviews, most participants were still struggling with significant anxiety symptoms that were negatively impacting on their daily functioning. However, approximately half of the mother's experiencing these symptoms, reported that they felt that the anxiety had decreased overall. Five participants continued to experience significant low mood and difficulties getting out of bed. Two continued to experience regular flashbacks.

I spend about two thirds of my time worrying about things, only some of the time are things a bit better. Like in a month, about 20 days are not good, and only ten days things are ok.
(F2.M, Interview 2)

I don't know how to explain this tightness. The feeling is so dry and not happy. I still get it but less and less. Less than before. (F4.M, Interview 2)

What happens is that when I worry too much my heart gets tight and it feels like someone is grabbing my heart, and then I start shaking all over. So I have to sit in the corner alone, but my husband gets annoyed and tells me I have to make myself better. (F6.M, Interview 2)

Before my heart would start racing and I would get a headache. Now things are getting a bit better. I have lots of friends counselling me and my family is now close so I am happier and that is why it is getting better. (F14.M, Interview 2)

At the end of the study, five participants reported no mental health concerns. Of the six who reported anxiety symptoms, only half of these were at a level that impacted on daily functioning.

Two participants continued to report significant low mood. There were no reports of flashbacks in the final interview.

Examples of continued low mood and anxiety included:

My worries are increasing everyday and getting more and more than the good things. I am only surviving because of my daughter. I don't want to spoil her future – I don't want to do anything to hurt her. (F13.M, Interview 3)

I am not happy at all so I don't do anything! I take some rest. (F1.M, Interview 3)

If I think too much I can't breathe and I start to get angry quickly, I get angry quickly. When I think too much I have a lot of pain and I also have headaches. So I sit in the corner and talk to myself. (F6.M, Interview 3)

However, for most people things were getting better:

Not heavy. We worry and we are sad but it is not too serious so we are not heavy. It is ok. (F3.M, Interview 3)

Yes, before there was lots of worry and no sleep, but now not a problem. (F10.M, Interview 3)

Yeah, still I am not able to forget it but I am trying. And I am expecting good things for the future, like I am learning new tailoring skills and these things help me to move forward. No more problems. (F14.M, Interview 3)

Eight mother's had chosen to see a mental health professional at the Mangere Refugee Centre. Despite the continued high need, no participant saw a mental health service at any time after they were resettled into the community. This appeared to be for two main reasons. Firstly, only four participants were offered the support of a counsellor, possibly indicating a lack of awareness of the high mental health need. Secondly, many of the participants believed that they would be burdening others if they spoke about their concerns with them, and did not feel comfortable about this. This speaks to a wider difficulty about how mental health services are seen by people from non-western cultures.

I appreciate that you ask these questions as they open up my feeling and my emotions and this helps me. (F4.M, Interview 3)

My thoughts are that I don't want to bother other people, I would just like to cope day to day by myself. (F6.M, Interview 3)

I like to share all of these problems, it makes me feel better. But I don't like to expect help from other people so, no, no I don't want to see a counsellor. Anyway, I can't tell anything in English so this is would also be a problem. (F13.M, Interview 3)

Family Conflict

Participants were asked about their family relationships and how well their family supported one another. When they first arrived, half of the mothers reported difficulties with their husband's excessive drinking.

He drinks whenever he gets the chance. In Thailand, everyday. (F8.M, Interview 1)

Use to drink every day, even my children didn't like him drinking, sometimes they argue with him about the topic of drinking. (F14.M, Interview 1)

Several also reported family violence.

The only one thing I feel sensitive about, I feel worried and sad about is living here by myself with husband, by myself I mean no other real family members like siblings or parents around, because normally my husband is quite bossy...I am afraid he will kill me one day. (F2.M, Interview 1)

Yeah [my husband] is supportive but when he is drunk....when he is drunk he is rude, like yelling, shouting, swearing. Yeah, sometimes he hits the children too. We always have to run away, we are always scared. (F8.M, Interview 1)

One set of parents separated shortly after leaving Mangere Refugee Centre due to family violence. Of the remaining families who had originally reported violence in the home, each reported that all physical violence had stopped. By the end of the study period, two families reported that there was

no spousal conflict of any kind, while the third family continued to struggle with verbal disputes between the parents.

No physical violence now, only arguing. (F6.M, Interview 2)

Before I had some family issues so I was not happy. But now no problem. Everything is good. (F2.M, Interview 3)

All of the families, including the mother who had separated from her partner, believed that this behavioural change was due to knowledge of New Zealand laws, and protection of the police and law to stand up to their husbands. Two of the mother's had called the police for protection, while the other's had threatened their partners with calling.

No he is newly arrived [in New Zealand], so he is better and not drinking all the time, and when he drinks, he goes out and drinks. If he becomes violent I just press 111. (F8.M, Interview 1)

No physical violence because now we have rights, now I can say no to him and call the police if he is bad. (F6.M, Interview 2)

There was also a considerable reduction in alcohol consumption by the end of the study period. One mother reported that her husband had ceased drinking completely, while the remaining families reported that their husband no longer drank regularly. This was in part due to the price of alcohol, and partly due to family and community pressure to stop drinking.

My husband is good. He has stopped drinking. (F14.M, Interview 2)

Everything is so different! Too different! Now he has stopped drinking so that is good...Now he never drinks. And no more arguments! My thoughts before are that my husband is drunk and I hope that he can change. And I was thinking that if he stayed the same I would give him to the police. But no problems! (F8.M, Interview 3)

When they first arrived, most of the parents used physical discipline on their children. By the end of the study, all of the families reported that they no longer used physical measures to discipline their

children. This was a difficult shift for many of them, as the only discipline that they knew was physical and they reported difficulties managing their children without it.

The difference is to do with parenting, or raising children. So like we were brought up knowing that if we didn't listen to our parents we would get hit. This was the discipline. But here we are not allowed to hit children or to raise our voice or shout at them. And they know this, and so the children take advantage of this. (F6.M, Interview 3)

Theme 4: Support and Coping

The participants employed a number of strategies to cope with the losses they had suffered and the challenges of resettlement. Both emotional support as well as practical support was important. Talking with friends and family, and distraction techniques were frequently used strategies for emotional wellbeing. Practical support came from a range of sources including volunteers, government agencies, and the ethnic community.

Emotional Support and Coping

When they struggled with the emotional effects of resettlement, all of the parents said that talking with people who understood was the most useful thing to do.

Also, for me, when I open up like this and talk, something inside of me opens up and I feel happy and relaxed. (F10.M, Interview 1)

I try to talk to people, and if I can talk about other things then I forget about my worries and I feel better. (F7.M, Interview 3)

However, talking was not always easy as for many of them they had left their support network behind when they came to New Zealand. Finding a new group of people who understood their journey was important as it not only gave them a sense of community, it also gave them an outlet for their emotions. Most families tried to connect with other people from refugee backgrounds in their community who could speak their language and understood the plethora of emotions that arise during resettlement.

I can talk to my friends and family when I feel worried. People like me. (F7.M, Interview 2)

Most parents felt that their own family were their strongest support and gave them the best advice and encouragement to keep going when things were difficult. Many parents felt that they could best open up to their own family, and felt safest talking with them. Many participants continued to talk to family members overseas, though this was expensive and not always possible.

We still speak to my brother and mother in Thailand. We speak quite often but it is expensive. Talking with them makes me happy. It's lovely to talk with my mum, I can talk to her openly about anything and get some advice, it's wonderful. (F9.M, Interview 2)

Family is good to talk things out with because they understand and are positive. My mother says, be comfortable and happy with what you have. They tell me that they also have difficulties and it is ok. But if we talk to other families we don't know if they have problems so we choose not to talk to them about what is happening for us. (F1.M, Interview 3)

Talking helped the participants release tension and emotions. However participants also used talking to distract them from their difficulties. General social talk was helpful to lift the parent's spirits and stop negative or anxious thoughts.

When I feel tired inside me, or think about sad things, I try to get out of the house and visit my friend. (F4.M, Interview 3)

I try to talk to people, and if I can talk about other things then I forget about my worries and I feel better. (F7.M, Interview 3)

It is important to note that while talking was viewed as very useful, as previously mentioned, many of the parents spoke about not wanting to burden others, and not volunteering the information unless they were asked directly about it. Other people from refugee background and from the same culture tended to be more able to connect with the participants and ask the right questions. However, initiating conversation and asking for help remained a difficulty for many of the parents in this study.

If you ask me questions then I will tell you everything, but I don't want to just say if people don't ask. (F1.M, Interview 2)

But at the moment, the people who support me are good, but they are not here all the time and it is hard to ask for help because they are not family, they are outsiders. (F2.M, Interview 2)

Aside from talking, the participants used a range of internal regulation strategies. Distraction techniques were the most commonly reported, including watching television and movies from their home country. Getting out of the house, either going for a walk by themselves, or going out with their family was also a common thing for the parent's to do when they were feeling down or trapped.

I am just trying to forget. I go into the garden and put water and pick up weeds. I see the flowers growing and I want to be like them, getting all coloured up and seeing the bright side of my life. (F14.M, Interview 2)

I watch TV and movies. This helps me not think anymore and to feel better. (F3.M, Interview 3)

Prayer was also commonly mentioned.

The first thing that helps is to pray, and then the second thing that helps is to visit my neighbours. (F3.M, Interview 3)

Many parents also spoke about thinking of their children when things became difficult, drawing strength from knowing that they needed to be there for their children.

My daughter helps me a lot. She tells me that we have to be strong so we can move forward. If it wasn't for my daughter I would have already gone out to die. (F12.M, Interview 1)

When things are hard I just look at my kids and I think about their future. It is for my kids future that I keep going. I think about this and it makes things ok. (F2.M, Interview 2)

At the moment I am just trying to keep a strong mind because if I start worrying I start thinking of all the bad things that could happen to me and then what will happen to the children. They need me, I have to be here for them. (F6.M, Interview 3)

Practical Support

Practical support was also vital for the participant's wellbeing. Participants struggled with everyday tasks due to the language barrier, transport difficulties, and not knowing their way around the community. They also lacked the information or understanding around how to access services, or what services were available. This included services ranging from healthcare, social welfare, community groups, and English classes. Difficulties understanding the school system were also common. Most participants named help with these practical issues as one of the most useful things that they had received. Advice about New Zealand society was also mentioned as being important, though some felt that they received different information from different people and they were unsure of who to trust. Due to limited funds, many families also mentioned that they appreciated help either attaining cheap appliances and household goods, or being given household and clothing needs.

The [Burmese community] come and visit or they come and tell us how or what we should be doing or show us how to get things done, so they have been really helpful. (F5.M, Interview 2)

The volunteers are really good. They show us things we don't know how to do ourselves. Like they showed me how to use the washing machine and how the fire place works. And they helped us to get a car that works. And they gave us bikes. (F8.M, Interview 2)

It would be good if they taught us how to get to the supermarket and to the doctors. Show us how to do things ourselves. (F14.M, Interview 2)

The transportation is really good like for shopping. Also on a rainy day they will take the kids to school and things. (F2.M, Interview 3)

Participants tended to rely on volunteers, friends from the ethnic community and extended family for this pragmatic support. There was a wide range of the level of satisfaction that families felt with their volunteers. Families who felt that their volunteers supported them to gain knowledge about the community, and who pre-empted many of their practical needs such as blankets, were the most satisfied.

If it gets very bad then I will call the social worker. The social worker is good to me so I haven't told her all the bad things. I don't want to complain or be ungrateful. (F1.M, Interview 2)

Our main support here is our volunteer. She is still helping us with everything. She helps us a lot especially when my children need to go and see the doctor, she is the one driving us there. She also takes us out - like she took us for a picnic. I think that she feels that we are feeling a bit sad and lonely and that's why she is helping us. (F4.M, Interview 2)

Again, the difficulty of asking for help was apparent, and if volunteers did not ask the families what they needed, the families rarely felt comfortable enough to ask for help.

I don't want to say...I am not happy. It is not easy. But I don't want to tell [the social worker] that I am not happy here because she has been good to me. (F1.M, Interview 2)

For me I don't want to force them [to come], this is a volunteer - they don't get paid, so it is up to them - if they want to come they come, if not then not. (F4.M, Interview 2)

Friends from the ethnic community and extended family members who had been in New Zealand for a while were key figures of practical support. These people had the additional ability of being able to translate for the families and could give advice from personal experience.

Without my brothers I don't know what I would do especially with my children and all of their school things. Because I just don't know the school or what I need to do, and I can't go and ask because I can't communicate, so my brother does it all for me. (F14.M, Interview 2)

My younger brother still comes and helps me, we organise a time when he can come. And then sometimes someone from Refugee Services, a community development worker, he comes and helps. And also sometimes my son interprets for me and helps. (F14.M, Interview 3)

In one city where the participants were resettled, the ethnic community held monthly meetings. At these meetings a member of the public would discuss an element of New Zealand society that may be helpful to know. For example, local police came and spoke about family violence and support available, and at another meeting a person from Work and Income spoke about the different

benefits. For the participant's living in this city, these meetings were very helpful in building their knowledge and confidence about New Zealand and available resources.

I attend the Burmese community meetings which are good. Yeah they're helpful. Like last time the police came and they explained about New Zealand laws so that we understand what to do better and that is good. (F2.M, Interview 3)

Theme 5: Advice for Others

In the final interview, each parent was asked if there was any advice that they could give to New Zealander's as to how to best support new families coming to New Zealand. Participants were also asked what advice they would give other families like themselves that were coming to New Zealand.

Advice for New Zealander's

Many of the participants felt that they needed additional pragmatic support. Help with transport, language, translation and getting to know the community were seen as very important and helped the participants feel less overwhelmed and lost in their new community.

It would be good if they took us to the different places around our new home, showed us our new environment, this would help us to feel good. (F4.M, Interview 3)

Like going to doctors, we need help with transport and with talking. So like for instance, if we have something wrong that shows up on your skin we can point it out. But if it is something inside we need help explaining in English. (F5.M, Interview 3)

Assistance with the understanding the children's school was also valuable.

At school, enrolling the children at school and understanding the school system, help with this is what I most appreciated. For me being a mum, in our country because we didn't have this language problem we could ask the school what was happening and they could tell us. But here the school sends us these letters, but we cannot read or understand them. And because of this, there is an effect on our children. We need to know what is going on at school and what is in the letter – this is the most difficult thing for me. (F4.M, Interview 3)

Many participants wanted additional help understanding the subtleties of New Zealand culture, in particular how to make friends and become part of the local community. People whose volunteers had initiated a friendship with the family commented on how this had helped them to develop their understanding of how to communicate with New Zealander's as well as their language skills.

There might be lots of traditions, or customs that we don't know. Mangere may have taught us but we don't remember. When we meet different people, people may not like us because we are different. Some people come and ask us where we are from and are interested, but some others don't talk to us, so maybe they don't like us, but we don't know. (F1.M, Interview 3)

I don't know, but I want to learn how to be close with the other people. (F14.M, Interview 3)

They reported that they would appreciate more contact with New Zealanders and more people trying to talk with them despite the communication difficulties.

What I would like from kiwi people is that they talk more to me and without an interpreter, that they just try. If there is no interpreter, I would feel closer with people and I would learn more quickly. And also, sharing your culture – and your food, like how you cook, and what kinds of food you like, all these things that are sharing your life style. This would help me to feel comfortable and close with the people. (F14.M, Interview 3)

Likewise, parents who had felt welcomed by their children's school and had been asked to participate in school activities had increased confidence and cultural knowledge.

I have been asked to go to their school to help them read once a week, for one hour every Wednesday. It makes me feel happy. I gain experience and I have a change to learn too, so good. (F4.M, Interview 3)

Some parents said that help finding employment would be beneficial. This was connected to help with language acquisition.

Education. First we need to be able to learn the language, not only do we need to be able to speak it we also need to know how to read and write. Because for example, if we get job

there will be a lot of rules and things and if we don't know how to read and write we won't know about them and how can we sign a contract? We need help with all these things. (F2.M, Interview 3)

The main thing is to find a job and I need more help to find a job. (F4.M, Interview 3)

Some families mentioned how having a warm welcome helped them to feel comfortable in this new country. They also reported that it helped if people had an awareness of the grief that they were coping with.

That is a really big question! But one thing I would like to ask them to do is to give us a warm welcome. That would be a big help. Being a refugee we had to leave our own country and our family, and with that there is a lot of grief – even though we know that this new country is good for our children and will give our children a good life, we are balancing this with a kind of grief for our own home. (F4.M, Interview 3)

Finally, many of the participants said that it was important to be resettled near other people from the same ethnic background as them. Being close to people with whom they could speak to in their own language and who understood the challenges of resettlement, helped the participants build a support network, gain advice easily, and feel confident.

Being settled by other people like us is really good. We can talk together and help each other. I think this is very important – don't put us by ourselves far from people we can talk to. (F1.M, Interview 3)

Mangere Refugee Centre

The Mangere Refugee Centre was the first experience of New Zealand that the participant's had and it made a lasting impression on the families. Many families said that Mangere had been a very positive time for them. The smiling and welcoming staff helped the families to feel safe and reduced their anxiety about being welcome in New Zealand.

It is good here that, first living there in the Auckland Refugee Centre, it is quite a good station, they teach us about New Zealand, we understand more, they welcome us with smiling, like a warm welcome, and yeah, we understand more. And I think that, sometimes

we do have a worry but only little. We see the teachers and people helping us and it goes straight to our hearts. (F5.M, Interview 3)

Even in Mangere camp everyone welcomed us, and they were so friendly, even from the different levels, they all treated us very nicely. So when we moved here, we started looking around, you know, like where the children's playground is, and we walked around, and people would say hello. And at first we were thinking, "why are they saying that? Have we met them before?" You know, because they were strangers, why were they being so friendly. And earlier on I didn't have the guts, I was feeling too shy to say hello back. I just gently smiled and went on my own way. And then we realised that this was how people here showed their friendliness, so now I greet them back. It is a very nice way of being friendly. (F10.M, Interview 3)

Most of the participants felt that the information that Mangere gave to them was useful. The most helpful information that they received included English lessons, education about New Zealand laws, particularly around family law, and knowledge about New Zealand culture. Many of the families had retained contact information for community services such as Work and Income and the police which they found helpful.

I got a lot of help from Mangere, we learnt many things there. Like, for example, power, how we can save power. (F1.M, Interview 3)

Yeah, it was helpful. The teacher's took very good care of me because I was a beginner and they made me feel good about the language. And they gave me all these phone numbers of who I can call if I need help. Yeah, good. (F2.M, Interview 3)

We are new in this country and once we have the information we can start to live here and start adjusting to things here. We can start using the knowledge from Mangere and start applying it to life here. (F3.M, Interview 3)

However, many reported that there had been too much information given to them at Mangere and they were unable to retain it.

They taught us a lot so we can't remember anything! (F4.M, Interview 3)

In addition, some participants commented negatively about the food saying that because it was not what they were used to, it had made them feel more homesick and they had been unable to feel full.

But the problem was the food in Mangere camp! Because we are used to eating rice and the food that they offered was not the same. It was totally strange for us! The food wasn't satisfying for us and we were just hungry the whole time! (F6.M, Interview 3)

Advice for New Families Resettling in New Zealand

For new families coming into New Zealand, the participants felt that they would need to learn English, and have support from their own ethnic community.

If they are coming to New Zealand, they will need to live close to other Burmese houses so that we can help each other. Also, it is good if the houses are close to shops. Because we don't have the language we don't know what to do and everything is far away. (F1.M, Interview 3)

My advice would be to learn English because now we can read and write Burmese, but we can't read or write in this country so you need to learn English fast. But it is very, very hard. (F2.M, Interview 3)

They also emphasised that resettlement takes time and it is a long process, so the new families would be best not to worry about slow progress.

From my experience, I would tell the new families that come, not to be scared, not to fear too much, that one day they will be able to do what they want. Things will improve, so don't panic! (F7.M, Interview 3)

Summary

The first year of resettlement was full of both positive and negative experiences for the parents that impacted on family functioning and their children. Although they were excited by their future in New Zealand and the perceived opportunities here, they were also managing feelings of grief over their homeland, culture, and loved ones. As the year progressed, the parents became more aware of the struggles involved in resettlement. Although many of the parents reported that their children were a main motivating factor for coming to New Zealand, the language and cultural

barriers made it difficult for them to support their children in the way that they were previously able to. They were also concerned about the children losing their own culture.

CHAPTER FOUR

A CHILD'S PERSPECTIVE OF RESETTLEMENT: CHILD DATA ANALYSIS

The following chapter presents the data gathered from the children's interviews across all three time periods. Each round of interviews with the children was transcribed, coded and analysed individually at the time of the interview. Once all data had been gathered and preliminary analysis had been conducted, it became clear that there were common themes that reached across all three interviews. Whilst the themes remained constant, the content relating to each theme evolved at each time point, indicating the challenges and changes that occurred during the resettlement process. To best represent their evolving experiences, each theme is reported with how it changed over the study period.

Five main themes in the data were identified in the child data. These corresponded to the main themes in the parent data. The data was further divided into subthemes where appropriate. The subthemes were different from the parent subthemes. See Table 3 for further details.

Table 3
Child data themes and sub-themes

Theme	Sub-theme
New Beginnings	A New Life A Growing Sense of Home
Loss	Loss of Home Loss of Culture and Identity Loss of Family and Friends The Importance of Reunification
The Challenges of Resettlement	Communication Difficulties: The Need for English Isolation and Bullying Family Conflict Mental Health
Support and Coping	Family Support Community Support Internal Coping and Difficulties Asking for Help
Advice for Others	Advice for New Zealander's What Would You Tell Other Children Coming to New Zealand?

Theme 1: New Beginnings

When the children first arrived, they knew nothing about New Zealand. Their first introduction to New Zealand life, laws and culture was in Mangere Refugee Centre. They had no knowledge about the cities in which they would be resettled. However, the majority of the children entered New Zealand with excitement and hope for the future, ready to start a new life. In part, this was motivated by wanting to leave the difficulties of the transit country behind them. Over the first year of resettlement, the children learned about how to live in New Zealand and their sense of attachment to New Zealand grew.

A New Life

The first interview took place at the Mangere Refugee Centre approximately five weeks after the children arrived. At this time, the children reported feeling uncertain about life in New Zealand. They had a very limited understanding of New Zealand and were unsure what life would be like in this country.

When we first came, I felt that it was different, it felt awkward, it felt strange...I thought, oh no this is not a good place, I didn't enjoy it. But then later on I think that New Zealand is a very nice place, a very happy place. (F4.C1, female, age 8; Interview 1)

I don't know anything about New Zealand! But I think things will be different here. The bed will be different. Over there we don't have a chance to sleep in a high bed, and we only have one toilet to share with everyone. Here we will have high beds and more toilets. (F7.C2, male, age 8; Interview 1)

Despite this, most of the children said that they were happy and excited to be in New Zealand. For most them, this was due to their parents' excitement about coming here, and enjoying the school at the Centre. Some of the children said specifically that they felt that New Zealand had more opportunities for them and would give them a better future.

I was happy to come to a new country. My family said it will be better. (F7.C2, male, age 8; Interview 1)

Over the year, more of the children reported that New Zealand was a good place to be. At the end of the study period, most of the children said that they were glad they had come to New Zealand, and reported that they had a better life now. Compared to life in their transit country, the children felt

that they were more able to accomplish their career goals than they had been previously, and that they were enjoying more freedom, resources, and opportunities.

Things are very different. When I lived in Thailand, if I want to eat something, there is difficulty for my mum to afford to buy the things that I want, and but when I came here I can eat everything I want and Mum will buy it for me – like the things that I want to eat... Things in Thailand – there is less hope for the future, but here – more opportunities. And also when I stayed in Thailand I had to stay – I had to sleep on the floor and when I came here I have to sleep on the bed and it's much better. (F8.C1, male, age 9; Interview 2)

We are better off here because we have better stuff and better things. (F5.C2, male, age 8; Interview 3)

A sense of safety was important to the children. Many of the children spoke about not feeling safe in their transit country and having to be cautious of the police.

I liked Malaysia, it is safe, like to go to school, school is fine, but we cannot go out. We are not allowed to go outside from school because there are lots of bad people, and the police will get us. (F9.C1, female, age 9; Interview 1)

In Colombia there were monsters outside the door and then one girl opened the door to them and they took her away and she died. (F11.C1, female, age 9; Interview 1)

It was not safe in Nepal. And it was always stressful and there is no freedom. Yeah, I am happy here, there is no killing or people doing physical harm to each other here. (F14.C1, male, age 12; Interview 1)

The state of general tension in which most of the children had grown up, made them more cautious and they took their time to feel safe in New Zealand. By the end of the year, nearly all of the children said that they felt safe in New Zealand and had no apprehension about other people or the police.

It is safe here. I can now go to school by myself, it is about 5 or 10 minutes away from home and I can go by myself now. (F3.C1, female, age 9; Interview 2)

We don't have to be scared anymore. (F10.C2, male, age 7; Interview 2)

Yeah, everyone helps us so I am safe. (F13.C1, female, age 12; Interview 3)

However, it is important to note that two children reported that they did not feel safe here and continued to be very anxious about playing outside their home.

I am scared of policemen, ever since we were in Thailand, we were always scared of police – if we saw them then we would run. (F5.C2, male, age 8; Interview 3)

School was an integral part of the resettlement process for the children. Although all of the children had had some schooling in the past, many of them had not attended a formal school. Joy at being able to attend school and have an education was a constant theme throughout the study. For many of the children this was the most tangible benefit of coming to New Zealand.

The most difficult thing about New Zealand is the school. But education is also the best thing. (F5.C1, female, age 10; Interview 2)

Now that we are here we have the opportunity to go to school and that makes me happy. (F2.C1, male, age 10; Interview 3)

The best thing is because we have the rights to go to school. (F3.C1, female, age 9; Interview 3)

They often linked education with being able to have good careers and being successful. The social aspect of school was also very important.

The best thing for me is the education. When I am educated, I can be a pilot. (F2.C1, male, age 10; Interview 3)

The best thing is the education, we get a better education and we can do everything that we like in the future. We can help people – when I was in Nepal we couldn't help people because we were refugees. (F14.C1, male, age 12; Interview 3)

A Growing Sense of Home

A sense of home was a complicated issue for the children as they could potentially identify with three different countries: Their (parents) country of origin, their transit country, or New Zealand. Coming into the country most of the children identified their transit country as home. By the end of the study, nearly all of the children stated that they were happy to be in New Zealand and many reported that New Zealand was their home.

When I grow up I want to stay living in New Zealand, I like it very much here. (F1.C1, male, age 7; Interview 3)

New Zealand is home. (F10.C1, male, age 9; Interview 3)

I want to live here. Because there are lots of cool things to do like school, and reading, and dancing, and singing. (F10.C2, male, age 7; Interview 3)

However, most of these children did want to visit their transit country.

Not just thinking about going back one day - I want to go and I will go! (F13.C1, female, age 12; Interview 3)

Only one of the children reported a desire to live in their country of origin. This was due to family members still living there.

I would live in Colombia because there is my grandparents and my mum's family and stuff. (F12.C1, male, age 9; Interview 2)

While there was a growing bond to New Zealand, many of the children continued to feel connected to their transit country, and view it as part of who they were. These feelings of connection were in spite of the difficulties that they had experienced in the transit countries.

We were poor but there everything was nice. (F5.C1, female, age 10; Interview 2)

Nepal is my birth country, that's why I love Nepal. I have a strong connection to it in my heart. (F14.C1, male, age 12; Interview 2)

When I think of home I think of Thailand. It is closest to my heart. (F7.C1, female, age 12; Interview 3)

These children reported that both New Zealand and their transit country were home. They identified the positive aspects of both countries; often remembering their social relationships from the transit country, and recognising the education and opportunities in New Zealand.

My home is New Zealand. And a little bit Thailand. (F4.C1, female, age 8; Interview 3)

Home is Thailand and New Zealand. Two homes. (F8.C1, male, age 9; Interview 3)

I feel that New Zealand is my own country sometimes because New Zealand gave us land and a home, so I feel close to New Zealand sometimes. But yeah, I feel close to Nepal too. (F14.C1, male, age 12; Interview 3)

While other children reported uncertainty as to where their future would be:

I am not quite sure yet if I want to live here or in Thailand. I have not been lived here long enough yet and I still worry about my future. But, yeah, on the other hand I am happy at the moment. (F7.C1, female, age 12; Interview 3)

Friendships and social connection were important for the children to feel a sense of belonging to New Zealand. School and the ethnic community were the children's main sources of friendship. In the second interview, many of the children were only socialising with other children from the same ethnic background. This was easier for them as they were better able to communicate with these children. However, this inhibited the development of knowledge of New Zealand, and limited their connection to New Zealand as home. By the end of the study, most of the children had also made friends with local children. This broadened their social network and increased their sense of New Zealand as a fun place, and a good place to call home.

And my friend's Mum is, she is very welcoming – she is very friendly. She is Kiwi - my friend's Dad is Maori and his Mum is Kiwi. (F8.C1, male, age 9; Interview 2)

One friend is Samoan and he comes to the house and they do homework together and then they play together. We share our food. (F10.C1, male, age 9; Interview 2)

Theme 2: Loss

Despite being happy here in New Zealand, the children also missed their past life and were coping with feelings of grief and loss. Throughout the study, many of the children continued to feel strongly about their transit country and to miss their friends and family members left behind. Their culture of origin remained dominant to their identity and they wanted to continue to practice their traditions. However, this was counteracted by an increasing desire to be like everyone else and to fit in.

Loss of Home

Most of the children continued to think about their transit country on a regular basis throughout the study period. They mainly missed positive aspects of daily life, and relationships with friends and family.

I did cry once because I missed Thailand. (F6.C1, male, age 9; Interview 1)

In Thailand you just had to yell over the fence and our friends would come and play. In Thailand all of the Burmese people lived close together. We lived among our own people and language. (F5.C1, female, age 10; Interview 2)

Being a refugee meant that most of the children had had limited or no access to their parent's country of origin. Of the five children who were born in their family's country of origin, most had limited memories of it. For most of the children, their knowledge of the place relied solely on their parent's stories. Some of the parent's chose not to talk about their home country.

I don't know anything about Burma. I was born in Thailand. My parents don't talk about it. (F1.C2, male, age 7; Interview 2)

Other parents told the children a mixture of positive stories as well as accounts of the hardships they had endured and the persecution they had suffered there.

The [COO] government tortures people and we can't go there, that's why we came here. They use orphans and they teach them to torture and treat people badly. The government tried to kill our father. I don't feel good when I think about it. (F5.C1, female, age 10; Interview 2)

I have never been there but my parents they tell me about when they stayed in Burma they have to run in the jungle because soldiers were shooting the villagers so they have to run. I feel very sad when I heard the things that happened And I feel that I want to be a soldier to fight...yes, to make things better. Yes. I want the country to be better, for the villagers to stay in peace. (F8.C1, male, age 9; Interview 2)

This left the children with a conflicted sense of connection to their parent's homeland. On the one-hand they had a curiosity about where they had come from and positive connection to the country fostered through talking about family members still there and their parents calling it "home". On the other hand, many of the children felt afraid of the country. Some children also felt that they were unwanted by their parents' country of origin, making them feel a sense of loss and sadness.

No, no, I don't want to know anything about Bhutan because we left the country because the government doesn't like us and they forced us to leave the country and that makes me sad so I don't want to remember that. (F14.C1, male, age 12; Interview 3)

Um, I don't really know much. I have seen a few photos. They make me feel sad. (F4.C1, female, age 8; Interview 3)

Three of the children had clear memories of their country of origin. For these children, their sense of loss was amplified as they could clearly remember losing their original home as well as their home in the transit country.

Yes, I remember Burma. We had lots of friends there and we all played together but then we couldn't go outside by ourselves and we had to run from some people. It was sad to leave. (F10.C1, male, age 9; Interview 1)

The things in Colombia are different and special and you can't find them anywhere else. Colombia is very pretty. I want to go back there. (F11.C2, male, age 7; Interview 1)

Loss of Culture and Identity

As the year passed, the children increasingly missed their own culture. This included the festivals, clothes, dance, food and social customs they had grown up with. In particular, the children expressed a desire to not forget their own language, traditions and religion. As the family were uprooted from their country of origin, as well as their wider ethnic community, the onus to preserve their cultural heritage fell in large part to the children themselves and on their parents.

We always watch Burmese movies and see the Burmese news so that we don't forget the language and the country. (F5.C1, female, age 10; Interview 2)

I like to dance. Nepalese style. I love Nepali clothes. Yes, and I love the language. And the religion too. And the food – lots of things! (F13.C1, female, age 12; Interview 3)

Yeah, like a balance between learning new things but also remembering my own culture and language and also religion. Religion too. (F14.C1, male, age 12; Interview 3)

Many of the children missed being able to speak their own language. Part of this was because they missed being able to communicate freely with other people. However, the children also spoke about wanting to continue to learn and practise their own language as a way to stay connected with their culture and they were proud about their own dialect. Some of the children were having special language lessons from their parents and people in the ethnic community to ensure the continuation of both the spoken and written language.

I still watch the movies so I remember the language. (F9.C1, female, age 9; Interview 2)

I want to remember the language, like our own dialect. I have a teacher coming to the home to teach me reading and writing. I like that. (F8.C1, male, age 9; Interview 3)

Yeah. I don't want to forget my language or culture. (F14.C1, male, age 12; Interview 3)

The children were from countries where religion is central to culture and identity. Many of the children wanted to maintain their religious customs and to learn more about it. Related to religion, many of the children spoke about wanting to maintain their cultural traditions and festivals. These religious and cultural celebrations connected the children to their past and cultural identity.

From my forefathers we have been following the Hindu religion, so I want to follow the same. I do not want to forget that. (F14.C1, male, age 12; Interview 2)

Our other friends that came to New Zealand at the same time, they go to the religious classes and our friend put on a dance at the Water Festival. (F5.C2, male, age 8; Interview 3)

I have learnt more about the Christian religion. But I don't want to forget my culture. It is fine to learn a new language and new culture, but yeah, I don't want to forget mine. (F14.C1, male, age 12; Interview 3)

With the loss of their home, and no longer being surrounded by people from the same ethnic community, some of the children became concerned with issues of identity. They spoke about not knowing where they fitted in and how they were unsure of where they belonged.

Just looking for like my identity. Not kiwi, not Bhutanese. Don't know...All over the place! I feel that I am all of these places - Nepal, Bhutan, New Zealand. Because I grew up over there, and I know all about Nepal and not so much about New Zealand but this is now where I am so, yeah, I am all of these places. (F14.C1, male, age 12; Interview 3)

Some also experienced a sense of shame about being a "refugee". Prior to coming to New Zealand, these children had lived in communities where being a refugee was the norm and they had never before questioned their identity.

I just tell them that I am from Nepal, but don't say that I am a refugee. I just don't want them to know that I am a refugee. (F13.C1, female, age 12; Interview 3)

When friends ask me where I am from, and I say that I am from Nepal, from a refugee camp. And everybody else, they have their own country and identity and home, and I feel quite embarrassed when they say that I am a refugee. I never tell my friends that I am a refugee now, because I don't like that. Even my best friend doesn't know that I am a refugee. If I tell them, I don't feel good. (F14.C1, male, age 12; Interview 3)

At the end of the study period, a small but increasing number of the children spoke about wanting to fit in and be like other New Zealanders. Over the year, they became more aware of the ways in which they stood out from the local children, and attempted to blend in.

Mum tries to make me take rice to school but I don't want to. I tell her, "Don't prepare fried rice, I don't like it, no one takes it here, it's crazy". (F1.C1, male, age 7; Interview 3)

Sometimes I just want to be like the other children. Like spiky hair and things like that. (F5.C2, male, age 8; Interview 3)

I'm just trying to be like you guys. (F14.C1, male, age 12; Interview 3)

Loss of Family and Friends

Coming to New Zealand meant leaving family and friends. Throughout the study period the children continued to think about and miss their loved ones. Their friends and family were the people with whom the children had grown up with. Family members had often been central in the daily care of the children and were significant attachment figures for them. As for all children, their friends and family had not only been a source of positive memories and play time, but also the children's source of security and support. The grief over losing these people was amplified for many of the children by their lack of social support in New Zealand and the difficulties that they had communicating with peers in English.

The following are some of their comments related to missing their family:

I feel that I will never see my Uncle, and my Aunty, and my friend again. (F7.C1, female, age 12; Interview 1)

My grandma and grandpa are still in Malaysia. I miss them. We all used to live together. (F10.C1, male, age 9; Interview 1)

Comments about missing their friends included:

Yes – it's a bit sad when you say goodbye to your friends...when we are here we are still thinking about things from the past. Like, we need to stop thinking about the past or our future is not going to be develop. (F7.C1, female, age 12; Interview 1)

I think about Nepal most of the time. It is just my friends. I miss them a lot. (F13.C1, female, age 12; Interview 2)

I think about my friends. They are still there. I just feel sad when I think about them. It is hard being away from friends and with the language and all. (F4.C1, female, age 8; Interview 4)

When speaking about how the children felt leaving their transit country, many of them spoke about how it was a normal part of their lives. Many of the children identified that their friends and some of their family members had already been sent for resettlement in different countries, and how the children had been waiting for their own resettlement day to arrive. Through these conversations, the children illustrated the instability in their past and indicated a sense of transiency in their living situation until they arrived in New Zealand.

A lot of friends they go to America or Canada or some other place so...it wouldn't be the same if we went back. (F6.C1, male, age 9; Interview 2)

I think about the times when I've been together with my friends, but now they're not in Thailand any more. Some of them went to other countries. Saying goodbye was hard. I feel like I don't want to stay in Thailand anymore, I also want to follow them. Yeah, it was sad – and they were also very sad. (F8.C1, male, age 9; Interview 2)

The Importance of Reunification

Family reunification was important to the children. Some of the children had been reunited with relatives when they arrived in New Zealand. Each of these children reported that it was easier having family close to them as it increased their support network, and made them feel at home.

I think that it will be fun, 'cause my two Uncles are there in Palmerston North and it is nice to have family around. And if family are around then obviously it will be like, fun with family members. (F14.C1, male, age 12; Interview 1)

Because Granddad was already here, we were able to come and live with him so that was good. That made it easy to be here. (F6.C1, male, age 9; Interview 3)

Towards the end of the study period, many of the children identified bringing their family members to New Zealand would make their lives happier. They believed that having their family close would make their lives better.

If all of our relatives come here and stay with us it will be better. It is better now because our grandparents are here. (F10.C1, male, age 9; Interview 2)

And we talk to my Mum's cousin, and we use the computer like a telephone. It makes us feel good talking to them. It would be happier if they were here. (F10.C2, male, age 7; Interview 3)

Theme 3: Challenges of Resettlement

Most of the children reported having no concerns about New Zealand when they were interviewed at the Mangere Refugee Centre. However, once they were in the community, awareness of the challenges posed by reunification drastically increased. The language was the biggest difficulty that affected all of the children. The language barrier created further difficulties at school and with peer relationships. Language acquisition and cultural knowledge also impacted on family dynamics and relationships.

Communication Difficulties – The Need for English

All of the children identified not being able to speak English as the biggest difficulty that they faced and the hardest part of resettlement.

English is the worst thing about being here. (F6.C2, male, age 7; Interview 3)

Being unable to communicate easily made every other part of life harder. School was difficult as the children had difficulties understanding instructions and understanding lessons.

I do have a lot of problems [at school] – like when the tutor say write something and I see someone already wrote something and I don't know what I should write about so it's quite hard. It's the language. The language is hard. And sometimes when I want to ask a question I don't know how to ask that question. (F7.C1, female, age 12; Interview 3)

I know more English now than before but it can be hard at school because I don't understand everything. (F1.C1, male, age 7; Interview 3)

Sometimes at school I worry that I don't understand. Especially if the translator isn't there. If they are not there, I just write what I think is right, but I am not sure what I am meant to do so I worry about what I have done. I just feel sad during that time. (F7.C2, male, age 8; Interview 3)

Poor English skills also impeded communication with peers. This made it difficult for the children to make new friends and to feel comfortable in these relationships.

Everyone speaks English. Um, I don't know...it's not really easy talking to my friends in English. (F4.C1, female, age 8; Interview 3)

Many of the children spoke about their desire to learn the language quickly. However, they identified that this was not easy and that they struggled to remember words and language structure. They also reported that pronunciation of English words was difficult and frustrating as they could not always make others understand them, even if they were saying the correct words.

I just try to talk anyway. And people respond well mainly. Yes - sometimes they find hard and sometimes they have problems understanding. (F13.C1, female, age 12; Interview 2)

Do you understand my English? My pronunciation? Some of them, some of them over here... some of the Kiwi they not understand me, what I am saying. I have to say 50 times....it's annoying. (F14.C1, male, age 12; Interview 2)

Most of the children had language support at school, either in the form of English for Speakers of Other Languages (ESOL) classes, or a teacher aid. However, the amount of support differed between schools and between cities, and some of the children reported wanting additional support with the language.

I would like more help to understand what people are saying. I would like more help with the language and the writing. (F7.C1, female, age 12; Interview 2)

Yeah we have ESOL class. Four days a week for half an hour each time. Yeah, 2 hours per week total - not long enough. (F13.C1, female, age 12; Interview 3)

Many of the children reported a lack of confidence and feelings of embarrassment about speaking. Some felt sad about not being able to understand or communicate well, while others were scared about talking. Although these feelings had decreased slightly by the end of the study, they were still prominent.

When we play here, because I can't speak, so I can't communicate and I feel embarrassed. (F5.C1, female, age 10; Interview 3)

I feel not confident, scared! (F13.C1, female, age 12; Interview 3)

The majority of the children believed that once they had mastered the language, life would be better and they would be happier.

I think it will be easier when I can speak more English. I will be happier when I speak more English. (F6.C1, male, age 9; Interview 3)

We have to learn English otherwise we can't do anything here. (F10.C2, male, age 7; Interview 3)

Despite their difficulties with the language, the children tended to learn English faster than their parents, and by the last interview, three of the children did not need an interpreter for the majority of the questions. Their superior language ability compared to their parents placed these children in a difficult role within their family as they were often relied on for language interpretation. This put additional pressure on the children, and confused the child-parent boundaries.

Yeah so, Mum asks me to translate now. Yeah, because I am her son, so it is like more comfortable for her than asking someone else. Um, I'm like 80% comfortable with translating for her. It's hard being in the middle. (F14.C1, male, age 12; Interview 3)

Isolation and Bullying

Many of the children struggled with isolation, both in the community and at school. The children were used to close knit communities, and by comparison, felt lonely and isolated in New Zealand society. Unlike in their transit country, they were not close with the neighbours and found it difficult to invite friends over to play.

Here it is quiet and people are far away. It is not as easy here as in Thailand. (F5.C1, female, age 10; Interview 2)

People don't come and visit this house. I want them to but they haven't because, I didn't ask them – I haven't been to their house, so yeah I don't know how to ask. It's not like in Thailand. (F4.C1, female, age 8; Interview 3)

At school, many of the children struggled to make friends. This was in part due to, and was exacerbated by, the language difficulties. Being unable to understand what was being said, or being able to communicate their own thoughts, made it more difficult for the children to feel connected with their peers. Uncertainty and lack of knowledge about cultural norms made some of the children hesitant about playing with others or inviting them to their homes, making it more difficult for them to make social connections.

No one. I don't play with anyone because I can't speak in English so I don't talk. (F5.C1, female, age 10; Interview 3)

I just stay around home. Yeah, I don't like visiting other places. 'Cause, like, if I go to my friend's house, they will get busy and they will need to go somewhere else and I don't really know if they want me there. And I just feel awkward. (F14.C1, male, age 12; Interview 3)

Most of the children had experienced some level of bullying at school. This included both verbal and physical harassment. Bullying made it more difficult for the children to feel comfortable attempting to make friends with people, and increased their sense of being on the outside.

This year I just want to have the other people stop picking on me. (F2.C1, male, age 10; Interview 2)

One person at school always annoying me. When I sitting by myself or studying by myself he always comes and hits my head or is doing to something to me like that, so not so good. (F7.C2, male, age 8; Interview 2)

The children [at school] make fun of me. Because I can't understand what they are saying they all point their fingers at me and saying things, like laughing at me. (F9.C1, female, age 9; Interview 2)

A few of the children reported that the bullying was a direct result of racism. Racist remarks had a particularly negative effect on the children and these children reported less satisfaction with New Zealand, and more negative feelings.

In my class there are two Burmese children. Both of them are boys. They are really shy and when people pick on them they get more shy and feel small. Some people are no good. They say, "Ha ha, you're Chinese". They make me not feel good. I feel sad. (F5.C1, female, age 10; Interview 3)

Family Conflict

All children were asked about familial relationships and if they had experienced difficulties within their family. Children from seven families reported paternal alcohol abuse when they first arrived in New Zealand. Four reported physical violence between their parents.

Mum doesn't like it when Dad drinks. They yell a lot. (F2.C1, male, age 10; Interview 1)

[Mum and Dad] fight with arms and body as well as words. (F6.C2, male, age 7; Interview 1)

The children noted that their father's alcohol intake negatively affected the parental relationship and tended to be connected with increased arguing and conflict. When talking about alcohol consumption and family violence the children described feeling sad and scared.

Because if he goes and visits someone's house he doesn't come back straight away and he spends the time at the other house drinking and watching TV and then he comes back to us later and he's not nice. (F2.C1, male, age 10; Interview 2)

When my Dad's not drunk he's OK and my family are quite happy but every time he drinks there is lots of argument, like talking too much and disturbing other people. I feel not very good when he drinks. (F8.C1, male, age 9; Interview 2)

When Dad drinks we get sad inside, but we don't tell Dad, we don't have the guts to say anything to him. But inside we feel, you know, we don't want him to drink. (F5.C1, female, age 10; Interview 3)

By the end of the study period, the home life of these children was more settled. One father had reportedly stopped drinking completely, while all of the other children reported that their father no longer regularly became intoxicated. Family violence had also ceased and only one child reported any type of conflict between their parents at the end of the study. This corresponds to the parents' reports.

There is no hitting now. They don't hit me now. And they don't hit each other. (F2.C1, male, age 10; Interview 3)

Oh yeah, things weren't good before but now they are. Before my Dad was drinking but now no drinking. And no more arguing. No problems in the family now. (F8.C1, male, age 9; Interview 3)

Yeah, sometimes my Dad drinks with my Uncle. But it is less. He used to drink all the time in Nepal so it is less. (F14.C1, male, age 12; Interview 3)

Most of the children were accustomed to physical discipline by their parents, and this had generally been the norm both at home and at school in the transit country. All of the children became aware that New Zealand laws prohibited their parents from hitting them when they left Mangere. There were no reports of physical discipline once the families had resettled into the community. However, as some of the children were interviewed with their parents in the same room once they were in the community, caution should be taken when interpreting their responses.

No one hits me now, but they used to...My friend told me that when you go to another country, an English country, if the people hit the children they can go to jail. (F8.C1, male, age 9; Interview 2)

Mental Health

The children were asked about symptoms of mental health and their subjective wellbeing at each interview. Despite their challenges, most of the children appeared happy and were able to manage their emotions and behaviour within the interview context. However, they reported mood fluctuations over the study period, with the most difficulties appearing shortly after the families were moved into the community. While none of the children reported any mental health concerns when they first arrived in New Zealand, three months later approximately one-third of the children reported anxiety symptoms and subjective low mood.

I feel sad all the time. Some people get what they want, some people don't. (F5.C1, female, age 10; Interview 2)

Anxious feelings and reported low mood were generally related to difficulties at school and the language. The children worried about how to respond when people spoke to them and were concerned about social situations. Being unable to communicate freely with others was also the most common source of sadness.

Sometimes I feel a little bit sad. Just at school when I can't understand things. (F12.C1, male, age 9; Interview 2)

Yes – I still feel anxious people talk to me and [I] think, what to tell them – how to talk? Yes, anxious. (F13.C1, female, age 12; Interview 2)

By the final interview only two children reported any sadness, and one reported minor feelings of anxiety. Again, this was most commonly associated with difficulties understanding what was required of them.

Yeah, sometimes I feel worried. I worry about school, especially newsletters from school because we cannot read, so we can't understand what we are meant to do and that makes me worried. (F4.C1, female, age 8; Interview 3)

Theme 4: Support and Coping

The children relied most heavily on their family for support to cope with the challenges of resettlement. They also received some help from the community including the family volunteers, and their teachers.

Family Support

Most of the children identified that their parents, and in particular their mother, was their best support and was the first people that they would ask for help from. Parents provided both practical as well as emotional support and the children felt the most comfortable asking them for help.

I tell Mum when I am scared or need help. She's good because she takes all my bad dreams away. (F11.C2, male, age 7; Interview 1)

I don't like talking to people outside the family about problems. (F13.C1, female, age 12; Interview 2)

If I have any problems I tell my parents. Mum and Dad. They give me advice like they tell me to play with my friends nicely. And for example with that situation with that boy throwing stones, they just told me to ignore him. (F3.C1, female, age 9; Interview 3)

However, over the course of the study, some of the children felt less able to speak to their parents about some of their difficulties. This was due to their parents' lack of cultural knowledge and English.

Yeah, we don't want to tell Mum because she can't speak either, and she doesn't know things, and we don't want her to feel bad 'cause she can't help. (F14.C1, male, age 12; Interview 3)

Many of the children spoke about how their extended family also helped them through difficult times. This was primarily for the children who had extended family living in New Zealand.

My Uncle and grandparents live here so that is good. I go to my Uncle's house a lot for help with things. (F13.C1, female, age 12; Interview 2)

Granddad comes to the house lots and helps me with things. I like it. (F6.C2, male, age 7; Interview 3)

However, some for some of the children, family members living overseas remained a continuing support, offering love and practical advice via telephone conversations. This re-highlights the need for fast reunification.

I talk to my family in Thailand on the phone. I feel happy when I can talk to them. (F1.C1, male, age 7; Interview 3)

We talk to my Grandma in Thailand on the phone, it makes me happy! She helps me feel good. (F6.C1, male, age 9; Interview 3)

Community Support

Aside from their family, the children relied on a small group of people in the community when things became difficult. Many of the children said that their teacher or school principal was the person they would most likely talk to outside of their family if they needed help. Problems they would report to their teacher included bullying and not being to understand the lesson, but not personal or home difficulties.

My teacher helps me. And two friends. My two friends and my teacher help me. (F7.C2, male, age 8; Interview 2)

If there was a problem at school I would tell the teacher. But only about school stuff. (F6.C1, male, age 9; Interview 3)

Some of the children said that they could talk with their family's volunteer or social worker. These people often helped the whole family understand the different systems in New Zealand, and showed them around the community. They were particularly helpful for helping the children understand newsletters from the school and what was required of the children.

Our social worker Jane helps me. I tell my Mum and she tells Jenny and then Jenny helps. (F2.C1, male, age 10; Interview 2)

The volunteer that comes to the house I am very close to her. Yes, if there is a problem we share everything, we are very close. (F13.C1, female, age 12; Interview 3)

As the children developed deeper friendships, friends became an important source of support for many of the children. Friends were able to help the children in the classroom and in the playground, both socially and academically. Friends also made the children feel better when they were struggling with bullying, feelings of sadness or missing their previous home.

My friends can't speak either so they can't stand up for me either! But they help me feel better afterwards. (F5.C1, female, age 10; Interview 2)

And sometimes when I don't understand what they are saying, I can ask the girl from India, my friend. (F9.C1, female, age 9; Interview 2)

When I feel sad or miss Thailand, I play with my friends. (F3.C1, female, age 9; Interview 3)

My friends are so good. We support each other, help each other. Share all together, and play together. (F13.C1, female, age 12; Interview 3)

Internal Coping and Difficulties Asking for Help

Many of the children said that it was difficult to ask for help, preferring instead to keep their difficulties inside. This was partly due to the language barrier, but also due to a discomfort in telling people their problems or asking for assistance. This impacts how to best provide support for these children.

I just keep playing when I don't understand. I don't tell anyone! When I feel sad I just keep it inside. (F4.C1, female, age 8; Interview 3)

I don't talk. I don't say anything that is sad, I stay by myself. If someone comes and bullies me, I don't say anything. I just stay quiet. (F5.C2, male, age 8; Interview 3)

I don't really need help, but sometimes, like maybe 50% comfortable to ask for help. Nah, it's not easy asking for help. (F14.C1, male, age 12; Interview 3)

When the children didn't feel comfortable talking about their difficulties, they used a variety of distraction techniques including playing and keeping busy. A couple of the children also used prayer to help them.

I just do reading and writing. Just keep busy. (F3.C1, female, age 9; Interview 3)

Praying helps me feel better. (F7.C1, female, age 12; Interview 3)

Theme 5: Advice for Others

In the final interview, the children were asked how they thought New Zealander's could better support them through resettlement. This included them reflecting on how helpful the Mangere Refugee Centre was, and what they would like more support in. They were also asked what they would tell other children like them who were coming to New Zealand.

Advice for New Zealander's

Their first experience of New Zealand was the Mangere Refugee Centre. Except for the food, none of the children had any complaints about the Centre. They reported that they were happy there and that the information that they learned had been helpful. At the end of the year, what they remembered most was the school.

Yes, I remember. The teacher in Mangere camp was very nice and made me very happy. (F2.C1, male, age 10; Interview 3)

I was much happier in Mangere because I had all my friends there, and the school was fun and we did a lot of drawing. And there was dancing so it was a lot of fun. (F5.C1, female, age 10; Interview 3)

The only thing that I wasn't happy about there was the food. But everything else was good. It was helpful. (F5.C2, male, age 8; Interview 3)

When queried about how New Zealander's could better support them, English was the most common response. Many of the children requested additional help with language acquisition mirroring their sentiments that English was the most difficult aspect of resettlement.

More help with the language would be good. (F7.C1, female, age 12; Interview 3)

Teacher helps with reading, and plus and equals, and English. More like this would be good. (F10.C2, male, age 7; Interview 3)

Aside from help with the language, the children reported a variety of practical situations that they would like additional support with. The children identified that they would benefit from help understanding the community including what services are available, and how to locate and use them.

For example, the library:

I want some help getting a library card because I don't have one yet. Just need help to find a picture of myself, and then help to fill out the form. If I had a library card I could access the computers and the books and the DVDs! (F2.C1, male, age 10; Interview 3)

Help getting around the city was also a service that the children wanted more of:

And a car or someone to take us places. If we had a car we could go and visit all of the parks and see the city and go to the shops instead of being stuck inside all day. (F5.C2, male, age 8; Interview 3)

Finally, some of the children said that they would like more regular support from the volunteers. The children said that it would be better if the volunteers came to their place so that they could see what the family needed. They also asked the volunteers to make them feel more comfortable in New Zealand and asking for help through building a friendship where they could share each other's culture.

My volunteer calls on the phone to see if things are ok and sometimes comes and talks. Maybe one time a month. This is helpful. Even better if she came more. (F3.C1, female, age 9; Interview 3)

I would tell New Zealanders to help refugees so that they feel more comfortable. Talk with them more and help them with the language. The volunteers should just come around to the house and support the families more instead of waiting for the family to call. (F14.C1, male, age 12; Interview 3)

What Would You Tell Other Children Coming to New Zealand?

Many of the children said that they would tell other children coming to New Zealand that it was a good country but that things were different from their home country. The participants said that the new children needed to learn the differences including the New Zealand culture, and how the school system works.

I would tell them that it is unusual but I like it here. Yeah I would tell them that it is good here and they should come, don't go to America! (F5.C1, female, age 10; Interview 3)

I will talk to them about my experience in school. I think the most important thing for them to know is about the school and the school rules because it is so different. (F7.C1, female, age 12; Interview 3)

It is good to understand people's point of view first and to treat them how they like to be treated. And we need to learn about the New Zealand culture. (F13.C1, female, age 12; Interview 3)

The participants also identified that new children would need to learn English. The participants reported that learning English was a priority for newcomers and that they would tell the new children that they needed to keep trying to learn the language even though it was difficult.

I would tell other children that New Zealand is a good place to come and the people are good. Also, they need to learn English. And also to that school is good. (F1.C1, male, age 7; Interview 3)

They need to learn English. I would just tell them to always ask like, what is this called in English? What is this called, and like that. And they have to keep trying really hard. It is important. (F7.C1, female, age 12; Interview 3)

Making social connections with other children was seen as important. Some of the children mentioned that they would tell the new people that they needed to make friends and that they would be their friend.

I would talk to them and be their friend. At school they need to make friends and keep learning and keep trying. (F4.C1, female, age 8; Interview 3)

They need to have a sense of humour. If they tell people funny stories and have people laugh, this is good and they will make good friends. (F9.C1, female, age 9; Interview 3)

One of the children said that it was important for new people not to tell anyone that they were a refugee. This participant felt that if people knew you were a refugee then they would treat you differently.

I'd let them know that some people will be a little weird, like some Kiwi people, if they know that you are a refugee they will be a little weird, so don't say that. (F14.C1, male, age 12; Interview 3)

Summary

While there were some similarities, overall, the children had a different experience of resettlement to their parents. The children appeared to acculturate to New Zealand and learn the language faster than their parents. This meant that in some families, there was a role-reversal where the children were now translating for their parents, and advising their parents about cultural customs. Some of the children started questioning their identity, and many of the children had feelings of loss surrounding their transit country and friends and family overseas. The similarities and differences between the child and parent experiences of resettlement can offer some suggestions for improving resettlement practices, as well as for future research.

CHAPTER FIVE

DISCUSSION

This chapter begins by reviewing the main aims of the present study. The analysis is then summarized. The analysis outcomes are used as a basis to make recommendations for resettlement practices to meet the needs of families from refugee backgrounds resettling in New Zealand. Implications from this research for clinical practice are also discussed. Finally, the strengths and limitations of this project are examined, and directions for future research suggested.

There is limited research on children from refugee backgrounds and their experiences of resettlement. Furthermore, most research has been conducted two or more years post resettlement, giving little understanding of the experience in the first year. The present research was conducted to better understand the experiences of former refugee families' experiences during the first year of resettlement in New Zealand, with a particular curiosity about the children's experiences. Parent's experiences and ability to cope influence their children. Parents are also able to provide background and contextual information that children may not be aware of. Equal emphasis was placed on the child and parent experiences of resettlement in the final analysis. This has the benefit of providing a more thorough understanding of what is happening for children and their families during the first year of resettlement. The study was guided by three main questions: What are the experiences of former refugee families resettling into New Zealand? What factors positively or negatively influence these experiences? And, how can we improve services or support for these children and their families?

Participants were former refugee families who had newly arrived in New Zealand with children aged between seven and 12. The families were from Myanmar (Burma), Colombia, and Bhutan. They represented a range of pathways to becoming a refugee and challenges in the journey between their country of origin, the transit country, and arriving in New Zealand. The families were resettled across all of the resettlement cities in New Zealand.

Both parents and children were interviewed three times over the first year of their resettlement. A semi-structured interview approach was used. Each interview with the parents lasted between one and two hours. The interviews with the children lasted between 30 minutes and one hour. In the first interview, parents and children were interviewed separately. In the second and third interviews, by choice of the participants, half of the interviews were conducted with the parents and children in the same room. The remaining interviews were held with the children and parents in separate rooms.

A qualitative research design was employed using thematic analysis. This approach was considered the most appropriate as qualitative methods can give a depth and breadth of understanding to a phenomenon while maintaining the participant's "voice" (Willig, 2001).

Summary of Analysis

This research was an exploratory study. Through transcribing, coding and analysing the parent and child interviews, five main themes in the parent data, and five corresponding main themes in the child data were identified. These themes were New Beginnings, Loss, Challenges of Resettlement, Support and Coping, and Advice for Others.

People who are forced to leave their country of origin and reside within transit countries and/or refugee camps tend to have experienced trauma and high levels of stress in their daily lives (Hattar-Pollara & Meleis, 1995; Knipscheer & Kleber, 2006). Prior to arriving in New Zealand, all of the parents in this study had directly experienced persecution and restricted freedom in their countries of origin as well as in their transit country. Many of them had also been exposed to war in their home countries. The children grew up in the transit country where they experienced restricted freedom and opportunities. The families had little control over the resettlement process and had endured many years of waiting to be accepted by a resettlement country. When they arrived in New Zealand they knew little about the country.

Both the parents and the children reported hopefulness and excitement about starting a new life in New Zealand. Throughout the study period, the children and their parents relished the new freedom and safety that they found in this country. Overall, both the children and their parents reported being happy here. For the children, this happiness was related to being able to go to school, the freedom, and the anticipation of future opportunities. Aside from increased freedom and safety, the parents identified better opportunities for themselves and in particular for their children as reasons for wanting to make a new home in New Zealand. Despite an increased connection with New Zealand by the end of the first year, both the parent and child participants reported a complex sense of home. The children remained attached to their transit country, while the parents continued to hold both their country of origin as well as the transit country close to their hearts.

Loss is a common theme in the refugee literature (Fazel & Stein, 2003; Luster et al., 2008). The participants in this study endured multiple losses on their journey to New Zealand, and there was an on-going sense of grief throughout the study period. The participants missed their homes, their family and their friends. Children tended to report a lack of connection between themselves and their parent's country of origin, whilst the parents reported grief over leaving their homeland. In coming to New Zealand, both the children and their parents felt pain at losing bonds with their

culture and religion. Culture is intrinsically related to a sense of identity (Modood, 1997) and as the study progressed all of the participants started asking questions about their identity. Considering the grief over being parted from family and friends, it is perhaps not surprising that reunification of family in New Zealand was viewed as important, with many of the participants believing that they would feel better and more settled once they had family living in New Zealand. Family cohesion is viewed as a protective factor in international literature (Fazel et al., 2011) and reunification can increase positive resettlement outcomes (Correa-Valez et al., 2010; Gindling & Poggio, 2010).

During the first year of resettlement, the participants encountered a number of challenges for which they had little preparation. Nearly all of the children and the parents reported that learning the English language was their main difficulty and this led to a number of further challenges. Being unable to understand led to increased levels of stress and anxiety about talking with people, and many of the participants avoided situations in which they may have been required to speak English. In turn, this led to difficulties making friends and produced feelings of isolation from the local community. Cultural differences exacerbated feelings of being on the outside and not understanding what was required of them. Some families encountered racism in the community, and many of the children experienced bullying at school. This led to feelings of being unwanted and to an increase in missing their former homes.

Lack of cultural knowledge and poor language skills influenced family dynamics over the course of the study. Many of the parents found that they were unable to guide or support their children to the same degree as previously as they did not have the necessary understanding of the processes and cultural norms in New Zealand. This made many of the parents upset and made them question their efficacy as caregivers. As the study continued many of the children became increasingly aware of their parents' limited ability to guide them in New Zealand society and they increasingly looked for advice and answers elsewhere. In addition, the children tended to learn English faster than their parents leading them to act as interpreters for their family. This placed both the parents and children in an uncomfortable position, and some of the children spoke about their uneasiness with this role. These findings are in line with international literature which suggests that placing children and youth in an interpreter role decreases psychological wellbeing of the young person (Pumariega & Rothe, 2010), increases family conflict, inhibits parental acculturation (Trickett & Jones, 2007), and is linked to poorer academic and emotional functioning of the young person (Martinez, McClure, & Eddy, 2009).

Tight family finances further exacerbated the participants stress. Adding to this burden was many of the participants' need to send money back to their family overseas. This was a cultural

expectation and some of the participants experienced feelings of guilt as they were unable to give financial aid at the level that their family required.

International literature shows high levels of mental health concerns in the refugee and former refugee population (Abbott, 1997; Davidson et al., 2008; Hollifield, 2005). Nearly all of the parents interviewed in this study experienced symptoms of poor mental health when they first arrived in New Zealand. The most common complaints were related to low mood and elevated levels of anxiety. Some of the parents experienced flashbacks related to past trauma. The majority of mothers had chosen to see a mental health practitioner in Mangere Refugee Centre. However, none of the participants accessed community mental health services. Over the study period, their mental health difficulties decreased and overall the parents self-reported an improvement in personal wellbeing. Few of the children experienced high levels of psychological disturbance, with only a few reporting elevated anxiety and/or low mood when they first arrived in New Zealand. By the end of the study, two of the children reported low mood, and one reported a low level of anxiety. However, these children also stated that this was less severe than it had been at the beginning of the year.

Family conflict also decreased over the study period. When they first arrived in New Zealand, half of the participant families reported excessive alcohol consumption by the father. Four of these same families reported family violence. In addition, most of the parents used physical discipline in their home. In the last interview, no family violence or physical discipline was reported, and alcohol consumption had reduced drastically with most of the mothers no longer reporting it as a major concern within their household. Many of these participants credited the improved family environment to New Zealand laws and the cost of alcohol.

Support, both emotional and pragmatic was regarded as essential by all of the participants. Despite increased difficulties relying on their parents' knowledge, the children continued to view their family as their main support. Teachers were also a good support for most of the children, as well as the family volunteer and friends from school. The parents reported relying on members of their ethnic community, the family volunteer, and the social worker to help them with practical difficulties such as transport and understanding procedures in New Zealand. Friends, primarily from the ethnic community were also important emotional supports. However, parents reported that it was immediate and extended family, both in New Zealand and overseas upon whom they relied most heavily for emotional support. Both the children and the parents stated that it was difficult for them to ask for help, and for the most part they relied on what help people offered rather than seeking further assistance for their needs.

In the final interview, the participants were asked if they had any suggestions for New Zealander's to make the resettlement journey easier. More practical support was identified as a

need by both the children and the parents. In particular, they requested extra help with English. Assistance at school, with transport, and with employment were also suggested. Work and Income New Zealand (WINZ: Welfare support) caused many of the participants stress due to their being unable to understand the system, or the letters that were sent to them by WINZ. Many of the parents had found help with accessing WINZ support and with understanding the letters to be useful. The parents also emphasised their need to be close to people from their ethnic community. They felt that these people could best understand their struggles and could offer unique advice and emotional support.

Children and their parents felt that more contact with their volunteers would be good, and many of them felt that they would like to build a friendship from these relationships. From the volunteers, the participants were also able to learn about New Zealand cultural idiosyncrasies and practice their English. The participants further felt that it would be good if people had an awareness of their journey and their loss, with the hope that this would increase understanding and compassion.

When asked what they would tell new families coming to New Zealand, most of the participants said that they would tell them that New Zealand is a good country but emphasised the need to learn English, highlighting again how great of a hindrance the participants found not being able to communicate effectively. The importance of making friends was also highlighted, especially by the children. Furthermore, some of the children suggested that the new people resettling into New Zealand shouldn't tell anyone that they were from refugee backgrounds as they felt a sense of shame about this label. This draws attention to some of their feelings about being on the outside and wanting to fit in. It also underscores their search for identity and feelings of loss.

Acculturation

Acculturation refers to the cultural change that occurs as the result of continuous first-hand contact between two distinct cultural groups (Redfield et al., 1936). According to Berry (1992) at the individual level behavioural shifts occur as a result of new learning from the dominant culture. This can be achieved through four strategies: assimilation, integration, separation or marginalisation. In the current study, both children and their parents reported a desire to keep their own culture and traditions, while also adapting new learning from the dominant culture. This suggests that they were on the path to integration. The children in particular had adapted new behaviours from New Zealand society and many were beginning to consider New Zealand part of their identity. On the other hand, many of the parents continued to relate strongly to their country of origin or the transit country. Parents were also more likely to lament their limited contact with local New Zealanders, desiring,

but not knowing how to obtain more interactions with the local community. If this lack of connection continues into the future, the parents may change to a separation path in which they would retain their traditional culture, but would be separated from the dominant culture. This would increase the acculturation gap between parents and their children. This emphasises the benefits of outreach services for parents to become more integrated in the local community.

Acculturative stress was experienced by the many of the participants. Both children and their parents experienced feelings of alienation. For the children this was felt particularly at school, where they had difficulties understanding what was required of them, and trouble communicating with peers. Many of the children also experienced bullying, and many reported just wanting to fit in with the local children. Their parents also reported feelings of isolation and as previously mentioned, struggled to obtain the amount of contact with the local community that they desired. In addition, some parents also reported experiences of racism. These experiences negatively impacted the resettlement process for these participants. It is important to highlight that the local community are able to help or hinder the acculturation process. Changes within the local community such as outreach initiatives to help former refugee's resettling, coupled with changes in discriminatory attitudes held by some people may significantly enhance the resettlement process. As previously discussed, better integration between the host society and new-comers can benefit not only the former refugees, but also the local community due to increased participation by these new families.

According to Berry (1992) a common result of acculturative stress is lowered mental health status. However, participants in the current study had improved mental wellbeing over the resettlement process. Despite their challenges, this restitution may be due to an overall improvement in their living circumstances compared to their time in their transit country. It may also be due to positive individual coping strategies, good relationships with their family members, and/or positive expectations for the future.

Acculturative stress can impact on adaptation to the new community. Psychological adaptation is affected by traumatic life changes and an individual's perception of control over their own lives (Ward & Kennedy, 1993). Whilst the families in the current research had experienced a number of traumatic events, and had had no control over their resettlement country, many of the participants spoke about the perceived opportunities and personal freedoms that they had in New Zealand. This positive outlook may have helped lessen negative psychological adaptation.

However, many of the parents and children alike were struggling with issues of cultural identity which is associated with psychological adaptation. There was high dissonance between values held in the participants' countries of origin and New Zealand culture, widening the cultural ravine between participants and the local community. This research highlighted the feelings of

confusion that lack of local cultural knowledge can produce. Furthermore, many of the participants experienced feelings of discrimination from the local community. The parents also commented on wanting more social support, adding to their adaptation difficulties.

Research indicates that psychological adaptation can be helped by ethnic communities who can offer firsthand experience of the resettlement process, and with whom former refugees can talk to in their own language (Gil & Vega, 1996). The current project supports this notion, with many of the participants reporting that they received positive emotional and pragmatic support from their ethnic community.

Finally, socio-cultural adaptation refers to a set of external psychological outcomes that link an individual with their environment. Ward and Kennedy (1994) report that socio-cultural adaptation is helped if the two cultures are similar to one another, if the individual has good general knowledge of the new culture, and positive expectations of the new society. As previously mentioned, the participant families came from cultures very different from New Zealand culture, reducing their social skills appropriate to New Zealand society, placing them at a disadvantage when interacting with local people. Furthermore, due to the refugee resettlement process, families have minimal knowledge of New Zealand culture prior to arriving at Mangere Refugee Centre. They also had limited time to prepare themselves before leaving their transit country. To improve socio-cultural adaptation and overall wellbeing for former refugees being resettled in New Zealand, cultural classes in the community may be beneficial. This is in line with the desire of the participants in the current research. As mentioned previously, the local community can positively influence acculturation, and it is not only the responsibility of the new families to enhance this process. Outreach from the community, and accepting attitudes of former refugees would benefit all people.

Implications for Resettlement Practices

From this analysis, there are a number of recommendations for resettlement practices and services that may be beneficial for future families coming to New Zealand.

General National Resettlement Practices

This research highlighted a number of general practices that are beneficial for the wellbeing of former refugee children and their parents when they resettle into New Zealand. The most important of these appears to be the location of resettlement. The participants in this study emphasised how important it was to them and their mental wellbeing to be resettled within close proximity of other people who were able to speak their language and who had an understanding of their journey to resettlement. Being located near other people from similar backgrounds helped the participants feel less isolated, and they were able to access both pragmatic and emotional support

from these people. Furthermore, the ethnic community has the ability to provide the opportunity to continue cultural and religious practices which are helpful in making newly arrived family members feel not so lost within New Zealand society.

It is already preferred practice within New Zealand to resettle families close to other people from their ethnic background. However, this does not always happen and there are gaps in this procedure. Of note is that New Zealand does not recognise all of the different ethnic groups and languages that can come from the same country. For example New Zealand only recognises a few different ethnic groups from Myanmar (Burma) where in fact there are over 200 different ethnic groups residing in Myanmar (Burma), multiple languages, and an array of different religions. This means that people from the same country may not always have cultural ease with one another and when looking at resettlement location, attention needs to be given not only to their country of origin but also to the subtle distinctions between language and religion.

Aside from close proximity to people from the same ethnic background, location also influences access to transport and community resources. Newly arrived immigrants from refugee backgrounds have limited financial resources, and it is helpful if they can access public transport and/or easily walk to shops and community services. Placing families far away from resources creates strain on the family and increases isolation whilst limiting their opportunities to acculturate into New Zealand society, potentially limiting the long term benefits for both the family and New Zealand society in general.

It may also be beneficial to all New Zealanders, to give newly arrived people from refugee backgrounds increased access to free English classes for a longer period of time. Consistency in access to English lessons across resettlement cities would also be helpful. English is a barrier to families accessing employment and participating in the local community. This study suggests that family members from refugee backgrounds are generally highly motivated to not only work, but also give back to New Zealand. Providing more access to free English classes may help these people find employment faster and to give back to the community.

In addition it would be helpful to resettle families in cities where there is appropriate work available once they have obtained sufficient communication skills.

Financial strain was a common problem for many of the participants in this study and international literature identifies this as a frequent difficulty for former refugees (Papadopoulos, 2001). Increased access to community courses or providing special courses on budgeting may be helpful. There would need to be cultural awareness around this, especially in regards to the expectation on many families to send money back to family and friends left in their country of origin and/or the transit country.

Acculturation Gap Between Parents and Children

This research suggests that children and their parents acculturate at different rates into New Zealand society. Though their schooling, children have more direct and immediate involvement and increased expectations on them to live within the dominant society, speeding up their acculturation process. This results in an acculturation gap between the children and the parents.

In this study, many of the adult participants spoke about feeling sad and anxious about not being able to look after their children in the way that they perceived that a parent should be able to. Greater variation of acculturation levels between parents and children can lead to greater parenting challenges (Buki et al., 2003). Uncertainty about parenting practices as well as cultural norms in the new community can increase levels of anxiety and stress causing friction within the parent-child relationship (Buki et al., 2003). Increased outreach to the parents from their children's schools may be beneficial as it would increase cultural knowledge and support whilst giving parents the opportunity to improve their English. Parents in this study who felt included by the school had less stress about their children and felt more confident in their parenting.

As parenting practices are different in New Zealand to many overseas nations, parenting advice and support may be beneficial. For example learning about new discipline methods, as well as the impact of family conflict on children may be useful. If this was done in a group setting, members in the group could support one another, further helping the newly arrived families create friendships and support networks in their new community.

As the child learns English more quickly than their parents, they are often used as an interpreter for their parents. This has many practical benefits. Parents have access to information more readily, and are better able to understand cultural processes within the new community. However, this role reversal in which the children are now advising their parents can cause familial stress and anxiety (Trickett & Jones, 2007). Awareness of the negative impact using children as interpreters can have and reducing reliance on children to translate for their parents by employing professionals may be beneficial for the family unit. The negative impacts also emphasise the importance of teaching adults English.

The Use of the Word "Refugee"

Language affects our thinking, our view of people, and our view of the world. Some of the participants, especially the children, highlighted their uncomfortable relationship with the word "refugee" reporting that this word made them feel sad, and looked down on by other people. For the participants, the word "refugee" held connotations of homelessness and being on the outside, or being unwanted. This can be difficult for the individual and can create a barrier to them moving forward and creating new identities (Gupte & Mehta, 2007).

The word “refugee” gives only one story of a person, and this is usually a reflection of the negative circumstances that they have endured without appreciation of the loss, the grief, or the joy and positive memories that are all created in one’s journey. The term “refugee” also does not acknowledge the resiliency of these people (Bonanno, 2004). Negative associations with the term can create expectations in the new community of these people as traumatised and pitiable, as well as an opinion that they should be grateful for anything that they are given, even if it is less than what many people deem necessary for everyday life (Papadopoulos, 2007; Zetter, 2007). These expectations may create barriers to the local community and the new families joining together and forming positive relationships.

Officially, people who arrive in New Zealand through the refugee quota system become permanent residents of New Zealand on their arrival. However, they continue to be referred to as “refugees” by most people and organisations. Awareness of how this label can be damaging to the individual and to the group is important, and new terminology should be explored. Firstly, it needs to be evaluated if a person’s former refugee status needs to be highlighted in a particular situation. If not, then the term “immigrant” may be a better choice. However, “immigrant” refers also to persons who have chosen to leave their country or origin and does not express the particular struggles that people from forced migration backgrounds have endured. If in a particular situation it is deemed necessary to acknowledge their forced migration backgrounds, then terms such as “people from refugee backgrounds”, or “former refugee” may be more appropriate and less damaging to the individual.

Reunification

Many of the parents and children in this study spoke about their desire to be reunited with family members. This desire increased over the length of the study. The issue of reunification has been repeatedly highlighted in the international literature as a major concern for people from refugee backgrounds and a major barrier to their mental wellbeing and resettlement (ChangeMakers, 2009). As such, there are provisions in place for the reunification of family members under the United Nations Convention on Refugees (Immigration New Zealand, 2010). It is believed that reuniting family members in a safe and secure environment will greatly improve the wellbeing of these people and benefit society in general. It is thought that when family members are reunited, the stress and negative consequences associated with separation will decrease and quality of life will increase. This includes the alleviation of mental health difficulties such as depression, anxiety, and panic (Poole & Swan, 2010). This in turn could help speed up the acculturation process and successful resettlement. Furthermore, improving the wellbeing of refugees can decrease societal

costs at a number of levels. It can decrease the strain on health services utilised by the former refugee families. Reunification also allows a person with a refugee background to re-focus the time and energy spent on having their family join them, to ventures associated with successful resettlement such as language acquisition, employment, and community involvement (Wilmsen, 2011).

Long delays in the reunification process is a global phenomenon, and it often takes many years for reunification requests to be processed (ChangeMakers, 2009; Rousseau et al., 2001; Rousseau et al., 2004; Wilmsen, 2011). These delays translate into an array of different experiences for both the family members trying to make a new life in the host country, as well as for family members left behind. Studies have shown the negative impact of long separation between family members and many people find the delays and uncertainties of waiting to be reunited with family to be re-traumatising (ChangeMakers, 2009). Long separations can also make the reunification process more stressful when it does occur as family members need to re-form relationships with each other (Rousseau et al., 2004). Some parents in this study commented on how they were like strangers to their family members whom they had not seen for many years, increasing their distress.

The current study re-emphasises the importance of fast reunification, and how this needs to be a high priority for resettlement practices.

Mangere Refugee Centre

The feedback from this study indicated that the Mangere Refugee Centre was a positive experience for both the children and the parents. Rather than increase the amount of information given in Mangere, the feedback the participants suggested that it is the warm welcome and the friendly nature of the people at the Mangere Refugee Centre that had the biggest impact on them. Emphasis on helping them to feel comfortable and giving them space to talk about their feelings appears to be very beneficial. The participants also enjoyed the school and associated learning about New Zealand laws and culture.

Two areas that may be improved are the food served at the Centre, and improving consistency in the information given at Mangere, and in the community. The food is a source of comfort, and many of the participants requested more foods that they were familiar with. They believed that this would help to reduce feelings of homesickness.

Consistency in information provided at the Centre and in the community can help to reduce confusion and anxiety. For example, a clear indication of what to expect from volunteers and social workers, who they can ask for help.

Volunteers

Each of the participant families spoke about the importance of the volunteers. However, they each had very different experiences of these people, with some families becoming friends with their volunteer, while others lamented never seeing enough of their volunteers and not feeling comfortable asking them for help. More consistency between volunteers would be beneficial. While volunteers do get some training and direction prior to becoming a volunteer, there are a number of practices that may help both the volunteer and the former refugee family. It is desirable that volunteers be available to their family and have the time to complete their role. It may also be useful to match volunteers to their assigned family. There are a number of ways in which this could be done, but it may be useful for the matching to include children in the volunteer's family and in the former refugee family, and for them to have similar interests so that there is a common ground to build a relationship from.

Pragmatic support

This study highlighted how important pragmatic support was for the families. Training of volunteers already largely focuses on the practical activities that they need to carry out with the family they will be looking after. This includes showing the family how to catch public transport, how to register with a doctor, and how to obtain information about benefit entitlements. However, there appeared to be a lot of confusion around benefits among the participants and it may be helpful for the volunteers to have more information about these.

It would be good if the volunteers helped their assigned family access community resources. Few of the participants had any knowledge about free community services such as library groups, social groups, or local support services. Helping families access community services may have a number of benefits. It would help them to get out of their own home and may increase their confidence within their new community. It would also help with their cultural knowledge through increased interactions with the local community and would give them opportunities to practice their English skills. It may also help them to feel more independent.

It was also apparent that many of the family members were reluctant to ask for help. As a result of this, volunteers may need to anticipate family needs and be proactive. This may range from helping the children acquire their school resources, to transport to the dentist, or buying slippers for winter. To be aware of the different needs, the volunteer needs to be familiar with the family, and this can only occur through regular visits to the family. Some of the participants in this study mentioned that they were unsure of when their volunteer would visit them, and that there had been some difficulties where the volunteer had missed the family. To help with this, it may be beneficial

for the family if the volunteer came at a consistent time and day so that the family know when to expect them.

Spending time with the family can also increase their willingness to ask for help. It also gives the family opportunities to practise their English skills. Furthermore, cultural learning can occur through these interactions.

Teaching newly arrived parents and children about resources and structure in New Zealand may need repetition. New arrivals are managing a lot of different emotions during resettlement, and there is a lot of new learning for them. This means that they may not be able to take everything in the first time, and so need to be shown how to do things repeatedly, or be told about different services and resources a number of times over the first year that they are in New Zealand.

Emotional support

As imperative as pragmatic interventions are, emotional support and building a friendship may be equally as important. As mentioned above, many of the participants noted how a warm and supportive welcome from their volunteers and the community had made them feel more positive about the struggles of resettlement and those families who had established a friendship with their volunteers generally felt more supported and welcome in New Zealand.

Awareness of the loss associated with their journey to resettlement can also help create bonds between the volunteer and the former refugee family. Giving the parents in particular the opportunity to talk about their experiences, and how they are feeling may help them to offload built up sadness and/or anxieties, helping the former refugee to feel happier and more comfortable. Although they may find it more difficult to talk about their feelings, children have their own struggles during resettlement. Where possible, it may be useful for the volunteer to spend some individual time with the children and time and space to talk about their experiences.

Families who reach resettlement countries have already shown a high level of resilience along their journey. Awareness of this strength is also important, and a volunteer's job may include empowerment of these people and helping them to access their inner strength.

Social Workers

Each family was assigned a social worker when they arrived in the community. However, in general, they played a more background role than the volunteers in the families' everyday lives. The social worker's role is more about assisting with policies and procedures. They can also support the volunteers. In this study, there were a number of frequently asked questions from the participants. These related primarily to WINZ and the benefit, to employment, and to reunification. It may be

helpful for the social worker to spend time with the family to go over these frequently asked questions.

Social workers may be very important if family conflict is present. Their skills and knowledge about the law, services available, and cultural practices can be essential in these circumstances.

In this study, it was apparent that the local ethnic community and former refugee community do talk to one another, and there are many misleading “facts” that are distributed among them. The social worker can be an authority figure and is able to clarify any misunderstandings or incorrect information that the family may have heard. However, they are only able to do this if they have a positive relationship with the family. Spending more time with the family in the beginning phase of resettlement may help the social worker build trust with the family and decrease any anxiety created by wrong information.

Ethnic Community

This research highlighted the importance of the ethnic community in helping new families resettling into New Zealand, as discussed above. The ethnic community are able to provide newly arrived persons from refugee backgrounds with a connection to their country of origin, and continuity of cultural links. They are also able to provide emotional and practical support from a personal perspective as they have been through the resettlement process themselves. For the participants in this study, this was very comforting and helped them to have hope about the future.

This study does raise the question about how to better utilise the support of the ethnic community. A number of the participants suggested that it would be helpful for them if they had a volunteer from their own ethnic community as well as volunteers from New Zealand. In addition, the participants who had structured community meetings with their ethnic community felt more supported and more confident in their knowledge of New Zealand. It may be beneficial for other resettlement cities to organise regular meetings where former refugees can socialise and can listen to talks from local authorities about different aspects of New Zealand culture. Speakers at these meetings could include police and law enforcers, WINZ, the local library, local community group leaders, and mental health professionals, as well as interest groups.

New Zealand lacks qualified interpreters for a number of languages. People from the ethnic community may be able to fill this gap, and be of help with interpretation. However, care must be taken with this as issues can arise as relationship boundaries may be crossed inhibiting rather than promoting communication (Rousseau et al., 2004).

Local Community

The local community also have a large part to play in the successful resettlement of former refugees. The current research suggests that most people from refugee backgrounds want to start a new life in their country of resettlement and to be an active and accepted member of that society. To help them to feel a part of the new society, they need to feel welcomed and to have opportunities to form relationships with members of the local community.

Racism is active around the world, and immigrants and former refugees alike are often subject to unfair public resentment and discrimination. Awareness of racism within society is needed to change these attitudes (Sue, 2003). Public awareness and education about the plight of former refugees and their experiences may help people be more understanding and be more motivated to help newly arrived families (Peake & Kobayashi, 2002). This may include awareness of the difficulties that they have been through, and their trauma backgrounds, as well as acknowledgement of the losses they have endured. However, it is important not to limit the discourse to a trauma-based narrative and to highlight the resilience and strength these people have shown throughout their plight.

Community groups are also a good opportunity for acculturation and friendships. Helping newly resettled families find appropriate community groups may be very helpful. This may include play groups or sports activities for the children, and interest groups for the parents.

School

School is a very important place for all children and has a lasting impact not only on their education, but also on their sense of self, and their social skills (Catalano, Oesterle, Fleming, & Hawkins, 2004). For children new to the country, school also provides information about New Zealand culture and language instruction, whilst providing opportunities to create a new support network.

For the children in this study, school provided both the best and worst of the resettlement experience. Whilst many reported that school was the best thing about coming to New Zealand, they were also navigating a school system they didn't understand while coping with bullying, isolation, and communication difficulties. Increasing teachers' awareness of these challenges may help them to better support these children, both emotionally and through finding alternative strategies that better meet their needs (Henry, 2009).

Awareness of the children's loss and grief as well as their limited support network may be helpful for teachers and school staff. Understanding that the parents of these children have a limited ability to support their children in relation to school due to their own lack of cultural and linguistic understanding may be beneficial as it increases awareness that the children may need additional

external support (Correa-Valez et al., 2010). This can be practical support such spending some extra time with the child to explain what a newsletter says, as well as more emotional support in the form of making a regular time for the child to talk to them about their experiences both at home and at school, and any difficulties they are facing. This study highlights the difficulties children have asking for help, and this has been found to be a common difficulty in the international literature (Lee, 2002). Due to this, the school staff may need to be proactive about asking the children how they are doing.

Many of the children in this study experienced bullying and isolation. Teachers and school staff are instrumental in decreasing bullying and racial intolerance within the school environment. This can reduce the risk of former refugee children withdrawing, reduce their acculturative stress, and improve their sense of belonging. Teachers are also potentially in a position to educate children about cultural diversity, improving cross-cultural relationships. Increased cultural awareness and embracing cultural diversity would also be beneficial, not only for the children and their parents from refugee backgrounds, but for all migrants coming to New Zealand. This would help to reduce the pressure on children to choose between their own culture and the dominant culture in society. In turn, this could reduce the strain within the family as the children lean more towards the dominant culture whilst the parents stay within their own cultural heritage. Awareness of how the word “refugee” may be perceived would also be useful in ensuring sensitivity when working with children from refugee backgrounds.

Reaching out to parents and including them as often as possible in school activities would also seem to be helpful in strengthening the parent’s knowledge and in turn ability to support their child. It can also reduce anxiety about the child’s education, and can help the parents feel more relaxed about their child. Furthermore, international literature suggest that it can improve educational attainment for the children (Correa-Valez et al., 2010). In addition, helping the parent learn and support their child helps the family unit to stay strong when there are a number of pressures pulling them in different directions.

Finally, further practical support in the classroom would be beneficial. ESOL classes are very helpful as are teacher aids and special classes to improve language skills. Some of the children in this study had access to an interpreter at school and they found this useful not only in terms of learning, but also as a person who they could discuss bullying with. A buddy system when the children first arrive in the school system could be useful in giving the child further support and helping them create social bonds.

Clinical Implications

Many of the participants disclosed high levels of personal distress in the research interviews. This distress has the potential to go unnoticed and untreated due to lack of knowledge and/or engagement of mental health services. Due to this, it is worthwhile to consider the role of, and implications for, mental health services and professionals in the resettlement process. Whilst this study did not specifically address participants' experiences of mental health professionals, there are a number of implications that can be deduced from the analysis.

There is limited literature on the validity of talking therapies with current and former refugees (Poole & Swan, 2010; Sveaass & Reichelt, 2001). Psychotherapies are developed from a western perspective and do not necessarily take into consideration different cultural values and worldviews (Poole & Swan, 2010). Participants in the current research reported that they found talking very helpful in relieving their stress regarding resettlement, and helpful in reducing the burden of their past trauma. This was in regards to both formal therapeutic interventions delivered by Refugees as Survivors (RASNZ) in Mangere Refugee Centre, as well as the informal conversations that took place as part of this research. This indicates that talking therapies can be useful to persons from refugee backgrounds. A recent study exploring New Zealand adolescents from refugee backgrounds' experiences of mental health services further supports this (Choumanivong, 2013).

However, there are number of issues for the practitioner. The concept of "mental health" may be foreign and/or stigmatising for people from refugee backgrounds (Poole & Swan, 2010). Understanding this may influence how mental health facilities are promoted to these people, and it may be better to place an emphasis on creating a friendship with the clinician that can help to guide them through the difficulties of resettlement. Research with former refugee youth in New Zealand found that a key component to successful therapy with this population was creating a trusting relationship in which confidentiality was emphasised (Choumanivong, 2013). Rather than seeing it as a weakness to talk to a clinician, mental health services may be better advertised as a resource to better resettlement outcomes. Furthermore, interventions may be best delivered from a culturally appropriate perspective and incorporate the participant's world view. If they are not, misunderstandings can occur, the meaning of the intervention could be lost, and disengagement is probable. Being culturally aware can improve communication between clients and practitioners, increase client safety, and improve service quality (Woodland, Burgner, & Paxton, 2010). Culturally responsive therapy can also increase client adherence to treatment and decrease the risk of disengagement (Sue & Sue, 1999).

The participants in this study also frequently reported that they did not want to burden others by telling them about their difficulties. This suggests that they will rarely seek out someone to

talk to, but will wait for specific questions before they disclose their practical or psychological difficulties. This suggests that people involved with these families may need to ask direct questions and to be thorough in their questioning rather than assume that they will ask for help if they need it.

Awareness of identity confusion and acculturation pressure may also be valuable. The multiple losses many people from refugee backgrounds have suffered and grief will be part of their story. Understanding of the elongated reunification process and how this can re-traumatise families is also important to recognise. Their resilience and how they may have been successful in many areas of their lives should also be acknowledged. This is important so that a balanced view is created and the clinician does not get caught up in a “refugee” narrative that can be limiting for people from refugee backgrounds and can create barriers to their moving beyond the trauma (Sveaass & Reichelt, 2001).

This research indicates the importance of family to the individual’s experiences of resettlement. Some research has indicated that family interventions can be helpful with this population (Weine et al., 2005). This study also highlights the differences between the child and the parent experience of resettlement. This is influenced by pre-migration, and post-resettlement family factors. None of the children in this study had endured long separations from their parents, and all enjoyed a good attachment to their caregivers. However, attachment issues may still be an important area for clinical interventions for some families. The changing roles of family members, in particular for the children as they become more of an expert on local culture than their parents, did create difficulties for the families, and family interventions that help the family members establish new relationships may be beneficial. In addition, work with the children to help them manage their distress and anxiety at being unable to rely on their parents for advice in the new culture may be useful.

It is also important to note that in the current research, self-reported mental health difficulties decreased over the first year of resettlement. This is at odds with some international literature which suggests that mental health difficulties continue to remain high after resettlement (Fazel et al., 2005). The apparent reduction in mental health symptoms in the current research may be in part be due to the timing of the study. Some researchers have spoken about a “honeymoon period” shortly after resettlement in which people are full of hope and their mental health improves before disintegrating again as they face difficulties in their resettlement country (Ward, Okura, Kennedy, & Kojima, 1998). However, this period is usually noted to last between a few weeks and a few months only, and not all research has observed this effect (e.g.: Vervliet et al., 2014). In addition, two studies in New Zealand with adults noted minimal honeymoon period effects (DeSouza, 2011; Michie, 2011). This suggests that the length of the current study would have mitigated any effects of

a honeymoon period felt by participants. The apparent reduction in mental health symptoms in this research could be an expression of the individuals' resilience and positive resettlement outcomes. However, the participants did talk about stressors that may make them vulnerable to future emotional strain including financial instability, education, food and living conditions (Rhema, Gray, Verbillis-Kolp, Farmer, & Hollifield, 2014). The uncertainty in this area indicates that long term research would be beneficial.

Strengths and Limitations

The qualitative research design used in this study gives a depth of understanding to the journey through resettlement for children from refugee backgrounds and their families that would not have been possible using quantitative methods. Giving participants the opportunity to talk about anything that they felt was important opened the dialogue and reduced limitations on the topics discussed. This made it possible to uncover topics or aspects of topics that are not covered or are not well represented in the current literature. Standardised questionnaires were another possibility for data gathering. However, these standardised measures are based on western populations and it is not possible to ascertain how valid their outcomes are for people from refugee backgrounds. Furthermore, a questionnaire would have truncated participants responses and limited the information provided. Giving the participants their own voice allowed them to provide an in depth account of how resettlement can be both positive and negative, and to discuss the idiosyncrasies of their journeys. This highlighted how, although there are patterns across families, each person has a unique experience and this needs to be honoured when working with people from refugee backgrounds.

The current research was done in consultation with the Mangere Refugee Centre, and with Refugees as Survivors (RASNZ). These are the people and organisations who have firsthand experience of working with people from refugee backgrounds. Consulting with them meant that the current research could be meaningful and useful to these organisations, and could fill a gap in the current literature that they felt needed to be addressed.

This project went some way to better understanding children from refugee backgrounds and their parents' experience of resettlement, the first year of resettlement in New Zealand, and the impact of resettlement on families with young children. Each of these topics is currently under-represented in the literature. As such, this project is an important step to increase knowledge in these areas, and can help inform resettlement policy and practices.

Despite the strengths of this research, the analysis should be assessed in the context of a number of limitations. Due to the relatively small sample size, no claim can be made to represent

the resettlement experiences of all children or parents from refugee backgrounds and their families. As mentioned above, each of the participants in this study had a unique story, both in terms of their journey to becoming a refugee, as well as their experience of resettlement.

In addition, the participants were from a wide range of ethnic and cultural backgrounds. The small sample size and breadth of diversity between participants limits the study's ability to draw specific conclusions related to how different cultural groups manage resettlement, or how to best meet the needs of different cultural groups. There were also notable differences in resources and resettlement practices between resettlement cities and the level of support that the family received. There were not enough participants in each city to be able to compare resettlement practises between the cities, and so conclusions are limited to individual experiences.

Another limitation of this project is that it relied on interpreters to communicate and translate the participants' story and experiences. Whilst every precaution was taken to ensure that the participant's words were translated as truthfully as possible, it cannot be guaranteed that misunderstandings did not occur, or that the interpreter completely and accurately translated both the questions and the answers every time. It is assumed that there would have been times within the study where the interpreter misunderstood or mis-communicated information between the participant and the interviewer. There are times when the interpreter may have left out information that they felt was not relevant, or times when they mixed their own voice with the participant's, muddying the certainty that the participant's experience was fully represented in the data.

In addition, the participants did not have a choice in the interpreter used, and it was not possible to ask if they were comfortable with the interpreter. There were a limited number of people who spoke both English and the language of the participants in each city, and there were occasions when the interpreter had a dual relationship with the participant. This may have made some of the participants uneasy about talking about some of their difficulties and potentially limited their candidness in relation to certain topics discussed. However, no obvious discomfort was observed, and as all except one family remained in the study, it is presumed that any discomfort felt was minimal.

While qualified interpreters were used whenever possible, not all interpreters were qualified. Again, this was due to the limited number of people in some cities that could speak English and the ethnic language. Furthermore, although their everyday English skills were good, a couple of the interpreters had limited English abilities for some of the subtleties of the questions asked. This may have hindered some of the responses and some nuances of both the questions and answers may have been lost in translation.

Language communicates more than the words used, and different languages do not always translate correctly from one to another. In addition, there are cultural differences in how language is used and what questions are culturally appropriate. It is almost impossible to understand the multitude of subtleties and idiosyncrasies of language without being a native speaker of a language. Relying on interpreters to be cultural advisors and to be open about how questions translated may have further affected the outcomes.

Some of the interviews with the children were conducted with their parents in the room. This will have had an impact on what the children chose to disclose and their openness about certain topics. In particular it may have influenced their discussion about their personal challenges and difficulties within their family. However, having the family in the same room allowed the researcher to observe family interactions and communication patterns. This enriched understanding of the family. Where it was felt that having the parents in the same room was damaging to the child, the researcher endeavoured to find alternative areas, such as a different room in the house, or in the garden, to conduct the remaining interviews.

Finally, the heavy involvement of the researcher in qualitative research influences the research from its design, to the data gathering as well as the data analysis. While I have endeavoured to allow the participants' voices to be heard as best as possible, my perspective remains informed by, and limited by, the current literature as well as my personal experiences. The researcher influences the data and the reported outcomes. It must also be acknowledged that I as the researcher had a relative position of power over the participants as a member of the dominant culture, especially when they first arrived in the country, and this could have affected the data.

Research Quality

With any study, it is important to assess the quality of the research. Although there is a variety of qualitative criteria for qualitative research, according to Morrow (2005) there are a number of standards that can be addressed across all disciplines and paradigms. These include subjectivity and reflexivity, adequacy of the data and of interpretation, and an appropriate topic of enquiry that is helpful to both advancement of the scientific literature as well as to the participants. The following is a brief description of each of these factors in relation to the current study except for subjectivity which has already been discussed (Morrow, 2005).

An assortment of criteria is involved in ensuring adequacy of data. Patton (1990) defined an adequate amount of data within qualitative research to be that which gives richness of information rather than a specific quantity of participants. Variety of data is also important and can be achieved through multiple data sources (Morrow, 2005). Sufficient time with participants and within the research setting is important to ensure validity of interpretations made from the data. Furthermore,

Morrow (2005) reports that through actively searching for data that disconfirms their biases, the researcher can provide adequate disconfirming evidence and discrepant case analysis. In the current project, the sample size was relatively large and data has been collected from both parents and children as well as from professionals working with this population. Time was spent with the participants, building up a relationship and understanding of their circumstances beyond the interview questions. Finally, I worked closely with my primary supervisor during the data analysis and had in depth discussions about how else the data could be interpreted.

To provide quality research, the researcher should take necessary measures to ensure that they are able to adequately interpret the data. Morrow (2005) states that immersion in the data throughout the research process is essential. They also suggest that all researcher interpretations should be supported with quotations from the participants, balancing out the researcher's voice with the participants'. I have been intimately involved in all aspects of the data gathering and analysis. Furthermore, I have ensured that all themes and subthemes that are reported are told with the participants' quotations, suggesting adequacy of interpretation.

The term social validity is defined by Wolf (1978) as the social importance and acceptability of treatment goals, procedures and outcomes. Research should be relevant and should benefit the participants and the community, and should cause no harm (Foster & Mash, 1999). Positive resettlement outcomes are thought to be beneficial to both former refugees and their new communities, and there was high retention indicating participant satisfaction with the study.

Directions for Future Research

The present study has extended the current literature and the findings suggest a number of research possibilities that could further expand knowledge about the experience of resettlement for families from refugee backgrounds. Longitudinal studies with a longer follow up period would be beneficial to better understand the resettlement process over a number of years. This could give insight into common difficulties at different time points during resettlement and could indicate what interventions may be useful and at what point in resettlement they would be most beneficial.

Studies with larger sample populations would also be useful to increase the generalisability of findings. In addition to wider ranging investigations, more specific studies could also give insight into how different ethnic groups manage resettlement, and the challenges that may be specific to people from particular ethnic groups. Furthermore, research on the different resettlement cities may be useful in deciphering differences in resettlement outcomes between cities and how these differences can be minimised.

The current study gives a number of recommendations for resettlement practices. Development of these recommendations into practices and following their outcomes would be useful. The interventions could then be modified as necessary to best meet the needs of the former refugee population. As part of these investigations, research on interventions in schools would be valuable.

Development of standardised measures for use with people from refugee backgrounds may be useful to give a breadth of information about certain phenomena, and to be able to compare information between time periods, between places, or between interventions. However, these instruments would need to be culturally specific. Care would also need to be taken to ensure that the instruments measure variables that are important to the population being targeted, rather than those assumed to be relevant by the dominant culture of what is important (Ellis, Kia-Keating, Yusuf, Lincoln, & Nur, 2007). Should standardised instruments be developed, it is recommended that they are done with full participation from community members and leaders from the target community.

Finally, with any research it is important to ensure that the benefits of any study outweigh any potential negative impact of the study on individual participants and/or society. People from refugee backgrounds are potentially vulnerable and extra caution should be taken to ensure that the research is culturally appropriate, sensitive to their needs, and improves the long-term outcomes of these people (Ellis et al., 2007). There was good retention of participants in the current research, with only one family pulling out of the study. This suggests that this was an important topic for the families and that they had a positive experience of the research. In addition, the reasons given by the participants for volunteering for the study included helping future families resettling in New Zealand, gaining experience of New Zealand culture, and an opportunity to express their feelings. This further suggests that a longer longitudinal study would be positively received by people from refugee backgrounds, and would be beneficial to both participants and New Zealanders, as well as new families coming to New Zealand from refugee backgrounds.

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APPENDICES

Appendix A

Participant Information Sheet: Parent

NB: This Information Sheet was translated into Burmese, Nepalese and Spanish. In addition, it was read through with the participant via an interpreter prior to obtaining consent.

Participant Information Sheet

For the Parents

Investigator: Caroline Judson
Supervisor: Professor Fred Seymour

Title: Refugee Children's Adjustment In To New Zealand Society

My name is Caroline Judson. I am a postgraduate student at the University of Auckland, enrolled in a Doctorate of Clinical Psychology Degree in the Department of Psychology. As part of my thesis, I am looking at the experiences of child refugees coming to New Zealand. The project aims to deepen the understanding of the process of resettlement for child refugees, and will look at all areas of life including school, family and the community.. The project will also look at what support services are available for child refugees and whether or not these services are meeting the children's needs.

Why is this research happening?

There are an increasing number of refugee young people in New Zealand. Many of these children have experienced problems adjusting to living in New Zealand, and may require help from mental health services.

You and your children are invited to participate in a series of one on one interviews. You will be asked to discuss in depth how your children have adjusted to living in New Zealand and the impact that this has had on you and your child's wellbeing. You and your children will be asked to participate in three separate interviews. Participation is completely voluntary. You and your child can stop being a part of the study until one month after the last interview. If you choose to withdraw from the research, the information that you have given to the researcher will not be used.

The interviews will be conducted in English with the help of a translator. The first interviews will be conducted at the Refugee Centre in Mangere. The follow-up interviews will be held in your new community at a place and time that is convenient to you. Each interview will take no more than 60 minutes and will be audio-taped. What is said on the tapes will be written down (transcribed) for analysis. The recording of the interview is for data analysis only and the tapes will not be available to any other person.

If you do wish for you and your children to be a part of this research, you will need to complete a Consent Form. Your child will also need to complete an Assent Form saying that they want to part of the study. These may be handed into the reception at Refugees As Survivors (RASNZ).

How will the findings of the research be used?

Data from this research will provide in depth information on a wide range of issues that refugee children experience when coming to New Zealand. This information will help organisations and professionals to assist refugee children and offer services that target their needs.

Confidentiality

Your confidentiality is very important. If the information you, or your child, provide is reported or published, this will be done in a way that does not identify you as its source. If you choose to take part in the study, you may refuse to answer any particular question, and you may ask any questions about the research at any time.

If you find the interview or questions upsetting and want to talk with someone, the researcher will provide you with a list of support agencies in your community. The researcher, along with her supervisors, will support you to access appropriate assistance.

If you wish, a summary of the study will be given to you at the end of the research.

Any Questions?

Thank you for your time and help making this study possible. If you have any queries or require further information please contact the researcher, Caroline Judson. You may also speak to staff at RASNZ for further information about the project. Please feel free to ask as many questions as you need to.

Contact Details:

Caroline Judson

Email: cjud009@aucklanduni.ac.nz

Phone: 021 2727 896

RASNZ, Mangere Refugee Centre

Office is located between the Recreation Hall and the Medical Centre

Please see reception and ask to speak to John Thorburn, Sarah Williams, or Maureen Lewis about the study.

You may also contact my academic supervisor:

Professor Fred Seymour

Head of Clinical Psychology

Faculty of Science

The University of Auckland

Private Bag 92019

Auckland

Email: f.seymour@auckland.ac.nz

If you have any questions about ethics, please contact:

The Chair, The University of Auckland Human Participants Ethics Committee

The University of Auckland

Office of the Vice Chancellor

Private Bag 92019

Auckland

Phone: (09) 3737 999 ext 83711

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 13/06/2011 FOR THREE YEARS FROM 1 JULY 2011. REFERENCE NUMBER: 2011/273

Appendix B

Participant Information Sheet: Children

NB: This Information Sheet was translated into Burmese, Nepalese and Spanish. In addition, it was read through with the participant via an interpreter prior to obtaining consent.

Participant Information Sheet For the Child

Investigator: Caroline Judson, Doctorate in Clinical Psychology student
Supervisor: Professor Fred Seymour

Refugee Children's Adjustment In To New Zealand Society

You are invited to take part in:

A study about what it is like for refugee children coming to live in New Zealand. This study will be conducted by myself, Caroline Judson, and will be part of my Doctorate in Clinical Psychology thesis, which I am doing at The University of Auckland.

Why do you want to talk to me?

I want to talk to you to find out about what it has been like for you coming to New Zealand and starting a new life. It is important to know about the experience of children like you so that we can provide services that make things easier for you. What you say will be used so that people who work with you, such as doctors and support workers, will be able to help other children like you into New Zealand.

What would I do?

We (Caroline and yourself) will talk about your new life in New Zealand. We will talk about things like your family, your school, your friends, and your hobbies. You can tell me about the things that you like and the things that you don't like about New Zealand. We will also talk about who helps you in New Zealand, and if you find them useful. In the study I will ask you about what things you think would be most helpful for other refugee children who come to New Zealand. If there is anything else that you want to talk about you will be able to.

The study will last for nine months, and we (Caroline and yourself) will talk three times. Each time we talk, you will be able to ask me questions, or tell me anything that you want to. You will not have to answer any questions that you do not want to. You can talk for as long or as short as you want. Each of these interviews will be conducted by me with the help of a translator.

Who will find out about what I say?

Anything that we talk about will not be told to anyone else unless I am worried about your safety. What you say may be written in my results but no one will know that it was you who said it. The interview will be taped so that I do not miss anything. All of these tapes will be kept in a locked cupboard and will be deleted in March 2014. You will be able to choose where you want the interviews to take place.

Do I have to take part?

Taking part in this project is up to you. If you change your mind about being involved, you can stop taking part and you do not have to tell me why. However, if you decide to stop being a part of this study, you will need to tell me, Caroline, before one month after the last interview.

I want to be a part of this research. What do I do now?

You will need to sign an Assent Form about taking part in this project. Your parents will also need to sign a Consent Form. You can hand them into reception at Refugees As Survivors (RASNZ).

Who can I talk to if I have any questions about this study?

Thank you for your time and help making this study possible. If you have any questions or need to know more, please contact me (Caroline Judson) on the details below. You can also talk to Sarah at RASNZ.

Caroline Judson

Email: cjud009@aucklanduni.ac.nz

Phone: 021 2727 896

RASNZ, Mangere Refugee Centre

The Office is located between the Recreation Hall and the Medical Centre

You may also contact my supervisor:

Professor Fred Seymour

Head of Clinical Psychology

Faculty of Science

The University of Auckland

Private Bag 92019

Auckland

Email: f.seymour@auckland.ac.nz

If you have any questions about ethics, please contact:

The Chair, The University of Auckland Human Participants Ethics Committee

The University of Auckland

Office of the Vice Chancellor

Private Bag 92019

Auckland

Phone: (09) 3737 999 ext 83711

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 13/06/2011, FOR A PERIOD OF THREE YEARS, FROM 1 JULY 2011. REFERENCE NUMBER: 2011/273

Appendix C

Consent Form: Parent

NB: This Consent Form was translated into Burmese, Nepalese and Spanish. In addition, it was read through with the participant via an interpreter prior to obtaining consent.

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand
www.psych.auckland.ac.nz

Consent Form

For Parents

This consent form will be stored for six years in a locked cabinet on University premises, before it is destroyed

Title: Refugee Children's Adjustment In To New Zealand Society
Researcher: Caroline Judson

I have read the Information Sheet and have had the details of the research explained to me. My questions have been answered to my satisfaction, and I understand I may ask further questions at anytime.

I understand that my name, and that of my child, will not be used in any reports or publications arising from the study. I understand that nothing that I say, or my child says, will be discussed with a third party. If the information I, or my child, provide is reported or published, this will be done in a way that does not identify me as its source.

I know that the research will last for nine months. I understand that I am free to stop being a part of this research at anytime up until (date 1 month after the final interview) without giving a reason. I know that I do not have to answer any question that I do not want to.

I agree that the discussion will be audio taped. I understand that the audio-tapes will be transcribed by the researcher or by a transcriber who has signed a confidentiality agreement. I understand that the tape will be erased after the completion of the project.

I request/do not request (please circle one) a summary of the key research findings. If you would like a copy of the research findings, a summary of these results will be mailed to you after the completion of the project.

I agree to take part in this research under the conditions set out in the Information Sheet.

Name: _____

Signed: _____

Date: _____

Appendix D

Assent Form: Children

NB: This Consent Form was translated into Burmese, Nepalese and Spanish. In addition, it was read through with the participant via an interpreter prior to obtaining consent.

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand
www.psych.auckland.ac.nz

Assent Form

For Child Participants

This assent form will be stored for six years in a locked cabinet on University premises, before it is destroyed.

Title: Refugee Children's Adjustment In To New Zealand Society
Researcher: Caroline Judson

I have read the Information Sheet and have had the details of the research explained to me. I have been able to ask questions about this project and I have had them answered. I understand that I can ask more questions at anytime.

I agree to participate in the research on the understanding that my name will not be used.

I know that the research will last for nine months. I understand that I am free to stop being a part of this research at anytime up until (date 1 month after the final interview) without giving a reason. I know that I do not have to answer any question that I do not want to.

I agree that my interviews will be audio taped. I understand that the audio-tapes will be kept in a locked cupboard and that they will be erased after the completion of the project.

I understand that a person will transcribe my interviews . I understand that they will not know who I am and will not discuss the interview with anybody else.

I understand that anything that I talk about will not be told to anyone else unless the researcher is worried about me. I know that what I say may be mentioned in the results but no one will know that it was it was me who said it.

I do/do not want (please circle one) a summary of the research findings. If you would like a copy of the research findings, a summary of these results will be mailed to you after the completion of the project.

I agree to take part in this research, which includes being interviewed by the researcher.

Name: _____

Signed: _____

Date: _____

Appendix E

Participant Interview Schedule: Parents, Round 1

Name:

Child:

Interpreter:

Date:

Stage 1 –Outline of Project

- Reiterate the project, informed consent, and voluntary participation
- A little bit about today's session

Stage 2

Mangere Refugee Centre

- How have they been since arriving in Mangere?
- Any positive or negative experiences they have had?

General:

- Tell me about where you are from?
- What do you know about New Zealand?

Personal Background

- Tell me about your childhood. Please include any information that you are comfortable sharing about your parents, your siblings and extended family, and any important events that happened to you when you were growing up.
- Did you attend school? What is your highest academic achievement?
- What was your former occupation?

Family Background:

- Who is in your family?
- How old were you when you were married?
- Have you married more than once? If so, do your children have different fathers? Are you still in contact with your former spouse/s?
- Are there any members of your family who are still in your home country or in the refugee camp?
- How are family relationships?
- Who has been the main caregiver of your child?

Journey to New Zealand:

- Who have you come to New Zealand with?
- Did you know anyone in New Zealand prior to coming?
- Can you briefly tell me about your pathway to coming to New Zealand? Please include any details that you feel comfortable sharing about your home country, your flight, and your time in the refugee camp.
- How long did you and your family live in the refugee camp?

Medical Concerns

- Do you, or anyone in your family, have any current medical concerns?

Psychological Background and Trauma

- Have you witnessed, been involved in, or heard about traumatic events that have stayed with you for a long time?
- Do you, or anyone in your family, suffer from any of the following symptoms?
 - Headache
 - Problems sleeping (this includes insomnia and hypersomnia)
 - Flashbacks
 - Changes in appetite (this includes loss of appetite and over eating)
 - Emotional lability
- In the past, where have you gotten help for these difficulties from?

The Future

- What are your hopes for the future here in New Zealand?
- What are your hopes for your child's future?

Appendix F

Participant Interview Schedule: Children, Round 1

Name:

Age:

Interpreter:

Date:

Stage 1 – Project Outline

- Explanation of the project
- Why they are here
- Confidentiality
- Informed consent
- Do they have any questions?

Stage 2

Family

- Can you draw me a picture of your family and everyone else who is important in your life?
 - Discuss
- Tell me a little bit about your family
- Family Relationships

Background

- Where were you born?
- Can you tell me a bit about (the transit country)? Include school, food, environment and safety
- Do they miss anything from back home?
- Is there anybody left behind that you miss?

Future

- What do you know about New Zealand?
- Do you know anybody in New Zealand
- Do you have any concerns about life in New Zealand?
- What are they looking forward to in New Zealand?
- What do you want to be when you grow up?

Appendix G

Participant Interview Schedule: Parent, Round 2

Name:

Child:

Date:

Interpreter:

Topics To Cover:

Follow up individual issues raised at previous interview

How they spend their time

- Tell me about a typical week day in your family.
- Tell me about a typical weekend day in your family

Family

- Tell me about your family relationships.

Child's School

- How is your child performing at school?
- Are you involved in your child's school?
- Does your child have any friends?

Community and Support

- Do you have any friends in the community? Their ethnicity; how they met etc.
- Does your family have any regular external support? For example, are there volunteers helping you get to know your community, or have social workers been in contact with you?

Coping

- What do you do to cope?
 - Practical coping?
 - Other supports?
 - Services accessed?

Health

- How would you describe your overall mood overall since coming to New Zealand?
- Have you experienced any psycho-somatic symptoms such as loss of sleep or headaches? If so, what have you done about them?
- Has anyone else in the household had any psycho-somatic complaints?
- Medical concerns within the family

Future

- What are your hopes for the next 6 months?

Appendix H

Participant Interview Schedule: Children, Round 2

Name:

Age:

Date:

Interpreter:

Topics to Cover

Follow-up from previous interview

General

- First impressions of their new community – Best/Worst things
- Their daily routine

School

- Tell me about your school. Include friendships (including nationalities); isolation/bullying; teachers; support; ESOL?
- Best and worst thing about school

Family

- Family relationships

Support

- What support do you receive?
- Who do you go to/tell when you have a problem or feel sad?

Background

- Where do you consider “home”? NZ, the transit country, or country of origin?
- What do you know about your country of origin? Memories, what they understand/have been told.
- What do you understand/know about why your family were ‘refugees’?

Health

- Medical problems
- Have they had any difficulties sleeping, or with headaches, loss of appetite, or flashbacks from past experiences?
- Who is there to help them?

Future

- What are your hopes for the next six months?

Appendix I

Participant Interview Schedule: Parent, Round 3

Name:

Child:

Date:

Interpreter:

Topics To Cover:

Follow-Up

Daily Routines/Support

- How do you fill your days?
 - In the week and at the weekend?
- Contact with volunteers/support worker?

Family

- Family relationships?
- Support in the family?
- How do you support your child?
 - How has this changed since they came to NZ?
 - Feelings about this?

Leisure

- What things to you/your family/your child do for fun?
- How much time do you spend doing things that you enjoy?
- What would you like to be doing for fun?
- Community groups; friends; temple; exercise...

School

- What is your involvement in your child's school?
- How comfortable do you feel going to your children's school and getting involved?
- Do you have any concerns about your child's academic progress?

Acculturation

- Experience of the community as a whole so far
- Quality of relationships with members of the host country?
- Cultural outfits/dress/make-up etc
- Divide from parental expectations/knowledge of growing up
 - Cultural differences
 - Exposure to Western culture
 - How do you feel about your child growing up with such different influences?

Coping

- What do you do to cope?
 - Practical coping?
 - Other supports?
 - Services accessed?
- How is this influenced by cultural norms of not sharing/coping privately?
 - Stigma
 - Rejection
 - Disempowerment
 - Privacy

Medical and Mental Health Complaints

- Medical complaints?
- Psychosomatic complaints
 - Sleep disturbances
 - Appetite change
 - Headaches
 - Truancy/School refusal
 - Flashbacks
 - Low Mood
 - Anxiety
- What changes in your child's health/wellbeing have you noticed over the past six months?
 - How have you managed these?

Services/Support

- What services have you accessed?
 - Includes CMHCs, school counsellors, community centres, religious leaders, community leaders, teachers etc
 - Why/Why not?
- What services do you know of?
 - What was your experience of the service?
- What services would you like
 - Now?
 - In the future?
- Would have previously been helpful?
 - Why?
 - What elements would/are most helpful?

Reflection of Resettlement

- How would you describe your, and your child's overall mood since coming to New Zealand?
- How have your experiences related to your initial hopes of coming to New Zealand?
- What has been the most difficult part of coming to New Zealand?
- What has been the best part of coming to New Zealand?

Motivation to participate in the study

- What made you want to be a part of this study?

Appendix J

Participant Interview Schedule: Children, Round 3

Name:

Age:

Date:

Interpreter:

Follow-Up

School

- School experiences so far
- School groups that the child is involved in
- Special services related to refugees in the school?
- Bullying/Isolation?
- What nationality are school friends?

Family

- Family relationships?
- Support in the family?
- How much do they talk with their Mum/Dad etc?
- How has this changed since they came to NZ?
- Feelings about this?

Acculturation

- Experience of the community as a whole so far
- Quality of relationships with members of the host country?
- Cultural outfits/dress/make-up etc
- Divide from parental expectations/knowledge of growing up
 - Cultural differences
 - Exposure to Western culture

Coping

- What do you do to cope?
 - Practical coping?
 - Other supports?
 - Services accessed?
- How is this influenced by cultural norms of not sharing/coping privately?
 - Stigma
 - Rejection
 - Disempowerment
 - Privacy

Medical and Mental Health Complaints

- Medical complaints?
- Psychosomatic complaints
 - Sleep disturbances
 - Appetite change
 - Headaches
 - Truancy/School refusal
 - Flashbacks
 - Low Mood
 - Anxiety

Services

- What services have you accessed?
 - Includes CMHCs, school counsellors, community centres, religious leaders, community leaders, teachers etc
 - Why/Why not?
- What services do you know of?
- What was your experience of the service?
- What services would you like
 - Now?
 - In the future?
- Would have previously been helpful?
 - Why?
 - What elements would/are most helpful?

Message to Other Children

- How have your experiences related to your initial hopes of coming to New Zealand?
- What has been the most difficult part of coming to New Zealand?
- What has been the best part of coming to New Zealand?
- What advice would you give other children like you about coming to New Zealand?

Appendix K

Interpreter Confidentiality Agreement

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand
www.psych.auckland.ac.nz

INTERPRETER CONFIDENTIALITY AGREEMENT

Project Title: Refugee Children's Adjustment In To New Zealand Society

Researcher: Caroline Judson

I am undertaking interpreter services for the named project. I understand that I am bound by ethical confidentiality guidelines regarding these data, and will not break confidentiality in any way. I will not communicate about the data, or the participants, with anyone other than the researcher.

☐ I agree to undertake this job in accordance with these stated conditions.

Signed:

Name:
(please print clearly)

Date:

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON
13/06/2011, FOR A PERIOD OF THREE YEARS, FROM 1 JULY 2011. REFERENCE NUMBER: 2011/273

Appendix L

Transcriber Confidentiality Agreement

DEPARTMENT OF PSYCHOLOGY
Faculty of Science

The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand
www.psych.auckland.ac.nz

TRANSCRIPTION CONFIDENTIALITY AGREEMENT

Project Title: Refugee Children's Adjustment In To New Zealand Society

Researcher: Caroline Judson

I am undertaking transcription of audio-taped data for the named project. I understand that I am bound by ethical confidentiality guidelines regarding these data, and will not break confidentiality in any way. I will not communicate about the data, or the participants, with anyone other than the researcher.

☐ I agree to undertake this transcription in accordance with these stated conditions.

Signed:

Name:
(please print clearly)

Date:

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 13/06/2011, FOR A PERIOD OF THREE YEARS, FROM 1 JULY 2011. REFERENCE NUMBER: 2011/273