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# STRESS AND COPING IN ADOLESCENT MUSLIM NEW ZEALANDERS

Psychological Stress and Coping in Adolescent Muslim New Zealanders:

A Key Informant Perspective

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### **Abstract**

Adolescence is recognised as a critical time of development that encompasses many changes and challenges. While there are developmental challenges experienced by adolescents in all contexts, within the current global political climate, Muslim youth living in western countries are likely to experience additional psychosocial stressors. The present research sought to explore the stressors, coping resources, and underlying systemic issues that impact on the wellbeing of young Muslims in New Zealand. This thesis describes the findings of a thematic analysis of interviews conducted with 21 key informants who work in close capacity with adolescent Muslims in New Zealand. Themes that emerged from the analysis were that young Muslim New Zealanders struggled with experiences of discrimination, difficulties in negotiating multifaceted identities, and the acute and long-term challenges of migration. These stressors occurred in the context of insufficient support structures within the Muslim community, and a culture of silence on stigmatised issues, in particular mental health. Participants identified several proactive coping resources utilised by young Muslims including family and community support, friendships, and finding strength through their faith. Coping resources perceived by informants as less helpful included attempting to present as less overtly different, looking for belonging in unhelpful relationships, and using unhealthy coping resources. Changes that participants felt would facilitate the wellbeing of Muslim youth included appropriate action by relevant support sectors to address the discrimination present in New Zealand society, developing more culturally inclusive mental health support in New Zealand, and facilitating greater cultural competence amongst professionals. Recommendations also included the need for facilitating increased openness within the Muslim community to some of the difficulties their young people are facing, greater support for the needs of young people within the Muslim community, empowering youth

to find strength in their identities, and increased education in the Muslim community to promote systemic change. The findings have significant implications for clinicians working with Muslim youth in western societies and raises critical reflections for wider New Zealand society. The research also provides important insights on how Muslim communities in western societies can better support their youth. A limitation of this research was the reliance on key informants working with Muslim adolescents, rather than undertaking interviews with young people themselves. This methodology does however enable access to a broader understanding of systemic issues affecting the wellbeing of Muslim adolescents from the perspective of those who work closely with them.

*Keywords:* adolescent, Muslim, youth, stress, coping, systemic changes, key informants

*So indeed, with every hardship there is ease. Indeed, with every hardship there is ease.*

*(Quran 94:5-6)*

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## **Chapter One: Literature Review**

### **Introduction**

Adolescence is recognised to be a critical time of growth and development, characterised by key physical, cognitive, psychological and social changes (Gelhaar et al., 2007; Krapic, Hudek-Knezevic & Kardum, 2015; Williams & McGillicuddy-De Lisi, 1999;). It is also recognised to be a time of vulnerability, where stressful life experiences can result in significant impacts on a young person's wellbeing, mediated by the resources they have available to manage the challenges they face (Compas, Hinden, & Gerhardt, 1995; Evans et al., 2015; Ingram & Luxton, 2005). Researchers have endeavoured historically to gain a greater understanding of the adolescent experience but have only more recently recognised the importance of acknowledging the differing cultural contexts in which adolescents exist globally.

Research postulates religious beliefs and practices to be both protective factors against stress and effective coping mechanisms (Gomes, Andrade, Izbicki, Almeida, & de Oliveira, 2013; Smith, 2003; Van Dyke & Elias). However, research also informs us that in the current global political climate individuals of Muslim faith living in the west may face greater levels of stress and discrimination than other minority groups (Fine & Sirin, 2008; Maira, 2004; Sirin & Fine, 2007; Troughton, Sibley, & Bulbulia, 2016), and Muslim youth in particular maybe confronted by "particular psychological challenges" (Fine & Sirin, 2008, p. 1). These findings suggest that Muslim youth in the west may experience greater stress than mainstream youth populations, indicating the need for targeted support services for these populations. The present research aims to inform this area of knowledge by exploring the stressors, coping resources, and systemic contributing factors of stress for Muslim youth in New Zealand, through the perspectives 21 key informants who work closely with adolescent Muslim New Zealanders.

My interest in this area of research stemmed from my work with young Muslims and their families, in my roles as a teacher and mental health clinician. My perspectives are indeed also informed by my own experiences of growing up as an adolescent Muslim New Zealander myself, and my love, respect, and gratitude for my community and elders. This unique dual perspective affords me the ability to have a broad understanding on some of the issues young Muslim New Zealanders may face, looking at both the external pressures that Muslim communities all around the western world face, and also the ways in which the Muslim community itself may need to evolve in order to better support its own people. This is a difficult conversation to have, to be looking at a community that is often marginalised (Khan, 2011) and asking it to reflect on the ways in which it may also be involuntarily contributing to the stress of its own members. However, I do this with the deep desire to create positive change, following the footsteps of many community members in aiding the wellbeing of our young people. Both Islamic conceptualisations and health literature postulate that issues do not exist in a vacuum independent of their surroundings (Ogden & Hagen, 2018), so this research also seeks to understand the systematic contributing factors to the issues adolescent Muslim New Zealanders face. In conducting this research, I made a conscious decision to focus on the aspects of society that need to change in order to enhance the wellbeing of our young people. This resulted in a principal focus on some less favourable aspects of New Zealand society, and struggles within the New Zealand Muslim community. At the outset, I want to acknowledge the many positive aspects of New Zealand society that are widely known and treasured among New Zealanders. I also want to emphasise the considerable strengths in the New Zealand Muslim community and honour the many positive impacts and support it has provided its young people.

This thesis comprises four chapters. The remainder of Chapter One explores the relevant literature on adolescent stress and coping, adolescent Muslims in western countries, and Muslims in New Zealand. Chapter Two outlines the theoretical perspectives that inform the research, the methodological procedures, and the ethical considerations. Chapter Three provides a comprehensive summary of the key findings of the research. Finally, Chapter Four summarises the research by providing a discussion of the key findings, outlining potential implications, reflecting on the strengths and limitations of the research, and proposing ideas for future research.

### **Literature Review**

In this review I begin by discussing adolescent mental health and examine why research reflects adolescence to be a developmental period of increased susceptibility to risk. I then discuss the stressors that are commonly thought to occur in adolescence and the ways in which coping resources, including support, are thought to mediate the impacts stressors may have on a young person's life. Following this, I argue that the current mainstream literature on adolescence is dominated by Eurocentric conceptualisations of adolescence and discuss the significant influence differing contexts can have on a young person's development. Subsequently I provide a brief discussion on the Islamic view of adolescence, followed by a discussion of Muslims in New Zealand, highlighting key statistics and research. This review concludes by outlining the aims of the present research in context of the literature discussed.

### **Adolescent Mental Health**

The prevalence for problems of a psychological nature increase fundamentally during adolescence (Davey et al., 2000). Both retrospective and prospective research have highlighted that, while most mental health problems are first identified in adulthood, symptoms begin to

manifest during adolescence ( Kessler, Amminger, Aguilar-Gaxiola, Alonso, & Ustun, 2007; Kessler et al., 2007; Patel, Flisher, Hetrick, & McGorry, 2007). Moreover, mental health problems experienced during adolescence can persist and lead to significant functional impairment, resulting in long lasting impacts on an individual's functioning (McGorry, Bates, Birchwood, 2013).

Research has highlighted the prevalence of mental health problems globally among youth, estimating one in four young people have experienced a mental health problem during the past year, and about one third across their lifetimes (Merikangas, Nakamura, & Kessler, 2009). Meta-analysis estimates indicate a global prevalence of 13.7 percent or 241 million youth experiencing mental disorders, establishing youth mental health as a primary global health concern (Polanczyk, Salum, Sugaya, Caye, & Rhode, 2015). The World Health Organisation estimates the onset of almost half of all disorders occurs before the age of 14 (World Health Organisation [WHO], 2019), with corroborating research indicating over 75 percent of all mental health disorders first appear between early adolescence and young adulthood (Kessler et al., 2005). Statistics also highlight the high rates of self-harm and suicide among youth, with suicide recorded as the second leading cause of death among 15-29 year olds globally (WHO, 2019; Patel et al., 2007). Research further informs us that suicide attempts, suicidal ideation, and depression all significantly increase in adolescence, thus adolescence presents as a critical time for efforts in prevention and intervention (Galaif, Sussman, Newcomb, & Locke, 2007). These international statistics are also evidenced by local statistics in New Zealand. In 2016, youth aged between 15-24 had the highest rate of suicide in the country in comparison to all other age groups (Ministry of Health [MOH], 2019). Te Rau Hinengaro (New Zealand Mental Health Survey) reported 29 percent of young people aged 16 to 24 are diagnosed with a mental health

disorder, the highest prevalence in comparison to other age groups (Elisabeth Wells et al., 2006). While these statistics are outdated, this is the last available national survey of mental health prevalence in New Zealand.

More recent suicide statistics continue to suggest that youth mental health and wellbeing is a significant consideration in New Zealand. In 2012, out of 27 developed countries, New Zealand was reported to have had the third highest suicide rate for young women between the ages of 10-24 and the highest rate of suicide for young men between the ages of 10-24 (Patton et al., 2012). Youth mental health has also been acknowledged as a national priority in a report on youth suicide by the Prime Minister's Chief Science Advisor (Gluckman, 2017). Local research also reflects the persistent nature of mental health problems occurring in adolescence. Results of a longitudinal New Zealand study found 73.9 percent of adults that had received a mental disorder diagnosis had received this diagnosis before the age of 18, and 50 percent had received their diagnosis before the age of 15 (Kim-Cohen et al., 2003). The authors concluded by stating most adult mental health disorders should be reframed as "extension" of adolescent disorders (Kim-Cohen et al., 2003). Another longitudinal study assessing the long-term outcomes of adolescent depression, based on children born in Christchurch, found young people who experienced depressive symptoms were at risk for experiencing difficulties in psychosocial functioning in mature adulthood (McLeod, Geraldine, Horwood, & Fergusson, 2016).

These statistics reflect the high prevalence of mental health struggles among youth and attest to the critical need for effective prevention and intervention worldwide. More exploration is needed into specific youth populations and the differential issues that are perpetuating psychological distress. Further research is needed on vulnerable populations who may face

additional stressors alongside normative developmental challenges. Thus it is timely and imperative to focus research on this population.

### **Adolescent stress and coping in dominant literature**

As this research is focused on understanding the experiences of Muslim youth, it is important to locate it in the context of theories and research that attempt to understand this life stage from a psychological perspective. Stress and coping are one of the most frequently studied areas of research in health literature due to the expansive implications for understanding well-being and adaptation (Aldwin, 2007; Kuo, 2011).

In this section of the chapter, I specifically consider the pervasive effects of psychosocial stressors on adolescent development and the mediating effects of coping. I begin this by first defining stressors, then discuss the various stressors that are thought to be common in adolescence, differentiating between daily life stressors, chronic strain, and major life events. I then discuss the impacts of stressors on adolescent wellbeing and mental health. Following this, I focus on adolescent coping literature by defining coping and discussing appraisal mechanisms. I then critique mainstream psychological literature on adolescence for its individualistic approach to coping, before exploring relational understandings of coping and the patterns of help-seeking amongst adolescents.

**Defining adolescence.** The term adolescence is derived from the Latin term *adolescere*, ‘to grow up’ (Brooks-Gunn & Peterson, 1984). There are many different conceptualisations of what encompasses the developmental period of ‘adolescence’ due to the differing social and cultural contexts in which it is defined and understood. A useful general definition of adolescence, which is inclusive of many different cultural and social contexts, is presented by Dorn, Dahl, Woodward, and Biro (2006) as “the interval between childhood and the assumption

of adult roles and responsibilities, a broad interval of maturation that encompasses physical, mental, and emotional development, as well as coincident cognitive changes and change in social roles” (p. 33). While there remains some ambiguity in the literature between the distinction of the terms ‘puberty’ and ‘adolescence’, puberty is increasingly defined as encompassing the set of processes that result in physical and reproductive maturation experienced during adolescence (Dorn et al., 2006), while the term ‘adolescence’ also encompasses the psychosocial, cultural and cognitive changes. Puberty is often understood to mark the beginning of adolescence (Swanson, 2007).

The term ‘youth’, which is often used interchangeably with the word ‘adolescence’, is considered to be a more fluid category that is not defined by a specific age group but reflects the time period of transition from dependence as a child to independence as an adult and interdependence as members of a community (Kumari, Chhibber Kaushal, Garg, & Ri, 2018).

The particular age at which an individual enters adulthood varies considerably in different cultural communities around the world. In primitive societies, an individual is considered an adult as soon as they demonstrate the first signs of puberty. In more industrialised societies this transition is delayed, with the legal age of entering adulthood varying between the ages of 18 to 21 years (Tseng, 2003; Swanson, 2007). Chronologically adolescence is most commonly defined as being between the ages of 10 to 18 years, though may also span the ages of 9 to 26 years old (American Psychological Association [APA], 2002). Brown, Larson, and Sarawathi (2002), however, discuss the varying ways in which adolescence is understood around the world. They discussed that in some cultures (e.g. Japan and India) the life stage of adolescence is incorporated in the wider label of ‘youth’, which typically spans a wider age range, and in some cases can go up to the ages of 30 to 35, reflecting the need for a greater level

of maturity to be attained before one is labelled an adult. Conversely, in some cultures, there is no definition of ‘adolescence’, reflecting this time period to be inconsequential to the perceived lifecycle (Brown et al., 2002). Brown et al. further discuss how certain cultural groups (e.g. Arab societies, Japan, China) may not have a specific word that translates to adolescence, but alternatively have several terms that are used to refer to an individual in the adolescent stage. These terms can refer to various descriptive annotations of the young person, such as their “stage of puberty”, “generational status within the family”, “responsibility for or obligation to others”, or “school status” (Brown et al., 2002; Stevenson & Akane, 2002). In contrast, the word ‘teenager’ is widely used in western societies, often portrayed as a time of inner turmoil and rebellion, reflecting some western views of adolescence. Thus, while adolescence is understood differently around the world and given differing levels of significance, it is widely acknowledged to be a transition stage from childhood to adulthood (Brown et al., 2002). During this research I will use the terms adolescence, young people and youth interchangeably, reflecting the flexibility of terminology used in the literature.

**Stress in adolescence.** While stress is present at every stage of human development, the period of adolescence is traditionally described as the most challenging life transition, in which an individual experiences critical changes in their prior life structure (Arnett, 1999; Williams & McGillicuddy-De Lisi, 1999). Youth are also presented with unique challenges in their transition from childhood to young adulthood (Franca, Silvia, Inge, & Marja-Lena, 2012; Seiffge-Krenke, Overbeek, & Vermulst, 2010). It is recognised as a particularly stressful period of development, with key physical, cognitive, psychological and social changes (Carr, 2006; Williams & McGillicuddy-De Lisi, 1999). Adolescents often experience simultaneous changes in different areas in their lives and may face new issues on a daily basis, making the adjustment to these



changes more challenging (Williams & McGillicuddy-De Lisi, 1999). Furthermore, adolescents often are perceived to have no choice in the changes expected of them, making the transition even more difficult. Young people's understandings of the expectations of their typical life course is perceived to be influenced by the society around them (Crockett & Bingham, 2000).

Compas, Wagner, Slavin, and Vannatta (1986) were early to highlight life transitions as periods in which individuals are susceptible to stressful events. During the transitional stage of adolescence, a young person simultaneously deals with physical, hormonal and cognitive transitions (Williams & McGillicuddy-De Lisi, 1999). Pubertal development results in rapid physical development and the attainment of sexual maturity (Gelhaar et al., 2007). Furthermore, there are significant changes in the structure of the brain during adolescence, specifically in the hippocampus and pre-frontal cortex (Horwitz, Hill, & King, 2011). White and grey matter volume shows significant developmental changes and is accompanied by changes in cognitive development (Fuhrmann, Knoll, & Blakemore, 2015). These changes include improvements in intelligence quotient, working memory, problem-solving, perspective-taking, identity formation, the development of autonomy, and increasing capacities for behavioural, cognitive and emotional self-regulation (Fuhrmann et al., 2015; Herres, 2015). Young people also further develop formal operational abilities that allow them to analyse situations while reflecting on solutions and consequences, develop more complex level of information processing skills, and have an increased capacity for abstract thinking and executive functioning (Ogden & Hagen, 2018). However, these structural brain changes that occur during adolescence are associated with greater levels of stress reactivity and greater difficulty in displaying and interpreting emotional responses when compared to adult cognitive functioning (Spear, 2000). Young people are also thought to be more likely than other age groups to be hypersensitive to other people's evaluation

of them, and are more idealistic and critical of those around them (Ogden & Hagen, 2018).

***Defining stressors.*** Central to current aetiological theories of child and adolescent psychopathology are the significant and pervasive effects of psychosocial stressors (Grant et al., 2000; Grant et al., 2003). The most widely acknowledged definition of stress is that of Lazarus and Folkman (1984) which states: “Psychological stress involves a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing” (p. 19). If a stimulus invokes the stress response, it is regarded as a ‘stressor’ (Murison, 2016). Research has shown stressful life experiences can pose a significant risk to a young person’s psychological adjustment, healthy development and wellbeing (Grant et al., 2003). Psychiatric disorders are thought to be triggered partially by stress endured during childhood and adolescence, with stress recognised as a risk factor for mental disorders in youth (Anderson & Teicher, 2008; Merikangas & He, 2014).

Stressful life experiences refer to the accumulation of daily life events, chronic strain and adversity, and major life events (Grant et al., 2003; Williams & McGillicuddy-De Lisi, 1999). Daily life events include both normative and non-normative experiences of development. During the developmental period of adolescence, young people have to cope and adjust to a myriad of common normative stressors that include physical, hormonal and sexual changes in the body that are related to puberty, together with education and extracurricular schooling demands (Krapic et al., 2015). Furthermore, adolescents may experience stressors of an interpersonal nature such as problems with parents, siblings and friendships (Zimmer-Gembeck & Skinner, 2010). Problems of a relational nature are the most commonly reported problem adolescents face and can be a significant cause of distress (Zimmer-Gembeck & Skinner, 2010). Non-normative daily stressors include chronic strain and adversity, such as poverty, economic hardship, chronic neglect or

maltreatment (Grant et al., 2003). Daily life events and chronic strain are stressors that are more proximal, causing day-to-day distress in an individual's life, and are experienced more frequently than major life events (Williams & McGillicuddy-De Lisi, 1999). An accumulation of stressful life events was found to be a predictor of the onset of mental health disorders (Merikangas & Hue, 2014).

Major life events are stressors that are traumatic in nature and are often non- normative (Williams & McGillicuddy-De Lisi, 1999). These include stressful life events such as a death of a family member, and acute traumatic events such as natural and human disasters, sexual and physical abuse (Grant et al., 2003). Approximately 25 percent of young people are believed to experience at least one significant stressor during the adolescent life stage (Zimmer-Gembeck & Skinner, 2010).

*Normative stressors in adolescence.* There are several developmental tasks and psychosocial challenges identified in the mainstream psychological literature as significant in adolescence. Identity formation is seen as one of the key developmental tasks of adolescence, where young people endeavour to gain a sense of who they are as an individual and who they are as members of various communities and social groups (Dorn et al., 2006; Ogden & Hagen, 2018). The biological, cognitive and social changes young people experience during adolescence are thought to prompt a deeper reflection into how young people think of themselves, where they belong in society, and the kinds of people they want to become (Crocetti, 2017). Sandhu, Singh, Tung, and Kundra (2011) describe one's identity as striving for "consistency, coherence, and harmony between values, beliefs, and commitment and enables the recognition of potential through a sense of future possibilities and alternative choices" (p. 90). Research also informs us that identity consolidation can be more complex for individuals who identify as bicultural or

multicultural (Markstorm, 2011) and for adolescent migrants (Crocetti, Fermani, Pojaghi, & Meeus, 2010).

Young people also increasingly take part in risky health behaviours, such as experimentation with alcohol and drugs, dangerous driving, and unsafe sexual behaviour (Eaton et al., 2012; Steingberg, 2008). Adolescents are understood to typically experiment with ‘soft drugs’ such as alcohol and marijuana; however some suggest that these can serve as gateway drugs that can lead to addictions to harmful substances for some youth (Ogden & Hagen, 2018). There are several risk factors identified as increasing a young person’s chance of drug abuse, with drug abusing peers and peer pressure identified as highly influential factors (Robertson, David, & Rao, 2003). Other risk factors of drug use for young people identified in the literature are detachment from family members, permissive parental attitudes to drug use, family modelling of drug use behaviour, genetic vulnerability, peer rejection, social alienation, and societal views of drug use (Petratis, Flay, & Miller, 1995; Ogden & Hagen, 2018). Thus while mild drug use can be a normative part of adolescence, it can also become a harmful addictive behaviour for young people who are more vulnerable to the risk factors listed above.

Another significant challenge is the renegotiation of roles between young people and their parents when they enter adolescence (Gelhaar et al., 2007; Ogden & Hagen, 2018). Research postulates that cognitive development during adolescent years can have a significant effect on young people’s relationship with their parents as, with the maturation of the frontal lobe, young people are more likely to question and challenge rules and norms, show greater mental flexibility and social reasoning skills (Ogden & Hagen, 2018). Western conceptualisation posits that young people seek greater autonomy, freedom, and a desire for more symmetrical relationships with their parents while parents may want to increase monitoring to ensure safety,

resulting in tension. Persike and Seiffge-Krenke (2016) investigated how adolescents from 18 countries around the world dealt with parent- and peer-related stress. They consistently found adolescents perceived parental stress to be considerably greater than peer-related stress and coped less actively with parent-related stress than peer-related stress, reflecting the relative difficulties that arise in parent-child relationships during adolescence. Nonetheless, young people are seen to view their parents as sources of support, love, belongingness and do not desire to be detached from them (Ogden & Hagen, 2018). Parental involvement in young people's lives has significant influence, with research showing that higher levels of parental involvement are linked with lower levels of violent behaviour, delinquency, school dropout rates and drug abuse, and with a higher level of academic success (Ikramullah, Manlove, Cui, & Moore, 2009). Thus parental relationships during adolescence are significant sources of support and are linked to better outcomes. The challenge in adolescence is to successfully negotiate the changes in the dynamic of the parental relationship as young people age and seek greater autonomy.

As young people increasingly seek independence from their families during adolescence, peer relationships are seen to take on a central role (Flynn, Felmlee, & Conger, 2017). Friendships become important sources of social connection, social engagement and support, with whom young people confide their thoughts, feelings and struggles (Ogden & Hagen, 2018). Adolescent friendships are seen as important protective factors against stress and can significantly influence a young person's social, emotional and mental wellbeing (Flynn et al., 2017; Van Harmelen, 2017). Friendships can also play a significant role in the engagement of antisocial behaviour such as delinquency and drug use, and can be a precursor to significant sources of stress when relationships break down, or rejection or bullying is experienced (Ogden & Hagen, 2018; Robertson, David, & Rao, 2003).

Alongside peer relationships, romantic relationships are seen as increasing in significance during adolescence. The initiation of romantic relationships and the introduction of sexual relationships are perceived to be significant psychosocial tasks during adolescence (Gelhaar et al., 2007; Williams & McGillicuddy-De Lisi, 1999). Romantic breakups during adolescence was found to be a substantial source of distress for young people and was statistically significantly associated with poor mental health and substance misuse (Low et al., 2012). Furthermore, school and education are also seen as a significant stressor during adolescence; schooling transitions, educational demands and expectations, and decisions regarding schooling choices and career paths are seen as sources of stress for young people (Smetana et al., 2006; Williams & McGillicuddy-De Lisi, 1999).

Social media use is now one of the most common activities youth engage in globally. The internet is a medium of communication that allows for a greater degree of anonymity and confidentiality that allows users to feel less restrained and more open to sharing personal information, which Suler (2004) describes as the internet disinhibition effect. Thus the proliferation of social media use among young people provides unique benefits for greater connection, self-expression and information gathering, but also can also pose risks to wellbeing through bullying, cyber-harassment, privacy concerns and risks to mental health and wellbeing (Gibbons & Poelker, 2019; O’Keeffe & Clarke-Pearson, 2011). Moreover, social media use and globalisation are also said to have an impact on the identity formation of youth, with some researchers suggesting that youth are now adopting bicultural identities in the form of both a ‘global identity’ that is influenced by and enables them to connect with a global culture, and a ‘local identity’ that is influenced by their local environment and is expressed in daily interactions (Arnett, 2002).

Lastly, researchers theorise that the youth of today's modern societies are faced with additional challenges that were not faced by the generations before them. The restructuring in the labour markets is thought to have resulted in an "increased demand for educated workers, of flexible employment practices and of social policies which have extended the period in which young people remain dependent on their families" (Furlong & Cartmel, 2006, p. 1). Additionally, Furlong and Cartmel (2006) discuss the relative short time frame these changes evolved in, leading to a lack of "route maps" previously available from the experiences of preceding generations that aided young people in navigating these challenges. Thus young people in modern societies are navigating these important life stages in relative uncertainty, precipitating in stress, vulnerability and a greater likelihood of failure.

***Effect of stress on the mental health of adolescents.*** The risk factors for mental health disorders in young people highlight many of the stressors a young person can experience. Psychological risk factors include sexual, physical, emotional abuse and neglect. Social factors include family conflict, death of a family member, academic failure, bullying, discrimination, marginalisation, exposure to violence, inconsistent family caregiving, poverty, and social disadvantage (Patel, Flisher, Hetrick, & McGorry, 2007). Some groups of people face additional non age-normative stressors such as internal and external displacement, urbanisation, and historically disadvantaged people such as the indigenous people of many countries who endure the long-lasting effects of colonisation (Patel et al., 2007). The commonality across these groups of individuals is the lack of control they may have over their lives. Furthermore as discussed above, some cultural groups are more likely to face discrimination and prejudice as additional normative stressors (Spencer, 1995) or face unique stressors such as cultural marginality (Choi, 2001) and acculturative dissonance (Le & Stockdale, 2008).

These stressors are potential threats to the health and wellbeing of adolescents. Cumulative and chronic stressors may result in increased emotional distress (depressive and anxiety like symptoms), antisocial behaviours (such as aggression, delinquency), risky health behaviours (such as experimenting with alcohol drugs, unsafe sexual practices) and physical health outcomes (Krapic et al., 2015). Events that are of a traumatic nature such as abuse and natural disasters may also result in post-traumatic stress symptoms. These events can result in both short-term and long-term consequences, affecting performance in other domains of an individual's life (e.g. occupational, social) and development (Krapic et al., 2015).

The risk of suicide is found to increase after the onset of puberty, and the myriad of developmental changes that are experienced in adolescence may increase the degree of stress experienced by adolescents (Marttunen, Aro, & Lonnqvist, 1993). Thompson et al., (2012) found recent stressful life events to be a significant predictor of suicide ideation in adolescents, even after controlling for other risk factors such as psychological distress. Physical and psychological abuse were found to be the most significant factors. Furthermore, suicidal psychiatric inpatients reported a greater number of stressful life events compared to non-suicidal youth (Joseph & Plutchick, 1994; Wilson et al., 1995). As a person experiences loss or conflict in their life, suicide maybe seen as a desperate attempt to cope with these severe life stressors (Overholser, 2003). The degree and proximity of stressors experienced were significant predictors of suicidal ideation (Huff, 1999).

To conclude, research attests to the pervasive effects psychosocial stressors can have on adolescent wellbeing. Psychosocial stressors are a combination of daily life stressors, chronic strain, and major life events which cumulatively can result in increased emotional distress, antisocial behaviours, risky health behaviours, physical health outcomes and post-traumatic



stress symptoms. Research informs us the cumulative impacts of these stressors can pose a significant risk to long term functioning. These results emphasise the importance of psychological intervention to reduce stressors, and the importance of young people having appropriate resources to deal with the challenges of life.

**Coping in adolescence.** A critical component of development is the ability for an individual to be able to adapt to the changes and challenges presented by their environment (Aldridge & Roesch, 2008). Successful adaption refers to the ability to manage one's emotion, think constructively, regulate the body's autonomic arousal reaction, manage behavioural responses, and alter or decrease sources of stress (Compas et al., 2001). As noted, adolescence is a particularly difficult period of transition, with a lot of interrelated and co-existing changes that leave an individual vulnerable to the negative effects of stress. Despite this risk, many young people remain in good mental health while transitioning into adulthood. This leaves the question, what factors lead some adolescents to successfully adapt to stressors while others struggle. While many factors come into play, research has shown that a critical mediating factor between stressors and the impacts it has on a young person's mental health is coping. When assessing individuals following stressful events, individual differences in coping with a stressful event has been used to distinguish which individuals developed depressive symptoms following a stressful event, and those who did not (Compas et al., 1995; Evans et al., 2015; Ingram and Luxton, 2005).

**Defining coping.** The most commonly referenced definition used for coping is from Lazarus and Folkman (1984), who defined coping as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Lazarus and Folkman (1984) suggest

that coping mediates the effects that stressors have on psychological adjustment and physical health. Research has found the strategies used to cope with psychosocial stress are potentially significant moderators and mediators in their effect on depression and suicidal ideation (Seiffge-Krenke, 2004). Adolescent proactive coping mechanisms and non-proactive coping mechanisms have been associated with lower and higher depression scores, and the absence and presence of suicidal ideation, respectively (Micorvic et al., 2015). Henceforth the development of appropriate coping methods in adolescence is significant and is postulated to affect the developmental trajectories of young people and influence coping patterns used throughout adulthood (Compass et al., 2001). However, coping evolves over the course of an individual's development as they learn new methods of coping, and refine old ones to make them more adaptable (Amirkhan & Auyeng, 2007).

Coping integrates emotional regulation strategies, behavioural responses and cognitive processes such as appraisal mechanisms (Zimmer-Gembeck & Skinner, 2010). When appraising a potentially stressful event, an individual will evaluate their ability to be able to successfully cope with the event. Part of this appraisal is their assessment of the coping resources that are available to them (Greenaway et al., 2015). This may include tangible coping mechanisms externally available to an individual in their environment, such as the availability of money or social support, or they can be internal coping processes such as the ability to be optimistic and have self-efficacy (Greenaway et al., 2015; Schwarzer & Leppin, 1991).

A common categorical distinction in coping resources are 'approach' versus 'avoidant' coping mechanisms (Carver & Connor-Smith, 2010; Litman, 2006). Approach strategies of coping involve mechanisms that are referred to as engagement strategies or 'problem-focused' strategies that are used in the attempt to change the perceived stressfulness of the situation.

Examples of approach strategies are problem-solving and support-seeking, which are coping behaviours that have been documented to result in fewer adjustment problems (Fydenberg & Lewis, 2009; Wadsworth & Compas, 2002). Avoidance strategies on the other hand involve coping processes that ignore or deny the existence of the stressor. Examples of avoidance strategies include disengagement, emotion-focused strategies and distraction, which may be appealing due to the immediate relief from short-term distress. However, the avoidance of the stressor or problem tends to result in an increase in the intensity and frequency of distress, which may lead to the development of additional problem behaviours in the long term (Lynch et al., 2001).

Avoidance coping mechanisms have been shown to predict increases in adolescent symptomatology including depressive symptoms and substance abuse (Cicognani, 2011; Seiffge-Krenke & Klessinger, 2000; Seiffge-Krenke, 2000; Wills et al., 2001). Guerreiro et al. (2013) conducted a critical review of ten years of literature and found deliberate self-harm to be associated with avoidant coping resources, but negatively related to problem-focused coping styles. Undheim (2016) examined the coping styles of Norwegian adolescents involved in bullying as both aggressors and victims. Results from the study found high levels of emotional and avoidant coping styles, and low levels of task-orientated coping styles were associated with greater depressive symptoms. Furthermore, the study found replacing emotion-oriented coping styles with more adaptive task-focused coping resources reduced depressive symptoms, highlighting the need for schools to foster task oriented coping styles among young people.

***Coping as a function of individual appraisal.*** The concept of appraisal has been described as an important part of the coping process (Frydenberg, 2018). The impacts that stressors have on an individual are reliant on not just the severity of the stressors but also on the

adolescent's subjective appraisal of the stressors (Zimmer-Gembeck & Skinner, 2010).

Subjective appraisals are defined as “an evaluation of an event's potential impact or threat to wellbeing (Lazarus, 1991)” (Zimmer-Gembeck & Skinner, 2010, pg. 24). Lazarus (1966) distinguished between two types of cognitive appraisals - primary and secondary appraisals. Primary appraisals are made when an individual evaluates whether a situation has the ability to have significant impact on their wellbeing. Stressful events are usually appraised as either a threat, a harm, or a challenge (Lazarus & Folkman, 1984). The ways in which an individual appraises a stressor is linked with the emotional reactions and consequent coping responses. If an individual assesses an event as threatening, this prompts specific emotional processes and coping resources such as escape, withdrawal and/or support-seeking (Zimmer-Gembeck & Skinner, 2010). A recent study conducted by Patel, Tabb, Strambler, and Eltareb (2015) studied the role of cognitive appraisal among immigrant adolescent's experiences of ambiguous discrimination and found adolescents had to perceive discrimination to be threatening for it to have an effect on psychological health.

Secondary appraisals concern how an individual perceives the controllability of a particular stressor, that is, assessing their ability to handle the stressful event (Greenaway et al., 2015; Zimmer-Gembeck & Skinner). If they feel a stressor is more malleable and open to influence and change, then an individual may respond to that stressor using active coping resources such as problem-solving. However, if the stressors are perceived to have lower controllability or are inescapable, an individual is more likely to use coping mechanisms such as withdrawal, distraction, social support or other coping resources that reduce emotional distress (Zimmer-Gembeck & Skinner, 2010). An individual also appraises the coping resources that are available to them in order to cope with demands of the environment (Greenway et al., 2015).

Thus when taking into account stressors that adolescents deal with, it is important to also consider the ways in which they appraise the stressor and the thought processes behind their appraisals. Adolescents' stress appraisals are found to be critical correlates for their mental health and wellbeing (Compass et al., 2011). If an individual appraises an event to be more threatening, this is linked with more self-reported feelings of anxiety and depression (Sandler, Kim-Bae, & Mackinnon, date). The way in which a young person appraises a situation may consequently initiate a chain of action, influencing the coping actions the young person takes part in (Frydenberg, 2018). The benefits of positive thinking have thus been increasingly highlighted as an important aspect of stressors, appraisals and coping; as described by Frydenberg (2018), "positive thinking allows the individual to interpret situations in ways that are conducive to growth and success, in contrast, negative thinking leads to appraisals that anticipate bad outcome" (p.29). Similarly, religion can play a part in the way a young person appraises a situation, with religious beliefs often influencing an individual's perception of the struggle, their ability to cope, and the coping resources available (e.g. Islamic beliefs, as discussed by Al-Munajjid, 2006). Thus, it is important to understand how young people appraise stressful situations and what resources are available to them that influence their cognitive processes.

It is important to also acknowledge some recent shifts in theorising about coping. Contemporary psychology has witnessed an increased dominance of positive psychology, and a proliferation of mindfulness-based activities (Frydenberg, 2018). This has resulted in recognising other factors that also significantly contribute to adolescent wellbeing. In particular, there has been an increased focus on integrating coping with the positive psychology constructs of grit, wellbeing, emotional intelligence, mindset, and most prominently, resilience (Frydenberg, 2018). ***Relational understandings of coping.*** In recent years there has been an increased focus on

systemic influences on adolescent wellbeing, with an increased socio-ecological approach to wellbeing literature (Frydenberg, 2018). The socio ecological model postulates a reciprocal relationship between an individual and their environment, highlighting the importance of systemic influences such as family, school, communities, and the wider sociocultural political context on wellbeing (Frydenberg, 2018).

In line with this awareness of systemic contributions to coping, research in the last decade has reflected the significance of social support as a coping mechanism for young people. While there are fewer studies conducted on relational understandings of coping, the studies that have been conducted reflect a cross-cultural finding of social support as significant form of support for adolescents. Cicognani (2011) defines social support as social assets, resources and networks that can be used to provide advice, support and protection. For adolescents, primary sources of support are family and peers. While research posits that adolescents seek autonomy during adolescence, it also reflects parents as significant sources of support for young people alongside peers (Cicognani, 2011; Michelmore & Hindley, 2012; Spears, Taddeo, Daly, Stretton, & Karklins, 2015; Steinberg, 2011). Research shows young people may turn to their parents for support and guidance, and then turn to peers for support when their parents are unavailable (Cicognani, 2011; Steinberg, 2011). Cicognani (2011) investigated coping resources among adolescents for dealing with everyday minor stressors. They found adolescents used parental support when coping with school-related problems and concerns for the future but used peer support for problems that arose with other peers, school and romantic partners. Epstein-Ngo, Maurizi, Bregman, and Ceballo (2013) explored the coping and stress responses of Latino adolescents and found the most frequent coping responses were turning to religion and seeking social support. Khabaz, Behjati, and Naseri (2012) investigated social support, coping styles and

resiliency in adolescents in Tehran and found social support by the family, city council and institutions increased resiliency for these adolescents. Micheltore and Hindley (2012) reviewed previously published international community epidemiological studies examining help-seeking for suicidal thoughts or self-harm in young people, and found youth are more likely to turn to social networks for support, more commonly peers than family.

Studies have found an association between social support and fewer emotional problems in adolescence (e.g. Rueger, Malecki, & Demaray, 2010; Weinstein, Mermelstein, Hedeker, Hankin, & Flay, 2006). Similarly, Helsen, Vollebergh, and Meeus, (2000) found parental support was the best indicator of alleviation of emotional problems during adolescence and found peer support showed a positive affect for young people who had high parental support. Interestingly, they also found peer support showed a negative effect for young people who had low parental support, further implicating the importance of parental guidance and support in adolescence. Furthermore, Khurana, and Romer (2012) found support-seeking as the only coping strategy that directly predicted a reduction in suicidal ideation for youth in New Zealand.

***Patterns of help-seeking.*** Research discussed above indicates that youth turn to both friends and family for support. Some research findings indicated that youth are more likely to turn to family as a first call of support (e.g. Cicognani, 2011; Helsen et al., 2000; Steinber; 2011). Other research found youth are more likely to turn to peers (e.g. Micheltore & Hindley, 2012) or are more likely to turn to peers for support on certain topics such as peers, school and romantic partners (e.g. Cicognani, 2011). Rickwood, Deane, Wilson, and Ciarrochi (2005) explored young people's help-seeking in Australia and found female youth are more likely to seek support from friends, and male youth were more likely to seek support from family.

Research suggests that adolescents experience significant degrees of mental health struggle but only a minority seek professional help (Gulliver, Griffiths, & Christensen, 2010; Michelmores & Hindley, 2012; Spears et al., 2015). Research has focused on the factors inhibiting adolescent support-seeking, and identified several barriers including: perceived stigma and embarrassment (Clement et al., 2015; Czyz, Horwitz, Eisenberg, Kramer, & King, 2013),; Gulliver et al., 2010), poor mental health literacy (Gulliver et al., 2010); internalising mental health struggles as a personal weakness as opposed to an illness (Yap, Wright, & Jorm, 2011), perceived lack of time to seek help (Czyz et al., 2013) perceiving treatment as unnecessary (Czyz et al., 2013; Hunt & Eisenberg, 2010) uncertainty of treatment effectiveness, being unaware of services (Hunt & Eisenberg, 2010) and a preference for self-reliance (Czyz et al., 2013; Gulliver et al., 2010). Research suggests greater efforts need to be in place to reduce barriers to adolescent support-seeking, as well as taking into account young people's preference for self-reliance (Gulliver et al., 2010). Research further suggests creating greater initiatives for online support due to the significant amounts of time youth spend online; and building the capacity of parents and peers to better support young people, as young people identify them as significant sources of support (Spears, et al., 2015).

To conclude, research informs us that the coping mechanisms adolescents use to deal with challenges in their lives can directly impact health outcomes. The literature presented in this section highlights the importance of gaining an understanding of the coping resources that young Muslims in New Zealand have access to. The literature on coping is criticised for its focus on an individualistic approach to coping, failing to recognise the significance of systemic influences on young people's lives and the specific role of social support in adolescent coping. Literature also informs us that young people with mental health struggles are unlikely to reach out for



professional support and are more reliant on social networks. It is therefore also important to understand Muslim youth perception of mental health support-seeking, and the specific barriers that may be in place for struggling youth to seek support.

### **Culture Centred Approaches to Adolescence, Stress and Coping**

In this section of the thesis, I call attention to the lack of diversity in the populations and perspectives mainstream adolescent literature is based on. I begin by critiquing dominant adolescent research paradigms for their Eurocentric dominance, then discuss the ways in which culture affects how adolescence is experienced around the world. I conclude by discussing the ways in which culture affects adolescent stress and coping processes.

**Critique of mainstream adolescent research paradigms.** Several well-known western models and theories of development present adolescence as a stage of development that accompanies a set of goals that needs to be completed in order for the successful transition into the next ‘stage’ of life. Freud, for example, focused on the importance of psychosexual development during the stage of adolescence (Freud, 1905). Piaget focused on the cognitive development during adolescence, with the task of attaining abstract thinking abilities for successful transition into adulthood (Piaget, 1960). Alternatively, Erikson identified the task of developing a personal identity as the core task of adolescence (Erickson, 1980). Dorn et al., (2006) identifies a criticism of these models as the lack of acknowledgment of the individual as a ‘system’ that has many interacting and interwoven domains that are present during development. While adolescent development pertaining to puberty and cognitive development is largely biologically determined, psychological and social development will be influenced by the sociocultural factors in an individual’s upbringing and environment (Dorn et al., 2006). Maturational and psychological factors involved in development interact and are mediated by

external, sociocultural aspects of an individual's life. Nsamenang (1999) posits that "children are born into developmental niches that have been constructed through centuries of cultural evolution" (p. 167), describing adolescence as a cultural rather than a biological process (Nsamenang, 1999; Brown et al., 2002). Brown et al., 2002 recognise adolescence to take on "different forms in different regions" (p. i), highlighting the influence of the environment, both geographical and cultural, in shaping the adolescent experience. Research also informs us that the intersection between risk and protective processes has differing impacts on an individual dependent upon cultural beliefs, practices and values (Cicchetti & Rogosch, 2002). Thus adolescence needs to be explored, defined and understood through various cultural lenses in order to ensure that diverse experiences, and needs of different groups of adolescents are met appropriately.

The majority of research studies and theoretical assumptions about youth in health and social sciences literature emanate from research on European populations and western ideologies. Zuberi and Bonilla-Silva (2008) discuss the historical basis of Eurocentric domination in literature, reflecting on the historical role of the sciences to "actively aid in the development of racial stratification as a scientifically legitimate and social acceptable concept" (p. 16) post-colonisation, resulting in a discipline commanded by males of European origin. Nsamenang (2002) labels adolescent psychology a "Eurocentric enterprise" (p. 61), arguing that western social scientists have been ethnocentric in their approach yet have presented their findings as relevant to all cultures, resulting in the current domination of the American model in adolescent psychological literature, informed largely from the experiences of the Euro-American adolescent. Thus, literature that presents itself as reflective of the collective global adolescent experience needs to be carefully interpreted and cautiously used when informing implications for

adolescents of non-European backgrounds. Moreover, greater efforts are needed to include non-western perspectives of the adolescent experience, to build a collective yet culturally diverse understanding of this transitional stage of life.

**Culture-Centred understandings of adolescence.** Cultural communities around the world have differing normative understandings of the psychosocial changes and challenges that are faced by adolescents in comparison with those that inform Eurocentric conceptualisations. Non-western cultures such as Chinese, Japanese, West Africans, Indians, and Puerto Ricans, for example, are recognised to prioritise cultural values centred on interdependence, whereas western industrialised cultures such as Germans, European Americans, and Dutch may tend to prioritise cultural values centred on independence and self-maximization (Greenfield, Keller, Fuligni, & Maynard, 2003). These different views underpin beliefs about the age in which a young person is expected to have autonomy, with adolescents from individualistic cultures expected to gain autonomy earlier than young people from collectivist cultures (Chen & Farruggia, 2002). In some cultures, autonomy is not seen as a desirable goal of adulthood. For example, Native American adolescents do not aim for autonomy, rather dependence on family is perceived as a sign of adulthood (Cause et al., 2002). Furthermore, a study involving Chinese college students found that they viewed commitment to others as reflective of a successful transition into adulthood (Nelson & Badger, 2004). In this study mature behaviours included emotional self-control, decreased self-orientation, greater consideration for others, avoiding behaviours that would result in dishonour to the family, and preparing to become financially able to support their parents.

These different cultural expectations also shape the kinds of circumstances that are seen as stressful during adolescence. Research reflects a significant stressor for Japanese adolescents

is the pressure to excel academically due to the importance placed on education, and for some, the internal conflict between living up to parental expectations versus individual preferences (Naito & Gielen, 2002). Stewart et al., (2005) note that cultural dynamics in collectivist cultures such as Hong Kong and China may reduce vulnerability to acting out and taking part in behaviours such as tobacco use and adolescent sexual activity, however may increase vulnerability for internalising issues resulting in higher levels of hopelessness and depression (Stewart et al., 2005). These examples suggest that cultural communities around the world may have different ideas about what is considered normative or stressful during adolescence.

However, in the current modern world impacted by the significant increase in globalisation, adolescents are likely to amalgamate traditional or indigenous cultural practices and values with once foreign cultural values and practices (Ferguson & Bornstein, 2012). Traditional acculturative influences occurred through processes involving direct contact, as exemplified by the acculturation of Sub-Saharan indigenous values with “imported legacies”, highlighting the interaction between indigenous cultures and Arab-Islamic and Western-Christian influence forming the hybrid culture of contemporary Africa (Nsamenang via Brown et al., 2002). In the modern world of increased digitalisation, Ferguson and Bornstein (2012) discuss the notion of ‘remote acculturation’, whereby the indirect interaction with geographically distant cultures via globalisation can result in acculturation, despite no direct contact between these culturally distinct groups. Researchers posit that the effects of globalisation have significantly increased in recent times due to the rapid developments in telecommunication, resulting in greater connections and influence between cultures, the formation of global trends, and faster accessing of information through globally shared platforms (Arnett, 2002). This ‘remote acculturation’ is said to affect adolescents more significantly due to their use of social media

(Ferguson & Bornstein, 2015). Ferguson and Bornstein (2015), for example, found Jamaican adolescents who significantly engaged with western media outlets had greater similarity in values with European American youth, compared to other Jamaican adolescents who were less exposed to western media. Al-Ammari and Romanowski (2016) discussed the ways in which globalisation is changing traditions, cultural values and the family structure in Qatar, due to modernisation and westernisation. Arnett (2002) discuss the effects of globalisation by giving the example of the rise in specific adolescent behaviours in certain countries, such as pre-martial pregnancy and substance abuse among youth sometimes believed to be due to an influence of western values; an increase in juvenile delinquency attributed to the loss of traditional social norms and institutions; and the transference from traditional collectivist cultures that youth grew up in to more individualistic lifestyles witnessed in certain communities due the effects of globalisation. Thus the cultural contexts in which youth grow up in are complex, often intersecting differing cultural influences resulting in unique environments that differ to their parent's upbringing, despite geographical similarity.

In addition to exposure to globalisation, adolescents who have migrated to another country, or are from migrant families who retain cultural identities, practices and traditions from their country of origin face the additional tension of cultural marginality (Choi, 2001). Choi (2001) describes the concept of cultural marginality to be when individuals exist between two cultures, however, do not feel they centrally belong to either one of those cultures. Choi (2001) further describes the need for an individual to negotiate between the two cultures, whereby a person who is able to successfully accomplish this will achieve psychological growth, cognitive growth and identity formation. On the other hand, someone who is not able to negotiate between the two cultures is at risk for poor mental health outcomes and cognitive distress. This concept

appears in literature in various forms. Kao and Haun, describe this ‘acculturative phenomena’ as bicultural straddling, an “ongoing process of adaptation” (p. 269) between origin and host cultures, or societal and familial cultures. Researchers also often refer to the notion of hybridity, or a hybrid identity (e.g. Cassim, Stolte, & Hodgetts, 2019; Wang & Collins, 2016) to refer to the manifestation of having multiple cultural influences intersecting to form one’s identity, experienced by migrants or families with a migrant history. Research informs us that identity consolidation can be more complex for individuals who identify as having hybrid identities (Markstorm, 2011). Moreover, the acculturative experience can be markedly different for the differing generations of children and parents, resulting in differing beliefs, values and practices - more so prominent for second and third generation migrants (Le & Stockdale, 2008). Rumbaut and Portes (2002) used the term acculturative dissonance to describe the resulting conflict that can occur between parents and children, discussing how this conflict can lead young people to seek support from antisocial peers, which can result in antisocial and maladaptive behaviours. Le and Stockdale (2008) found acculturative dissonance to be predictive of serious violence for American Asian youth. Thus, the experiences of adolescents who are migrants, or come from families with a history of migration are likely to face additional unique challenges as part of the adolescent experience.

**Cultural influences on adolescent experience of stressors and coping.** Contemporary stress and coping literature are increasingly recognising the centrality of culture, however there are still limited systemic theoretical conceptualisations on cultural pathways of stress and coping (Kuo, 2011). One of the more recent models postulated by Aldwin (2007) argues for a sociocultural conceptualisation of stress and coping, recognising the social context of the stress and coping process as deeply embedded in one’s cultural context (Kuo, 2011). Aldwin (2007)

identified four ways in which culture can affect stress and coping processes. While greater empirical verifications of the model are needed (Kuo, 2011), it provides a “plausible conceptual roadmap” (Kuo, 2011, p. 42) to conceptualise the ways in which culture can affect stress and coping for adolescents. Thus Aldwin’s model will be discussed in the context of existing cross-cultural literature on adolescent stress and coping below.

Firstly, Aldwin posits that an individual’s culture can affect the types of stressors experienced by an individual. This is supported in the literature. Research informs us that adolescents who belong to marginalised cultural groups are more likely to have normative stressors based on prejudice and discrimination (Fisher, Wallace, & Fenton, 2000), with perceived discrimination a relatively common occurrence for young people who belong to minority populations (Pachter, Bernstein, Szalacha, & Coll, 2010; Stone & Han, 2005). Spencer (1995) found African, Asian Latino and Native American youth experienced racism and discrimination as a normative stressor. Gerrard (2012) found racial discrimination in African American adolescents led to both short term and long-term substance use. Fisher et al., (2000) found African American and Hispanic youth experienced greater institutional discrimination, while Asian youth experienced greater peer discrimination. In a study conducted by Crengle, Robinson, Ameratunga, Clark, and Raphael (2012) on high school students in New Zealand, ethnic discrimination was found to be more commonly reported by indigenous and minority group students.

Furthermore, socioeconomic differences are believed to have significant effects on developmental trajectories and expression of resiliency for youth (Arrington & Wilson, 2000). While individuals from all cultures can experience socio economic deprivation, due to the consequences of colonisation, migration and historical trauma, certain cultural groups in specific

geographic locations are more likely to fall under certain socioeconomic brackets (Arrington & Wilson, 2000). This then influences the developmental trajectories for youth of that particular cultural group (e.g. American Indian youth (West, Williams, Suzukovich, & Novins, 2012)).

Secondly, Aldwin (2007) identifies the way that culture affects the appraisal of the stressfulness of a given situation. For example, in more conservative societies pregnancy out of wedlock may have moral ramifications and family disapproval which will then be appraised as causing more stress to an individual, compared to a less conservative society where pregnancy out of wedlock may not be appraised as negatively. While it is relatively easy to conceptualise how differing cultural understandings of situations may lead to differing levels of perceived distress, more empirical evidence is needed to support this.

It is important to note some research that argues a cultural bias for the notion that control beliefs in appraisal mechanisms mediates perceived stress (O'Connor & Shimizu, 2002). It is argued that this only occurs for cultures that are influenced by individualistic values and does not occur for interdependent allocentric cultures that adopt more collectivist values (O'Connor & Shimizu, 2002). Therefore, while interdependent individuals from collectivist cultures have a low sense of personal control when appraising situations, this *does not* affect the perceived psychological distress for those individuals – however perceived personal control *does* affect levels of psychological distress for individuals from individualistic cultures (O'Connor & Shimizu, 2002). This finding critiques the cross-cultural application of Lazarus's (1966) notion of secondary appraisals, however more empirical research is needed to support this.

Thirdly, Aldwin (2001) identifies culture to affect the choice of coping resources that are used by the individual, which will in turn affect the impact of the stressor. And lastly, Aldwin (2007) states culture provides different institutional mechanisms by which a person can cope



with stress. These two notions are supported in literature. Research reports certain cultural groups are more likely to have greater resilience factors and coping mechanisms based on cultural values and practices. Research shows an association between religious practices and beliefs and improved health outcomes (Gomes et al., 2013). Gomes et al. (2013) found religion to be a strong protective factor against drug use for Brazilian adolescents. Similarly, African American youth's low rates of suicide is associated with their higher levels of religiosity (Aldwin, 2007).

Furthermore, research reflects stress amongst adolescents is reduced more efficiently in those societies that maintain a strong cultural identity, and have familial principles as part of their value system, such as family solidarity (Krapic et al., 2015). Family harmony in Wuhan, China was found to be a protective factors against adolescent tobacco and alcohol use, and was negatively associated with depression (Trinidad, Chou, Unger, Anderson Johnson, & Li, 2012). Results of Garnett, Masyn, Austin, Williams, and Viswanath's (2015) study which explored the coping mechanisms of young people who experienced discrimination and bullying supported research suggesting social support such as familial support and positive in group identity buffers the effects of racism on psychological health. This was previously evidenced by African American youth (Fisher et al., 2000). Additionally, their results suggest the possibility that those youth who experienced sexual orientation discrimination do not have the same levels of baseline support, thus exhibit high levels of depression.

To conclude, adolescence is recognised to be a time for change, challenge and transition, significantly affected by the social and cultural contexts in which this transition occurs (Gelhaar et al., 2007; Crockett, 1997). Mainstream adolescent literature fails to appropriately recognise the effects of culture on the adolescent experience, due to a dominance of Eurocentric

conceptualisations and research based on European populations (Nsamenang, 2002). This section of the chapter clearly identifies the influence of culture on the adolescent experience. Greater effort needs to be made to understand adolescence from differing cultural perspectives, and the differing normative experiences that adolescents from different ethnic background and geographical locations may experience. This includes an acknowledgment of the effects of globalisation and increased migration as discussed above. It is important that interventions aimed at adolescent populations are targeted to the specific challenges that the populations encounter, with greater effort needing to be placed in understanding these experiences at the onset. Thus in order to shed light on the experience of Muslim youth in New Zealand it is important to explore the specific psychosocial stressors experienced by them, and the coping resources they utilise.

### **Muslim Adolescent Development**

In this section I focus on the wellbeing of Muslim youth. As Islam is a religious culture, not ethnically bound, both western and cross-cultural understandings of the adolescent experience may apply to Muslim adolescents, depending on their personal identities and geographic location. Muslims living in western societies will be influenced by western psychosocial norms and those of other cultures due to the migrant histories of Muslims in the west. There are also certain adolescent experiences that are believed to be unique to Muslims living in western societies, as will be further elaborated on below. Thus, this research argues against the understanding of Muslim youth experiences from a purely Eurocentric view.

I start this section with a brief discussion on Islam and the Islamic perspective on stress, coping and adolescence. This is followed by an exploration of additional stressors that are postulated to be faced by Muslim youth in the west, namely, the effects of migration, acculturation, discrimination and prejudice. I end with a discussion on the strengths and

protective factors of Muslim youth, before turning the focus on adolescent New Zealand Muslims specifically.

**Islamic perspective of stress, coping and adolescence.** Religion is one of the most influential categories of culture (Cohen, 2009), and in particular Islam, the religion adhered to by Muslims, is known to have its own cultural identity that exists alongside one's ethnic and national identity. Islam is described as a religion that is universal and value-laden, incorporating both material and spiritual dimensions, forming a cultural identity that is dynamic in nature (Nurullah, 2008; Weintraub, 2011). Furthermore, while Islamic values are understood to be ageless and applicable universally, they are also understood to be amalgamated with an individual's familial, cultural and societal values. Hence while the cultural traits of Muslims may differ around the world, their behaviours and actions are often guided by the 'principles and injunctions' prescribed in Islam (Nurullah, 2008). Henceforth they can be incorporated and practised differently across the globe.

Islam is the world's second largest religion, with an estimated 1.8 billion adherents making up 24.1 percent of the world's global population (Pew Research, 2017). Followers of the Islamic faith originate from all over the world, with around 30 countries in the Middle East, Africa and Asia being Muslim-majority nations (Sirin & Fine, 2008). While Islam is often believed to be adhered to mostly by Arab majority nations, Arabs comprise only 20 percent of the world's Muslim population, whereas 30 percent originate from the Indian subcontinent (Berkley Centre, 2019). Surprisingly unbeknownst to most, the country with the largest Muslim population – consisting of approximately 13 percent of the world's Muslim population – is Indonesia (Berkley Centre, 2019). Islam is also the largest religion in Africa, the second largest religion in Europe, and has substantial minority populations in China and Russia (Berkley

Centre, 2019). These statistics show the diverse ethnic backgrounds of the world Muslim population. Furthermore, Islam is currently the fastest growing religion in the world, and some estimates predict Islam to take over as the world's largest religion in the next half century (Pew Research, 2017).

***Islamic perspectives of stress and coping.*** The basic beliefs and understanding of followers of the Islamic faith is that this world is a place for worship, whereby difficulties and hardship may befall a believer. From an Islamic perspective, worry and stress are accepted as a naturalistic inevitable part of life (Al-Munajjid, 2006). Muslims understand that this world will test them, and accepting this as the reality of the world makes it easier for a Muslim to cope (Al-Munajjid, 2006). They are guided to hold strong to the beliefs prescribed by Almighty Allah to successfully navigate these challenges.

And surely We shall try you with something of fear and hunger, and loss of wealth and lives and crops; but give glad tidings to the steadfast. (Quran 2:155)

With this acceptance however, Muslims are encouraged to take all necessary possible steps to eliminate the causes of stressors, and not just solely rely on God without taking part in possible action. Muslims have been guided on how to deal with the challenges of life. It is believed that God has provided a solution for all challenges in life, as referenced in the following hadith (sayings and teachings of the Prophet Muhammad, peace be upon him):

"There is no disease that Allah has created, except that He also has created its treatment",  
(Al-Bukhari, 2019a)

If one is not able to eliminate the stressors in one's life, they are encouraged to remain patient and trust in the decree of God and his promise to provide ease, as distress is believed to be temporary (Al-Munajjid, 2006).

"So indeed, with every hardship there is ease. Indeed, with every hardship there is ease".  
(Quran 94:5-6)

It is also believed that through this process of remaining patient and actively attempting to let go of worry through trust in God, individuals may find relief from their distress. Remaining patient through difficult times helps an individual gain resilience and strengthens their will power (Al-Munajjid, 2006). It is also believed that a believer will be expiated of their sins through any hardships they endure. Prophet Muhammad (peace be upon him) said:

“Nothing of fatigue, illness, distress, worry, grief or harm befalls the Muslim, not even a prick from a thorn, but Allah will accept it as expiation for some of his sins”. (Al-Bukhari, 2019b)

Muslims are also guided to seek solace through consistent engagement in religious activities such as prayer, dhikr (remembrance of God through repeated short phrases and supplications) and reading of the Quran (Al-Munajjid, 2006).

O ye who believe! Seek help in steadfastness and prayer. Lo! Allah is with the steadfast.  
(Quran 2:153)

In summary, in the Islamic faith stressors are accepted as a normal and inevitable part of life. Muslims are encouraged to actively deal with stressors where possible, whilst seeking guidance and relief through patience and prayer. The process of patience is understood to provide relief in itself, where one believes their distress is not permanent and actively trusts in the decree of God and his promise to provide relief and blessings. Thus, one is guided to cope through both faith guided cognitive processes, and through religious action such as prayer.

***Islamic perspective of adolescence.*** There are no clear guidelines in empirical research for what defines adolescence from an Islamic perspective. A general consensus is that it is a time of increased spiritual responsibility, where certain religious tasks begin to be obligatory. The increased spiritual responsibility echoes the physical and mental maturity that adolescents experience during this time. Puberty leads to new religious obligations of performing daily

prayers, fasting during the month of Ramadan and limiting physical contact with the opposite gender (Seward & Khan, 2015). Some females may also choose to begin wearing a headscarf at this age, referred to in Islam as a hijab (Seward & Khan, 2015). The lack of definition of adolescence may also reflect the previously discussed notion that Muslims amalgamate Islamic values with cultural and societal values, thus one's understanding of adolescence will be a combination of religious, cultural and societal perceptions.

A helpful understanding of adolescence from an Islamic perspective is provided by Al Zbon and Smadi (2017), who investigated the role of the family in the emotional growth of adolescents based on the teachings and understandings of Islam. They used authentic Islamic sources to guide their research, namely verses from the Holy Quran, Hadith (recorded traditions or sayings of the Prophet Muhammed, peace be upon him) and the thoughts of Muslim educationalists. They introduced adolescence as a stage of life that precedes adulthood, in which a young person needs “good guidance and caring to reinforce those adolescents to be independent, well directed and educated to find out their right track in life” (p. 78). They frame adolescence from a collectivist point of view, describing adolescence as a period where young people need holistic support from family in order to successfully achieve adulthood. They acknowledge adolescence to be a time of emotional sensitivity, growing independence, an increased need for security, and a stage in life where young people show growth in character. They conclude by emphasising that, from an Islamic perspective, the role of family is central in providing an adolescent with comfort, psychological security and appropriate education. They further describe a Muslim family's role as to help the young person develop “sensibility and physical, psychological and mental maturity” (p. 90) to enable them to take on future responsibilities. The authors recommend the necessity for Muslim families to turn back to the

teachings of the Holy Quran and Hadith to be able to guide their adolescents to a successful life in this world and the hereafter (life after death as commonly believed in Abrahamic religions).

**Stressors faced by adolescent Muslims from western countries.** Over the last half century, western countries have seen a rise in a visible and quantitatively significant vibrant Muslim life, as described by Peucker and Akbarzadeh (2014). Discussed below are some of the additional stressors believed to be faced by Muslim youth in the west.

***Migrant backgrounds.*** Muslim youth in the west are often of migrant backgrounds, both recent migrants and multi-generation migrants, also labelled as diasporic and post-diasporic youth respectively (Mitha & Adatia, 2016). The 1960s onwards saw an increase in Muslim labour migrants in the west, alongside the growth of local-based Muslim communities (Peucker & Akbarzadeh, 2014). Currently, people across the globe are more geographically mobile than at any other point in history, seeing a significant rise in voluntary migration (Lassetter & Callister, 2009). The world has also witnessed an increase in forced migration due to famine, war and political struggles (Pumariega, Rothe, & Pumariega, 2005). More recently, the world has witnessed significant political unrest in Muslim majority countries, resulting in a rise of Muslim refugee migrants in the west (Joudi Kadri, 2009). Hence, when looking at the health and wellbeing of Muslims in western countries, it is important to understand the stressors that may arise as a consequence of migration, both the acute consequences (experienced at both the individual and familial level) and the long term stressors that can continue to affect immigrant families over generations.

Migrants to a country may experience a loss of social connection and support, facing isolation and at times social exclusion and hostility (Fang & Goldner, 2011; Jibeen & Khalid, 2010; Khawaja, 2007). Migrants often leave behind large closely embedded social networks

consisting of extended family and community that provide a level of kinship and support that is hard to re-establish. Additionally, migrants who come from collectivist communities where responsibilities, commitment and rewards are shared may find it difficult to adjust to individualistic societies (Khawaja, 2007). Muslim migrants often originate from collectivist societies (based on the cultural practices of Muslim majority countries), thus migration disrupts this interdependent social network, which can result in psychological distress (Khawaja, 2007). Furthermore, migrants may experience trauma and stressors originating from pre migration or from the migration experience specifically (Staudenmeyer, Macciomei, Del Cid, & Patel, 2016).

Migrants also face the task of adjusting to their new home, facing practical challenges of attaining a job, enrolling in study, and facing language barriers, alongside forming new social connections and upholding family obligations (Adatia & Mitha, 2006; Jibeen & Khalid, 2010; Khawaja, 2007). Migrants also experience changes in socio-economic status and can be forced to change vocation or enrol in further studies if their credentials are devalued or not recognised (Adatia & Mitha, 2006; Fang & Goldner, 2011). While this situation presents with practical challenges, the interpersonal stressors faced by migrants are also significant. Migrants often reflect experiencing a loss of status and respect, both in the family and in how they are perceived as a member of a community, which can also cause considerable distress. Thus recent migrants are often at risk of mental health struggles such as depression, anxiety, and post-traumatic stress (Fang & Goldner, 2011; Khawaja, 2007; Pumariega et al., 2005). Furthermore, migrant youth who face rejection from mainstream cultures can experience depression, substance abuse and passive behaviour (Pumariega et al., 2005). Young people are believed to be specifically vulnerable, as their parental figures are often dealing with the additional stressors and barriers



experienced through the migration process, which can then leave them unavailable to attend to the emotional needs of their young people (Pumariega et al., 2005).

Muslim migrants in Western cultures often find themselves in a situation where they are a minority in both their religious beliefs and their ethnic background (Stuart, 2012). Muslim migrants are also likely to experience a change in their identity, where they were previously identified by their ethnicity, culture or nationality, they are now primarily identified through their religious orientation (Sirin & Fine, 2008). Lassetter and Callister (2009) conducted a review of voluntary migrant health literature and concluded that voluntary migrants generally have good health, but there are various factors that impact on migrant experiences including cultural barriers, language difficulties, and visibility differences. Visibly different migrants are found to have greater experiences of racism, which are associated with ill effects on health (Lassetter & Callister, 2009). There is also research that reflects migrants may also perpetuate racism, where some migrants may use the privilege their visible similarity affords them to secure benefits over visibly different migrants (Fox, 2013).

In summary, due to these additional challenges, youth with more recent migrant histories may face stressors that are developmentally different to their peers. Muslim youth who are born in western countries may not experience some of these issues directly, but as these issues may be present in the wider family, they can still be a source of stress for the young person.

***Discrimination and prejudice.*** While it is not uncommon for migrants to experience discrimination and prejudice, research reflects Muslim youth experience higher levels of perceived discrimination than other youth (Fine & Sirin, 2008; Seward & Khan, 2005; Sirin & Fine, 2007). As described by Stuart (2014):

Muslim young people tend to be seen as particularly vulnerable to discrimination as they are recognizably different to both host nationals and other migrant groups. Also, because

they belong to a stigmatized group that often features negatively in international media, majority members potentially have preconceived and misinformed notions about this group (p. 36).

Experiences of discrimination puts individuals at risk for increased psychological distress and adverse mental health struggles (Brown et al., 2000; Crengle et al., 2012; Fisher et al., 2000). Over the last two decades in particular, Muslims around the world have faced increasing Islamophobia. Following the 2011 New York terror attacks, here on referred to as 9/11, a widespread antagonistic perception of Muslims became dominant across many societies (Powell, 2011). Maira (2004) noted the increase in racism, racial profiling, physical assaults, and intensified suspicion of individuals who appear Muslim, following the 9/11 terror attacks. Sirin and Fine (2007) highlighted the impact this had on Muslim youth, stating that Muslim youth “pay the price of a global conflict through humiliation and mistreatment” (p.159). It is important to note that majority of studies on Muslim youth are conducted in the United States (US), where the after effects of the 9/11 terror attacks may have been felt more significantly than other parts of the world. However, the negative backlash following the 9/11 terror attacks were also experienced by Muslims all around the world.

Adolescents who have a religious affiliation may experience difficult challenges at school, including experiences of discrimination and bullying (Dupper, Forrest-Bank, & Lowry-Carusillo, 2015; Seddon & Ahmed, 2012). At times teachers were also found to be perpetrators of religious intolerance (Dupper et al., 2015). Research shows Muslim adolescents may experience challenges at school (Ahmed & Ezzeddine, 2009), especially for those who choose to adhere to religious practices at school such as praying and fasting (Seddon & Ahmed, 2012). These challenges can include prejudiced school officials, lack of school support in adhering to religious practices (e.g. prayer space not provided), social pressure, ridicule for wearing a hijab

or conservative clothing in physical education classes, or harassment based on information presented on mainstream or social media (Ahmed and Ezzeddine 2009; Seddon & Ahmed, 2012). As young people spend a significant amount of time at school during their adolescent years, schools play a significant role in identity development and painful experiences can have a significant negative effect on wellbeing (Forrest-Bank & Dupper, 2016). Research also suggests when adolescents have trouble at school they are more likely to look for support with peer groups that are perceived as deviant, as these peer groups are more likely to accept each other (Dmitriev et al., 2004). Additionally, research has found some youth are also worried about progressing socioeconomically due to perceived discrimination (Mitha & Adatia, 2016).

***Negative media portrayal.*** A significant contributing factor to the negative perception of Muslims and Islam in mainstream society is media portrayal. Research informs us that mass media play a critical role in the creation, maintenance and distribution of ideologies and perceptions, and often negatively portray minority communities by perpetuating misrepresentations and stereotypical depictions (Hall, 1990; Saha, 2012). Ahmed and Matthes (2017) examined the role of the media in the construction of the Muslim and Islamic identity by carrying out a meta-analysis of 335 published studies, concluding that Muslims are predominantly negatively framed and Islam is presented as a violent religion. Saeed (2007) noted how media and political debates on Muslims have narrowed down to an orientalist discourse, with Muslims being framed as an alien other in the British media. Furthermore, Islam is often depicted from a Eurocentric perspective, labelling Islam as a ‘them’ that is a threat to ‘us’ (Osuri & Banerjee, 2004), further alienating Muslims and the Islamic identity.

***Acculturation and identity negotiation.*** Acculturation is defined as “a process of cultural and psychological change that results from the continuing contact between people of different

cultural backgrounds” (Berry, 2006, p. 27). According to Berry’s (1997) model of adaption, acculturation is a multidimensional process that can result in four types of adaptation - assimilation, separation, integration, and marginalisation (Trimble, 2003). Assimilation refers to when an individual chooses to reject their original cultural identity and instead adopts the cultural identity of their new country. In contrast, separation refers to when an individual holds closely to their original cultural identity and attempts to avoid contact with people of the new host country. This is most common among individuals who perceive their migration as involuntary. The third pattern, integration, is when an individual attempts to combine parts of both their original cultural identity and the culture of the host country. Marginalisation is where an individual does not want to hold on to their original culture, but also rejects or is rejected by their new culture. Cassim et al. (2019) however note that migration is not often as sequential, with migrants constantly negotiating their sense of belonging to their new host country. They can alternate between the differing acculturation strategies and can demonstrate differing stages simultaneously. Furthermore, it is questioned if acculturation does affect all groups that come in contact with each other, and if it is in fact a mutual process (Chun, Balls Organista, & Marin, 2003).

Adaptation to the host culture can also be influenced by additional factors such as discrimination and prejudice. While the process of acculturation is a challenging task for all migrants, this may be particularly difficult for migrants who are more culturally distinct than the predominant culture (Jibeen & Khalid, 2009). It also is particularly difficult for migrants whose identities are the cause of social tension, specifically for youth who are more likely to be psychologically affected (Siri & Fine, 2007). Due to the complexities of their particular life stage, and the inability to self-marginalise into familiar ethnic groups as easily as their parents do

due to increased social interactions, youth face greater acculturative stress than migrant adults (Mitha & Adatia, 2016). Muslim migrant youth are however able to adapt to the host culture faster than their parents and are more likely to assimilate rather than integrate, separate or marginalise (Seddon & Ahmed, 2012).

Youth from faith-based communities are faced with additional stressors due to the added task of also negotiating a faith identity. Muslim youth, in particular, may be less likely to assimilate as easily as youth from other religious groups (Seddon & Ahmed, 2012). Islamic beliefs are understood to clash with normative adolescent behaviour from a western perspective and may also differ from other minority communities in the west. As discussed earlier, an initiation of sexual relationships is seen as a normative psychosocial task in western societies (Gelhaar et al., 2007; Williams & McGillicuddy-De Lisi, 1999). However, from an Islamic understanding it seen as an “exclusive realm of adulthood” (Tabatabaie, 2015, p. 276) experienced in marital relationships. Alcohol consumption is another normative adolescent behaviour, but alcohol is prohibited in Islam due to its intoxicating nature (Ahmed, Abu-Ras, & Arfken, 2014). Similarly, Islam prohibits the use of illicit drugs and gambling due to the potential harmful risks (Ahmed et al., 2014; Seddon & Ahmed, 2012). These conflicting values will be a particular challenge for Muslim youth who will face the competing demands of mainstream society that has normalised behaviour which is perceived to be detrimental to one’s wellbeing from an Islamic perspective. Muslim youth may also face the added pressure of adhering to religious values due to their family’s adaptation of these values. Stuart (2012) describes these challenges as part of the complex task Muslim youth face of having to meet the incongruent and often conflicting standards placed upon them by their families, peers, religion, ethnic community and wider society.

As discussed earlier, the identity formation of migrant youth is influenced by the difficulties of cultural marginality (Choi, 2001) and the resulting intergenerational tension of acculturative dissonance (Rumbaut & Portes, 2002). The additional acculturative and discriminatory stressors discussed add to the complexities of identity formation for diasporic, post-diasporic and also, to varying degrees, indigenous Muslim youth, with their identities seen as distinct and difficult to negotiate. Furthermore, upholding a strong religious identity “in a context where there is a prejudice against one’s group can be very difficult” (Stuart, 2014, p. 22). Youth who struggle with disputed or discriminated identities are likely to experience psychological distress (Sirin, Ryce, & Mir, 2007). Some research suggests differences in identity formation between male and female Muslim youth. Female youth are thought to be able to intertwine the differing aspects of their identity, and while they still struggle, they are more likely to be empowered in comparison to male youth (Sirin & Fine, 2007). Male youth are more likely to experience frustration and anger, and perceive their national and religious identity as distinctive parts, thus finding it harder to negotiate (Sirin & Fine, 2007).

**Protective factors and coping resources.** Despite the significant challenges that Muslim youth experience, there is also research that suggests Muslim youth in western societies may not always experience greater levels of maladjustment in comparison to other migrant groups (Stuart, 2014). As described by Stuart (2014), “even though Muslim young people experience a variety of risks during acculturation, especially in regard to prejudice and discrimination, they also manage (in some cases) to achieve positive adaptation” (p. 23). Thus, it is important to also focus on the strengths and protective factors that allow for successful adaptation despite the significant additional challenges that Muslim youth are believed to experience.

***Embracing their identity.*** Research has found that, despite the added tension Muslim youth experience when negotiating their identities, some youth choose to assert their distinct religious identity as a way of negotiating a sense of control and a sense of belonging (Buitelaar, 1998; Chaudhury & Miller, 2008). These Muslim youth choose to embrace their minority status as a crucial part of who they are and find strength in displaying their identity (Chaudhury & Miller, 2008). Some research has also found that, despite identities perceived as conflicting, Muslim youth are able to allow their national and religious identity to co-exist and only a small number of Muslim youth experience identity conflict (Sirin et al., 2007). Doing so may be easier in some parts of the world than others, with research suggesting it is easier for US American youth to negotiate their identities, in comparison to Muslims in Western Europe (Sirin & Fine, 2008).

***Community.*** Community involvement and religious congregation have been found to give individuals a sense of belonging, companionship and identity maintenance, and can facilitate a sense of community (Ahmad, Cameron, & Stewart, 2005; Benzies & Mychasiuk, 2009). Mitha & Adatia (2016) examined the experiences of diasporic and post-diasporic Ismaili Muslim youth in Australia and found several factors positively influenced resilience against the mental health stressors experienced during the migratory and acculturative process. Youth reported their faith community was important for creating a sense of belonging, social connection and practical support. Furthermore, they described taking part in activities within the community that expanded their social networks and strengthened their connection with peers. Youth also reported wanting to be actively engaged in community activities and have opportunities to contribute, wanting to be social agents for their change. The authors described youth's civic participation and agency in taking part in activities as a form of resilience.

***Religiosity as a protective factor.*** Research has shown religiosity can be a protective factor that buffers against life stressors. Van Dyke and Elias (2007) found religiosity increased resilience by providing youth with a higher purpose in life and encouraged forgiveness and abstinence from harm. In a study of Asian Muslim immigrant youth, Muslim identity was found to be a protective factor against discrimination, with Asian Muslim immigrants adapting as well as, or better than their New Zealand European and Māori (indigenous population of New Zealand) peers (Ward, Adam, & Stuart, 2010). Thus Muslim youth may have additional adaptive coping mechanisms compared to non-religious youth.

Research has found religious factors to be an effective protective mechanism against stress, and proactive coping mechanisms in times of distress can also prevent the use of maladaptive coping mechanisms. Religious coping, religious practices, religious affiliation and religious commitment have been found to be associated with positive health outcomes (Gomes et al., 2013). Religious measures have been found to be inversely related to juvenile tobacco, drug and alcohol use, delinquency, mortality rates, thoughts of suicide, attempted suicide, and completed suicide (Gomes et al., 2013; Smith, 2003). Religiosity has also been found to be a protective factor against suicide for at-risk youth, is associated with lower levels of depression and hopelessness, and can also foster physical health through the promotion of health-enhancing behaviours (Smith, 2003).

Furthermore, most practising Muslims adhere to guidelines on how to live your life based on the religious teaching present in the Quran. These guidelines are meant to protect an individual from items and behaviours that are considered to be harmful for one's wellbeing. Religious involvement and religiosity are seen as a buffer to the risk of engaging in risky behaviour during adolescence (Ahmed et al., 2014). As discussed, Islamic teachings prohibit



consumption of intoxicants such as alcohol and illicit drugs and engaging in premarital sex. Risky health behaviours have been linked to negative psychological mental health outcomes (Balogun, Koyanagi, Stickey Gilmour, & Shibuya, 2014). Alcohol in particular is the leading risk factor contributing to an adjusted life with disability for 10-24 years olds globally, and is shown to be related to conduct disorders, anxiety, depressive disorders and suicidal behaviour (Balogun et al., 2014).

However, research also shows less significant impacts of religiosity on adolescent wellbeing. Annalakshmi and Abeer (2011) examined the effects of a Muslim religiosity personality on resilience and found that, in order for religiosity to have an impact on resilience, the cognitive components of religiosity need to be manifest in behaviour as well, with beliefs alone not enough to have an impact on resilience. Furthermore, Cotton, Zebracki, Rosenthal, Tsevat, and Drotar (2006) conducted a review on the literature examining the effects of religion/spirituality on health outcomes and found mixed results. The literature review concluded certain aspects of religious beliefs such as personal commitment to core religious beliefs had positive impacts on adolescent wellbeing, while other aspects of religion such as negative interpersonal religious experience were linked with greater levels of depressive symptoms. These negative interpersonal religious experiences were linked to negative experiences in their congregations. Thus while literature postulates religion to be a protective factor, negative experiences through religion can also have significant negative impacts on young people's lives.

As research has found significant associations between religion and spirituality and health and wellbeing, it is important to question why religion and spirituality are not more significantly acknowledged in psychology. King, Benson, and Wagener (2006) discussed the marginalisation of religion and spirituality in the social sciences, stating that

“A variety of explanations have been given for the historic marginalization of religion and spirituality in the social sciences. Almost all have to do with the academy's biases about religion. And because religious and spiritual development share conceptual space, the former has affected the reputation of the later” (p. 3)

Furthermore, they also reference the effects of the “pervasive personal rejection of religion by social scientists, a fact supported by several studies of academics’ attitudes toward religion” as identified by Wulff (1997, as cited in King et al., 2006, p. 3). Thus while contemporary research shows religion and spirituality as important determinants of wellbeing for some individuals, historical prejudice against religion in the social sciences means greater work needs to be done before it is acknowledged more widely as a significant contributing factor to wellbeing, and used as part of treatment intervention where appropriate.

### **Muslims in New Zealand**

In this section, I discuss Muslims in New Zealand. I begin by giving a brief history of the Islamic faith in New Zealand, followed by a summary of the current New Zealand Muslim population in New Zealand. I conclude with a brief summary of literature based on the New Zealand Muslim population.

**History of Muslims in New Zealand.** The Islamic faith is believed to have been present in New Zealand for the past 140 years, though the exact origins of the Islamic faith in New Zealand are unconfirmed. The first official recordings of Muslims in the New Zealand census data were of Chinese gold miners who settled in the gold mining settlement of Dunstan, Otago in 1874 (Drury, 2015). The number of Muslims in New Zealand slowly grew from the 1890s to 1970s with the arrival of Punjabi and Gujarati Indian migrants, followed by Fijian Indian migrants, European Muslim refugees and Muslim students from the Asian continent (Drury, 2015). The first official national Muslim organisation - *The New Zealand Muslim Association* -

was formed in 1950, indicating an establishment of an Islamic community in New Zealand. By 1979 there were approximately 2,000 Muslims living in New Zealand, with the community further establishing roots by creating a federal body of Islamic associations (FIANZ) (Drury, 2015). Following this, the numbers of Muslims in New Zealand significantly increased with the influx of migrants, refugees and students from the Pacific, Asia, the Middle East and Africa, alongside local-born Muslims and local conversion to the religion (Drury, 2015).

Kolig (2009) discussed the various experiences Muslims face as migrants in New Zealand. He posits that migrants of particular ethnic backgrounds may have less difficulty adjusting to life in New Zealand, due to already established communities of those ethnic backgrounds. In particular, he posits that Fijian Indian's have the least difficulty in adjusting to New Zealand due to the large Fijian Indian community already present in New Zealand, which may contrast with the experiences of other cultural groups. Furthermore different cultural groups are likely to experience varying degrees of culture shock, due to differences in culture of origin and that of New Zealand society (Kolig, 2009). Despite the differences, a common worry identified for most Muslim migrant families in New Zealand is retaining their Islamic heritage. Kolig (2009) also discussed the difficulties some migrants experience in attaining employment following migration, due to previously attained academic qualifications not being recognised in New Zealand. This has forced some migrants to change vocations and undertake jobs such as taxi driving and working at restaurants, or relying on the unemployment benefit to earn a living in New Zealand. As previously discussed, this loss of identity and status that can be commonly experienced by migrants can lead to an increase in depressive symptoms (Ahmed & Reddy, 2007; Fang & Goldner, 2011; Pumariega et al., 2005).

**Current population of New Zealand Muslims.** The current population of Muslims in New Zealand as recorded by the 2018 census was 57,276, increasing 24 percent from the 46,149 reflected in the 2013 census data (further religious data is not currently available for the 2018 census). The 2013 census data revealed that the New Zealand Muslim community comprised of over 40 ethnicities, with large numbers of Kiwi Muslims born locally in New Zealand (25.7 percent), the Pacific Islands (21 percent), Asia (26.9 percent), and the Middle East and Africa (23.3 percent). Census data also reflects a growing number of European Kiwi Muslims (4,353) and Māori Muslims (1,080), with data over the last decade indicating a significantly increasing number of Māori are converting to Islam (Onnudottir, Pssamai, & Turner, 2012). The 2013 census also shows the New Zealand Muslim population to be more youthful than the general population, with 43.7 percent of the Muslim population under the age of 25 compared to 34 percent of the general population. These statistics indicate that an increasingly significant number of Muslims are either locally born in New Zealand or migrate as children, with an increasing number of second, third and fourth generation Kiwi Muslims.

Currently, the majority of Muslims (67.5 percent) live in New Zealand's most populous city, Auckland. Auckland has a significant Muslim community base, housing three Islamic faith-based schools, numerous mosques (place of worship for Muslims) and religious-based organisations. Other cities in New Zealand such as Wellington, Christchurch and Hamilton also have significant Muslim communities, with smaller growing Muslim communities also present in cities such as Dunedin, Palmerston North and Hastings. While there has been an increase in mosques and faith-based community centres, the Muslim community does not currently have mental health or social services that are community-based. Shah and McGuiness (2011) noted no current mental health service that provides culturally appropriate health care for Muslims in New

Zealand, and whilst the research was conducted in 2011, the situation remains unchanged. While there are individuals of Muslim faith who work in the field of mental health, there is not a central point of location to access culturally and religiously sensitive mental health and social care in New Zealand. However, there are members in the Muslim community who work with Muslim youth on an individual level in various domains of health and social care. This may be due to working in a particular service or institute that may see larger populations of Muslim youth, volunteering at specific faith-based groups and organisations, or working with Muslim clients in their specific area of work or geographic location.

**Research with the New Zealand Muslim community.** The following section will provide a brief overview of research based on the New Zealand Muslim population.

***Discrimination.*** New Zealand is internationally recognised as a peaceful country, consistently ranked amongst the most peaceful countries in the world. The latest 2019 ranking by the Global Peace Index placed New Zealand as the second most peaceful country in the world despite taking into account the recent March 2019 terror attacks in Christchurch, New Zealand (Boyt, 2019). Empirical research on racism in New Zealand reflects a less impassioned sentiment. A national survey conducted by Ward and Masgoret (2008) found New Zealanders do have positive attitudes towards immigrants and endorse multiculturalism - particularly more so than Australia and European Union citizens - however may be more favourable to migrants from certain countries than others. Harris, Stanley, and Cormack (2018) reviewed cross-sectional data from national surveys to describe recent experiences of racism in New Zealand by different major ethnic groups and found reports of racism were highest for Asian participants, particularly those born overseas. Furthermore, New Zealanders of non-European background were found to have greater experiences of racism in New Zealand. Additionally they examined the association

between the racist experiences and health and wellbeing outcomes and found experiences of racism were consistently associated with negative health and wellbeing outcomes. Harris et al. (2018) posit that understanding racism as a determinant of health and wellbeing is needed to for appropriate psychological intervention. Furthermore, Troughton, Sibley, and Bulbulia (2016) investigated anti-Muslim prejudice using a large sample of non-Muslim New Zealanders and found anti-Muslim sentiments are widespread and significantly higher than anti-immigration sentiments.

***Successful adaptation.*** Local research also reflect Muslim youth successfully adapt despite the additional stressors they face. A study conducted by Stuart and Ward (2011) on Asian Muslim youth in New Zealand found that Muslim migrant youth who were facing the challenges of acculturation and discrimination adapted well to life in New Zealand. Furthermore, a strong identity as a Muslim was found to facilitate this process, with the authors highlighting the importance of immigrants retaining their cultural and religious practises. Jasperse, Ward, and Jose (2012) investigated perceived religious discrimination and facets of identity on New Zealand Muslim women and found that, while religious visibility (wearing the hijab) was associated with greater levels of perceived discrimination, it also predicted positive psychological outcomes, suggesting engaging in religious activities buffered the negative effects of discrimination. Furthermore, Stuart's (2014) exploration of participation and success of young Muslims New Zealanders indicated that whilst Muslim youth may be at greater risk for maladaptive outcomes due to discrimination and cultural differences, ecological resources in acculturation such as family, religion and intercultural environment can counteract the negative impacts of stressors and enable resilience. Results from Stuart and Ward (2011) suggest Muslim

youth strive to achieve a balance to manage their “multiple roles, identities and orientations” (p. 263).

***Associations between religious coping and acculturative experiences.*** Adam and Ward (2016) studied acculturative stress, religious coping and their interaction as predictors of subjective wellbeing amongst a sample of New Zealand Muslims. They found acculturative stress predicted lower levels of life satisfaction and greater psychological symptoms, and religious coping predicted greater life satisfaction. Furthermore, they found engaging in Muslim religious coping buffered the effects of acculturative stress on life satisfaction, but did not have an effect on psychological symptoms, suggesting religious coping has more of a protective impact on life satisfaction. Stuart, Ward, and Robinson (2016), explored the influence of family climate on acculturative stress and adaptation and found the influence of family climate for both British and New Zealand young Muslims served as protective factors, but can also pose risks due to greater acculturative stress. Stuart and Ward (2018) examined association between religiosity and acculturative stress in the prediction of depression and wellbeing amongst young Muslims in New Zealand. Results reflected religiosity can have positive influences, but can also interact with acculturative stress to lower mental health.

***Migrant refugee experiences.*** Joudi Kadri (2009) examined the resettlement experiences of Arab Muslim refugees in New Zealand and found the resettlement experience inadequate, with some participants reporting their resettlement experience as traumatic. Furthermore, participants reported perceiving their refugee status alienating, and their Arab and Muslim identities as disadvantageous to resettlement in New Zealand or other western countries.

***Media representation.*** Research has also examined media representations of Muslim in New Zealand, finding mainstream newspapers perpetuate views of Muslims as the ‘other’ by

alienating Islam with its representation of Islam as a “threat to the west” (Nister Kabir & Hamid, 2015).

***Mental health awareness and stigma.*** It is believed the Muslim community in New Zealand may have very limited awareness of and information on mental health services, compared to the wider community (Shah & McGuiness, 2011). Shah and McGuiness (2011) found Muslim families in New Zealand prefer to keep mental health issues hidden, and instead of seeking help, they attempt to treat mental health issues using traditional or spiritual methods of healing. Shah and McGuiness (2011) identified barriers that are present for Muslims accessing mental health services in New Zealand. These included “a lack of awareness about mental health and the services available, a fear of stigma and discrimination from within their community, lack of cultural awareness by health professionals, and fear that their religious beliefs might not be respected by the professionals outside of their community” (p.7). Furthermore they found Imams (religious leaders) play a critical role in the community and are known to be the most influential figures in the Muslim community.

### **Conclusion and Present Study**

This literature review highlights the need to explore the experiences of Muslim youth in the west. The significantly increasing number of Muslims worldwide alone calls for the attention of health professionals and academics, as the wellbeing of Muslim youth will significantly affect global youth statistics. In particular, the intersection of the vulnerability of adolescence with the current socio-political cultural climate places Muslim youth at an increased risk for poorer mental health outcomes, calling for specialised prevention initiatives and support services. As this risk is thought to be particularly greater for Muslim youth living in the west due to the additional competing demands of religion, culture, and western society, greater focus needs to be



placed on understanding the experiences of these youth. Research also needs to focus on harnessing the strengths of Muslim youth, as literature also shows that despite the risks, Muslim youth may adjust well in western societies.

Understanding the stressors and coping mechanisms experienced by adolescents has both theoretical and practical significance for improving the wellbeing of adolescents. Predominant models of child and adolescent psychopathology recognise the impact and significance of stressors in the etiology and maintenance of mental health struggles. Furthermore, on a practical level, intervention and prevention strategies to reduce exposure to stressors and minimise the impact of stressors through adaptive capacities and coping mechanisms are a high priority in improving the wellbeing of children and reducing long-lasting mental health problems. Thus to improve adolescent mental health it is imperative to put in place interventions that reduce exposure to stressors, and to aid young people to implement adaptive coping resources to be able to effectively manage life stressors. In order to do this, it is important that research focuses on the stressors young people experience and the most effective coping mechanisms.

While the literature base on Muslim youth in the west is slowly expanding, there are still many aspects of their developmental experiences that remain unclear. Current literature has focused predominantly on migrant and refugee experiences, with a large focus on discrimination and acculturation and less focus on the everyday lived experience that takes into account all possible psychosocial stressors Muslim youth in the west may experience. While this has been an important focus in Muslim wellbeing literature, due to the predominant migrant backgrounds of Muslims in the west, recent statistics reflect a significantly larger number of Muslims are born in the west, with an increasing number of second and third generation Muslims and an increasing number of indigenous western Muslims. This shows a changing demographic, with unique lived

experiences. Muslim youth in the west will experience a large number of the age-normative stressors youth are believed to experience, alongside stressors that are predicted to be specific to Muslim and immigrant youth. Thus research needs to gain a greater understanding of the everyday lives of Muslim youth in the west. Furthermore, a majority of the studies of Muslim youth in the west are based on American youth.

In light of the potential significance of exploring the stressors and coping resources of Muslim youth in the west, this study aims to explore the stressors and coping resources of adolescent Muslim New Zealanders. It also aims to explore the systemic contributing factors to Muslim youth wellbeing, to be able to make appropriate recommendations for systemic change. This will be done through the qualitative exploration of the perspectives of key informants who are known to work closely with Muslim youth in New Zealand, as they are recognised to have broader understandings of systemic issues affecting the wellbeing of Muslim adolescents. The research questions addressed in this thesis are:

- 1) What are the key stressors faced by adolescent Muslim New Zealanders?
- 2) What are the key coping resources utilised by adolescent Muslim New Zealanders?
- 3) What suggestions of systemic change can be made to reduce the challenges faced by adolescent Muslim New Zealanders?

## **Chapter Two: Research Methodology**

This research aims to explore the stressors adolescent New Zealand Muslims face, the ways in which they deal with these challenges, and the contributing systemic factors. The research employs thematic analysis of the views of key informants who work closely with adolescent New Zealand Muslims, to allow for an in-depth understanding of their perspectives. While this research initially endeavoured to gain the perspectives of youth alongside the perspectives of key informants, it became clear during the early stages of the research that this approach would prove difficult. Research informs us that young people may feel uncomfortable being open about their difficulties with adults, fearing that they may be judged or that their autonomy may be threatened (Gibson & Cartwright, 2014). In particular, young Muslims may find it difficult to talk about some of the issues explored in this research due to the stigma attached to those issues. After difficulties in recruiting enough young participants to take part in this research in the time frame available, it was decided to focus on the perspectives of key informants. This was done with the understanding that individuals who work with Muslim adolescents are able to provide a unique perspective on the issues adolescent Muslim's face, and may be better placed to identify the systemic factors influencing the challenges for young people. This research aims to be a platform in which the experiences of adolescent Muslim New Zealanders are highlighted, aiding in informing change that benefits their wellbeing.

It is important to acknowledge that research assumptions adopted by the researcher are critical in shaping the direction, practices and findings of the research (Carter & Little, 2007). This chapter will outline the theoretical framework that informed this research, acknowledge the subjectivity of the researcher, and outline the methods used in this study.

## **Theoretical Framework**

This study is guided by a critical realist epistemology, incorporating a social ecological approach to health research, and cultural perspectives on adolescence. The design and epistemological approach are elaborated on below.

**Design of the study.** This study used a qualitative research design. Qualitative research methods are interpretative, naturalistic forms of data exploration that primarily use language rather than numbers to collect, analyse and present data (Biggerstaff, 2012). While the term ‘qualitative research’ covers a range of methods and research approaches, researchers agree that there is a common underlying shared assumption to qualitative research based on an understanding that there is no objective reality or universal truth, that knowledge is content-specific and shaped by an individual’s lived reality (Coyle, 2007).

Qualitative research is concerned primarily with the meanings people attach to their personal experiences and how they make sense of the world around them (Pope & Mays, 2013). It uses data collection methods that are “sensitive to underlying meaning when gathering and interpreting data” in elucidating a deeper understanding of participants’ stories (Merriam & Tisdell, 2015, p. 106). This makes qualitative research methods an effective method to explore participants’ feelings and reflect on their experiences (Biggerstaff, 2012). Qualitative research thus has the potential to provide a rich understanding of the ways in which people understand their own lives and the lives of others, by interpreting meanings behind their interactions and behaviour (Pope & Mays, 2013). I adopted a qualitative research approach in order to allow for an in-depth exploration of the views of key informants on the challenges faced by New Zealand Muslim youth and their understanding of the context in which this occurs. This approach was also thought particularly appropriate for conducting exploratory research.

**Critical realism.** The most vital assumptions in research are those made about the nature of the world and how it can be investigated (Rohleder & Lyons, 2014). The present research adopts a critical realist approach when making meaning of the participants' accounts of their views and experiences. Critical realism identifies language as constructing our social realities, while also recognising a material dimension to our lives that is non-discursive (Riley, Sims-Schouten, & Willig, 2007). Critical realism posits that "the way we perceive facts, particularly in the social realm, depends partly on our beliefs and expectations" (Bunge, 1993, p.231); thus critical realists acknowledge an inherent aspect of subjectivity in the production of each individuals knowledge (Madill, Jordan, & Shirley, 2000). Using a critical realist approach allows me to acknowledge the social and material reality that may shape the discourse of the participants (Sims-Schouten, Riley, & Willig, 2007).

From this perspective, the present study not only discusses the stressors and ways of dealing with the challenges present in the accounts shared by participants, but also acknowledges the material reality that may have shaped this discourse (Sims-Schouten et al., 2007). It acknowledges that the participants' diverse interactions and relationships with New Zealand Muslim youth, their roles in the community, and their own experiences of being members or close affiliates of the Muslim community will shape their perspectives. In this research I place emphasis on acknowledging the societal, cultural, political and generational aspects that may shape the material reality of the participants, in order to share their views and experiences ethically as well as accurately (Sims-Schouten et al., 2007).

**Social ecological approach to mental health research.** Social ecological approaches to health recognise the dynamic complexity and contextual reality of mental health issues, recognising individuals as embedded in larger social systems (Golden & Earp, 2012; Lounsbury

& Mitchell 2009). This framework is based on a systems-oriented approach, recognising the interactive nature of individuals and their wider environment, and acknowledging the multi-level influence on mental health outcomes (Golden & Earp, 2012; Lounsbury & Mitchell 2009). Using an ecological model for mental health research allows for research to yield implications for multi-level interventions (Golden & Earp, 2012). The literature review reflected the interactive systemic nature of problems that Muslim youth face, so my research adopted a social ecological approach to reflect on the dynamic complexity of issues faced by adolescent Muslim New Zealanders. In particular this research endeavours to inform community level interventions, which research states increases health services and empowers disadvantaged populations within society (Golden & Earp, 2012).

**Culture centred research and contemporary views on youth.** This research views culture as a vital aspect of human wellbeing that is entrenched in all aspects of life. As described by Diener and Suh (2000) “culture provides form and shape to the self, which in turn influences how individuals feel and think about various aspects of their lives” (p.63). Culture is viewed as a compass for how a person lives their life, and a filter for how they interpret and process incoming information. As discussed in the previous chapter, culture is seen as an important factor in relation to the research phenomenon, that is, culture affects a person’s life stressors and coping mechanisms (Aldwin, 2007).

I approached this research with an awareness of the limitations of Eurocentric research on adolescence and have attempted to adopt a more culturally aware lens. While I recognise Islam to be a culture in itself with its own values and practices (Weintraub, 2011), I was also conscious that this ‘culture’ might be experienced differently by young people who have grown up in non-Muslim countries like New Zealand (Wang & Collins, 2016).

**Key informant research.** A key informant is defined as an “expert source of information” (p. 92). Key informant research stems from ethnographic research methods used in cultural anthropology (Marshall, 1996). Key informants are considered to be privy to information that allows for an in-depth understanding of issues that surround them, due to their personal skills or position in society (Marshall, 1996). Thus Key informants may provide information that may otherwise be unattainable, adding valuable insights into our understandings of key issues. This approach also allows for researchers to obtain essential understanding in a short period of time (Marshall, 1996). Burgess (2003) emphasises the importance of obtaining key informants who represent a wide range of views. Using a key informant technique in my research was helpful in overcoming the relative difficulty in obtaining rich information on Muslim youth from young people themselves. Furthermore, using this technique allowed me to gain a greater understanding of systemic factors contributing to the issues Kiwi Muslim youth face, whilst also allowing greater insight into topics that we currently have very little information on e.g. abuse. The key informants used in this research were considered to be privy to in-depth information on youth struggles, based on their substantial interaction with Muslim youth.

### **Researcher Reflexivity**

Ongoing personal reflexivity by the researcher is considered a vital component of qualitative research (Biggerstaff 2012; Claveirole, 2004; Finlay 2003). Researcher reflexivity involves the researcher undergoing personal reflection in order to create awareness of how they themselves have shaped and informed the research (Rohleder & Lyons, 2014; Willig 2013). This process includes reflecting on one’s own position on the research phenomenon, interests, personal circumstances, privileges, political commitments, social identities, locations and personal experiences (Finlay, 2003; Willig, 2013). The researcher needs to “explicitly situate

themselves within the research” (Finlay, 2003, p.5), as part of an ongoing process of reflection where the researcher questions the relevance of their identity in developing the direction, progress, and findings of the research (Rohleder & Lyons, 2014; Willig, 2013).

As the researcher, I acknowledge the ways that I have had influence over the commencement, production and completion of this research. Thus a process of reflexivity is essential for me to reflect on and make transparent the ways in which I may have motivated and affected the research.

I think it is pertinent to emphasise that I identify strongly with the label of a Muslim New Zealander. I was raised in New Zealand, in a family that was heavily involved in community work, strongly embedding me as a member of my community. I have also worked in the community as a mental health clinician and mental health advocate, affording me the ability to relate to both Muslim youth and individuals who work with Muslim youth in a professional capacity. The combination of these experiences has undoubtedly influenced my perspectives on the research topic, and therefore shaped the research in several ways.

In the context of these experiences, I believe I have some insight into the issues present in the broader New Zealand Muslim community, and was driven by the hope that this research may have benefit for adolescent Muslims. My initial concern and motivation for this study was the lack of discourse on issues related to mental health and abuse. Thus, a strong motivation for this study was to gain empirical data that can be used to initiate discourse on these topics and to provide better support to the young people I had seen struggling. I was also conscious of the need to challenge my own views about what might be important for Muslim youth. As I conducted my research and engaged in further conversation with other Muslims, I gained further insight into



the complexity and depth of issues that Muslim communities in western societies face internationally.

I also felt heavily conflicted conducting research that aims, in part, to explore the ways in which the Muslim community itself may be contributing to Muslim youth stress. I have immense respect for my community and its elders, and the purpose of this research was not to associate blame, but rather to make apparent the issues that need addressing to support youth.

Nonetheless, I was concerned about how my research might be perceived, both by Muslim and non-Muslim communities. I feared my research may be misconstrued and add to the prejudice that Muslims often face, or that I may anger fellow Muslim community members who may take offence. I spent time deliberating with fellow community members and family members and came to a decision that the need for this research was greater than any fear that I had.

Additionally, I would aim to be respectful and mindful of the immense work the Muslim community has already undertaken to provide support to youth, and the immense pain and struggle that families have experienced to try and provide the best for their children. I also had to be careful to not let this fear influence my interpretation of the research findings, keeping in mind the ultimate goal of the research, which was to support the Muslim community.

I realise that my position as Muslim woman who has grown up in the New Zealand Muslim community may be both a strength and limitation to this study. Being from within the Muslim community, participants might see me as ‘one of them’ and feel more comfortable to talk openly with me about issues concerning the community. However, I was conscious that this familiarity might also be a hindrance, as participants may not feel comfortable talking about aspects of the community to which they may feel I am personally linked to.

To conclude, I acknowledge that the experiences and knowledge that I bring with me to this research may provide strengths to this research but may also pose challenges. Thus it was important for me to have regular meetings with my supervisor who was not from the Muslim community, in order to discuss, critique and provide advice when needed.

## **Methodology**

I gained ethics approval to conduct this research from the University of Auckland Human Participants Ethics Committee on the 21/11/2016 (reference number 018323).

**Participant recruitment.** In order to recruit participants for the study, I used known professional networks in the Muslim community to identify key people to interview who fitted the participant criteria. The criteria for participation was that the individual had substantial experience working closely with New Zealand Muslim adolescents in either a professional or volunteer capacity. To ensure informants were representative of a wide range of perspectives and experiences, I sought participants who had various roles in the community, were from varying regions around New Zealand, and worked with different ethnic groups in the Muslim community. An initial email was sent to these individuals which contained a brief description of the research project and aims, inviting them to send an expression of interest to take part in the study (see Appendix A).

I was conscious of the possibility of participants feeling coerced into participating by virtue of my membership in the Muslim community. I was careful to ensure that I had no authority in relation to those people who I contacted to take part, in order to allow them the possibility of declining participation. The participants who emailed back with an expression of interest were sent an information sheet to provide them with details of the study (see Appendix B). When participants emailed back saying they would agree to take part in the study, an

interview appointment was either scheduled to occur face-to-face at their work place, in a private room at the University of Auckland, or via a phone or Skype interview. It was made clear to the participants that they were able to withdraw from the interview at any time. The interviews and participant recruitments were done in phases until the point of saturation where I was not obtaining any new information from new interviews (Lincoln & Guba, 1985).

**Participants.** The sample consisted of 21 key informants who work in close contact with adolescent Muslim New Zealanders in various professional and volunteer capacities. This included: counsellors, a psychologist, social workers, a lawyer, community workers (both youth and elders), religious leaders (both male and female), individuals working for governmental organisations, and individuals working in education and law enforcement. The inclusion of religious leaders in the research project as a source of information was vital, as imams are thought to be the first point of contact for the Muslim community when dealing with various problems such as family issues, mental health difficulties, social problems, and psychiatric issues (Shah & McGuiness, 2011). In order to protect the anonymity of the participants, the descriptions of their roles are purposefully not explicit. Amongst the participants there were six Males and 15 females, and one non-Muslim participant and 20 Muslim participants. Four of the participants also identified as youth, under the age 25. The participants were based in Auckland, Hamilton, Christchurch, Wellington and Dunedin, with the majority of the participants residing in Auckland.

**Data collection.** Data were collected through one-off semi-structured interviews conducted either face-to-face with the individual or through a phone call for participants outside the Auckland region, or those within Auckland who preferred to communicate this way. Skype video calls were also offered as an option. Ten interviews were conducted face-to-face, 11 over

the phone, and zero through Skype. Semi-structured interviews were conducted to allow for an informal, open tone to the interaction, with a partially structured outline that allowed for flexibility during the interview (Longhurst, 2003) and the opportunity for discussion on new areas related to the research topic that I had not included. Semi-structured interviews “rely on the interaction between the interviewer and interviewee” (Longhurst, 2003, p.146). While conducting the interviews, I endeavoured to follow the criteria identified by Kvale (1996) for quality interviewing, in that I: a) used short interview questions that were able to produce detailed answers from my participants; b) placed importance in verifying and clarifying answers made by my participants; and c) responded to the participants with spontaneous answers that helped to facilitate the conversation.

The interview schedule (see Appendix D) included questions on the stressors Muslim youth faced, the ways in which they dealt with these stressors, systemic factors that influence stress and coping resources, prevention strategies and intervention initiatives.

The interviews were audio-recorded with the consent of each participant and transcribed by an independent University of Auckland approved contractor. The participants were given the opportunity to ask to make amendments to their transcripts. One participant made changes by emailing the researcher additional information to add to their transcript.

**Data Analysis.** This research used Braun and Clarke’s (2006) guidelines for thematic analysis to draw key ideas from the interviews. Thematic analysis is described as “a method for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p.79).

The first step was for me to familiarise myself with the data by re-reading the transcripts (Braun & Clarke, 2006). Bogdan and Biklen (2007) argue that the data set must be read at least twice in thematic analysis in order for the researcher to get a feel for the data. I used the

‘complete coding’ method as outlined by Braun and Clarke (2006) to identify different features present in the data, where each interview response could be assigned to as many relevant codes as needed. I firstly analysed and coded a portion of the data to discuss my method of coding with my supervisor. After discussing the extent to which the codes adequately reflected the data, I coded the complete data set, leaving me with an initial number of 93 different codes across all sections. I then re-read the data to ensure the codes were consistent with each other and the data was accurately coded.

I then analysed the codes for similarity and overlap in order to identify potential patterns in the data and any overarching themes (Braun & Clarke, 2013). Themes represent “some level of patterned response or meaning within the data set” (Braun & Clark, 2006, p.82). Once possible themes were identified from the different codes, these themes were reviewed in comparison to the raw data, to ensure the themes captured the most prominent patterns in the dataset, and to ensure the themes that were generated were representative of the whole data set (Elo & Kyngäs, 2008). The themes were discussed with my supervisor before being finalised in order to gain another perspective, and possible critique of the themes.

The qualitative descriptors of ‘many’, ‘some’ and ‘few’ were used in the analysis to indicate the prevalence of a theme across the entire data set (Guest, Namey, & Mitchell, 2012). A more exact account of the prevalence of themes is not considered appropriate in qualitative analysis as it may inaccurately suggest the possibility of statistical generalisation.

### **Quality of Qualitative Research.**

Assessing the quality of qualitative studies is a much debated topic (Sandelowski & Barroso, 2002). Traditional concepts such as validity, reliability and scientific rigour are not applicable to qualitative research, as these notions arose from a positivist research paradigm that

is more applicable to quantitative modes of research (Rolfe, 2006; Shenton 2004). Researchers have instead advocated the concepts of trustworthiness, dependability, and ethical considerations as notions (amongst others) that may better apply to assessing quality in qualitative research (Morrow, 2005; Rohleder & Lyons, 2014; Sanjari, Bahramnezhad, Fomani, Shoghi, & Cheraghi, 2014; Shenton, 2004).

**Trustworthiness and dependability.** Trustworthiness and dependability were improved by being transparent and explicit about each step in the research process, thus leaving it open to scrutiny and repeatability (Morrow, 2005; Shenton, 2004; Yardley, 2000). These features were maintained by detailed documenting of the research process together with discussion of personal reflexivity. Personal reflexivity, in particular, is regarded as an important concept in ensuring the quality of the research (Rohleder & Lyons, 2014).

Peer scrutiny of the project and discussions with supervisors is regarded as increasing the trustworthiness of research (Shenton, 2004). During the research process, objectives, methods, data collections and results were discussed with my peers and supervisors, and feedback was integrated into my approach. In particular, collaborative meetings with my supervisor were set up when needed in order to discuss key ideas and issues. Regular discussion also occurred with members of the Muslim community and fellow mental health practitioners in order to provide some external feedback on the emerging analysis.

As noted above, participants were also given the opportunity to ask to make amendments to their transcripts to ensure that these accurately reflected what they wanted to convey.

**Ethical considerations.** Addressing ethical issues in research is seen as adding to the trustworthiness of the research (Sanjari et al., 2014). This section outlines the ethical issues that were seen as relevant to the present research and the processes put in place to address these.

Due to the small population size of the New Zealand Muslim community and those who work closely with the community, I was aware that it may be possible for readers of the research to identify participants based on their vocation. In order to minimise the risk of this occurring, I ensured all data used to illustrate the thesis was anonymised, and any identifying information in the quotes used was removed to protect anonymity.

Lastly, I consulted with a respected elder in the community to ensure that I was taking all appropriate actions to be sensitive to cultural protocols. I also spoke informally with counsellors, social workers and teachers to help inform my perspective in designing this research.

## **Conclusion**

Overall, this research aimed to explore the stressors and coping mechanisms of New Zealand Muslim youth by exploring the experiences and views of individuals who work in a close capacity with those youth. It used a qualitative research approach informed by a critical realist epistemology, social ecological approach, and culture-centred perspectives. The research findings are based on a thematic analysis of semi-structured interviews with key informants working with adolescent Muslims in New Zealand.

### Chapter Three: Findings

In this chapter, I present the key themes identified from the interviews conducted with the key informants. The themes are presented in three categories: the stressors experienced by Muslim adolescents in New Zealand; means of coping; and recommended systemic changes to aid Muslim adolescent wellbeing in New Zealand. Table one outlines the categories and corresponding themes.

Table 1.

Emergent Interview Themes

Category	Themes
Stressors	The challenges of migration Experiencing discrimination Struggling to know who they are Insufficient support from the Muslim community A culture of silence Mental health stigma
Means of coping	Family and community support Friendships Finding strength through faith Appear less overtly different Looking for belonging in the wrong places Coping in unhealthy ways
Recommended systemic changes	Address the discrimination present in New Zealand society Improve cultural competency in New Zealand society The Muslim community needs to be more open to the difficulties their young people are facing The Muslim community needs to be more actively involved in supporting Muslim youth Empower Muslim youth Mental health support needs to be more culturally inclusive The need for increased education to create change



### **What are the Challenges Facing Adolescent Muslim New Zealanders?**

This section analyses the themes in participants' interviews that capture the stressors they believe Muslim youth experience growing up in New Zealand. Six key themes were identified: the challenges of migration; experiencing discrimination; struggling to know who they are; insufficient support from the Muslim community; a culture of silence; and mental health stigma.

#### **The challenges of migration: "So that was quite a heavy burden to bear as new immigrants"**

As the number of Muslims born in New Zealand is increasing, a large number of Muslim youth are first or second generation Kiwis, with their parents or grandparents having migrated to New Zealand. Participants recognised the additional stressors migration may have on families, discussing the more acute stressors for those who have recently moved to the country and the longer-term stressors that have had influence over generations.

One of the most significant effects of migration discussed was the intergenerational conflict that can arise between parents and children, as a consequence of growing up in differing cultural contexts. Some participants outlined how growing up in different countries (often non-western) may result in parents not comprehending the level of difficulty their children are experiencing in upholding cultural and religious values while living in a western society. A few participants identified how many parents had grown up in communities where their religious/cultural identity was that of the majority, and thus are not able to understand the additional stressors that Muslim youth go through as a minority living in a society that is seen as not encouraging of religion. As one participant explained:

[There] is this divide between what the Muslim youth are actually going through, based on their exposure to, like, Kiwi culture, and their parents' understanding of how their

child should live. I think that adds a lot of stress on the kids, on the youth. So there is lack of understanding and communication between family members.

Furthermore, some participants discussed how youth may not understand the difficulties their parents experienced, that has resulted in their desire to preserve their culture and values in their new home. Participants discussed how as a consequence a “lack of understanding and communication between family members” may arise, resulting in young people feeling misunderstood and unsupported.

Participants discussed the consequences of this. Firstly, youth may not be able to get appropriate support and guidance in how to deal with the unique struggles that arise from growing up as a religious - and often cultural - minority in a western country, as the following comment suggests:

And so they don't really have anyone who understands their culture or like how they were raised to deal with it in a balanced way.

Secondly, participants spoke about how some youth may also feel like they have to live incongruently and hide aspects of their lives that they feel their parents may not agree with or understand. Participants reported how young people can find this to be isolating and lead them to withdraw from their families at home. A small number of participants also discussed how this may lead to some young people choosing to move out of their family home or alternatively be ‘kicked out’ of the house for not abiding by familial values or rules.

Participants also described other pressures that children of migrants may experience, in particular the pressure to succeed, due to the sacrifices their parents made in moving to a new country for their children to have greater opportunities in life. One participant described how parents may want their children to succeed in the ways they were not able to do.

They want their children to do what they didn't do. And that becomes a pressure on the children.

Some participants also discussed the struggles new migrants faced adjusting to living in New Zealand, with one participant detailing the challenges faced by refugee migrants.

... so their challenges were quite a lot about adjustment, learning language and trying to find their feet in an education system where they had missed so much already, but are faced with the enormity of having to get through school, get into tertiary education and make a life for themselves in this country. So that was quite a heavy burden to bear as new immigrants. And like the emotional trauma of the life that they had left behind.

Participants also spoke about how some recent migrant parents may not be able to provide as much support to their children as they would like to, due to the financial, social and emotional difficulties that arise from being a new migrant. One participant commented on how the long-term effects of early familial displacement and trauma could impact on a young person.

Some families have gone through grief... [where] there has not been a support in place at the beginning... And that child, just because of his grief, has not been handled from the beginning stage, has the peer pressure of the youth in a non-Muslim environment, starting to take drugs. Doesn't have enough money to ask from his mum. He starts to do criminal activities like stealing and stuff and he ends up in jail. It's like one event of a traumatic experience, unable to handle that properly because of a mum who is a migrant who has a poor education background.

Additionally, some participants discussed how parental trauma experienced in their country of origin, or through the migration experience, can result in intergenerational trauma.

... that kind of almost that intergenerational trauma, just carrying the emotional challenges of their parents.

A few participants also noted how youth might be forced to adopt more adult roles in their families following migration.

Some of them, their parents are really struggling, really suffering as well, because they basically had to flee their homeland, and then they are bringing their kids here to give them a better life, but they are wearing the emotional grief of what's happened, so often the kids are kind of having to be a go-between, between New Zealand culture and their

parents. Kids, because they pick up the language faster, are being interpreters for their parents at the doctor and having to talk about adult issues and be the parent in a lot of ways.

Lastly, another issue identified was the influence of migration on the way that religion is practised and understood. One young participant reflected on conversations they have had with youth on how their “parents interpretations of what they think is Islam isn’t necessarily true”, and how this misunderstanding can cause a lot of confusion and discontent among youth. They further reflected on how this topic was not discussed in the community as “people tend to shy away from this topic – especially the older people”.

This section illustrated the various struggles that participants identified to be a consequence of migration, both acute and long-term. Participants highlighted intergenerational conflict between parents and children as a significant cause of stress. Participants also noted that young people may not understand the struggles their parents have endured and their desire to preserve their culture, further adding to misunderstandings and miscommunication. Participants identified various consequences of intergenerational conflict. Firstly, youth may not receive appropriate support and guidance in how to deal with the unique struggles of growing up as a minority in New Zealand. Secondly, youth may live incongruently, hiding certain aspects of their lives that they feel may not be accepted by their elders, which can lead to isolation and withdrawal. Thirdly, a few participants discussed the long-term impacts which can result in children moving out of home or being kicked out if tensions escalate.

Additionally, participants discussed specific struggles that new migrants and refugees experience after moving to New Zealand, namely financial, social and emotional difficulties that may lead to parents not being able to provide as much support to their children as they would like to.

This theme reflected the stressors experienced by young Muslims that were associated with migration. These centred largely on a perceived gap between young people and their elders in relation to social norms, culture and religion.

**Experiencing discrimination: “There is a significant cumulative impact as these seemingly relatively minor events unfold”**

Participants described the varying ways they understood Muslim youth to have experienced discrimination and Islamophobia. They discussed the overt ways in which Muslim youth have felt discriminated against and the consequences they believed this had on their psychological, spiritual and physical wellbeing.

It is important to note that the level of discrimination described varied, with some participants describing minimal and more covert experiences of discrimination, while others described more overt experiences of discrimination. One participant described Islamophobia’s presence in New Zealand society as an “undertone”, where “it’s kind of not almost there, it’s almost like a sense of ignorance in society rather than a sense of hostility”. In contrast, others described discrimination as overt and invasive as elaborated below.

A small number of participants spoke about their knowledge of youth as young as 16 years old feeling harassed or victimised by government agencies. For example, they described how they were aware of some adolescent males who had been left “traumatised” after being approached by the New Zealand Secret Intelligence Service (SIS) and interrogated on their social media activity and that of their friends. One of these participants also discussed how young people disclosed feeling terrified that they are being watched constantly via their electronic devices, and the fear they experience when going through customs at the airport. One participant

elaborated on the potential consequences of a young person being questioned by government officials, and the difficulty they might experience in processing this.

It's different from having a random person you can just, you know, say oh he's ignorant, but when the government pulls you aside and questions you, and does it on more than one occasion, and at times actually tells you that you are on the list, once you're pulled aside by the government it's a systematic thing, it's a decision taken by the government to say that you are a threat, [that] is much more complex as a reaction for you as a person.

The participant elaborated on how this may contribute to an experience of feeling "different", especially for young people who were negotiating their identity.

I'm trying to look at this not [just] from the traumatising effect but also what it does to their identity, to be questioned at this young age in that manner, that's really singling you aside you know. .... I didn't see myself to be very different from the rest of the population and I always thought that racism was mostly from the outside sector, like from the public basically, not from the government.

Another participant described the impact they thought being subjected to these frightening situations might have on young people.

There is a significant cumulative impact as these seemingly relatively minor events unfold... Most of us are aware of the psychological impact on us all of adverse Police attention, even just on the road or generally, let alone direct personal contact from Police after hours etc. Many are aggrieved just from dealing with Police, such as when making a complaint when they are the victim. So, the impact on Muslim youth, given the state of their identity, the fragility of their psycho-social frame, and the nature and mode of especially intelligence contact, should not be a surprise.

Participants also questioned the ethics of "intelligence" tactics being used for such interrogations and the legality of the actions of the SIS, who were apparently telling youth they have to attend these meetings alone and then subsequently warning them to keep the interactions confidential. These experiences were seen as leaving young people "terrified", "traumatised" and

unable to gain appropriate support. They also highlighted the lack of support for young boys from the Muslim community after these traumatising interrogation experiences.

A few participants reported that they had spoken to young people who felt discriminated against by an educator in both overt and covert ways. They described a variety of instances in which students in high school had felt targeted by their teachers because of their faith, for example, where students were being asked in front of the class for their opinion on terrorist organisations, or to justify terrorist actions occurring overseas, simply because they are Muslim.

... asking the students to stand up and justify something that has gone on in Afghanistan when the student is from Africa, and solely because they are Muslim, it's a Muslim country and like they have to defend it. ... And they have come out as refugees and are still being required, in front of the class at times, to defend a crime or something that they have no control over.

The above speaker also spoke about Muslim youth feeling unsafe after experiences of being shouted at, either in school or in public settings, that they are “terrorists” or have “bombs in their bags”, especially after international terrorist incidents occur.

In addition to overt discrimination experienced at school, there were also more subtle forms of discrimination described. One participant, for example, talked about how teachers might reinforce stereotypes about religion and wars through their teaching that are incorrect, and in turn perpetuate negative beliefs about Islam. Other participants recounted incidents described by young people where teachers had advised students to take off their hijabs in order to not draw attention to themselves. Other covert experiences of discrimination identified were patients refusing to see Muslim university students as part of their healthcare-based placements, and peers making jokes that are offensive and perpetuate negative stereotypes of Muslims despite being said in a humorous manner.

Participants also recognised the broader culture of Islamophobia in which isolated incidents occurred, with one participant specifically discussing the impacts of radio personalities who spread intolerance.

So there are a number, for example, radio personalities who are well known to be anti-Muslim. They hold very important positions in quite large media organisations. They are essentially a part of the fabric of New Zealand society... And all of this obviously causes a regular trauma, because these people generally tend to invite those types of people onto their shows or invite that type of comment. And obviously what that also does is it spreads that intolerance. And obviously the issue of intolerance spreading is real, and its role in psychological trauma for Muslim youth is a huge one.

Participants also described young people's reported experiences of perceived discrimination when applying for jobs. These participants detailed how young Muslim women who wear the hijab, or young Muslim men who have Muslim names, worry about the discrimination they may experience, or have experienced, when applying for jobs, especially for jobs that require higher qualifications or skills. Participants described how some youth question the coincidence between these two factors, while other youth are more certain this is due to Islamophobia.

... the [young Muslim man] said, I applied for a lot of them [jobs] and never heard back. He said not a single reply, and he said the first job that I changed my name, you know a western name, he said the first job, I swear the first job I got a reply and now I'm working in that job. That's not one story, there's a lot of stories.

Participants also discussed how looking or sounding visibly different increases the likelihood of discrimination. For example, young Muslim women who wear the hijab are more likely to experience discrimination based on Islamophobia than are men, or women who do not wear the hijab. The implications of this will be discussed below in relation to identity.



In summary, participants identified various overt forms of discrimination to which young Muslims were exposed to, as well as more widespread prejudice in New Zealand society that affected their daily lives.

**Struggling to know who they are: “They want to belong, they really want to belong”**

Struggles with identity were often highlighted by participants as the most significant challenge facing Muslim youth in New Zealand. As described by one of the participants who also identifies as a young person, “it’s a struggle of who am I”. Identity was viewed as multifaceted, with the intersection of the different aspects of one’s identity proving complex and a significant struggle for Muslim youth. An individual’s identity was seen to consist of various layers including “your faith identity, your ethnic identity, your national identity, [and] your community identity”.

A significant challenge for youth discussed by many participants was the pressure of embodying the religious and cultural values present in the identity of their parents, who had grown up in different cultural climates from those of their children. Participants discussed how, in an attempt to preserve their culture, parents were placing expectations on their children to adopt values and adhere to rules and norms that were based on the parents’ experiences of living and growing up in a different country. However, youth who were born and/or grew up in New Zealand found it difficult to adhere to these expectations while living the realities of growing up Kiwi in a western society.

I think identity is especially [difficult] for kids who have parents that have grown up overseas and migrated here, so they [youth] were born here or came here as a young age and they are starting to become acculturated, often there will be different cultural perspectives and parents wanting to hold on to their own cultural background really strongly, whereas the kids are not feeling that strong with that and are wanting to fit into the society that they are living in.

A few participants also discussed the difficulties for youth who are wanting to maintain a strong Islamic identity but are struggling to do so while living in a western country.

[They are] finding it really hard to maintain a strong Muslim identity in an environment that doesn't really sort of promote religion, not that its anti-religious, but just like you have to be very strong in yourself to hold onto that.

Adding to this, some participants also noted that a significant struggle for some Muslim youth was feeling "a strong sense of otherness" and a lack of belonging in New Zealand, despite being Kiwi.

I feel like maybe identity issues would be the biggest that come to mind, that kind of feeling of not feeling at home, when this is your home, type of thing. So you've got Muslim kids that were born and grew up here but still don't feel as Kiwi, or they just don't feel a sense of belonging, which is very hard, because this is all they know.

A few participants highlighted the major influences contributing to the feeling of 'otherness' that some Muslim youth experienced. They spoke about how the differences in mainstream Kiwi culture in comparison to the Muslim way of life are particularly prominent during adolescence, identifying differences in dressing, socialising, consumption of alcohol and drugs, and romantic relationships. This feeling of 'otherness' is described below.

... the Muslim youth especially feel so lost, because we can't fit in with the drinking culture or the partying culture.

Participants suggested that youth may want to express their religious identity differently from the ways their parents had done. In particular, some youth wanted to appear less visibly Muslim in order to feel less different from their peers, to feel a greater sense of belonging, and to reduce discrimination. In addition, participants noted that youth who have grown up in New Zealand may not always identify with their Muslim identity as strongly as their parents are wanting them to, and instead wanted to create their own unique religious identity.

And related to that is the challenge of being second or third generation Muslim to parents who don't really understand where they [youth] are coming from either. And so their parents' brand of Islam is not really what they [youth] want for themselves, and so they are kind of trying to tease apart what is Islam for them and what is culture for them and what do they want for themselves, and trying to establish what is the identity as the Kiwi part, and so some have done that more effectively than others.

Participants discussed different ways in which Muslim youth are changing their Muslim identity. This included changing the way they dress, changing their names, diluting their cultural identity, and withholding information about their religious identity for as long as they are able to. Furthermore some participants spoke about how this situation might create additional stress when young people feel pressure from home to uphold a stronger Islamic identity, even if they do not want to do so.

And they are finding it a challenge for their parents... they do want to feel Kiwi... they feel pressure from the home being told that they aren't doing something Islamically.

Another significant place that some participants described Muslim youth feel a lack of belonging to is at the mosques, with one participant describing how youth "want more from the mosque because that's their faith identity". A participant described how for some families, a lack of connection to the mosque would mean a lack of connection to the community, particularly for those young people that do not have large cultural or familial groups in New Zealand. This disconnect was discussed to have multiple causes. Participants discussed how there was no "youth voice" in the mosques, resulting in youth struggling to feel accepted and valued as young people.

... because mosques are often not, not only are they not generally youth friendly, but they'll also not even, sort of, that there is no real outreach programme that actually even presents any possible perception that they might be receptive to youth.

Some participants also described how certain youth may feel “rejected” or “judged” at the mosque, particularly those who may be struggling.

Some of them [youth] are aware of the protocol of the masjids, but how open are some of the masjids to this kind of youth? Who is trying to reform, who is trying to get the support, but it’s how open they are. Not all of the masjids or all of the people in the community are open to this kind of person coming in the mosque, yeah.

As a consequence, some Muslim youth are caught between two worlds - secular New Zealand society and Islam - and do not feel they fit well into either. A participant described the potential detrimental effect of youth of not being able to balance and interweave their identities.

... it doesn’t look serious from the outside to us till after, but it’s very, very serious, because they want to belong, they really want to belong and they find themselves in this crossroad where the other society is rejecting them... especially when they, you know, apply for things, and when they see that others of different backgrounds are excelling and they just cannot put their finger what exactly is going wrong, why am I not performing like that person, and they start to understand, so they’re being pushed aside, but at the same time that other identity is not providing, doesn’t have sufficient answers for them and they just need to find... I feel like they either resolve it if they’re lucky enough to read or to have somebody that enables them to realise that there’s a number of things that can overlap each other, and there’s good and bad in both, or they go extreme they either reject the entirety of the religion or they go extreme with the religion and reject the entirety of society, both being extreme examples and not something desirable.

Participants also discussed how youth may begin to internalise their negative experiences, as opposed to interpreting them to be a product of the society they live in.

Yeah. I can see how some youth, like in terms of discrimination, I can see the lack of knowing one’s self, like their identity and the confusion about who am I can lead to things like internalising like discrimination from others, like bullying and how that might affect a Muslim youth to kind of veer off and do things that parents will not be okay with. So I definitely have seen that.

Another significant stressor for young Muslims that was identified by participants was the lack of a ‘third space’ where Muslim youth are able to mediate between the competing demands of their identities, and thus have a space where they can enjoy their youth. Participants highlighted how Muslim youth are advised to not engage in the drinking and partying culture that is part of mainstream youth culture, but then do not have a space where they are able to interact with other youth on a purely social level that is appealing for them. This issue was discussed in the context of the pressure youth feel to fit into mainstream ideals of socialising where that can clash with Islamic values.

Muslim youth especially feel so lost because we can’t fit in with the drinking culture or the partying culture, and yet we want to have a space where we can just hang out away from like even religion or politics, or like everything, and just talk or have fun. But there is literally nowhere we can do that, and the only times like the Muslim youth get together is in a formal setting or something, which is not ideal.

Lastly, one participant spoke about the additional struggles that Māori Muslim youth experience in the Muslim community. In addition to the silencing of Māori voices as a consequence of colonisation, Muslim Māori are further silenced due to being a minority within a minority, that is, a minority within the Kiwi Muslim community.

Now the youth that are missing out on are the Pacific Islanders and the Māori. Where are they? They don’t get the voice, they’re usually blended in with a, you know, another ethnic group, Pakistani or whatever it is, Indian or whatever it is, and their voice is actually faded out because [of] the more dominant culture.

This theme suggested struggles with negotiating one’s identity is a significant stressor for Muslim youth in New Zealand. Identity was discussed to be multifaceted, consisting of faith, ethnicity, national and community identity. Participants discussed the specific pressure that youth may feel with embodying the religious and cultural practices that their parents identify with, while growing up in New Zealand. Participants also identified the additional struggles

young Muslims who want to maintain a strong Islamic identity may experience growing up in New Zealand.

Participants also discussed youth feeling a strong sense of ‘otherness’ in New Zealand due to differences in mainstream Kiwi culture and the Muslim way of life. They further discussed how this may contribute to youth wanting to hide or dilute their Muslim identity, so as to be less identifiable as a Muslim. This issue may also be influenced by young people not wanting to identify with their Muslim identity as strongly as their parents may want them to. Participants also relayed experiences of young people feeling disconnected from mosques due to feeling like they do not have a voice as youth, or feeling judged at the mosque. Participants discussed how feeling a lack of belonging can have negative impacts on the wellbeing of youth, particularly through youth internalising their negative experiences rather than understanding them to be a product of systemic influences. Participants also identified the lack of a social space for Muslim youth where they are able to interact without the pressures of mainstream western society, culture or religion. Lastly, one participant identified the additional struggles young Māori Muslims experience as a minority within a minority community, further contributing to the silencing of Māori voices.

This theme captures the challenges that young Muslim’s face in finding an acceptable identity and sense of belonging in New Zealand society.

**Insufficient support from the Muslim community: “The lack of support for youth is manifold”**

Many of the participants felt that the Muslim community was not providing adequate support to young people who were struggling, in particular for those young people who were struggling with issues of that are often stigmatised.

The community itself often alienates those who may have run into either genuine trouble or otherwise have attracted some kind of attention from authorities (let alone provide support). The lack of support for youth is manifold.

Participants in particular highlighted the lack of support services available to those Muslim youths who experience mental health struggles, addictions or homelessness – struggles that were reported to be increasing for Muslim youth. One participant believed this issue may be a consequence of being a minority community that has a large number of recent migrants, who continue to uphold had a “first generation mentality” that maintains focus on growing the community, as opposed to shifting focus on establishing a strong community base. Thus the focus is still on growing the community and building mosques, and has not evolved beyond this phase to become a community “that helps itself”. This is further discussed below:

We’re not a community that has established services. We are not a community that has good support programmes around education. We are not talking about the real issues. And so every generation is still being told that you need to make money and you need to bring yourself up, kind of thing, and that is always the focus. ... And I think that’s where we are still quite behind as a community. We are still acting like we are very young and very new, but I think we have kind of gone beyond that age now. We need to grow.

This topic was also discussed in the context of providing support to families who are struggling, with participants outlining the lack of community-led support systems for families in need of support. Issues families were struggling with included a lack of social services, mental health services and educational programmes such as parenting classes and workshops. Many participants spoke about the need for parents and families to receive appropriate information and guidance, in order to empower them to be able to raise their young people successfully in this current cultural climate, and reduce the barriers arising from differing upbringing between parents and children.

In addition, some participants suggested that the current leadership in the Muslim community was disconnected from its community, with one participant asserting that the current leadership is in “disarray” and thus unaware of the pertinent struggles of its people.

I don't think they've come to terms with that fact and they're disconnected from the Ummah, like you have the leadership sitting up there and then you have the grass roots community. Huge disconnect. I think ... again, my observation, the current leadership with FIANZ [Federation of Islamic Associations in New Zealand] right up to the mosque officials.

Participants also discussed how the community are letting youth down by not providing an atmosphere, or understanding, where young people who are struggling can also feel accepted and supported. They relayed, for example, how some of the youth that they have worked with describe not feeling comfortable going to the mosques while they struggle with issues such as addictions.

So, for example, if they've [youth] been on drugs they will just say that I'm not going to go to the mosque anytime this year or next year until I become a perfect person, for example. There's no one there to tell them that they... should be able to access, that's the time where they should be able to access to the mosque in the community even more.

Additionally, some participants questioned why the imams and leaders were not providing such support, with one participant asking whether imams were open to attend workshops and training, in order to upskill themselves to deal with the myriad of issues in the community. Another participants questioned if imams were briefed to provide support when appointed into their roles by community leaders.

There is also a lack of ability or awareness amongst the religious leaders or imams to provide appropriate spiritual support. Many have been brought into New Zealand to offer simple ritual support, without the mandate or facilitation to offer anything more to the community in terms of social, educational and spiritual needs.



Lastly, some participants noted how youth have expressed frustration at not been given the autonomy to lead activities aimed at youth, and not having the means to be able to openly share and discuss the particular struggles they face growing up as Muslim youth in New Zealand.

This theme conveyed participants' views of the ways in which the Muslim community are not providing enough support for its youth.

**A culture of silence: "There is an undertone of deeper struggle that a lot of people are facing that are not really being talked about in our communities"**

Another significant issue identified by participants was the lack of communication, education and acknowledgement of issues that historically have stigma and shame attached to them. These included issues such as struggles with one's mental health, substance abuse, and diverse gender and sexuality. A culture of silence was often perpetuated both at the familial and community level, resulting in significant consequences for young people.

I think there is an undertone of deeper struggle that a lot of people are facing that are not really being talked about in our communities and are not really being addressed. So things like drug and alcohol problems, mental health problems, people who are quite deeply affected by those internal struggles... But I feel like it's quite a hidden, like there is a lot of stigma associated with a Muslim who has got an addiction problem or who is suicidal. So they are not able to talk about it. They grow a beard and they can still come to the mosque and everyone still treats them as if they are okay but inside they are dying. I think that that's there more than we realise it.

The use of drugs and alcohol was identified by some participants as a prevalent issue affecting youth, but not acknowledged as significant within the community.

I think there is a growing proportion of our community, especially young boys who are getting into stronger drugs like meth, but I think even just using recreational drugs like marijuana and alcohol are quite high in the community... And our community's response is to say, oh no we don't have that problem in our community. Alcohol is haram, Muslims don't drink, and so there is no conversation about it.

A few participants discussed the stress placed on Muslim youth who identify as LGBTQI. Two participants discussed the myriad of inner struggles that Muslim LGBTQI youth experience that can precipitate mental health struggles.

It's distress. It is confusion. It's also they feel like they are disloyal to themselves as a Muslim and disloyal to their parents and they feel like so much pressure that, okay, if I identify myself as that then, as I said, they will think about, you know, going to hell, and they also see themselves as a bad person, and they just get anxiety attacks. I know one or two of them do have depression now because of it and because of this constant thinking, oh crap.

Another significant struggle identified for LGBTQI Muslim youth is worry about how their families will react to them. Participants reported that some parents are "okay" with their children coming out to them, whereas other parents struggle. One participant described the thoughts a young person might have as they struggled with being gay.

What am I going to do if I do identify myself as, like, what is going to happen, are my parents going to talk to me, are they going to dishonour me, are they going to kick me out?

Abuse was another topic that was discussed as having stigma attached to it. When participants were asked about their views on how significant abuse is for Muslim youth based on their experiences of working with this population, this seemed to elicit quite varied opinions. A large number of participants viewed abuse as uncommon in the New Zealand Muslim community.

It's [abuse] not that common, I would say, actually, in our community, maybe because we are a tight knit community, but you don't really hear much about it, or I don't think it happens as often as other big areas.

In contrast a few others spoke about how abuse would be occurring just as commonly as in other communities, despite the perception that it does not.

In terms of verbal, physical, emotional, sexual abuse, it depends case by case. I mean I don't have a collective data or something, but it's present. Just like in any other community its present there. Yeah, sexual abuse, rape, I've come across physical abuse. I've come across emotional abuse, verbal abuse, yeah, teenagers, youth, they go through that with their parents. Not just parents, sometimes all of them, from their peers.

Some participants reflected a particular difficulty among the families they have worked with in acknowledging sexual abuse and domestic violence, with some identifying a culture of silence.

So for example a kid might get raped and the family knows about it but don't speak openly about it because of the stigma around rape, and if it was done by someone within the extended family, that's like you know. So this girl might be walking around at home in silence having to deal with this, so that is the generation, they are a generation gap. They can't speak about these things with their family. There is stigma attached to these things. You are usually just taught to do things in silence.

Domestic violence was seen as kept silent due to fear of the repercussions of disclosing, often influenced by contextual factors such as the victims being dependent on the perpetrator, and misinformation on custody laws.

Participants also discussed the difficulties youth face as a consequence of this culture of silence. A few participants discussed youth having to experience traumatic incidents without support. This was spoken about in reference to young people who may have experienced abuse but kept quiet due to fear of the reactions they would receive if they disclosed. A few participants also recounted instances of participant's disclosing to family members and not receiving appropriate support. One participant suggested there is more work needed to ensure young people feel safe to disclose abuse.

It's a taboo subject that we don't talk about but it's certainly, it's an issue that does exist, and again do those young people that may be suffering from sexual abuse, do they get the right support? Or do they have the confidence, while they will know that this is not right,

do they have the confidence to step out and seek that support because the stigma, the taboo, what will it mean for my family, what will it mean for the siblings and so forth?

Another participant shared another example of a lack of disclosure preventing young people from gaining support. They recalled a young person receiving an abortion in secrecy, discussing the trauma of having to go through the process alone and not having support from those around them.

Yeah. I think it's doing it quietly was the most traumatic part, and then you know for it to eat you up inside, and then having to go to a counsellor because you just don't know how to live. That is definitely traumatic.

Participants spoke about how this culture of silence would prohibit youth from getting the appropriate support they need, whether that is physical or psychological in nature. They also spoke about how this lack of open dialogue prohibits youth from gaining help when the problem they have may be manageable, thus allowing the problem to exacerbate and become significantly harder to mitigate.

I personally know people who have gone from fairly innocuous situations to being like totally overcome by hard drugs, by debt and gambling and so on, because they dig themselves deeper and deeper and there is no one to support them, to help them out of that. And our community's response is to say, oh no, we don't have that problem in our community. Alcohol is haram, Muslims don't drink, and so there is no conversation about it.

Furthermore, participants discussed how a lack of education on these topics may lead young people to participate in risky behaviour.

It means that they are not being given any guidelines on how to be safe. And so then that is carrying over to them making really unsafe choices which are getting them into deeper trouble, people getting into debt, people trying things in unsafe environments, so not understanding about like sterilisation and so on, needles and things like that. It's kind of like when there is no education and there is no conversation about it, then people are going to the worst extremes.

Moreover, as one participant noted, the issues will continue to increase if it is constantly denied.

Like, we know there is drugs happening now with our youth. There is all sorts of things happening. But if we keep, oh no, no, we are good Muslims, we don't have these problems you know, it's going to be bigger and bigger and more and more without us doing something about it.

This theme captured what participants saw as a culture of silence on stigmatised issues that prevents young people from disclosing their struggles and consequently gaining the support they need.

**Mental health stigma: “There is a lack of knowledge and understanding, lack of education around what mental health is”**

Poor mental health was recognised as another struggle affecting the lives of some young people. Participants identified a lack of dialogue around mental health in the Muslim community as one of the factors perpetuating the struggles that these youth are experiencing. When discussing young people's views on pursuing professional mental health, the majority of participants identified various barriers to young people obtaining appropriate care. A primary barrier was the current stigma associated with mental health, as stated by one participant “there is a huge stigma around mental health within the community”. Another participant acknowledged how the issue of mental health stigma was something that affected all New Zealanders, stating “there is a stigma of mental health across the board”.

A few participants recognised a positive shift in the perception of mental health in the community that has resulted in youth being encouraged to obtain support. However, most participants attested to the need for significant work to be carried out in eliminating the misconceptions and stigma around mental health. Participants spoke about a perception that

mental health struggles are only a result of poor faith or lack of engagement in faith-based practices.

They see it as, oh there's no issue around mental health unless you have low iman [faith], lack of iman. That's not true. That isn't true. Our prophets have gone through ups and downs. This is life. Life is not easy. We are not perfect. There is a lack of knowledge and understanding, lack of education around what mental health is.

As a result, some participants noted that mental health struggles were perceived by some to be a source of shame and embarrassment and consequently denied. They also discussed the notion of mental health struggles not being perceived as a significant issue that requires support, possibly due to cultural influences, noting that the Muslim community in New Zealand come from cultures that “don't talk about how you feel”. Lastly, a few participants discussed how individuals may be discouraged from disclosing their problems due to fear of others finding out, with one participant describing this as “we are in a small community and there is the fear to share”. Some participants also referenced this as the reason as to why some youth are hesitant to approach Muslim mental health professionals, as they are fearful their family might find out if they were to seek support from someone in the Muslim community.

Participants report that, in consequence, young people are reluctant to voice their difficulties out of fear of negative reactions, or not being taken seriously. A participant described the fear that some young Muslims have of being “spiritually bypassed” if they discuss mental health struggles.

I think that is a big thing with young people and young Muslims is that fear, that if they do say that they need help that they are going to get spiritually bypassed, that they are going to get told, but are you praying, and a Muslim shouldn't feel sad. It's going to come back to their religion, and for them that's not real enough for them to hold onto... So that means that it can be quite hard for them to talk to their families or talk to people

in the community about it because there is a fear that that's what they are going to get told.

Furthermore, participants discussed how families' views on mental health will influence how young people feel about approaching mental health professionals, so that support may not be sought if families are perceived to not approve of this pathway. These views are then internalised by youth themselves, as a young participant described.

I felt something was wrong with me to go to someone who could actually help me you know get stuff done.

Some participants reported that mental health struggles, including suicidal ideation, are not acknowledged as significant struggle because many parents were not brought up with an understanding or acknowledgement of mental health struggles.

Because the parents were not brought up in that way, so for them it is, what is depression, it's silly, Muslims shouldn't be depressed.

The lack of dialogue about mental health issues was reported by another participant as present throughout the community, including Muslim schools and mosques.

It's a very, it's a very sad state of our community, the fact that we do not educate our kids, we don't educate our community, our students, our youth, on mental health... Mental health is never mentioned in our community.

Conversely some participants discussed attempts initiated by community leadership groups at increasing dialogue on mental health in the community. However, these attempts were discussed to have been met with the difficulty in getting the community to engage and attend these workshops, due to the stigma attached to mental health.

Another significant barrier identified to young Muslims gaining mental health support was the lack of support services available that is culturally aligned to the needs of Muslims, that is, with practitioners who are able to understand a Muslim world view and give culturally

appropriate advice. Thus participants stated that youth are reluctant to seek professional support even if they realise they need it.

A lot of people who I know who have been to see people or have thought about seeing people have gone “but they are not going to understand my world view. They are going to give me advice that doesn’t match my belief”, and whether that is true or not, I don’t necessarily believe that is true, but it’s enough of a barrier that means that people aren’t seeking help.

This theme highlighted the particular difficulties that Muslim youth are seen to face in relation to experiencing mental health problems, including the shame associated with this, a lack of understanding of mental health in the Muslim community, and a lack of culturally appropriate support.

### **How do Adolescent Muslim New Zealanders cope with stress?**

This section analyses the diverse ways participants identified Muslim youth cope with the challenges in their lives. From these accounts, six themes were identified: family and community support; friendships; finding strength through faith; trying to fit in; looking for belonging in the wrong places; and coping in unhealthy ways.

#### **Family and community support: “Family is one of the most important values in their lives”**

Participants identified family and the community as a significant source of support for Muslim youth. While participants highlighted the intergenerational tensions that can arise between young people and their parents, they also identified family as a critical source of support and love for youth. Participants discussed how youth who have difficult relationships with their family still identified family values as important to them.

I think family values probably quite across the board for most Muslims, family values are quite strong. And even where youth report struggling with their relationships with their



parents or feeling judged or controlled or whatever they might feel as young people, I think most of them will still say that family is one of the most important values in their lives.

Participants discussed how the level of support that families provide to youth may vary from family to family, but overall family remained an important source of support for majority of young people. However, what youth feel comfortable sharing with their families may be restricted, inhibiting the support youth are able to receive from their families.

But perhaps there are certain issues which they are definitely not talking to their families about. So they would probably be choosing their stresses that they discuss and I think there is a lot of young people who are not talking to their parents about relationships and what we were talking about before, drugs and alcohol and things that are frowned upon in Islam but are realities in the lives of young people. There are certain things that you can say to your parents and you can kind of say, I'm having a hard time in school and school work is really stressful, or I am getting bullied, those kinds of things you probably are talking to your parents about, but whether you are in a relationship with someone, whether you are having sex, whether you are experimenting, I don't think that anyone is telling their parents those things, but that is quite isolating in itself if they can't talk about that.

Familial support was reported to also extend beyond immediate family members to the extended family.

I think people do seek support from family. It probably varies a great deal on their families and their relationships that they have, but I think people generally will go to someone in their family. If it's not their parents then it might be an aunty or a sibling or a cousin or something.

However, participants also identified that this was not the case for all families, highlighting the lack of additional communal support (extended family members and community support) as a significant issue for some families when they move to New Zealand with just their immediate family members. Additional factors such as financial and employment stress, and

emotional trauma may be barriers to how present family members can be in the lives of their young people. Furthermore, families that have been settled in New Zealand for longer periods of time may have less social and economic stressors, and thus are able to provide more support to their youth.

I must say what I'm beginning to see is also an emergence of migrant youngsters as well whose families are very settled, have been here for even generations or a considerable length of time, and you can see, in terms of, as I say, the materialistic part of things and appearance will have, as I say, have put their roots down, have built their economic base in the country, homes, and have good employment and affordability and so forth.

Participants also identified strong familial values and practices, such as eating together and daily communication to be sources of resilience for young people. They described the importance of close family relationships as a protective factor against youth engaging in unhealthy behaviour.

A supporting listening ear for them in the family, when they are eating together, if they are very strong whanau [family] orientated, so these Muslim youth are resilient, they know where to go back to. But families which have broken homes, the values are not in place, they tend to go to drugs mostly which is sad and other stuff. And crimes happen because of that.

While participants discussed the need for greater community support for youth, they also acknowledged previous attempts at support, and numerous forms of current support that are already present in the community. As participants discussed specific details about the various community supports and initiatives, quotes have been edited to protect participant anonymity.

Participants reported various community-led initiatives that were aimed at supporting youth, including targeted workshops that included the topics of identity, parenting and mental health, youth camps, youth groups at community and tertiary levels, and community groups. A

participant discussed attempts at creating specific opportunities for youth over the years, acknowledging a shift in recognition.

So we are trying to do that [creating opportunities for youth], so definitely the community needs to be doing a lot more in that space and a lot more are listening.

Additionally, participants also spoke about specific groups and organisations that have provided significant support for youth, predominantly aimed at refugee and new migrant youth.

Some participants also spoke about youth turning to youth leaders or members of the community whom they know well for advice and support. Additionally, a few participants also mentioned youth may approach imams, teachers and mental health workers for support and advice, however not significantly so.

Finally, some participants reported that a barrier to youth accessing support from community members was the worry young people had of their family finding out due to the small size of the community.

And because we are such a small community you can't go to another adult who you feel might understand because it will get back to their family.

This theme reflected participants' views that in spite of inter-generational tensions, the family remained an important source of support for Muslim youth. Extended family and groups can also be a support that young people draw on.

**Friendships: “At this stage of their lives, peers become more important as advisors”**

Participants identified friendships to be a significant source of support and counsel for young people, with some acknowledging that peers are often the first people that young people turn to when distressed, because youth feel they are able to relate to each other's struggles.

At this stage of their lives, peers become more important as advisors and a go-to person than parents, right? And their peers are actually suffering the same thing they are. So they're actually consolidating each other and confirm each other's needs and wants.

Some participants reported that youth are likely to turn to their Muslim peers as they are able to understand and relate to the particular struggles that other Muslim youth go through. However, some young people may be more likely to turn to their non-Muslim peers than Muslim peers, if they feel they are less likely to be judged.

A lot of young people are going outwards to look for help rather than within their own communities. So they will be talking to their friends at school who aren't Muslim, because they are less likely to judge than their religious counterparts.

While some participants highlighted the benefits of having friends as a source of support, a few participants discussed how this can also be problematic. In particular, participants discussed that when youth are providing advice that inadvertently perpetuates harmful behaviour such as self-harming or isolation, or when youth give advice that may not be culturally appropriate, this can be problematic.

They usually tend to go to friends who are of the same mentality as them, no-one likes us, life sucks and unfortunately that's what they go for. They go to their friends for advice, their friends telling them have a drink, do what I do, cut yourself, you'll feel better, numb yourself.

A few participants also mentioned youth increasingly using social media as a means of connecting to others. Two participants described the increase in social media usage for young people as a "double edged sword" that can provide benefits as a unique medium of communication, but can also be detrimental to the wellbeing of young people.

This theme suggests that friendships are a significant source of support for young Muslims. Participants discussed how young people often turn to their peers as their first source of support, as young people are able to relate to other young people's struggles.

**Finding strength through faith: “There is a higher power that is able to get them through things”**

When asked about the role faith plays in young Muslims lives, most participants reported faith as a strength. Participants spoke about the theoretical understandings of life, based on a Muslim worldview providing solace. One participant spoke about the conceptualisation of a higher power being in control of life, aiding young people to cope during difficult times.

... where they are able to persevere, because they always go back to the fact that, you know, everything happens for a reason, and there is a higher power that is able to get them through things and pray and things like that, and Duaa.

One of the young people interviewed spoke about the faith principles of life after death, and not being tested more than one can handle being “grounding”.

I think faith certainly on a personal level is very grounding... like, you know the Quran says that you'll never be put through a test that you can't handle. Or just like knowing that there's more in the hereafter... that there's something greater than just that. I feel like that's very grounding for people, and to know that I feel like it helps people.

Another participant spoke about the idea of reinterpreting experiences with a faith-based perspective being a source of comfort.

People sort of are trying to reinterpret what they were experiencing as like in relation to God, so thinking about it as a test or a way to draw closer to God, and that can be quite comforting.

Another young participant spoke about how the “number one” coping mechanism for a lot of people is religion. They further spoke about the idea of God, and the relief in being able to gain guidance on their current issues, from the teachings in the Quran that were written 1,400 years ago. Furthermore, the belief that “everything will be okay”, conceptualised from Islamic teachings, provides a sense of hope.

I would be like oh my God, I feel so much better now. And so just having that reassurance or having that belief, in my mind that even though I am not okay at the moment, like I will be okay and like just having that belief in God helped so much.

Some participants also spoke about faith-based practices also being a source of strength during difficult times.

And then there is also behavioural rituals which can also be quite comforting that people use around praying, making Duaa that can be a source of comfort.

One participant highlighted the similarities between the importance of faith for Muslims and indigenous models of wellbeing which are widely recognised as significant for Māori in New Zealand.

Faith brings the spiritual wellbeing and yeah and that is the main mechanism. It's being balanced. All the models from indigenous models, all indigenous models of wellbeing have spirituality.

Participants also recognised that attending community-based religious classes or events can be an avenue for people to foster social connections, and garner support from others.

Additionally, they spoke about how faith may not be a coping mechanism for all youth and at times can add additional stress to young people's lives. One participant spoke about how young people may feel "guilt" associated to not adhering to religious practices. An example of this that was given was when a young person has been intoxicated from drug or alcohol use, that may then precipitate guilt.

Maybe because they're going through something they feel really bad every time that they do something like this. They have this guilt associated with it too, and that just makes them feel worse.

Some participants highlighted that young people's understanding of what faith is and the role it can play in providing support dictates whether or not faith was a coping mechanism for them or not.

Yeah I think it can be a coping mechanism, but it can definitely hinder, depending on the child or the youth's understanding of how faith plays a role.

Some participants also spoke about the influence of family on whether faith-based beliefs and practices are adhered to. An example discussed was that prayer was more likely be a source of support for those youth who have seen their parents engage in prayer.

Lastly, a few participants spoke about how youth who are struggling still have faith, despite them appearing not to do so based on their actions or practices. An example of this was youth continuing to identify as Muslim despite appearing to no longer follow the faith, however still wanting to attain that spiritual connection.

They still want that connection. You know, one of the things with these youth that I've seen all the way through, even though they didn't pray, if at all, they might pray Eid or something, even though they ate Haram and drank and did smokes and everything, what was their identity? Their identity was still Muslim, you know? Broken and bugged, fractured, lost, everything wrong from a lot of people's point of view, but they identified themselves as, from a spiritual point, Muslim.

Additionally, participants also highlighted how faith may not be a source of support for all young Muslims, discussing how faith can make young people feel guilt for not adhering to faith-based beliefs and practices. Participants identified young people's conceptualisation of faith mediates whether or not it is a source of strength, and additionally, their family's adherence to the faith may influence whether they are used to using faith as a source of support. Lastly, participants discussed how young people who may appear to not follow the religion, may in fact still identify as a Muslim and still continue to have faith.

This theme highlighted the role that religious faith was thought to play in young Muslim's coping with the challenges they face.

**Appear less overtly different: “Some of them don’t want to be seen as Muslim”**

Participants discussed how one of the ways Muslim youth may deal with the stress that comes from being ‘different’ is by attempting to “do things that blend in” with New Zealand culture. They spoke about some youth wanting to minimise the societal effects of being a minority, by changing or hiding aspects of themselves or their beliefs that are perceived as different. In particular, participants recounted experiences of Muslim youth removing outward signs of religious identity, in an attempt to not be visually identifiable as a Muslim. A participant described this below:

...they’re wanting to be Muslims as far as their faith goes, but to be visually, some of them don’t want to be seen as Muslims. Or visually they want to be seen as Muslims but they want to be seen as western Muslims, you know?

In explaining why some Muslim youth are motivated to do this, one participant explained how Muslim youth do not want to “feel different” when they are with their peers. Another participant attributed this to the importance youth place on their physical appearance, and the impact it has on their self-esteem. Additionally, another participant described how some youth may want to hide their Muslim identity altogether, as they are fearful of the reactions they may receive from others, or judgements made about them, as described below:

some of them are afraid of the sort of reactions they might get from their friends or their peers or colleagues at work or at uni once they know that you are Muslim.

In particular, the hijab was acknowledged as an overt sign of belonging to the Muslim faith. Some participants described how some female youth made the decision to stop wearing the hijab, while others would take it off in certain social situations. Two participants recounted how youth had been advised by a teacher to take off their hijab so that they attract less attention. As



an example, one participant recounted how a female youth would remove their hijab before going to university.

Like I was saying with the young lady that stopped wearing the hijab, she's not the only one that I know of. Some will stop wearing any outward signs of their religion in certain circumstances so there was one young girl that would just not wear it [hijab] at university because her friends, it just made her feel different from her friends but she'd put it on on the bus home and she'd wear it at home.

Another participant described how some youth may feel comfortable being visually identifiable as Muslim but are wanting to appear to be “western Muslims”, as opposed to following traditional cultural understandings or variations of traditional Muslim dress. Consequently, some participants described how this can result in friction between the young person and their parents, as some parents want to their children to uphold more traditional religious identities.

A male participant discussed how it is easier for males to “hide their identities” compared to Muslim woman who wear their hijab, and thus some females may be more susceptible to discrimination based on appearance. Participants also discussed how names also made people identifiable as a Muslim, which had resulted in some youth being hesitant to share their names. A participant relayed a youth's account of this issue below.

Everything was all good with me until he asked me for my name and then when he did that I started sweating and I just had to tell him that my name is [name] and he said I felt like everybody now looks at me different because my name is [name].

As a result, some youth are changing their names, or adopting nicknames that hide their cultural and/or religious identity.

This theme suggests that some young people deal with the societal effects of being different, or being a minority by attempting to do things that may make them more likely blend into mainstream culture.

**Looking for belonging in the wrong places: “We find ways to fit in that may be more antisocial or at odds with our values”**

Some participants discussed the idea that some Muslim youth may feel like they do not “fit in”, and thus form relationships with groups that may engage in antisocial behaviour as a way of belonging. One participant described the idea of young people finding acceptance within these groups.

They turn to whomever will accept them and that has in some cases been this delinquent youth, I suppose you’d call them, and in some cases into gangs.

Another participant also spoke about the idea of finding acceptance within these groups, even if this includes participating in behaviour that may be at odds with the person’s values.

We don’t fit in in so many ways, so we find ways to fit in that may be more antisocial or at odds with our values.

For example, young people at school find a place of identity and belonging in the groups that may also engage in smoking and drug use. One participant described how these groups often consist of young people from ethnic minority groups, as these young people may take part in antisocial behaviours to find a place to belong.

Yeah absolutely, it’s also a way of belonging just to be part of the minority. You know, because most of the people who smoke weed at school I remember were the minorities, [Pasifika] islanders, Somalis, Arabs always get together and they always be sharing a cigarette and then it expands to other stuff. I think it’s another way for them to, I mean all the other guys will be talking about girls and everything. For them it’s something else that you know, that is a coping mechanism to say that we’ve got something else to distract ourselves with, it’s drugs I guess.

Another participant also spoke about how some young people may feel like they do not have support from their family or friends, and thus seek this support and love outside of the home, which in some instances can mean joining gangs. One participant recounted how for one young person fellow gang members were the only source of support in their lives, highlighting the lack of community and familial support around this young person.

In some of the more extreme cases I've mentioned there were drug associates who were providing that help and advice. So, one, I remember one Muslim youth saying to me that when he doesn't come home, or if he's missing for a few days, you know he might be sleeping in a car or just he might not be able to recharge his phone, be out of contact. The only people who would ask for him, or care about him, or he could turn to were his drug associates, who happen to be in a particular gang at that time. So, he felt part of that gang family. So that's, that would obviously be his, the people he would turn to.

This theme reflected participants' views that young people, who struggled to find a sense of belonging in the Muslim community or their own families may seek acceptance amongst groups that may engage in antisocial behaviour.

### **Coping in unhealthy ways: "I don't think they deal with it"**

When asked about the ways in which Muslim youth cope with stress in their lives, some participants recognised that some Muslim youth cope in unhealthy ways because they do not know how to cope proactively.

I think that a lot of them don't, I don't think they deal with it. I think that we are seeing increasingly our youth involved in drugs and alcohol. You are seeing young people with eating disorders and these sorts of things that are actually showing that they are not, they are not dealing. And I feel really sad that we as a community or even as a country are not providing them with the help they need to get through this stuff.

As mentioned earlier, participants acknowledged alcohol and drug use as a significant issue that is growing amongst Muslim youth, particularly males.

What I have heard is that the incidences are actually quite significant, not necessarily strong addictions. I think there is a growing proportion of our community, especially young boys who are getting into stronger drugs like meth, but I think even just using recreational drugs like marijuana and alcohol are quite high in the community.

Several participants discussed the reasons they believe young people become addicted to drugs. Some participants spoke about how young people may be introduced to alcohol and drugs through social settings, which can then lead to young people using drugs as a coping mechanism.

I know initially it doesn't start off as a coping mechanism, if we talk about 14, 15 year old. It starts off as everyone's doing it, let's do it, or one time thing. Usually 18, 19, 20 year, young adulthood, it becomes a coping mechanism, to escape your problems, to escape anything that might be going on at home, or in your relationships, or with the things around you.

Drug use was spoken about in context of many issues already discussed, such as having a lack of proactive coping strategies, failing to deal with issues appropriately and turning to "temporary satisfaction" to feel better or "numb" the pain, engaging in drugs to feel accepted in social groups, and a lack of appropriate support from friends, family and the community at large. In particular, one participant discussed the importance of strong familial bonds and practices as a precursor to resiliency against drug use and antisocial behaviour.

... if they are very strong whanau [family] orientated, so these Muslim youth are resilient, they know where to go back to. But families which have broken homes, the values are not in place, they tend to go to drugs mostly which is sad and other stuff. And crimes happen because of that.

The attitudes and beliefs that may be held in the community about youth who use drugs may be perpetuating their drug use, by inhibiting them from talking about it and seeking support.

But I feel like it's quite a hidden, like there is a lot of stigma associated with a Muslim who has got an addiction problem or who is suicidal. So they are not able to talk about it... everyone still treats them as if they are okay but inside they are dying.

Some participants also discussed how the stigma of drug use in the community and the lack of dialogue on this topic means young people are not getting the advice or help they need. Thus, social drug use may turn into deeper addictions that then become harder to manage and treat.

First they think it's cool but then it ends up to be an addiction and once they want to leave they really can't leave.

One participant reported that drug use is occurring at mosques and religious schools as well.

I know of at least in Auckland three different mosques they're major mosques, the kids have experimented with weed. It's still happening in this day, it's very hard for them to stop it.

One participant suggested that a lack of dialogue on drug use may result in young people not receiving information on safety while using, thus posing additional risk factors for them.

... so not understanding about like sterilisation and so on, needles and things like that. It's kind of like when there is no education and there is no conversation about it, then people are going to the worst extremes.

Other unhealthy ways of coping that were mentioned by participants were withdrawal and isolation, gambling, unhealthy or restrictive eating, suicidal ideation, drug and alcohol consumption, and self-harm, which was understood by participants to mainly refer to self-inflicted cuts. Self-harming behaviour in young people was identified by some participants as a significantly increasing way of responding to stress amongst Muslim youth.

It's very common. It seems like the go-to thing to do now. I'm stressed out now because academically I'm failing, I'm stressed out because mum has a baby on the way and I have this responsibility at home. I'm stressed out because there is mental health. I've got low mood. I don't understand how I feel. They want to deal with it through self-harming.

One participant described self-harming behaviour as a “cry for help”. While the majority of participants did not see suicide as a significant occurrence amongst Muslim youth, a few participants did speak about experiences of Muslim youth attempting or completing suicide. One participant in particular attested that suicidal ideation is a significant issue amongst Muslim youth.

So that is increasing. Like kids that are attempting suicide are increasing. They are thinking about the mechanism. They are thinking about the ways to suicide...it's coming from our Muslim communities.

Lastly, another participant described the consequences of youth “bottling up issues”, stating that the unexpressed distress would show up at a later stage, affecting the young person's relationships.

If is scream today, at that moment, for something in frustration, its most of the time, it's not about only now. Now it's just a trigger, for no reason at all. Might be a wrong trigger, but yeah, but actually it's something relating to the past, so that's what they do, they bottle, bottle up, and then they're letting out the wrong things, you know. And that affects sometimes their partner, it affects their siblings, it affects their colleagues at work, etc., it affects both, like, you know, it affects everything around.

This theme suggested that some young Muslims cope in unhealthy ways when they do not have access to other coping resources. Participants identified a range of problematic coping strategies that young people might use in order to deal with their distress.

### **What Changes Are Needed?**

Participants were asked to provide suggestions on what systemic improvements could be made to help reduce the stressors that Muslim youth face, so as to allow Muslim youth to be better supported in times of distress. Seven main themes were identified: address the discrimination present in New Zealand society; improve cultural competency in New Zealand society; the Muslim community needs to be more open to the difficulties their young people are

facing; the Muslim community needs to be more actively involved in supporting Muslim youth; Muslim youth need to feel empowered; mental health support needs to be more culturally inclusive; and the need for increased education to create change.

**Theme 1: Address the discrimination present in New Zealand society**

Many participants described the need for discrimination in New Zealand to be addressed, suggesting that the government needs to play a greater role in addressing the hate speech and discrimination that is present in wider New Zealand society. One participant commented that the government “needs to be aware of the issues youth are facing”, particularly the way in which discrimination may be affecting them, and the underlying factors that perpetuate this discrimination. A common underlying factor identified by participants was the frequent negative portrayals of Muslims and the negative effects this has on Muslim youth. One participant suggested the need for positive media coverage of Muslims in New Zealand.

Well the government needs to be aware of the issues that youth are facing... But if you look at historically with the surveys and everything, racism is high for Muslims at the moment. How easy is it for a Muslim with a hijab to go and find a job? It's not easy. So yes, government needs to have more positive media coverage about Muslim, what they are doing out in the community.

This view was echoed by another participant who discussed the need to address the way “Muslim youth are portrayed in the media”, highlighting the “psychological trauma” that occurs from Muslim youth constantly seeing their “community being spoken about or commented about in a particular way”. Furthermore, this participant discussed the need to address “radio personalities who are well known to be anti-Muslim”, spreading “intolerance” while holding “important positions” in the media. The way that these influential commentators are thought to influence attitudes in New Zealand is described below.

... these people generally tend to invite those [intolerant] types of people onto their shows or, invite that type of comment. And obviously what that also does is it spreads that intolerance.

One participant spoke about the need for the government to “set the tone” for what is and isn’t acceptable dialogue in New Zealand, specifically for politicians, in particular to ensure that politicians are not able to make “inflammatory statements” that can then contribute to “safety issues and people being killed and beat up”, as witnessed overseas.

The need for a governing voice asserting acceptable dialogue was also discussed by another participant, who reflected on the hate speech on social media that is widespread and rarely condemned. While the participant acknowledged that it was impossible to monitor all instances of hate speech and abuse online, they highlighted the need for greater and regular condemnation from authority figures.

If you compare that frequency of instances of intolerance with the way and the frequency of which they are condemned, there’s a huge imbalance.

Lastly, a few participants also suggested the government can do more to address the inequalities that arise for Muslim youth in consequence of discrimination – in particular the difficulties that some Muslim youth face in finding jobs. Participants suggested this can be done by the government providing greater support to initiatives within the Muslim community already designed to combat the barriers Muslim youth face and are already working towards creating positive change.

This theme attested to the need for discrimination in New Zealand to be addressed, suggesting the government needs to play a greater role in addressing the hate speech present in wider New Zealand society. Participants also suggested the need to address the inequalities that can arise because of discrimination, particularly the difficulties in attaining jobs.



**Theme 2: Improve cultural competency in New Zealand Society**

Another idea discussed by participants was the need for the government to implement cultural competency training for peoples in positions of power, so that they are able to work effectively and safely with individuals from ethnic minority groups. This was discussed by a participant:

I think that there needs to be work done within the wider community, so it would be really good for example to have people working in health, people working in education, given training about ethnic minorities, about different cultures, about how to deal with those situations...that is certainly one place where we can provide them with more information and give them an idea of what it feels like to be on the receiving end of some of this stuff.

This was described as needed across all government departments, to ensure that all governmental workers who interact with the public receive this training to benefit all ethnic minority groups.

I think the government has a huge role to play in terms of what I was talking about around providing education and training for people. And through all government departments that are interacting with the public, so Police, Corrections, Education, Health, yeah, and then I think there is a role to play in terms of not just Muslim but other ethnic minorities.

Furthermore, a participant discussed the importance of people who receive this training to understand the significance of it, and for it not be seen as another “obstacle” for workers:

We need to go back into the schools and education department and just make sure that they’re understanding diversity, understanding the cultural differences and not seeing them as an obstacle and oh here’s another thing we’ve got to worry about.

Lastly, another participant suggested that for the government to have an “in-depth understanding” of the issues affecting Muslims, the government needs to employ more diverse individuals into government services.

And if they really want to help the Muslim community, they really need to have an in-depth understanding by employing people in the government, right, which educates not only the government themselves, the government people, but goes in there and says, look, we need this. Yeah, so then the government can actually accommodate that, you know?

This theme captures the participants recognition of the need for greater cultural competency training for individuals in positions of power in New Zealand, so that they are able to work effectively and safely with all New Zealanders.

### **Theme 3: The Muslim community needs to be more open to the difficulties of their young people**

When asked about changes needed to reduce the stressors Muslim youth face, many participants stressed the need for acknowledgment, “open dialogue” and “education” by the Muslim community on the struggles affecting Kiwi Muslim youth. Some of the struggles and underlying contributing factors identified by participants included mental health, addictions, sexuality, discrimination, the rise in homelessness, abuse, identity negotiation, intergenerational differences, the influence of cultural perceptions on how Islam is understood, youth being disconnected from mosques, community leadership being disconnected from the struggles of the community, and lack of specialist services and social support for Muslim families and youth.

Some participants highlighted how the community’s lack of discourse on coping with these issues has resulted in young people not having appropriate knowledge on how to use Islamic teachings and beliefs as a coping mechanism.

But often what I find is that people will try to relate to different tools from their faith as well. However, what I find is that they simply they don’t, they haven’t been empowered with any of the tools that the faith offers. So, in other words they haven’t had access to anybody who can educate them about what tools they can actually use from their faith...the basic things like that which unfortunately without tools, basic faith tools, actually alienates them from their own community.

Another participant discussed the need for the Muslim community to be first “willing to accept any and every issue that’s causing Muslim youth trauma”. Furthermore, they discussed the need for youth to be given the tools to deal with contemporary issues they are facing, such as the struggles of identifying as Muslim and homosexual.

Some participants discussed the need for a shift in the “mind-set” of the community on critical topics that would require a concerted collective effort from the community over a long period of time.

It almost seems like we need something more than that. It’s like a mindset that has to shift, but that takes a lot of time and a collaborative effort from a large community, from like the whole country almost to kind of make that shift, which it will probably happen as our like second and third and fourth generation Kiwis are growing up and raising their children here, that hopefully we are growing.

Participants highlighted the need for leaders in the community to understand that some of them do not have lived experience of growing up in New Zealand in the current cultural climate and hence do not know what the Muslim youth of today are experiencing. They identified a need for appropriate exploration of issues youth are facing and acknowledgement that youth may need to help inform the changes that are needed for them.

Furthermore, participants also discussed the importance of needing individuals who have grown up in New Zealand to be in positions of power within the Muslim community, as they may be able to relate more closely to the issues experienced by youth.

To be able to make the community more youth friendly, there needs to be a significant shift in mindset and focus, and acknowledgement that elders may not understand what youth are actually going through, based on lived experience – leadership roles with people who have lived experiences of growing up in New Zealand so that they can relate to the experiences and issues youth may be going through.

In this theme participants discussed the need for the Muslim community to be more open to the different difficulties' youth are experiencing. They described the need for greater acknowledgement, open dialogue and education on contemporary struggles affecting Kiwi Muslim youth.

**Theme 4: The Muslim community should be more actively involved in supporting their youth**

Participants identified a need for the Muslim community to provide greater support to youth. In particular, the Muslim community was discussed as needing to evolve from the mindset of needing to establish a community, to instead, focusing on preserving the community by creating appropriate social services to meet the needs of the growing community.

We need to evolve our mindset from a minority migrant community into more of community who is based in Aotearoa. I think that the structures within our community don't deal with it well with youth issues, so a lot of the adult focus is on creating places of worship and a lot of energy goes on maintaining those, fundraising for those. A lot of energy goes into religious classes and religious education, making sure the kids know how to read the Quran and learn about the Hadith and Islamic rulings and so on, but there isn't the investment in terms of social issues.

Some participants discussed the notion of the community needing to not solely rely on the government to provide appropriate social support, but rather establish support services themselves. Participants discussed how some members of the Muslim community have set up great initiatives to meet the needs of the community, however more was seen as needed. Furthermore, these issues was discussed as needing to be the focus of the whole community, and prioritised by the leadership of the Muslim community.

I think we need to probably establish more services that are tailored towards reaching those people that truly need help, like people with addictions and so on. And I think there is a few of those that have emerged, like amazing organisations like [exemplary

organisation] that are doing so much, but like one organisation is not going to cut it, like we need to be, that needs to be part and parcel of what we do as community. We need to be providing social services as the necessary portion of community work in every, like every part of New Zealand.

Participants discussed the need for the community to form appropriate services that target the needs of the most vulnerable in the New Zealand Muslim community. In particular participants spoke about specialised culturally informed mental health services, addiction services and social support services for migrant families, solo parents, and those struggling financially. Another suggestion of providing support to Muslim youth was in having a youth worker present at every mosque.

You know what would be awesome, that there should be a youth worker, an employed youth worker in every mosque. And the employed youth worker would then be responsible to engage with families as well as the youth. That would be awesome, and to have the skills about these are the challenges that youth are facing, they could give talks, you know.

Also highlighted were the important roles imams have in creating this change, due to the trust positions they hold in the community.

The minute there is a problem they will go to the Imam and they will trust him, you know. So that is a key thing you know.

A few participants also suggested that imams could be trained to be of greater support to Muslim youth, by hiring and training imams who have experience of growing up in New Zealand and can relate to current youth issues. Furthermore, training imams to have both Islamic and psychological training so that they can be key figures of support in the community.

So that could be one thing that if we really emphasise on and start working on and have more of these Imam's who are really like the youth themselves who have grown up here but they also study the Islamic path, plus the psychological path, then they can be very key people, so they can really help in issues like that.

A participant suggested establishing these into paid positions within the community, thus establishing these community support worker roles instead of relying on the government.

So if in the future we can think of training our imams into psychological situations and being helpful in that area the Imam can be really having a job, being paid for this job from our organisation because if we are always to be dependent on the government it's really difficult.

One participant acknowledged the stress that imams are under in having to deal with social and mental health issues without being provided appropriate training.

And then Muslim leaders have said like, we don't know how to cope because we are not trained.

Participants also discussed the importance of Imams taking the time out to explore the issues youth are facing, and be able to discuss these issues in an appropriate manner.

Yeah and understanding the issues because many would go to mosque, they might want to talk to the Imam, is the Imam well versed with the issues, okay you know the Deen part of it, the Islamic scholarship and jurisprudence but do you understand the New Zealand laws, settlement challenges, how the young person struggles with their identity. You know I want to be a New Zealander but I'm also a particular ethnic group, and then I'm also of this particular faith. How do we find that balance? I might want to do things that is not permitted in the faith. So how am I going to navigate that. Are you going to just keep telling me everything is Haram without telling me why it's Haram?

Another participant spoke about the benefits of having faith-based schools for Muslim youth to attend, to provide a supportive environment where Muslim youth will face less pressure to adhere to western social standards.

So having our own institutions where they can, which supports their home life, supports their parent and we're all in one community sort of thing. And I'm not saying that this is a way to exclude our community from the rest, but faith-based schools, whether you're Christian or Catholic or whatever, Muslim or Jewish or whatever, they actually support you. And being in a western country, that is even more needed than non-Muslim countries. So that's a big part that would help.

Some participants also discussed the need for youth to be given greater opportunities of leadership within the community and the autonomy to run initiatives for themselves without authoritarian guidance from elders in the community. Participants discussed this in the context of recognising the imperative need of getting Muslim youth connected with their community and their mosques, and recognising the reasons as to why youth are hesitant to currently engage.

What they can do is first of all they can genuinely take youth seriously. When I say that, I mean they need to start initiatives with the youth and lead them by themselves, not lead like a token basis or like they're not really in charge but actually giving them full control... they're facing things that are very different to us, for the elders.

Furthermore, in discussing the need for greater leadership opportunities, the intersectionality of discrimination between gender and age was also discussed, including the importance of women needing to be given greater leadership roles in the community. A participant reflected on the fact that initiatives that are run by female youth don't "have the same weight" as those run by male youth in the community, highlighting the gender imbalance in leadership present in the community.

Some participants recognised the need for youth to have their own space in the community to be able to socialise - a physical place where youth can interact without the pressure of western social norms, but also without the pressure of formal discourse or the presence of elders.

Muslim youth especially feel so lost because we can't fit in with the drinking culture or the partying culture, and yet we want to have a space where we can just hang out away from like even religion or politics or like everything and just talk or have fun. But there is literally nowhere we can do that and the only times like the Muslim youth get together is in a formal setting or something which is not ideal.

Participants also suggested a variety of ways to possibly engage youth, including having social gatherings as alluded to above, "youth chat" days where youth are able to talk with one

another on issues they are dealing with, and game nights where important issues such as mental health awareness are discussed as part of fun social activities.

One participant discussed the importance of the community also providing a “protection mechanism” for youth for dealing with the pressures of being a targeted population by governmental agencies. This could avoid youth being taken advantage of by groups and institutions who say they want to support Muslim youth and then engage them in conversation and workshops, but do not deliver on their promises.

The Muslim community needs to provide some sort of a protection mechanism from dealing with the government it just seems there’s a lot of parties who want to help the Muslim youth on paper but when it comes to it a lot of them are just interested in getting the funding...and there’s a lot of people, really immoral in terms of their approach towards these issues... I don’t trust these institutions, big institutions like [name of organisation] for example... they have not been transparent with us.

This theme highlighted what participants felt was a critical need for the community to provide greater support to youth.

### **Theme 5: Empower Muslim youth**

Participants identified various ways in which the Muslim community and wider society can work towards empowering Muslim youth. Firstly, participants highlighted how Muslim youth often see their identity portrayed in a negative light, with detrimental effects to their wellbeing, including youth wanting to hide their Muslim identities in order to feel less different from mainstream society. They identified a need to empower youth to feel confident in who they are, in their individual strengths, and in having pride in their identity and heritage.

Muslim youth in general are not encouraged to look within themselves and look at what they bring to the table, whether it be their culture or whether it be their religion, they’re not encouraged and the more you encourage people, empower to love themselves, where they come from, their background, whether they’re refugees, whether they’re African



Indian you know, and [it is not] until you sort of break that aspect the child grows into a confident human being, a confident young person and then they flourish and I think that's one easy prevention that anybody can do, we are lacking in it.

A participant further highlighted the importance of youth knowing the history of their peoples and the mechanisms as to why their families moved to New Zealand, demystifying negative portrayals and untruths. This participant gave the example of educating youth who may have African heritage to understand the positive aspects of their communities that may not be highlighted in western societies.

If you're from the African continent it's about turning around and saying look at all the resources you have in your continent, diamonds and all sorts of things petroleum and all sorts of things so your continent is resource rich but of course yes structures.

Participants also spoke of the importance of aiding youth to be able to adopt a unique identity as a Kiwi Muslim youth, where they are able to acknowledge and integrate different aspects of their identities without feeling the need to choose between them. A participant described needing to "motivate them to feel strong in their identity as Muslims, but as Kiwi Muslims, not 'XX' Muslims".

A participant also discussed the imperative need for a "higher profile of positivity as Muslim youth" in wider New Zealand society.

Whether that's through a social media platform on positivity and, you know, community activity, goodwill stuff, you know? I think the finding of a positive youth campaign is going to help lift up other youth.

Lastly, a few participants discussed the need for youth to have access to positive Muslim role models who have successfully navigated the difficulties of being a Muslim in a western country. Furthermore, participants discussed the need to focus on the positives and the

possibilities of success, rather than the ways in which Muslim youth may be disadvantaged or discriminated against.

I think that they need, well for female, well males too, they need role models and they need to be able to access them regularly and they need to have a consistent programme because in connecting with people who have managed it and have been able to navigate well through society, and you know they need programmes and things that promote what they can do rather than what can't be done and to be able to work within those scenarios,

This theme illustrates the need for Muslim youth to be empowered to feel pride, confidence and strength in their individual identities and heritage.

#### **Theme 6: Mental health support needs to be more culturally inclusive**

The majority of participants spoke about the need for greater mental health support that is culturally responsive to the needs of all people in New Zealand. To achieve this, there needs to be greater mental health funding and a greater focus on facilitating culturally competent care, especially in the context of Muslim youth.

The reality is that most people who need mental health care don't have a lot of money which leaves the majority of people who are struggling totally bereft, and then if you layer on top of that the cultural challenges that most Muslims would face in terms of seeking mental health care, then options are really limited.

Many participants highlighted the importance of mental health clinicians who can understand and implement the Islamic world view in their practice.

Ideally what we need is we need mental health professionals who understand the Islamic world view, who can speak other languages and who can provide a service that actually meets the needs of these groups. And that is really not there at the moment.

Another participant, reflecting on their own experiences of high school, described the barriers that interfered with them accessing mental health support

I was like oh no they won't understand me, like they won't understand where I am coming from, or like if I wanted to talk about my parents I would be like, oh they are

going to get it the wrong way, like I don't hate my parents, I don't want to move away, but like I just need to talk about this problem. And so I feel like having a Muslim counsellor, someone that understands or yeah just understands the way we think or our values and our beliefs would be so important.

Another participant spoke about the need for clinicians to be appropriately informed and inquisitive about the beliefs and practices of their Muslim clients, and not generalise information, as cultural influences have an impact on how religion is practised.

They need to be informed. They need to be educated and they need to take the time to do that. It's easy to say oh they're Muslim, but within the Muslim context there is so many cultural practices that somebody from Chad or Nigeria or something is going to be doing things slightly different perhaps than or have different expectations than somebody from the UAE on certain aspects. So health providers will often know a little bit about Islam, but they only have one piece of information and then treat everybody the same with that same piece of information. That isn't the best providing.

Some participants spoke about the need for more Muslim mental health clinicians specifically, while acknowledging the difficulties in achieving this. Cultural support needed to be available to clinicians who are working with Muslim youth.

We need more counsellors who are Muslim and trained in this area because definitely our people need a different way of counselling. It can be helpful to have the normal counsellor but we need to have somebody whose background is Islamic or at least they can understand and they can refer them to someone who is a Muslim like an Imam or someone else. But many of the other counsellors they don't have connections.

While acknowledging the significant disproportion of counsellors from minority communities in comparison to those needing mental health support, a participant noted the importance of encouraging and making way for people from minority communities to pursue education and roles in mental health, both as clinicians and in supportive advocacy roles.

I think understanding of programmes could help and I think training more, encouraging more mental health workers to be from the same ethnicities and work for people who can

do a well done job in terms of interpreting or in terms of you know like funding services that can actually go out there and get people that can do the job long term it's going to be better for the society. Yeah I think everyone is looking for funding unfortunately.

A few participants also spoke about the importance of including spirituality in models of care, highlighting that this is missing from some modern wellbeing approaches.

Yeah spiritual...any wellbeing models that have spiritual as a centre and youth without that guidance of spirituality, they are lost.

In the context of the stigma of mental health inhibiting young people from accessing support, participants discussed the importance for professionals to spread awareness around mental health, and to break down the stigma of mental health, suggesting that clinicians need to go into the spaces of young people to spread this message.

Another one would probably be to get funding from the government for these professionals to tag along, to go into these platforms that youth actually are attending, like camps again or outings or competition or quiz nights you know and introducing themselves at the very end, yeah, just being approachable.

Furthermore, participants discussed the importance of young people being introduced to mental health education when they are younger, so that there is less stigma around accessing mental health support when they are older youth.

I would say that mental health should be approached in the classroom, where kids are at the stage where they start understanding, because that will help youth as well to be either comfort, in a space. If they are at a youth stage and someone comes and says let's talk about mental health, I think you should see a mental health specialist, that would really step off. So what is mental health? For them from an early stage they are aware of this from the classroom stage and outside community and stuff like that.

Participants also spoke about the needs of Muslim clients, and the types of struggles clinicians can help address. A participant spoke about the importance of clinicians bridging the

intergenerational gap that may exist between young people and their families and helping them utilise their identities as a strength.

But they do need to have that understanding that they need to bridge the gap between parents and students and the youth, and they need to not only bridge that gap, but to talk with them about the richness that they bring with their culture. The positives of retaining their language, so they are actually helping them cope mentally but without pushing away their identity. You know, they're keeping their identity intact with that mental, I don't know what you call it, mental health process, and helping the girls to overcome what they're going through.

Greater funding was also needed to ensure these culturally competent clinicians were easily accessible at places that young people frequent, namely at universities, schools and hospitals in every city in New Zealand. A specific culturally and religiously competent phone counselling line - a "Muslim Youthline" – was also suggested. As discussed, some young people are hesitant in seeking mental health support from Muslim clinicians due to the small size of the community, thus a phone in anonymous counselling was needed.

It may not even be a professional, but like a, I don't know, a service, where they can ring in and just voice, like get whatever is on their chest out. I've seen that in counselling and not a lot of Muslim youth have access to counselling. When they do open up, when they get things off their chest, they do feel better.

The participant further discussed the importance of having a faith-sensitive approach to the counselling service.

It has to address things from more of a faith sensitive approach, that's the thing, because we can say that more general like there is counselling services that you can ring up. There's Lifeline, there's Youthline. Why aren't they calling up is the question. They may be, we don't know. I don't know the stats around the different demographics of calling up, but it doesn't seem like there are because there's a lot of people asking for help and you hear and people get in touch with you to ask you if you know someone who is a health professional.

In this theme, participants discussed the needs for mental health support in New Zealand to be more culturally responsive to the needs of all people including Muslim youth.

**Theme 7: The need for increased education to create change**

Many participants spoke about education as one of the key components to creating the shift in mind-set required in the community. They recognised the differing upbringings between generations as being the cause for many misunderstandings that were creating additional distress in the lives of young people and their families, and asserted the need for the community to be further educated on building the gap between these differences. Specifically, they recognised the need for further education on parenting, and mental health.

When participants were asked what can be done to help families' better support their young children, a majority spoke about the need for the prevention of mental health problems. They specifically identified the need for parenting programmes that can support parents to successfully raise their young ones to be able to flourish in the cultural climate of New Zealand, and to also bridge the gap between generations. They saw it as important that these workshops highlighted the strengths that parents bring, with a collaborative approach in building stronger relationships between parents and their children.

... because you've got to have programmes that will attract families and communities to participate but also you're not telling them that you know we know best. It's drawing on their strength, their resilience, and migration journey is a life experience.

Additionally, some participants felt that there needed to be parenting courses that outline a new parenting style that would work specifically for raising children in New Zealand.

I think there needs to be a lot of parenting courses because I think if the parents are educated which they're not in the cases I've seen, and they want to parent the way they were parented back home. It doesn't work. It's just failure.

Parenting workshops needed to include discussions on how to empower children to love their religion and culture, without enforcing an authoritarian parenting style that often drives children away.

Yeah, I think we need to, like, sort of educate parents and things to, like when I talked about the parenting course, it's not just how to be parents, but it's how to be parents on making their kids love their religion, making their kids love to be their culture. You know, and not to be authoritarian parenting style.

Another participant identified the need for workshops that help build and facilitate conversations between young people and their parents.

... you could do something where young people and parents are actually working together, like helping to facilitate communication between them.

Participants also spoke about the need for greater education around mental health. This was acknowledged to not just be an issue for Muslims, but for wider New Zealand society however as Muslims are a faith-based community, there are some unique stigmas attached to the conceptualisation of mental health that needs to be countered with accurate education.

I think like the wider New Zealand issue, there's obviously needs to be a better awareness of mental health issues generally. The other thing is that many Muslims, so this would be an educational aspect, many Muslims see mental health as something that sits outside Islam, so they only see it as afflicting somebody who is not a proper Muslim. So, so that's obviously, that's something that needs to be addressed. So, I would, to answer your question more directly, I think community seminars or seminars for, because that's generally the way that you'd be able to reach families, through their communities.

Participants highlighted specific needs in regards to education on mental health in the community. Firstly a few participants discussed the need for general psychoeducation on mental health, so that youth who are able to recognise warning signs and be appropriately informed of mental health struggles:

To actually know that they're going through stress. A lot of these youth they don't know that they're having panic attacks or anxiety attacks or they don't know that they're going to a lot, they're not reflective of their situation because they think that's the way it should be. Like it's a given that they should feel distressed at all times.

They also discussed the need for the normalisation of help seeking:

So I feel our people still are not accepting of this situation and they need more awareness that it's alright you now, if you feel stressed and you feel like you are not coping with things, it's fine to go and ask somebody who is experienced in these things and they can really talk to you, and maybe all you need is just to talk about something.

A participant suggested having other Muslims from the community speak up about their struggles, referencing prior experiences of how people in the community having opened up about their struggles has had a positive impact on the normalisation of mental health struggles and help-seeking.

I know there's a few Muslims, like youth and adults, have come out and said I've had this and I've had that, great. And some of the Muslim leaders in the community, which is awesome, come out and say I have actually had depression.

Participants also highlighted the critical roles imams and mosque officials have in encouraging support-seeking and spreading awareness of mental health. A participant highlighted how this will help break down misconceptions that mental health struggles are a result of poor faith.

So mosques need to open their doors to actually be able to have these things in the mosque after the actual prayer times, to explain that mental health is a real issue, it affects religious people and non-religious people. It affects 'good Muslims' and of course there's no such thing, 'cos of course the Islamic definition of a good Muslim is essentially the one who is, who is conscious of God the most, which is an inward reality.

Another participant further discussed the ways in which mosques and imams can provide support and education.



It would be really good if mosques just had cards on notice boards or something up, just so they [youth] could see that there is this service available if they are feeling really stressed. It would be really good if the imams would be announcing say one a month at juma, that if youth are feeling like they are really struggling with like 'X' connection, 'X' contact, to go and see. I doubt that they are doing that. I doubt they even know anyone they should go and see.

Participants discussed the need for education through formal events such as workshops and seminars, but also informal events such as social gatherings and religious talks in the mosques. Participants also discussed the need to indirectly provide education through social events and mosque gatherings, as some people may not attend formal seminars or sessions on particular topics.

So, being able to actually host them in a mosque as well, 'cos that's often where, often if you hold things in other community centres some people may not come, some of the people that you really need.

Furthermore, one participant spoke about the importance of Muslim schools educating youth on important topics such as mental health and addictions, to ensure youth are appropriately informed and supported from a younger age.

Participants highlighted the importance of educating the community on support services that are currently available. Furthermore, participants also discussed the need to provide accurate information around issues such as seeking support for abuse, custody issues, and the laws in New Zealand as misunderstanding can cause inaction and perpetuation of abuse.

We also need to put a lot of education out around custody rights and property rights. One of the things that I hear from both male and female is that they're really worried that when Police get involved in a domestic dispute one or other is worried that they're going to lose custody of their children.

Lastly, some participants also spoke about the need for education on Islam, and the ways in which faith can be a coping mechanism in times of distress. As discussed previously,

participants highlighted how a lack of appropriate Islamic knowledge on coping through distress can drive young people away from religion and can increase feelings of guilt and shame.

In this last theme, participant's accounts suggested the need to facilitate greater education to create change.

## **Chapter Four: Conclusions and Discussion**

The present study aimed at exploring the psychosocial stressors experienced by adolescent Muslims in New Zealand, and the coping resources they use to manage life's challenges. This study extends the current literature on adolescent stress and coping by focusing on a population that is underrepresented in adolescent health literature. This research was also interested in gaining insight into the contributing factors underlying the challenges faced by adolescent Muslims, in order to inform appropriately guided systemic change through empirical research. I was specifically interested in exploring the likelihood of youth accessing mental health support, and the barriers that may exist in young Muslims accessing mental health support in New Zealand. These aims were addressed through a thematic analysis of the accounts of 21 key informants who work in close capacity with adolescent Muslims, in both volunteer and professional capacities. Key informants were understood to be able to provide valuable systemic insight into the challenges adolescents face.

In this final chapter, I will begin by reviewing the key findings of this research in relation to the current literature. This review will be guided by the three areas of focus in this research: stress, coping resources and recommended systemic changes. Following this I will outline the key implications for clinical practice, suggest future areas of research, and discuss the strengths and limitations of this research. I will conclude with my final reflections.

### **Stressors**

When exploring the stressors experienced by Muslim youth, participants identified a wide range of stressors that were largely well supported in existing literature. Each stressor was seen as significantly influenced by the young person's Muslim identity, indicating the significance of culture in shaping a young person's life experiences. There were six overarching themes

identified from the participants' responses: experiencing discrimination, struggling with one's identity, challenges of migration, insufficient support from the Muslim community, a culture of silence on stigmatised issues, and mental health stigma.

When asked to comment on young Muslims experiences of discrimination, many participants were in agreement that discrimination based on religious identity was experienced by Muslim youth in New Zealand. While New Zealand is generally believed to be a country that is more tolerant of diversity in comparison to other western societies (Ward & Masgoret, 2008), results from this study are in line with international literature that reports young Muslims in western countries experience religious discrimination (Ahmed & Ezzeddine, 2009; Dupper et al., 2015; Fine & Sirin, 2008; Seddon & Ahmed, 2012; Seward & Khan, 2005; Sirin & Fine, 2007). What may differ in the New Zealand context is the intensity and frequency of discrimination, as not all participants felt discrimination was significant for all Muslim youth, or expressed overtly, as is reflected in international literature (e.g. Maira, 2004). Participants described both overt and covert forms of discrimination affecting Muslim youth. This is significant, as research posits that experiences of discrimination places individuals at risk for increased psychological distress and adverse mental health outcomes (Brown et al., 2000; Crengle et al., 2012; Fisher et al., 2000).

Overall, participants reported more systemic forms of discrimination, where prejudice and intolerance were reported to be perpetuated by governmental organisations, public figures in mainstream media, school teachers in academic settings, and employers. It is important to note this may be due to the participants being key informants, and thus reflecting on more systemic influences of discrimination. One of the most concerning admissions discussed by two participants was of Muslim male youth being approached by the New Zealand SIS, being asked

to attend meetings alone, and subsequently told to keep those meetings confidential.

Significantly, this request of confidentiality prohibits youth from gaining support in dealing with the aftermath of those interactions. The small number of participants who discussed this issue may be due to the secrecy in which these experiences appear to be clouded. These participants reported that these young men were left feeling terrified, traumatised and as if they were constantly being watched. The participants further discussed the complexity of young people processing their systemic targeting by the government and being told that an aspect of their identity is perceived as a threat. These participants highlighted the significant impacts this may have on identity formation and feelings of belonging, especially at such a vulnerable stage in life. This concern is supported by literature, which reflects identity formation to be a key developmental task in adolescence, where young people gain a sense of who they are as members of communities, reflect on where they belong in society, and the kinds of people they want to become (Crocetti, 2017; Dorn et al., 2006; Ogden & Hagen, 2018). These findings are also in line with international literature that reports Muslims are under intense suspicion and surveillance following the 9/11 terrorist attacks (Maria 2004). Furthermore, following the March 15 terror attack in Christchurch, New Zealand, questions were raised in New Zealand on the ethicality of the actions of the SIS and the perceived unjust targeting of Kiwi Muslims (Pennington, 2019). This research aids support to the Human Rights Commission's call for an inquiry into the actions of the New Zealand SIS (Pennington, 2019). It also calls for the New Zealand government to reflect on the impacts these actions would have had on the young people targeted, and to suggest appropriate interventions and support to reduce the likely negative impacts.

A few participants also discussed how some young people feel discriminated against in institutional settings, specifically high school, where young people felt that either they were unfairly targeted in the classroom because of their religion, or that teachers perpetuated incorrect negative stereotypes of religion through their teachings. This finding supports research from the US which reports members of religious minority groups may face difficult incidents at school because of their religious status (Dupper et al., 2015). This was also found in research specifically pertaining to Muslim adolescents (Ahmed & Ezzeddine, 2009). These negative experiences in school settings are significant, as research highlights difficult experiences at school can have significant adverse effects on the young person's well-being and development of their sense of identity, due to the significant time spent at school (Forrest-Bank & Dupper, 2016).

A small number of participants also spoke about some young people reporting feeling unsafe following verbal abuse, often following international terror incidents overseas. One participant spoke about the unpredictability of these events and the consequent fear that can impact a young person's life suddenly and unexpectedly. While this was only reported by a few participants, the potential impacts of these incidents of verbal abuse on young people need to be taken seriously. Research informs us that racist incidents can produce similar impacts as other traumatic experiences, and can also produce post-trauma-like symptoms affecting one's mental health and wellbeing (Bryant-Davis & Ocampo, 2005),

Some participants however felt that overt experiences of discrimination were less likely in New Zealand and discrimination was more likely to be expressed covertly. An example of this was accounts of young people who felt they had been denied jobs based on their 'Muslim' names, seemingly evidenced by gaining employment once names were changed to mainstream-sounding names. These findings are consistent with international literature that reports Muslim

migrant youth experience higher levels of perceived discrimination than other youth (Fine & Sirin, 2008) and local research that reflected anti-Muslim sentiments in New Zealand (Shaver, 2016).

In summary, the results from the current research corroborate findings of international literature that report Muslim youth in western societies experience discrimination, in both overt and covert ways. However, the results may also reflect discrimination in New Zealand is less frequent or expressed less overtly. The findings of this study suggest that discrimination is often expressed systemically in New Zealand, with potentially subtle cumulative negative impacts on young Muslim's identity and experiences of belonging. These effects would be difficult to identify without closer inspection; thus the impacts of systemic discriminatory behaviour may not always be obvious. What is of concern is that less explicit experiences of discrimination are likely to be more difficult to recognise, so young people may not be gaining sufficient support in dealing with the impacts of systemic discrimination, and fewer attempts are made to dismantle discriminatory systems. What is clear from the results of the research is that more effort is needed to ensure that all young people growing up in New Zealand feel safe, feel a sense of belonging, and are presented with equal opportunities to succeed. Furthermore, it would be important to critically reflect on how systemic actions are perpetuating and reinforcing the hostile view of Muslims that is present in many Western societies (Powell, 2011).

Another dominant theme, highlighted by many participants as the most significant struggle faced by Muslim youth in New Zealand, was difficulties in negotiating their identities. As discussed above, identity formation is seen as one of the key tasks in adolescence (Dorn et al., 2006; Ogden & Hagen, 2018) and can be particularly complex for those who identify as bicultural or multicultural (Markstorn, 2011), or in particular, identify as an adolescent Muslim

in western societies (Sirin et al., 2007). Participants described identity consolidation as a complex issue that has many intersecting layers. Firstly, participants relayed that in order to preserve cultural values, parents place expectations on their youth to embody the religious and cultural values the parents attained whilst growing up in a differing cultural climate. Young people, on the other hand, struggle to hold onto these values and practices while living the realities of growing up in New Zealand. This struggle of balancing the expectation of societal and familial cultures is identified in the literature as a common acculturative struggle, labelled as bicultural straddling (Kao & Haung, 2015). Participants also reported that some young people feel a sense of otherness and lack of belonging in New Zealand, which they attributed to two factors. Firstly, the differences in mainstream youth culture in comparison to the Muslim way of life contributed to a feeling of 'otherness'. This struggle that Muslim youth feel is identified in the literature, with the recognition that some normative western behaviours common among adolescents are perceived as detrimental to one's wellbeing from an Islamic perspective, and thus are often forbidden by families (Ahmed et al., 2014; Seddon & Ahmed, 2012). Secondly, the Islamophobia that youth experience reinforces the idea of them being the 'other' or 'different', with research reflecting youth who have identities that are discriminated or disputed are likely to experience distress (Sirin et al., 2007). Participants further discussed how, in response to this discrimination, some Muslim youth choose to appear less visibly Muslim in order to feel a greater sense of belonging. Similarly, some Kiwi Muslim youth might not identify with their Muslim identity as strongly as their parents want them to, and instead were wanting to forge their own unique identity. This distancing was recognised as having the potential to cause tensions in the family.



A lesser known contribution to the identity struggles of Muslim youth is feeling a lack of belonging to the Muslim community itself. There were several reasons given for this. Some youth feel they are not valued at mosques where they fear rejection or judgement from others. This was discussed to be more significant for youth struggling with issues such as substance abuse.

This research highlights how Muslim youth are stuck in a dichotomy where they are torn between two parts of their identities; and struggle to find a sense of belonging in either the western or Muslim world. Choi's (2001) concept of cultural marginality would seem to account well for this experience of Muslim youth in New Zealand. Of concern is that research suggests youth might be more at risk of poor mental health outcomes and cognitive distress if they are not able to successfully accomplish the negotiation between the two cultures (Choi, 2001).

The recognition by key informants that establishing an identity is an area of concern for Muslim youth is perhaps unsurprising, given that this is widely regarded as a significant developmental task during adolescence (Dorn et al., 2006; Ogden & Hagen, 2018). What does emerge strongly from the present research, however, are the additional challenges that Muslim youth may face in negotiating this developmental task, as previously identified in literature (Mitha & Adatia, 2016; Sirin et al., 2007, Stuart, 2012). In saying that, research on Muslim youth in the US also suggests, that despite conflicting identities, Muslim youth are able to allow their national and religious identity to co-exist, and only a small number of Muslim youth experience identity conflict (Sirin et al., 2007). Research suggests that this may be an easier task in some parts of the world, particularly in the US in comparison to Europe (Sirin & Fine, 2007). This may seem surprising due to the significant level of Islamophobia reported in the US, however the US is also known to have strong well-functioning Muslim communities. It may benefit the Muslim

community in New Zealand to see what the Muslim community in the US may be doing to support youth identity. Greater community involvement has been found to give individuals a sense of belonging and identity maintenance (Benzies & Mychasiuk, 2009; Ahmad et al., 2005).

The challenges facing young Muslims in New Zealand was further elaborated on in the theme focused on the challenges of migration. In this theme participants discussed how young people might experience intergenerational conflict between their parents' and grandparents' generations, and their own generation due to growing up in differing societies with different cultural expectations. Research has identified differing acculturative experience between generations resulting in differing beliefs, values, and practices that are felt more prominently for second and third generation migrants (Le & Stockdale, 2008). This intergenerational conflict is described in the literature as acculturative dissonance, which is defined as the conflict between the different generations based on differing beliefs and practices (Rumbaut & Portes, 2002).

The present research highlights the additional contributing factors that may emerge for Muslim youth. Participants discussed how preceding generations, who may have grown up in non-western societies in which their religious or cultural identity was of the majority, may not be able to understand the additional stressors young people experience living in a society that is seen as not 'encouraging' of religion. Research reflects the additional difficulties Muslim youth face with upholding strong religious identities "in a context where there is a prejudice" against their identity (Stuart, 2014, p. 22).

What is of particular interest in this research is the effects intergenerational conflict can have on young people's wellbeing. Participants discussed how young people may be forced to live incongruently, hiding aspects of their lives they feel are not acceptable to their parents. This is particularly concerning as, while research shows that young people may face challenges in

their relationships with their parents in adolescence (Ogden & Hagen, 2018; Gelhaar et al., 2007), parents are also seen as significant sources of support during this developmental time (Cicognani, 2011; Helsen, 2000; Spears et al., 2015; Steinber et al., 2012). In extreme cases, this conflict can also lead to young people leaving their homes, either of their own accord or due to parents asking them to leave, signifying a significant breakdown in relationship. Young people struggling with acculturative dissonance with their parents often seek support elsewhere, most commonly with peers (Cicognani, 2011; Steinber, 2011) and are at risk of engaging in delinquent and maladaptive behaviour (Rumbaut & Portes, 2012). Furthermore, higher levels of parental involvement are linked with lower levels of violent behaviour, delinquency, school dropout and drug abuse, and with higher levels of academic success (Ikramullah, Manlove, Cui, & Moore, 2009). This pattern reflects the importance of strong parental-child relationships and the need for strong parental involvement in a young person's life. If Muslim youth are not able to share things with their parents due to fear of a negative reaction, this limits the support parents can provide their youth. This outcome suggests the need for support to be given to families to deal with the tension that arises from differing acculturative experiences between generations, enabling families and parents to better support their young people.

There were some additional stressors that participants attributed to migration. Findings indicated that new migrants face financial, social, and emotional difficulties that result in parents not being able to provide as much support to their children as they would like. Additionally, participants also discussed how parental trauma experienced in their country of origin or through the migration experience can become intergenerational. These discussions are well supported in migrant literature that highlights the pressures migrants may face including finding a job, gaining education, language barriers, forming social connections, lack of recognition of previous

credentials, upholding family obligations, and changes in status and respect (Adatia & Mitha, 2006; Fang & Goldner, 2011; Jibeen & Khalid, 2010; Khawaja, 2007). Additionally, migrants may be dealing with the consequences of trauma experienced pre-migration, or from the migration experience (Staudenmeyer et al., 2016). Research reflects the consequences of these additional stressors for parents are being at risk for mental health struggles such as depression, anxiety and post-traumatic stress (Fang & Goldner, 2011; Khawaja, 2007; Pumariiega et al., 2005) and being less available to attend to the emotional needs of children leaving them vulnerable (Pumariiega et al., 2005). Research also identifies the risk for intergenerational transmission for trauma experienced pre or post-migration (Batista-Pinto Wiese, 2010; Sangalanga & Vang, 2017).

Research tell us that young people who have reduced parental involvement can engage in more maladaptive behaviours, thus highlighting the importance of providing support to families to uphold family structures, in order to reduce stressors for young people later on in life (Dmitrieva et al., 2004). It may be particularly difficult for parents to support their young people in the absence of the extended family or community they might have had in their countries of origin. This loss of social support post-migration is well recognised in research literature (Fang & Goldner, 2011; Jibeen & Khalid, 2010), and highlighted as particularly difficult for migrant families who leave collectivist cultures for more individualistic communities (Khawaja, 2009). It may be easier for Muslims of certain cultural backgrounds that already have large ethnic communities in New Zealand to migrate to New Zealand (Kolig, 2009). However, this level of support needs to extend beyond cultural communities to ensure all migrant families feel supported. A further pressure on young people from newly migrant families is that they may be

required to adopt more adult roles to support the family post-migration, due to the language and cultural barriers that disempower their elders (Roche, Lambert, Ghazarian, & Little, 2015).

Another theme that emerged in the participants' accounts was a perception that the local Muslim community was not providing enough support to Muslim youth. In particular, some participants discussed the lack of support available for youth struggling with issues that are often stigmatised, such as mental illness, addictions and homelessness. These participants attributed this issue to a lack of community-based support services available for these struggling youth, which was seen as influenced by several factors. Firstly, a participant described the Muslim community in New Zealand to be holding on to a "first generation mentality" that continues to prioritise establishing a community base and has not progressed into a community that supports itself by establishing appropriate support services. Secondly, some participants suggested that the current leadership in the Muslim community is disconnected from its community and thus is unaware of the pertinent struggles of its people. This idea of community leaders being disconnected from the young Muslims in its community was also found in an Australian study of identity and Muslim leadership (Sohrabi, 2015). Participants in the study discussed how first-generation migrants still hold significant leadership positions despite a significant number of Australian Muslims being born in Australia.

Another mechanism of insufficient support discussed by some participants was the Muslim community not equipping Muslim youth with the right information to be able to use religion as a coping mechanism in times of distress. This was seen as perpetuated through a lack of discussion on the struggle's youth may face. These findings inform us that some young Muslims may need greater support to be able to use religion as a coping mechanism at times of significant struggle. The description of young people feeling like they need to be 'perfect' before

they use the mosque suggests a shift is needed in the understanding of mosques that enable young people to see it as a place of support and spiritual guidance, and not just for those people who may be perceived to be stronger in faith. This understanding is important, as previously discussed research has shown that religious beliefs and actions can act as both significant protective mechanisms against stress and a proactive coping mechanism (Smith, 2003; Gomes et al., 2013; Van Dyke & Elias, 2007). Furthermore, community involvement and religious congregations have been found to give individuals a sense of belonging, companionship, sense of community, and resilience against stress (Ahmad et al., 2005; Benzie & Mychasiuk, 2009; Mitha & Adata, 2016). Hence an inability to use religion as a source of support, or hesitancy in community involvement, can result in youth missing out on significant protective and coping supports.

Lastly, some participants perceived that some youth are disheartened by the notion that the older generations expect youth to refrain from engaging socially in ways that are not seen as aligning with the Muslim way of life, but have not provided a 'third space' where youth are able to engage socially amongst themselves without parental presence. Participants also discussed some young people expressing frustration at not being given the autonomy to lead activities aimed at youth. These findings add to the scarce literature that looks at the ways in which the Muslim community may be contributing to Muslim youth distress. While this may be a difficult topic to address, the introspection is critical to be able to flourish as a community and address factors that are causing additional stress and divide in the community.

Another stressor identified was the culture of silence in the Muslim community on issues that historically may have cultural stigma and shame associated with them. This includes issues such as sexual abuse, domestic violence, alcohol and drug use, mental health struggles, and

gender and sexual identities. Participants reported that this culture of silence was precipitated and perpetuated by historical cultural understandings of these issues, together with a lack of education and public discussion of these topics. Lack of open discussion on these issues perpetuated stigmatising misconceptions. Silence was also perceived as protecting the family against shame and young people from the negative consequences of disclosure. Lastly silence was also seen as maintained due to a general lack of awareness in the Muslim community that these issues exist.

While not all participants felt that sexual abuse was a significant occurrence in the community, others felt that, similar to other communities, it was probably occurring but silenced and not reported. Currently in New Zealand one in three females may be sexually abused before 16, and one in seven males may be sexually abused before adulthood (Auckland, 2019). These statistics reflect the high likelihood that young New Zealanders of every community may fall victim to sexual abuse. Domestic violence was discussed in a similar light, in that it may not be reported due to fear and victims' dependence on perpetrators. Currently in New Zealand approximately 90% of sexual abuse crimes (Auckland, 2019), and 76% of family violence incidents are not reported to the police (Ministry of Justice [MOJ], 2015); suggesting that under-reporting of abuse is a national issue. Participants did however allude to the idea that there may be specific cultural beliefs that would influence the silence on stigmatised issues for particular populations within the Muslim community. While a comprehensive discussion of the cultural beliefs that may be influencing this culture of silence was beyond the scope of the present research, this finding is supported in the literature. Fontes and Plummer (2010) studied cultural issues in disclosure of sexual abuse specifically and concluded that cultural norms affect both the likelihood of disclosure of sexual abuse and the reporting of abuse to authorities by family.

Furthermore, culture-specific notions such as the taboo of speaking about sexuality or the norms of not disclosing personal matters outside the family, can subsequently prevent young people in those communities from speaking out, or families from reporting these issues (Fontes & Plummer, 2010; Haboush & Alyan, 2013; Lee & Hadeed, 2009).

This culture of silence was seen as precipitating significant consequences for Muslim youth. Some participants discussed how young people may not disclose abuse due to fear of negative reactions, with one participant questioning if there has been enough done for young people to feel comfortable and safe to disclose. In order to disclose abuse, victims need to feel assured they will be “treated sympathetically and appropriately” and are at risk of increased suffering if they are not acknowledged and understood (Crisp, 2010, p. 280). Thus, it is important for young people to feel as if they will be believed and supported in order for young victims to be able to speak out. Crisp (2010) also notes that another consequence of silence is that victims of abuse are prohibited from making contact with other victims of abuse, due to keeping their abuse silent, who may be able to offer support and reduce feelings of isolation. Another consequence discussed of a culture of silence was young people experiencing significant events in their life without receiving appropriate support. An example discussed by a participant was of a youth receiving an abortion in secret. This fear of speaking out was seen as a contributing factor that prohibits young people from getting the appropriate psychological and/or emotional support they may need, or importantly getting appropriate support at a time when their struggles may be manageable or easier to mitigate.

Some participants discussed the stress placed on Muslim youth who identify as both LGBTQI and Muslim. This was due to the perceived incongruence in adopting both identities, which a participant reported can lead to significant mental health struggles for Kiwi Muslim



youth. The difficulties of negotiating these two seemingly incongruent identities and the distress this may cause in the lives of homosexual Muslims has been noted in the literature (Siraj, 2016).

This research thus recognises young people as victims of a culture of silence, in particular a culture of silence on stigmatised issues that young people may fall victim to or identify with. In addition to the impacts discussed above, research also highlights additional consequences. Crisp (2010) discusses how communal silence inhibits change, leading instead to “things that should be said remaining unspoken, leaving no opportunities for difficulties to be acknowledged or problems which need fixing to be identified” (p. 277). This view is also echoed by Jeremiah, Quin, and Alexis (2017) who recognise a culture of silence as inhibiting attempts at addressing significant community issues such as abuse. Thus, the present research recognises this culture of silence as inhibiting community progress and as a factor which impacts negatively on the wellbeing of Muslim youth.

The last stressor identified was mental health stigma. This is unsurprising given literature recognises mental health stigma to be widespread, with the WHO (2011) citing stigma as a key barrier to successful treatment and engagement of mental health struggles worldwide. Literature specifically exploring Muslim mental health perceptions also recognises stigma to be significant barrier to the acknowledgment and treatment of mental health struggles (Amri & Bemak, 2013; Ciftci, Jones, & Corrigan, 2013). Research specifically looking at the New Zealand Muslim community reports that Muslims families in New Zealand prefer to keep mental health issues hidden, and instead prefer to access traditional or spiritual methods of healing (Shah & McGuinness, 2011). Additionally, the barriers identified to accessing mental health services for Muslim Kiwi families were a lack of awareness and understanding of mental health, fear of the stigma and the discrimination from within the Muslim community, limited awareness of mental

health services in comparison to the wider community, lack of cultural awareness by health professionals, and a fear that one's religious beliefs may not be respected by professionals.

Results from the present research produced similar findings to Shah and McGuiness (2011). While some participants acknowledged a shift in the perception of mental illness that has resulted in more young people reaching out for support, participants also discussed significant barriers for young people in accessing mental health support when needed. The current research suggests that there may be misperceptions about mental health present within the New Zealand Muslim community, and a lack of open discussion on these issues. Participants believed that greater work is needed to demystify misconceptions surrounding mental health and support seeking, in order for youth to feel more comfortable to reach out for support. They identified three common misconceptions: that mental health struggles are a result of poor faith, or a lack of engagement in faith-based practices; that mental health struggles are a source of shame; and lastly, that mental health struggles are not a legitimate issue that requires support. Amri and Bemak (2013) discuss the mental health stigma present amongst Muslim communities. They identified a belief common in many non-western cultures is that mental health struggles are a result of a lack of faith, in particular, amongst Muslims. As religion is seen as the source of healing, a common misperception is that one who suffers from mental health struggles or seeks support in non-faith based practices has lost their faith in God (Amri & Bemak, 2013). Hence some may perceive seeking support for psychological problems as a source of shame and a reflection of weakness. Ciftci et al. (2013) suggest that "even when Muslims have positive attitudes toward mental healing, social stigma remains strong" (p. 24), which inhibits Muslims from accessing support. The findings of the present study suggest that mental health struggles

may not be perceived as legitimate by parents who have been brought up in cultures which do not recognise the significant impact poor mental health can have on people's lives.

Participants further discussed how such misconceptions about mental health can prevent young people from seeking support, in fear of negative or dismissive reactions to their disclosure. Some participants also recognised that familial perceptions of mental health will influence how young people feel about approaching mental health professionals, highlighting the critical need for addressing mental health stigma at a community level. Participants discussed how these misconceptions surrounding mental health are perpetuated by a lack of discussion and acknowledgement in the community, which was reported to be present throughout the community including Muslim schools and mosques. Lastly, participants discussed an absence of culturally responsive mental health services in New Zealand as another significant barrier to Muslim youth accessing mental health support. Participants highlighted the importance of mental health services employing practitioners who are able to understand the Muslim world view. This deficit is recognised as a significant barrier to Muslims of all ages seeking mental health support (Amri & Bemak, 2013).

The findings of the present study reflect the stressors that Muslim youth in New Zealand face is influenced primarily by external, systemic factors. These stressors were identified as having significant potential psychological and relational effects on the lives of young Muslims. This research found Muslim youth's religious identity to be a significant factor permeating many aspects of their life. This was due to several factors, including the current socio-political context in which Muslims exist globally, the visibility of the Muslim identity, and the perceived differences of the Muslim way of life in comparison to normalised adolescent behaviours in western societies. Additionally, the current research found that stressors arising from migration

were identified in both acute and long-term contexts, which may be a reflection of the changing demographic of the New Zealand Muslim community. Intergenerational acculturative differences were found to be a significant source of stress that presented across themes, influencing family relationships, community engagement and psychological functioning. Furthermore, a potential long-term effect of migration recognised as significant for some Kiwi Muslim families was reduced familial protective factors for youth, due to the significant stress families are under post-migration that disrupt familial systems. Lastly, the Muslim community was also found to be contributing to the stress faced by Muslim youth, by upholding a culture of silence on stigmatised topics, and insufficient support structures within the community for those that are struggling. Thus, this research posits that in order to reduce the stress faced by Muslim youth, in addition to appropriate coping resources, there needs to be significant systemic changes made to dismantle the sources of stress identified to impact on the wellbeing of Muslim youth in New Zealand.

### **Coping Resources**

Research has presented coping to be a critical mediating factor between stressors and the potential impacts the stressors may have on a young person's mental health and psychological adjustment (Compas et al., 1995; Evans et al., 2015; Ingram & Luxton, 2005). Participants identified a need for Muslim youth in New Zealand to utilise coping resources that were proactive, and engage in coping behaviour that had greater benefits. Overall, there were six distinctive themes identified by participants as coping resources commonly used by Muslim youth: family and community support, friendships, finding strength through faith, trying to fit in, looking for belonging in the wrong places; and coping in unhealthy ways.

**Relational coping resources.** Participants recognised relational support as a significant means of youth coping with life's challenges. One of the most significant sources of support identified in this research was familial support. Participants discussed how, despite the intergenerational tension that may exist for some families, familial support was recognised as an important source of support and love for many youth. They further discussed how some youth who may struggle with familial relationships still identify family as a core value. This is consistent with the literature on adolescent coping that has found familial support to be a significant source of support in adolescence (Cicognani, 2011; Helsen et al., 2000; Michelmore & Hindley, 2012; Spears et al., 2015; Steinberg, 2011). The level of familial support that youth receive was understandably found to vary from family to family. Significantly, the barriers that young people face in confiding their difficulties to their family impact on their access to familial support.

Furthermore, the significant emotional, financial and employment pressures that newly migrant parents are under (e.g. Adata & Mitha, 2006; Fang & Goldner, 2011; Jibeen & Khalid, 2010; Khawaja, 2007) may also inhibit the level of familial engagement and support they are able to provide their children. Thus, the present research suggests that, in order to reduce the stressors that contribute to poor mental health in adolescence, it is important to address the systemic underlying issues that contribute to those stressors. This notion is supported in local literature. A literature review conducted by the Child Poverty Action Group in New Zealand concluded that, in order to address poor child and adolescent mental health, it is important to address any significant poverty that contributes to these struggles (Gibson et al., 2017).

The research also suggests that the Muslim community may be a significant source of support for youth. Community-led initiatives such as youth groups, community groups, camps

and workshops can offer youth a valuable sense of social connection. Literature on Muslim adolescents has recognised community involvement as a contributor to resilience for youth (Mitha & Adatia, 2016). Furthermore, participants discussed how youth leaders or other members of the community can play support roles in the lives of young people. Additionally imams, teachers and mental health workers can also be sources of support. Existing literature reflects the importance of community involvement and religious congregations in giving people a sense of belonging, companionship and identity maintenance, and facilitating a sense of community (Ahmad et al., 2005; Benzies & Mychasiuk, 2009).

Participants also discussed friends as a significant source of support, with some participants reporting that adolescents are most likely to turn to friends in times of distress. This is consistent with existing literature that recognises peers as significant sources of support in adolescent years, where they take on a more central role in the life of young people (Flynn et al., 2017; Ogden & Hagen, 2018). A few participants discussed how some youth prefer to gain support from their Muslim peers, as fellow Muslim youth are perceived to understand the struggles other Muslim youth experience. Conversely other participants suggested Muslim youth may prefer to turn to non-Muslim peers for support, to reduce the likelihood of perceived judgement. While participants highlighted friends as a great source of support, they also discussed times where turning to friends can be problematic; for example, when youth give advice to other youth that perpetuates harmful behaviours and beliefs, or give advice that is not culturally sensitive and can thus lead to additional problems. Similar findings were reported by Muslim youth themselves in previous research conducted by Stuart and Ward (2011), where youth reported peers to be a good source of support, but they also felt pressured to participate in behaviours that were contrary to their values.

Thus, in summary, the present research found that relational forms of coping are seen as significant sources of support for Muslim youth, including familial, community and peer support. This is consistent with local literature that reflect an association between social support and fewer emotional problems in adolescence (e.g. Rueger, Malecki, & Demaray, 2010; Weinstein, Mermelstein, Hedeker, Hankin, & Flay, 2006). Thus these forms of support need to be supported and further encouraged. As discussed by Spears et al. (2015), interventions need to focus on building the supportive capacity of parents and peers, as young people are more likely to turn to informal social networks for support than to professional help.

**Faith as a source of coping.** Participants identified faith as a significant source of support for Muslim youth. This is consistent with existing research that highlights religion to be a protective factor and important coping mechanism (Gomes et al., 2003; Smith, 2003; Van Dyke & Elias, 2007). Participants identified two forms of religious coping: faith-based practices and cognitive processes. These findings reflect existing literature (Annalakshami & Abeer, 2011). The key informants who took part in this research discussed the ways in which young people's Islamic beliefs shaped their perception of their struggles, in order to alleviate distress and increase hope. This finding may have implications for mental health practitioners using faith as part of a young person's healing. The present research suggests that practitioners working with Muslim youth should have an understanding of the Muslim world view and the ways in which it can shape cognitive processes to provide relief and support. Previous research highlights worry about 'therapy content' as a barrier to Muslims accessing support services, as clients may worry about whether the clinician will respect their religion and recognise it as an important aspect of healing (Weatherhead & Daiches, 2010). This suggestion further exemplifies the importance of

cultural competence training for practitioners, so that they are able to understand the worldview of Muslim youth who choose to use faith as a form of guidance and healing.

However, the findings of this research also suggest that faith may not operate as a source of support for all Muslim youth. Participants discussed how for some youth faith may bring up feelings of guilt as a result of not adhering to religious practices. Moreover, for other youth who are forced to abide by religious practices, doing so can be a source of distress. This view is consistent with findings in religious literature that report religiosity can cause distress for youth (Cotton et al., 2006). Thus, it is important for people who work with Muslim youth to assess the role faith plays in the lives of each individual young person.

The present research recognises faith as a potential source of support for Muslim youth, and suggests that it be utilised in mental health interventions if the youth identifies faith to be significant for them.

**Unhealthy means of coping.** The findings of this research also suggest that Muslim youth may be utilising coping strategies that are disadvantageous to their wellbeing. Firstly, participants discussed how some youth cope with being ‘different’ by attempting to do things that enable them to ‘fit in’ with mainstream New Zealand society. This included attempting to appear less different to their peers by reducing overt signs of religious identity, or concealing aspects of their identity or daily life that are identifiably Muslim. The hijab, for example, was seen as an overt sign of belonging to the Muslim faith, and a few participants recounted stories that youth had shared of young females removing their hijab. It was also discussed that for male youth that choose not to dress in traditional wear, their names became important aspects of their identity that classify them as Muslim. Thus participants shared instances of male youth choosing to change or modify their names – specifically when applying for jobs. This notion was also



discussed by Khosravi (2010) who reported some Muslims in Sweden change their names to facilitate their perceived assimilation into mainstream society. King and Ahmad's (2010) research in the US reflected that 'Muslim names' on job applications were received more negatively and created challenges for those Muslims trying to gain employment. Kohsavi (2010) describes Muslim names and the hijab as "the two most conspicuous signifiers of their stigmatised identity" (p. 65).

Local and international research also supports the conclusion that wearing the hijab increases the likelihood of discrimination. Allen (2014) explored the impact of Islamophobia for British Muslim women and found the hijab prompted increased recognition of these women as Muslim, which was a catalyst for negative responses. However, they also found these British Muslim women had no desire to change the way they dressed and were firm in their identity. Similarly, Jasperse et al. (2012) explored the experiences of Muslim immigrant women in New Zealand and found the hijab was linked to greater perceived discrimination due to increased visibility as a Muslim. However the hijab was also found to serve a protective function that increased life satisfaction and decreased psychological distress. Thus despite the likelihood of increased discrimination, the hijab may also serve as a protective factor to wellbeing and identity formation for Muslim women.

What is of concern is that Muslim youth who are trying to conceal their identity may not experience the benefits that a strong Muslim identity can offer. Ward et al., (2010) examined the influences of identity and perceived discrimination on the psychological and sociocultural adaptation of Asian Muslim youth in New Zealand. They found a strong Muslim identity to be a protective factor that had a positive influence on life satisfaction, school adjustment and pro-social behaviour. Furthermore, they found a strong Muslim identity could buffer the negative

effects of discrimination. Thus, youth who are diluting their identities in order to fit in may be acting in ways that are counterproductive to achieving positive wellbeing.

Participants identified a variety of other unhelpful ways they had noticed Muslim youth deal with distress. These included attempting to ignore their problems, social withdrawal, isolation, gambling, unhealthy or restrictive eating, suicidal ideation, drug and alcohol consumption, and self-harming behaviour - predominantly self-inflicted cutting. Some participants discussed self-harm and suicidal ideation to be a significantly increasing response to stress amongst Muslim youth, but reflected this increase mirrors the increase of these behaviours in the general youth population. Official statistics on Muslim youth suicide are not available as health statistics are not differentiated by religious identity in New Zealand. These coping strategies are described in the literature as avoidance coping mechanisms; defined as coping processes that ignore or deny the existence of the stressor, usually involving disengagement and/or distraction strategies (Compass et al., 2001). Avoidance coping strategies appeal due to the immediate short-term relief of distress, nevertheless research informs us that this often results in an increase in the frequency and intensity of distress in the long run, and has a positive correlation with the development of anxiety and depression (Compass et al., 2001; Gomez & McLaren, 2006; Lynch et al., 2001). Thus there needs to be a concerted effort to ensure youth are not relying on these coping mechanisms in times of distress.

There are several factors discussed in the literature that increase the likelihood of youth turning to maladaptive behaviour patterns. This includes youth who have poor future orientation (Chua, Milfont, & Jose, 2015), lowered parental involvement and monitoring (Dmitrieva et al., 2004), and greater economic difficulty and family conflict (Markova & Nikitskaya, 2017; Wadsworth & Compas, 2002). Furthermore, research has found that individuals are more likely

to use more proactive coping mechanisms, such as seeking social support and using cognitive distractions to cope, if they appraise the stressor to have more controllability (Markova & Nikiskaya, 2017). This finding highlights the importance of talking about these issues and informing youth on the ways they can address or identify sources of distress, so that they are able to gain a sense of autonomy and control in times of distress. This finding further strengthens the call for the community to end the culture of silence around stigmatised topics, so that youth are more informed, less ashamed, and more empowered to reach out for help.

Some participants also raised concerns about youth forming relationships with groups that may engage in antisocial behaviour, as a form of coping. Participants discussed the idea of finding acceptance and belonging within these groups, even if these relationships required participation in behaviour that are at odds with ones values. For example, young people may find a sense of support and belonging in gangs. In a review of empirical studies on the growth and nature of juvenile gangs, Burntett and Walz (1994) found young people may join gangs when they do not have a sense of belonging at school, a finding supported by more recent literature (Sharkey, Shekhtmeyster, Chavez-Lopez, Norris, & Sass, 2011). Furthermore, Burnett and Walz (1994) suggest that, in order to respond to youth joining gangs, it is important to address the psychosocial stressors that lead youth to join gangs, particularly powerlessness and low self-esteem. School is a critical time period for young people, where a sense of belonging is an important protective factor against antisocial behaviour. This highlights the importance of education providers understanding these psychological needs and aiming to foster a more inclusive environment at school. The findings in the present research also suggest as a Muslim community we need to have conversations on how we can appropriately support young people who are struggling, so that they are able to find a sense of belonging and companionship within

the Muslim community. Education providers also need to be aware of the additional risk factors a lack of belonging can precipitate, specifically for minority children.

Muslim youth drug use was acknowledged as a problem by a large number of participants, with some perceiving that drug use amongst Kiwi Muslim youth is increasing significantly. Participants discussed a variety of reasons that may intersect to precipitate and perpetuate drug use; including peer influence and social activity, acceptance in peer social groups, temporary mitigation of distress by numbing pain, lack of proactive coping strategies, or lack of appropriate support from friends, family and the community at large. Participants also spoke about how some youth may be introduced to drug use through social settings that for some, may transform into a coping mechanism and an addiction. They suggested that drug use also occurs in religiously controlled environments such as mosques and religious schools, reflecting the widespread use of drugs. Research reports peer substance abuse and peer pressure as one of the strongest indicators of drug abuse, with familial and environmental stressors also acting as contributors (Brook, Morojele, Pahl, & Brook, 2006; Farrell & White, 1998; Ogden & Hagen, 2018; Petraitis, Flay, & Miller, 1995). Participants spoke about how stigma surrounding drugs in the Muslim community may prevent some young people from speaking out and receiving support for fear of the reactions they will receive from family and community members. Thus, if young people felt comfortable to speak up about their struggles at an earlier stage, their drug use may be less harmful. This claim is supported in the literature, where early intervention is recognised as important to reduce an individual's chemical dependency on the substance (Muramoto & Leshan, 1993). Sustained substance abuse, of both drugs and alcohol, is also known to interfere with the developmental tasks of adolescence, so effective intervention is vital (Hatchard, Fried, Hogan, Cameron, & Smith, 2014; Muramoto & Leshan, 1993; Squeglia,

Jacobus, & Tapert, 2009). Furthermore, one participant discussed concerns that due to the lack of open conversation on these topics in the community, young people may not be receiving information on safety such as the importance of sterilising drug equipment, thus posing additional risk factors for these youth.

In summary, participants also identified coping resources that were perceived to be detrimental to the wellbeing of Muslim youth. These coping mechanisms were recognised to be utilised when young people did not have appropriate proactive coping resources, or when they had poor social connections.

### **Recommended Systemic Changes**

Participants were asked to suggest changes that can lead to the diminution of stressors that affect Kiwi Muslim youth, and enable them to successfully adjust to life's challenges. They were also asked to suggest systemic changes that can positively influence the larger social systems that these youth are a part of, at both the national and community level (Golden & Earp, 2012; Lounsbury & Mitchell 2009). In addition, key informants were asked to reflect on changes that can be implemented to New Zealand's current mental health response, to enable it to be more accessible to Muslim youth. Overall, there were seven overarching themes identified: addressing the discrimination present in New Zealand society, improving cultural competency in New Zealand, fostering the Muslim community to be more open to the difficulties their young people are facing, enabling the Muslim community to be more actively involved in supporting their young people, supporting youth to feel greater empowerment, ensuring mental health support in New Zealand is more inclusive, and facilitating further education to create change in the Muslim community.

This research draws attention to the need for the government to play a more active role in addressing the hate speech and discrimination that is present in wider New Zealand society. Participants described several examples of discrimination that are perpetuated in New Zealand society, such as overt targeting of Muslim youth by governmental agencies, and the negative portrayals of Muslims in the media. Existing research recognises the role of the media in perpetuating negative views of Muslims in New Zealand. Nister Kabir, and Hamid (2015) examined media representations of Muslim in New Zealand and found mainstream newspapers perpetuated the views of Muslims being the ‘other’, with a representation of Islam as a “threat to the west” (p. 469). The literature informs us that experiences of discrimination places individuals at risk for increased psychological distress and adverse mental health struggles (Brown et al., 2000; Crengle et al., 2012; Fisher et al., 2000). Participants also discussed the need for guidelines for political discourse to ensure politicians are not able to spread hate speech that espouses violence, as seen in other countries. These accounts reflect a general awareness amongst participants that authority figures and governmental leaders need to do more to condemn hate speech and discrimination that is present in wider New Zealand society.

This research also highlights the need for the government to increase funding for the mental health system in New Zealand, with specific focus on ensuring mental health clinicians are culturally competent and easily accessible to youth. The need for clinicians who are able to provide culturally sensitive care is strongly supported in the literature, with a recognition that inadequate cultural competence can lead to further isolation and marginalisation amongst minority communities (Amri & Bemak, 2013). Furthermore, participants discussed the need for mental health clinicians that work with Muslim youth to be able to understand and implement the Islamic world view in their practice, and include spirituality in the models of therapeutic care

utilised with Muslim clients. Whilst some participants noted that it would be ideal to have Muslim clinicians work with Muslim clients, it was also agreed that this is not always possible, thus the need for accessible cultural guidance training and support was emphasised. It is also likewise pivotal for mental health clinicians to play a greater role in reducing the stigma of mental health that is inhibiting Muslim youth from accessing support. This can be achieved by visiting the spaces young people frequent and spreading awareness of mental health issues. Lastly, a few participants suggested the need for a faith-based phone counselling service, to meet the mental health needs for Kiwi Muslims in an anonymous manner.

Participants of this research discussed the need for the government to introduce cultural competence training in government agencies, to ensure that all people who are in positions of power are able to work effectively with individuals from all minority communities. This training was deemed essential across all government agencies that interact with the public. The need for more culturally competent care in New Zealand has been recognised, in order to reduce the inequalities in health statistics between Māori and non-Māori, and meet the demands of a changing demographic (DeSouza, 2008). Participants also suggested the need for government to ensure that there is greater cultural diversity amongst their employees and representatives.

The current research calls for the imperative need for the Muslim community in New Zealand to be more open to and aware of the difficulties faced by its young people. These difficulties include mental health struggles, addictions, sexuality, the rise in homelessness, abuse, struggles with identity negotiation, intergenerational conflict, institutional discrimination, the lack of specialist support and social services within the Muslim community, the influence of cultural misconceptions on Islamic practise, youth disconnection from mosques, the disconnection between leadership and the community, and importantly, the unique struggles that

specifically affect Māori Muslim youth. Participants emphasised the need for acknowledgment, open dialogue and education in relation to these struggles; placing particular emphasis on mental health, addictions and discrimination.

Participants also discussed the need for a change in mindset on how the Muslim community approaches the needs of youth. Some participants highlighted the need for the elders and leaders of the community to understand that they may not have the lived experience of growing up in the current cultural climate of New Zealand, and thus are not able to completely comprehend the difficulties youth may be experiencing. Participants suggested more emphasis is needed on exploring the issues youth face, and allowing them to be a part of determining the initiatives that the community implements for them. Some participants also highlighted the need for individuals who have grown up in New Zealand to have greater representation in community leadership roles, as these individuals may be better placed to relate to the current issues youth are facing. This need was also recognised in Australia (Sohrabi, 2016), where youth expressed frustration over first generation migrants continually holding Muslim community leadership roles, despite over 40% of Australian Muslims being born in Australia. Australian youth felt they could not relate to their leaders, resulting in disconnect between leaders and young Muslims (Sohrabi, 2016). This sentiment was also reflected in the present research, where participants recognised some Muslim leaders as disconnected from their community. As community involvement is seen as a protective factor for Muslims, this disconnection is of concern (Benzies & Mychasiuk, 2009; Ahmad et al., 2005). Moreover, some participants also discussed the need for greater leadership opportunities for women in the community, highlighting a gender imbalance that may affect female youth.



A few participants also suggested that the community needs to significantly evolve its mindset to recognise that we are no longer a community that is still establishing roots. Instead, we need to recognise that we are now a community that needs to focus on preservation, by establishing appropriate support services to meet the community's needs. This suggests that the Muslim community needs to prioritise establishing its own community support services, and not solely rely on governmental services to provide appropriate culturally sensitive support. These services need to firstly aid the most vulnerable in the community, highlighting the current need for culturally informed mental health and addiction services, and social support services. Amri and Bemak (2013) discuss the services that would add most benefit to Muslim migrant communities, suggesting the need for adolescent and youth-centred services, parent and family-centred services, and services that address domestic violence, substance abuse and trauma treatment. Other community-based support ideas suggested in the present research included hiring a youth worker at every mosque, a community phone counselling service, expansion of faith based schools, and to establish our imams as key figures of support in the community who are able to provide both spiritual and psychological support. Abu-Ras, Gheith, and Cournos (2008) highlight the important roles that imams play in the community, specifically in promoting mental health. Their research found imams play a critical role in the promotion of mental health in the Muslim community, and that members of the community mostly approach imams for guidance for mental health issues following a tragedy. Thus, this research emphasises the need for imams to be appropriately trained to deliver both spiritual and mental health guidance.

Participants also discussed the need for the community to place emphasis on reconnecting youth to the community, and to mosques in particular. Participant's suggested youth be given the autonomy to run activities and youth based initiatives themselves, without domination by elders.

Research conducted on Australian Isma'ili youth found that allowing youth to take part in activities within the community that engaged them actively as social agents for change operated as a resilience factor against mental health stressors (Mitha & Adatia, 2016). This highlights the need to not only facilitate youth to engage in community based activities, but to also allow them to be social agents for their own development. Participants also suggested youth need to be given a medium where they are able to interact socially without the pressure of adhering to mainstream western standards of socialising, or the pressure of community and cultural standards.

Participants also highlighted the need to for Muslim youth to engage in dialogue with positive Muslim role models from the community, focusing on the stories of success and possibilities, as opposed to a sole focus on the ways Muslim youth are disadvantaged and discriminated against. Furthermore, in light of the negative portrayal of Muslims in the mass media, participants discussed the need for greater work to be done in empowering youth to feel confident in their identity. In order to do this, youth need to be appropriately informed of their heritage while dispelling inaccuracies. This research also suggests that youth need to be aided in understanding that they do not have to choose between their identities, but can amalgamate their diverse identities – ethnic, religious and national – to form strong unique identities as Kiwi Muslims.

The key stakeholders interviewed in this study also suggested the need for increased education within the community to foster change. A few suggestions for this were made. Firstly, participants identified a significant need for education to bridge the gap between generations, in order to foster mutual understanding and reduce intergenerational conflict. Following on from this, the need for parenting workshops that focuses on raising children in the current cultural climate was emphasised. Key informants also highlighted the need to educate the community on

support services that are currently available, as many families are not aware of the support services they have access to.

Another critical topic discussed was the need for youth to be guided on how they can use their religion as a coping mechanism in times of hardship. As elaborated on earlier, some youth turn away from religion in times of distress, perceiving the mosque to be a place only for individuals who are strong in their faith. This misconception robs these youth of the ability to use religion as a coping mechanism, which is a significant loss that can have long term consequences (Gomes et al., 2013). Participants also spoke about the imperative need for Muslim schools within the community to educate youth on important topics such as mental health and addiction.

Lastly, participants discussed the need for greater education around mental health in the Muslim community. As highlighted above, imams and community leaders play a critical role in tackling the misconceptions that surround mental health, and normalising help-seeking amongst the New Zealand Muslim community.

### **Implications for Psychological Intervention**

Based on the findings of this research, there are five key implications to consider when implementing psychological interventions with Kiwi Muslim youth.

Firstly, the present research illustrates the means in which some Kiwi Muslim youth may use religion as a means of coping when they are distressed. In particular, participants spoke about the use of religious cognitive processes to aid in reframing situations, resulting in reduced distress and greater hopefulness. These cognitive processes can be incorporated with cognitive-based psychological interventions, allowing for a successful intersection of religious coping methods and psychological intervention. As previously discussed, research suggests religious coping can have a significant positive effect on youth distress (e.g. Gomes et al., 2013), so

clinicians need to acknowledge the important role religion may have in helping a young person to heal. In order to do this successfully, clinicians need to have an understanding of the Muslim worldview in order to appreciate how Muslim youth may conceptualise stressors, challenges and struggles from a religious perspective. This further adds weight to the importance of cultural competence training for mental health clinicians.

Secondly, the present research informs clinicians that the methods in which religion is practised, or the significance religion will have in a young Muslim New Zealanders life will differ. While clinicians need to be informed of religious concepts, they also need to be careful not to generalise information across all Muslim youth. Instead, clinicians are encouraged to adopt the role of a naïve inquirer, to allow the young person to express the particular role religion plays in their life. As participants noted, some young people worry about whether their faith based beliefs will be acknowledged in therapeutic care, thus it is important to create a safe space for this to be discussed.

Thirdly, it is important to understand that it may be difficult for some families to understand why their young person is needing psychological support. It is important to eliminate judgment around this, and appreciate that some individuals may not have grown up with an understanding of what mental health is, and thus continue to hold on to misconceptions. It is therefore important for clinicians to inquire into familial attitudes on mental health, and how this may affect the young person's adherence to therapeutic interventions. If misunderstandings or apprehensions arise, clinicians need to prioritise time in providing psychoeducation to the family (and to the young person if need be). Whilst this may extend therapy, research highlights that a family's opinion on mental health intervention influences a young person's help-seeking attitude. Moreover, the present research highlights the important role family play in a young person's life,

and the additional stress that can arise if misunderstandings between generations persist. Thus clinicians need to prioritise addressing those issues if present.

Fourthly, a common struggle for many Muslim youth identified in this research is identity formation. The significance of these struggles and potential consequences have been previously outlined, highlighting the critical need for clinicians to explore identity when working with Kiwi Muslim youth. A critical role of the clinician is to help young people understand they do not need to ‘choose’ between their identities, but rather amalgamate their multifaceted identities to form their own unique identity as a Kiwi Muslim. Furthermore, experiences of discrimination that can have significant impacts on identity formation also need to be explored. It is important that young Muslims are not internalising these experiences of discrimination, but rather understand the wider systemic influences that contribute to this reality.

Lastly, it is important for clinicians to appreciate the struggles that young Kiwi Muslims and their families are facing, or have endured in the past. Most importantly, it is important for clinicians to acknowledge the immense strength that is needed to deal with these struggles, and approach intervention from a strengths-based, collaborative approach that further consolidates bonds amongst family members. While traditional western models of psychological healing may be foreign to some families, each culture or belief system has its own methods of healing which should be explored, acknowledged and appreciated.

### **Strengths and Limitations**

As with any research, it is important to consider in the interpretation of the results the limitations of the research, and appreciate the particular strengths. A limitation of the present research is that the information gathered on the experiences of Muslim youth was obtained only from adults who work with youth, and did not include the point of view of youth themselves.

There is growing recognition of the importance of gaining the perspectives of young people on issues relating to them (Morrow & Richards, 1996; Wyn & Harris, 2004). This is particularly important as differing generations perceive issues differently, thus the ways in which participant's relayed youth struggles may differ from how young people perceive these issues themselves.

An additional limitation is that the information the key informants provided would be based only on those youth populations that they have interacted with. Despite trying to ensure a wide variety of perspectives through interviewing people who work in various domains, there is no guarantee that the information collected reflects the majority of Kiwi Muslim youth. Due to the particular roles these key informants have, they may be interacting with the most distressed youth in the community, which may then skew the data to be more representative of Kiwi Muslim youth who are struggling, as opposed to Kiwi Muslim youth in general.

Lastly, it is important for me to reflect on my influence on the findings in my role as the researcher (Willig, 2003). I acknowledged that this project was personally meaningful and as such has been influenced by my own concerns and agenda. I acknowledge my influence while conducting the research, reflecting on the collaborative and interactional nature of the interviews between myself and the participants. Thus, it is possible the same interviews conducted by another researcher may have yielded differing accounts from the same participants (Etherington, 2007; Moen, 2006). My role as a Muslim community member, and the perceptions participants have of me because of this, may have also influenced the information participants were comfortable to share with me. Furthermore, the information shared by the key informants has been read and interpreted based on my own perspectives, understandings and experiences of working with Muslim youth, and my own experiences as a young Kiwi Muslim woman. Thus, I

acknowledge the analysis and findings of this research are constrained by my own understandings and perceptions, with the possibility of me unconsciously paying particular emphasis to certain topics while disregarding others. As I was aware of my own biases, I constantly reflected on these via conversations with peers, family members and my supervisor to attempt to ensure my personal understandings of the topics were challenged, and that the opinions of the participants were prioritised.

Despite these limitations, the current research adds to the literature on the challenges and coping resources utilised by Muslim youth. As previously discussed, there is a paucity of research in adolescent literature that focuses on non-western populations, so this study extends the current literature on adolescent stress and coping by aiming focus on a population that is underrepresented in adolescent health literature.

The present research contributes to the existing research literature in several ways. Firstly, research on Muslim youth in western countries often focuses on acculturation, migration or discrimination experiences specifically. While these topics are critical areas of research for Muslims, this current research allows for a broader picture of the challenges Muslim youth face as both migrants and locally born youth. This focus also aids in shifting the narrative of adolescent Muslim New Zealanders as being solely migrants, acknowledging the established Muslim communities in western countries.

Using a qualitative research method was another strength in the present research, as it elucidated a deeper understanding of the participants perspectives, allowing for data that were rich in material (Meriam, 2009; Pope & Mayes, 2013). This approach allowed for meaningful systemic reflections when answering the research questions. A majority of the previous research on the influence of religiosity in prevention and coping used quantitative research methods,

whereas using a qualitative research method allowed for a deeper exploration, allowing an understanding of what specific cognitive processes participants believe aid in religious coping.

Furthermore, my position as a member of the Muslim community also presents with strengths. Research informs us that Muslims are hesitant to speak to non-Muslims about negative aspects of the faith, due to perceived judgement in an already sensitive environment. Thus, being a Muslim and specifically a member of the New Zealand Muslim community where my intentions did not have to be heavily questioned may have allowed for less filtered dialogue. This outcome did seem to be the case, as participants spoke in depth about the issues they perceived were present in the community. Furthermore, as I am a Muslim and member of the community, religious concepts and community organisations did not have to be explained, thus allowing for more free flowing conversation.

Lastly, using key informants as participants was a particular strength of the study, as it afforded a more in-depth discussion on the issues youth face, and allowed for deeper reflections on systemic contributing factors - both at the societal and community level. Research recognises key informants as expert sources of information who are privy to information that allows for an in-depth understanding of issues that surround the topic (Marshall, 1996). This method also allowed insight into issues that are difficult to discuss due to the relative sensitivity of these topics, and the stigma attached to these conversations.

### **Future Directions for Research**

To complement the current research, future research should explore adolescent Muslim New Zealander's experiences of stress and coping directly from youth themselves. Youth are recognised as able to contribute meaningful and beneficial information to society and are willing to do so if given the platform to voice their opinions (Smith et al., 2002).



Another critical area of research is the exploration of the experiences of Māori Muslim youth. The present research recognised Māori Muslim youth experience unique struggles as indigenous members of the New Zealand Muslim community. In addition to the silencing of Māori voices and experiences through the processes of colonisation, Māori Muslims are further silenced in their role as a minority group within the New Zealand Muslim population. Thus it is important for research to be conducted that looks specifically at the experiences of Māori Muslims. This research into Māori Muslim youth experiences is even more vital when taking into account the less equitable outcomes of health that Māori youth experience in comparison to non-indigenous youth (Clear, 2010).

### **Conclusion and Final Thoughts**

This research aimed at shedding light on the experiences of adolescent Muslim New Zealanders, through the exploration of the accounts of key informants who work in close capacity with Muslim adolescents. The research was explicitly interested in identifying the stressors and coping resources used by adolescents, while also gaining an understanding of the systemic factors that were perceived as contributing to those challenges. This research was guided by literature on adolescent wellbeing that has found mental health problems increase during adolescence and can lead to significant functional impairments (Davey et al., 2000; McGorry et al., 2013). Additionally, such problems can persist into adulthood, with psychological distress in adolescence perceived as a predictor of the onset of depressive disorders and substance abuse later on in life (Balogun et al., 2014). The present research was also guided by literature that found that, due to the current global socio-political climate, Muslim youth living in western countries may face additional stressors that are not commonly experienced amongst youth (Sirin et al., 2007).

The present research concludes that adolescent Muslim New Zealanders face a wide variety of stressors that are significantly influenced by their Muslim identity. As such, while some of the stressors were age normative according to prominent literature, and normative to migrant or minority populations, some of the underlying influencing factors to those stressors were found to be unique to Muslim identities in western societies, and at times, specifically unique to the New Zealand Muslim identity. This research also concluded that New Zealand Muslim youth rely most significantly on relational means of coping, and can turn to dysfunctional methods of coping if they do not have proactive coping mechanisms, have poor familial relationships, lack a sense of belonging, or have poor social support. The most significant implications of the research pertained to the need for addressing systemic discrimination in New Zealand, the need for the New Zealand Muslim community to be more effective agents of support in the lives of adolescent Muslims, and for mental health support in New Zealand to be more culturally inclusive. The results of the present study support the findings of research previously conducted on adolescent Muslim New Zealanders. Stuart's (2014) exploration of participation and success of young Muslims in New Zealand indicated that whilst Muslim youth may be at greater risk for maladaptive outcomes, ecological resources such as family and religion may counteract the negative impacts of stressors and enable resilience.

While it is still personally challenging to do so, it is important for me to comment on the March 2019 Christchurch terror attacks, as the impact of those attacks on the population of focus in this research cannot be ignored. Firstly, I need to note that as the data were collected prior to the attacks, the discussion and implications purposefully did not address the attacks. However, to conclude this thesis, I would like to describe three reflections based on my research findings.

Firstly, while an attack of this magnitude was a complete shock to all New Zealanders and against our shared values, the implicit discrimination that this research has found to be present in New Zealand society may contribute to the ethos of individuals like-minded to the perpetrator. When an attack of such significance can completely blindside a nation, there needs to be significant exploration of the factors that may have contributed to its occurrence, as uncomfortable as that may be.

Another significant reflection is the impact the attacker's message may have had on Muslim youth, who this research has found may struggle with consolidating their dual identities as both New Zealanders and Muslims. However, the response from the general New Zealand public towards the New Zealand Muslim community following these attacks may have also had significant positive impacts on young Muslim New Zealander's identity formation. It would be valuable to have community-based interventions addressing issues such as identity and belonging in light of these attacks.

Lastly, following these attacks, there was an urgent need identified for mental health support that was sensitive to cultural and religious affiliation. The present research discussed the important function religious beliefs may have in the healing process for Muslim youth. This research further highlights how some young Muslims may be hesitant to reach out for mental health support, due to fearing a mental health response that is culturally insensitive. This finding affirms the need for mental health practitioners in New Zealand to be appropriately trained and informed to work with all populations across New Zealand.

To end, I want to turn focus on the New Zealand Muslim community. As previously noted, this is the community I grew up in, and a community that I have deep love and respect for. Furthermore, this is a community that I know has strived hard to provide for its members and be

an inclusive and productive community within New Zealand society. My hope is that my research raises attention to the needs of adolescents, increasing dialogue on stigmatised issues and aiding in the implementation of appropriate interventions and education. My hope is that we continue to grow as a community that is able to provide appropriate support to its youngest and most vulnerable, both within the Muslim community and wider New Zealand society.

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## Appendices

### Appendix A: Email to Key Informants



School of Psychology  
Tamaki Campus  
Cnr Morrin and Merton Roads  
St Johns  
Auckland 1072.

The University of Auckland  
Private Bag 92019  
Auckland 1142  
New Zealand

Kia Ora.....,

My name is Aamina Ali and I am currently completing my Doctorate in Clinical Psychology at the University of Auckland. I am working on a research project that is looking at the stressors Kiwi Muslim youth experience, and the coping mechanisms they use. This research is supervised by my lecturers at the University of Auckland, Dr Kerry Gibson and Dr Claire Cartwright.

As part of this research I am looking to interview people who have experience in working with Muslim youth. The interviews will centre on the individuals professional knowledge on the common stressors amongst Muslim youth, and how youth can be helped to manage these stressors. You have been emailed as you have been identified you as someone who has professional experience in working with Muslim youth, and we would value discussing your experiences and knowledge with you.

The interviews will be conducted by me, the student researcher, and will be approximately an hour long. Any information that we use from your interview will be anonymised and will be used for research purposes only. If you are interested in taking part in this survey, you will be emailed a participant information sheet that has more detailed information on the research and interview.

Taking part in this research is completely voluntary and you are under no obligation to do so. However, if you think you may be interested, please do email me back letting me know. I will email you back with the participant information sheet for you to read over, and you can then decide if you would like to take part in the research. Please also feel free to email me with any questions you may have.

Thank you very much for your time.

Warm regards,  
Aamina Ali

**Approved by the University Of Auckland Human Participants Ethics Committee on 21/11/16 for three years. Reference Number 018323**



**Appendix B: Participant Information Sheet**

School of Psychology  
 Tamaki Campus  
 Cnr Morrin and Merton Roads  
 St Johns  
 Auckland 1072.

The University of Auckland  
 Private Bag 92019  
 Auckland 1142  
 New Zealand

**PARTICIPANT INFORMATION SHEET**  
**Key workers interview**

**Project title: Stressors and coping mechanism of Kiwi Muslim youth**

**Name of researcher: Doctoral Research Student Aamina Ali**

**Name of supervisors: Dr Kerry Gibson, Dr Claire Cartwright**

My name is Aamina Ali. I am doing my Doctorate in Clinical Psychology at the University of Auckland. I am working on a research project that is looking at the stressors Kiwi Muslim youth experience, and the coping mechanisms they use. This research is supervised by my lecturers at the University of Auckland, Dr Kerry Gibson and Dr Claire Cartwright.

**What is this research about?**

Adolescence is known to be a stressful time period, specifically for Muslim youth who face a wide range of stressors when growing up in a western society. However, Muslim youth are also known to have unique coping strategies based on their religious beliefs. This research is interested in gaining an understanding of the stressors experienced by Muslim youth growing up in New Zealand, and the coping mechanisms that are used to deal with these stressors. This research is also interested in exploring ways in which youth can be better supported to deal with these stressors, and how the impacts of these stressors can be reduced for Muslim youth.

**Who can take part in the research?**

I hope to interview people who work with Muslim youth in order to explore their professional knowledge about common stressors amongst Muslim youth and how they can be helped to manage this. I will be following up this part of the research with an online survey of young Kiwi Muslims between the ages of 16-19 to find out their own views about what they experience as stressful in their lives and how they cope.

**What will taking part in the interview involve?**

If you agree to take part in this research you will be asked to take part in an interview that approximately be one hour. During the interview you will be asked questions similar to: Based on your professional experience, what do you think are the stressors young Muslim youth face? What coping mechanisms do Muslim youth utilize to cope with various stressors? How do you think we can reduced the stressors young Muslim's experience? How can the Muslim community better support young Muslims? How can mental health professionals better support young Muslims? How can we help young Muslims to use more adaptive coping strategies? The interview will be audio recorded.

If you are interested in taking part in this study you will be required to fill out a consent form.

**Will the interviews be confidential?**

All the information you provide will remain confidential to the student researcher Aamina Ali and her primary supervisor Dr Kerry Gibson. Any research assistants employed (e.g., transcribers) will be required to sign a confidentiality agreement. The transcripts of your interview will be labelled with a code when used for research analysis to uphold anonymity. No identifying information will be used in reports on the study: your information will be anonymous. However, due to the small population pool of individuals who are known to work with Muslim youth, individuals may be able to identify possible interview participants based on job titles (e.g. counsellor, imam etc). However, all efforts to make sure information is anonymized will be done by the researchers.

**Do I have to participate?**

You have been identified as someone who has experience in working with Muslim youth, however you are under no obligation to participate in this interview. If you do agree to participate in the interview but change your mind during the interview, you can choose to terminate the interview and withdraw any information you have already provided without giving a reason. Once the interview is completed, you also have the option to request to make changes to your answers for up to two weeks after the interview. I will provide you with a transcribed copy of your interview to make changes to if you would like to, and you will have two weeks from the date I send you the transcript to make any changes. Participants are also allowed to request a copy of the audio recording of the interview.

**What will happen to the research?**

This research is part of the student researcher - Aamina Ali's- Doctorate research, and will be published once the research findings are complete. Quotes and examples from the interviews will be used in the research, however all efforts will be made to anonymize the information. The main aim of this research is to use the information collected to improve the wellbeing of Muslim youth in New Zealand. Thus, the student researcher aims to use the research to inform the Muslim community and individuals/organizations who work with Muslim youth on the issues Muslim youth in New Zealand are facing.

**What will happen to the interview material after the research is completed?**

All researchers are obliged to keep the transcribed interviews as well as the forms in which you have given your consent to take part in this research. We will keep your consent forms in a locked cabinet in the School of Psychology for 6 years and will then destroy them. All electronic data will be password protected, and will be backed up and stored on the University of Auckland server. After this time, the data will be destroyed.

**What's in it for you?**

You will have an opportunity to share your knowledge, based on your professional experiences with Muslim youth. The information you share will be used in an effort to improve the wellbeing of Muslim youth in New Zealand. We hope that this will be useful and interesting for you. We will send you a copy of the findings of the research once we are finished if you would like this.

**So what do you need to do next?**

If you think you would like to take part in this research or would like to hear more about it then please contact **Aamina Ali** through email at [aali081@aucklanduni.ac.nz](mailto:aali081@aucklanduni.ac.nz)

**The student researcher is:**

Aamina Ali

Email: [aali081@aucklanduni.ac.nz](mailto:aali081@aucklanduni.ac.nz)

Doctorate student at the University of Auckland,  
School of Psychology.

**Primary supervisor:**

Dr Kerry Gibson

Email: [kl.gibson@auckland.ac.nz](mailto:kl.gibson@auckland.ac.nz)

School of Psychology

The University of Auckland

Private Bag 92019

Auckland

**Secondary supervisor**

Dr Claire Cartwright

Email: [c.cartwright@auckland.ac.nz](mailto:c.cartwright@auckland.ac.nz)

School of Psychology

The University of Auckland

Private Bag 92019

Auckland

**The Head of the School is:**

Prof William Hayward

Email: [w.hayward@auckland.ac.nz](mailto:w.hayward@auckland.ac.nz)

School of Psychology

The University of Auckland

Private Bag 92019

Auckland

Ph: (0) 9 923 8516

For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373 7599 ext. 83711.

Email: [ro-ethics@auckland.ac.nz](mailto:ro-ethics@auckland.ac.nz).

**Approved by the University Of Auckland Human Participants Ethics Committee on 21/11/16 for three years. Reference Number 018323**

**Appendix C: Consent Form**

**School of Psychology**  
 Tamaki Campus  
 Cnr Morrin and Merton Roads  
 St Johns  
 Auckland 1072.

**The University of Auckland**  
 Private Bag 92019  
 Auckland 1142  
 New Zealand

**CONSENT FORM**

*(This consent form will be stored for a period of six years)*

**Project Title: Stressors and coping mechanism of Kiwi Muslim youth**

**Researcher: Doctoral Research Student Aamina Ali**

**Supervisors: Dr Kerry Gibson, Dr Claire Cartwright**

I have read the Participant Information Sheet and have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in the interview, understanding that the interview will run for approximately 1 hour and will be audiotaped. I understand that I am free to leave the interview at any time without giving reason.
- I understand the researchers will keep all information provided confidential
- I understand that individuals may be able to identify possible interview participants due to the small population pool in the community, however all efforts will be taken to ensure that participants are not able to be identified.
- I understand that in the two weeks after the interview I can request a copy of the interview transcript to make changes to. I then have two weeks to make any changes to the transcript from the date it is emailed to me.
- I understand that a third party who has signed a confidentiality agreement will transcribe the tapes, and that the transcript from this interview will be kept for 6 years after which it will be destroyed.
- I give permission for my answers to be quoted anonymously in publications arising from this study.

I wish / do not wish to receive the summary of findings.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send the transcript and the findings to the email \_\_\_\_\_

**Approved by the University Of Auckland Human Participants Ethics Committee on 21/11/16 for three years. Reference Number 018323**

### **Appendix D: Interview Schedule**

***(Note: The questions below are starting points for discussion with the participants.)***

#### **Introduction of self and research**

1. In what capacity do you work or interact with Muslim youth?
2. How often do you work with Muslim youth?

#### **The following questions will be specific to exploring the stressors Kiwi Muslim youth face:**

1. Based on your experience what are some of the daily stressors Muslim youth face in NZ?
2. What are the common traumatic life events that Muslim youth face or have experienced?
3. What causes Kiwi Muslim youth to feel distressed?
4. How common are issues relating to abuse (emotional, physical and sexual) and discrimination?
5. What needs to change in order for Muslim youth to feel less stressed or distressed?
6. What are some prevention initiatives that can be put in place to reduce the stressors that Muslim youth face?
7. What ways can the Muslim community help to reduce the stressors Muslim youth face?
8. What ways can the mental health professionals help to reduce the stressors Muslim youth face?
9. What ways can the government help to reduce the stressors Muslim youth face?

#### **The following questions will be specific to exploring the ways in which Kiwi Muslim youth cope with stressors:**

1. Based on your professional experience, what are the most common ways that Muslim youth deal with stress?
2. Who do they go to for help or advice when they are stressed or distressed?
3. What are some proactive coping mechanisms you have come across that Muslim youth use to cope with stress?
4. How does one's faith play a part in coping with stress?
5. What are some maladaptive coping mechanisms you have come across that Muslim youth use to cope with stress?
6. How common are issues relating to self-harm and suicide?
7. What are some ways youth can better cope with the stress in their life?

8. How can we support families to be able to better support their young adult children in times of stress and distress?
9. What are some barriers for youth accessing proactive coping mechanism?
10. How do young Muslim youth feel about approaching mental health professionals (e.g. counsellors, psychologists)?

**Closing questions:**

1. Is there anything else you want to share that I haven't asked you about?

**Approved by the University Of Auckland Human Participants Ethics Committee on 21/11/16 for three years. Reference Number 018323**