ATTACHMENT, TRUST, DISTRESS AND HELP SEEKING IN REFUGEES AND HUMANITARIAN ENTRANTS

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Key Messages

- Though migrants, including refugees show, remarkable resilience and enthusiasm during their settlement phases, challenges including lack of resources, knowledge about the host culture and psychological distress cannot be ignored.

- This study found difficulty in expressing feelings and lack of language (English) to be significant barriers in support and help seeking. This suggests that the ability to communicate (language) is important for wellbeing.

- Culture played a dominant role in the perception and interpretation of experience, however type of visa (refugee/humanitarian type) was not found to influence perception of experience. Afghan’s were found to experience higher levels of depression, anxiety and stress followed by Iraqi’s and Sudanese.

- Iraqi’s irrespective of visa-type (refugee/humanitarian) indicated greater levels of trust in relationships followed by Afghans and Sudanese.

- Support seeking from friends was preferred by refugees from all the three countries (Afghanistan, Iraq and Sudan) followed by family, community and counsellor. Support seeking from ‘family’ was the most preferred support by Sudanese humanitarian entrants and least by Afghan humanitarian entrants.
<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>6</td>
</tr>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>7</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>9</td>
</tr>
<tr>
<td>Aims</td>
<td>9</td>
</tr>
<tr>
<td>Background and significance of the study</td>
<td>9</td>
</tr>
<tr>
<td>Relevance of attachment in our lives</td>
<td>10</td>
</tr>
<tr>
<td>Attachment styles and support seeking</td>
<td>12</td>
</tr>
<tr>
<td>Impact of migratory experiences on attachment</td>
<td>12</td>
</tr>
<tr>
<td>Who seeks and who hesitates to seek help</td>
<td>12</td>
</tr>
<tr>
<td>Importance of help seeking</td>
<td>13</td>
</tr>
<tr>
<td>Whom to trust for help?</td>
<td>13</td>
</tr>
<tr>
<td>Current Study</td>
<td>14</td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td>14</td>
</tr>
<tr>
<td>Participants</td>
<td>14</td>
</tr>
<tr>
<td>Focus group questions</td>
<td>16</td>
</tr>
<tr>
<td>ANALYSES</td>
<td>17</td>
</tr>
<tr>
<td>Qualitative Analyses</td>
<td>17</td>
</tr>
<tr>
<td>Quantitative Analyses</td>
<td>29</td>
</tr>
<tr>
<td>OUTCOMES</td>
<td>44</td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
<td>47</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>49</td>
</tr>
</tbody>
</table>
LIST OF FIGURES GRAPHS AND TABLES

**Graphs**

Graph 1  Mean Age of Participants by Country of Origin  15
Graph 2  Visa Type by Country of Origin  15
Graph 3  Mental Health Status for Humanitarian Visa Participants  31
Graph 4  Mental Health Status for Refugee Visa Participants  32
Graph 5  Mean Scores on Trust in Relationships by Country and Visa Type for Humanitarian Entrants  33
Graph 6  Mean Scores on Trust in Relationships by Country and Visa Type for Refugee Entrants  33
Graph 7  Social Support by Humanitarian Visa Type Entrants  43
Graph 8  Social Support by Refugee Visa Type Entrants  43

**Tables**

Table 1  Descriptive Statistics for Attachment Style (measured on the Relationships Questionnaire (RQ)) by Country of Origin  30
Table 2  Descriptive Statistics for Attachment Style (measured on the RSQ) by Country of Origin  30
Table 3  Correlations among Trust, Depression, Anxiety, Stress and Attachment Style  34
Table 4  Descriptive Statistics for Help-Seeking Intentions when Feeling Irritable, Worried, or Sad  35
Table 5  Correlations among Community Social Support, Depression, Anxiety, and Stress (DASS), Attachment type and Trust (N = 177)  37
Table 6  Correlations among Counsellor Social Support, Depression, Anxiety, and Stress (DASS), Attachment type and Trust (N = 167)  38
Table 7  Correlations among Social Support from Friends, Depression, Anxiety, and Stress (DASS), Attachment Type and Trust (N = 177)  39
Table 8  Correlations among Social Support from Family, Depression, Anxiety, and Stress (DASS), Attachment Type and Trust (N = 177)  40

**Figures**

Figure 1  Percentage of Difficulty in Expressing Feelings  36
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EXECUTIVE SUMMARY

Migration is a life event. Pre and Post migratory experiences have been the focus of migrant literature in the past decade. Duration and type of traumatic experiences contribute to significant distress, impairment in functioning, feelings of sadness, loneliness, and sometimes guilt. As migration to Australia has been steady and on the rise, there is a need for service providers and practitioners to enhance their competencies in dealing with culturally and linguistically diverse (CALD) clients. Post-migration resettlement could be challenging due to destruction of the self, significant impairments in support systems, loss of significant others (family, friends), breakdown of attachment relationships, lower self-esteem, discrimination, language, educational & employment challenges and above all loss of culture to name a few.

In order to provide appropriate services to migrants, it is important to identify and assess their needs, to be able to understand their losses, be aware of cultural differences and their preferred support systems and barriers to seeking help.

Using qualitative (through focus groups) and quantitative (completing surveys) approaches to assess their needs, challenges and barriers to help seeking, this project explored the:

1. Relationship between attachment styles, levels of trust, emotional and psychological distress in addition to help seeking intentions of refugees and humanitarian entrants.
2. Identified barriers to help-seeking.
3. Identified gaps in the services and support systems.
4. Suggest measures to promote wellbeing.

The following suggestions were made:

**Recommendations to improve service delivery**

1. **It is recommended that service providers:**
   - Offer effective and culturally acceptable support to culturally and linguistically diverse communities (CALD).
   - Be aware that culture directly influences psychological functioning.
• Find a balance between professional and non-professional (informal) sources for help seeking. Since trust and a sense of security (secure attachment style) are important in help and support seeking, there is a need to encourage both formal/professional and informal/non-professional support systems to promote and maintain help seeking.

• Offer on-line help seeking, though language may still be an issue here.

• Consider individual differences in attachment styles, cultural background, past experiences in regard to help/support seeking to establish appropriate levels of trust to promote wellbeing.

• Acquire multicultural competencies including awareness knowledge and skills (related to specific cultures) to provide appropriate, effective and accessible CALD services.

2. It is also proposed that service providers work with CALD clients to:

• Enhance emotional competence as this is necessary across the lifespan. This will improve the quality of migrant psychological health and wellbeing, thereby increasing willingness to utilise supports and services.

• Improve their awareness about expectations and ethical standards maintained (confidentiality) in the help/support seeking process. This will bring about changes in social behaviour. Appropriate awareness training will help to minimise biases.

• Help improve their language skills. Improving language skills through bilingual teaching may foster confidence in their own selves and support services.

• Promote positive attitudes, beliefs and benefits of help seeking. To put it more simply they need to have a better understanding of whom-to-go-to-for-what?

• Encourage help seeking for someone rather than oneself. Develop ‘Help-A-Friend’ programs. Seeking support for another person rather than oneself may be more acceptable by individuals from other cultural contexts. This may not only improve empathy and indicate a genuine concern but also help to build a more acceptable support network.
ATTACHMENT TRUST DISTRESS AND HELP SEEKING IN REFUGEES AND HUMANITARIAN ENTRANTS

INTRODUCTION

Project Aims

This project has made an attempt to:

1. Explore the relationship between attachment styles, levels of trust, emotional, psychological distress and help seeking intentions of refugees and humanitarian entrants.
2. Identify barriers to help-seeking
3. Identify gaps in the services and support systems
4. To suggest measures to promote wellbeing

What is the background and significance of this study?

Governmental bodies in Australia often refer to "refugees" and "migrants" interchangeably. However it is important to recognise the key differences between the two groups. In 1951, the Australia Government endorsed The Convention regarding the Status of Refugees. Under The Convention, a ‘Refugee’ is defined as:

"Any person who, owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country."

Thus refugees are forced out of their countries and fear being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion should they decide to return. Where as a migrant makes a conscious choice to settle in a country other than their own and can safely return home should they wish to.

The two major separately managed programs in Australia are - the Migration Program and the Humanitarian Program - under which people can migrate to Australia and/or obtain permanent residence. Overseas born migrants accounted for over half of Australia’s annual population growth during 2002-2003 (Australian
Bureau of Statistics, 2005) with approximately 23% of the population born abroad. According to the Australian Bureau of Statistics (2008), migration accounted for 51% of population growth in Australia in 2006 and has now taken over the net figure between births and deaths as the largest contributor to population growth. 131,600 persons migrated to Australia in 2005-2006 and an 8.7% rise is predicted in the following years. An estimated seven million migrants and their descendents have contributed to the Australian population growth post world war II. As of 2006, the top ten countries of origin are the United Kingdom, New Zealand, India, five South East Asian Nations, South Africa and Sudan (Australian Bureau of Statistics, 2008). Approximately 6.5 million migrants have gained residency as part of the Migration program, and a further 660,000 people have arrived under humanitarian programs, initially as ‘displaced persons’ and more recently as refugees. According to recent figures taken by the Australian Bureau of statistics (2005), one in every four (24%) Australians were born overseas.

In 2004-05, the total number of settlers that arrived in Australia under the Migration Program (that is, the aggregate of settler arrivals in Family Migration, Skill Migration and Special Eligibility) represented 46% of total population growth for the year. Regardless of the migration program, individual’s arriving into a new macrosystem (Bronfenbrenner, 1989) are challenged with pre and post migration experiences (Heptinstall, Sethna & Taylor, 2004) and possible discrimination in the host country (Bingham, Porche-Burke, James, Sue, & Vasque, 2002); acculturation stresses related to diverse social systems and cultural values that drive them to adapt to a new cultural context (Cardemil & Battle, 2003). Thus migration is a life event that lays adjustive demands on individuals. Migrants dare to break away from affectional ties to start life afresh.

What is the relevance of attachment in our lives?

Attachment theory provides a framework for understanding how we relate to one another as human beings and has been described as a “lasting psychological connectedness between human beings” (Bowlby, 1969 p. 194). One of the basic tenets of Bowlby’s (1973) attachment theory is that interactions with significant others who are available and supportive in times of stress facilitate the formation of a sense of a secure base (Mikulincer & Shaver, 2001). One is born with a
psychobiological system that is motivated to seek proximity to significant others should they be in need (Mikulincer & Shaver, 2005). Essentially then in times of need, repeated interactions with primary care givers are internalised to form working models of relationships. These are later applied to subsequent adult relationships. These working models or learnt expectations form the basis of attachment styles. Ainsworth et.al. (1978) developed a tripartite model of attachment. Later Bartholomew (1990) identified four main patterns of attachment - secure and three insecure (dismissing, preoccupied and fearful) as a result of variations in caregiving.

A Secure attachment style develops from a positive and consistent response interaction between the child and the caregiver. Vogel and Wei (2005) suggest that securely attached individuals are less distressed and more capable of obtaining support when distressed. They have a positive view of ‘self’ and ‘other’ and make more positive appraisals of stressful situations.

In contrast, an insecure style is an outcome of compromised attachment needs. For individuals with Fearful attachment, negative views of ‘self’ and ‘other’ result from compromised attachment needs often absent or neglected. This leads to high levels of stress appraisal and feelings of inefficacy. Individuals with this style may fear significant relationships and avoid intimacy.

Preoccupied individuals who hold a negative view of ‘self’ tend to appraise more stress and deem themselves as less capable of coping and a positive view of the other. Adults with this style feel unworthy of care and are vigilant about relationships.

A Dismissing style develops from a consistently unresponsive caregiving pattern. Dismissing individuals see themselves as worthy of care but perceive others as inadequate to provide. Thus they develop a positive model of the self and a negative model of the other (Bartholomew & Horowitz, 1991)

Recent research has attempted to express attachment in dimensional terms with an individual’s style indicated by the level of anxiety (abandonment and rejection) and avoidance (variability of comfort and closeness) depicted as opposed to the self and other dimensions (Mikulincer & Shaver, 2005).
In what ways are attachment styles related to support seeking?

Attachment framework has been used (Collins & Feeney, 2002) for exploring support-seeking and care giving processes in adult relationships and has proved useful for studying social support for a number of reasons. Firstly, attachment theory explicitly acknowledges that social support is a dyadic process that involved the interaction of two distinct behavioral systems: the attachment system and the care giving system (Bowlby, 1982 cited in Collins & Feeney, 2002). Second, attachment theory highlights the importance of support and care giving processes for the development of trust and felt security in close relationships. As mentioned earlier, attachment style not only influences an individual’s appraisal of stress, it also influences an individual’s coping strategies, particularly their willingness to seek social support. Several self-report studies have focused on individual’s perception of, and willingness to, seek social support (Larose, Bernier, Soucy, & Duchesne, 1999).

How do migratory experiences impact our attachments?

Attachment experiences in early childhood assist development of mental representations of the self and others. Significant life changes like migration, disrupt attachment patterns formed during the developmental process with families and significant others. Migrants thus carry a deep sense of loss, loss of a family, homeland, childhood friends, culture and language (Mirsky, 1991). Migratory experiences are said to bring about a sudden change in ‘everyday rootedness’ (Norberg-Schultz, 1977) and these changes are capable of initiating feelings of insecurity. Failing to identify these needs or avoiding seeking help has consequences for wellbeing.

Who seeks and who hesitates to seek help?

Help seeking literature reveals that fewer than one third of distressed individuals seek professional help when in need (Andrews, Issakidis & Carter, 2001) and help-seeking is often attempted as the only remaining option after other informal channels fail to meet desired outcomes (Wills, 1992). Individuals differ in their need and desire to seek help. Attachment is one such variable. Our ability to attachment to another is formed early in life and remains fairly constant over the life span (Bowlby; 1969, 1973, 1988). Bowlby (1973) suggested that the quality of childhood
Help Seeking in Refugees and Humanitarian Entrants

relationships forms mental representations or internal working models (IWMs). These IWMs are activated whenever people are faced with stressful life situations. Bowlby (1973) proposed that attachment anxiety, avoidance, and detachment, influence physical, emotional, and mental health and wellbeing.

Attachment systems predispose individuals to respond differently under stressful conditions, for example insecurely attached individuals view others as unreliable or indifferent and unresponsive thus preventing them from accessing available support (Wallace & Vaux, 1993). Attachment theory stresses that attachment relationships continue to be important throughout the life span and affect individual differences in the way people regulate inner distress and relationships with others (Man & Hamid, 1998). Since the IWMs trigger off different responses based on their previous relationship with the caregiver, IWMs play a substantial role in one’s willingness in seeking help (Sarason et al., 1990).

**Why is help seeking important?**

Help seeking early in the development of distress is important for maintaining psychological health and wellbeing. Research also suggests that help seeking provides protection against a variety of risk factors for physical and mental ill-health (e.g., Greenberg et al., 2001; Kalafat, 1997; Rudd et al., 1996). Prevention and counselling literature suggests psychological distress to be related to help seeking in a number of populations and in a number of ways.

**Whom to trust for help?**

Trust is the key element to any successful relationship and relational well-being is the confidence an individual has that the other person will act to fulfil desired goals in a relationship (Rempel, Ross & Holmes, 2001). It is suggested that trust acts as a filter through which events in the relationships are perceived (Rempel et al. 2001). High trusting individuals reduce the significance of negative events by viewing them in the broader context of more important positive experiences. In their research, Rempel and Souster (1986) found high trusting individuals on one hand to be associated with strong love and faith; they are known for giving benefit of the doubt whilst low trusting individuals were found to be poorly adjusted and the least satisfied.
with their relationships. They come to expect less and view others as uncaring, intolerant and unresponsive. This has implications for help-seeking intentions.

What was this study about?

This study examined the relationship between attachment styles, levels of trust and help seeking intentions along with several known predictors of help seeking (e.g., depression, anxiety, stress, help seeking intentions and social support) in three migrant groups from Afghanistan, Iraq and Africa (Sudan).

METHODOLOGY

What methods were used?

This study includes both objective and subjective methods. This combination is constructive as it provides a strong support for integrating information from the narratives and to draw valid inferences, Kazdin (1981).

The quantitative method enabled to examine the relationship between constructs like attachment, trust, emotional, psychological distress, social support and help-seeking intentions via correlations and Multiple Regression Analyses.

The qualitative method has provided meaningful information through three focus groups. Through the three focus groups belonging to African (Sudanese), Afghani and Iraqi communities.

Participants

Who participated in the study?

Participation in the study was voluntary. Participant rights were respected at all times and they had the right to withdraw from the study if they did not wish to continue. One hundred and seventy nine participants (63 Afghani; 46 Iraqi and 70 Sudanese) consented to take part in the study, mean age= 28.33, SD= 8.27. They had the option to participate in either or both, focus groups and/or fill in the survey.

The participants were either refugees (n= 79) or humanitarian entrants (n= 100) from the above mentioned countries and had spent an average of 5.3 years (SD= 3.03 years) in Australia. Main languages spoken at home were identified as Dari, Farsi,
Pashto, Assyrian, Arabic and English. An 8.89% of participants reported to be living alone, 80% with family, 8.33% stated living with friends and 2.78% with intimate partner. A total of 53.33% reported to be married, 45% single, interestingly no one reported to be in a De-facto relationship and 1.67% selected their marital status as other. Graph-1 indicates mean age and Graph-2 indicates visa type for the three participant groups.

**Graph 1: Mean Age of Participants by Country of Origin**

![Graph 1](image1)

**Graph 2: Visa Type by Country of Origin**

![Graph 2](image2)

**Who participated in focus groups?**

Three (3) focus group interviews were conducted with migrant groups, which were categorically titled a) Afghan, b) Iraqi and c) Sudanese. However, it is acknowledged that participant members from these loosely defined groups varied greatly in terms of
their cultural background and experiences, both pre and post- migration to Australia. The interviewees were recruited through the Migrant Resource Centre at Toongabbie, Parramatta and Wentworthville. Each focus group contained from 4 to 7 participants, and the large majority of participants were situated within the suburbs of Greater Western Sydney at the time of the interview. Names of the interviewees have been withheld for confidentiality reasons. Focus groups were facilitated by the Principal researcher and a research assistant from PsyHealth: Gender, Culture and Health, at the University of Western Sydney. Both facilitators had extensive experience in conducting focus group interviews.

**What were they asked?**

The interview questions were open-ended in order to derive personal narratives regarding help-seeking and psychological distress from participant’s post-migration experiences in Australia. The focus group interview questions were as follows:

- Tell me about those times when you first arrived in Australia. What was life for you like? How was it different?
- During your settling phases you might have felt overwhelmed and distressed or even cried. In what ways did you seek help from others?
- I would like to know about the challenges that you came across while trying to seek help. How did you overcome them?
- Had you known about these issues, would you have dealt with them differently? How?
- Tell me more about your experiences about accessing support and help from agencies like health/housing/education/job seeking/ counselling and the MRC. In what ways were these agencies helpful/not helpful?
- How about friends, neighbours or relatives? Whom would you prefer? Why?
- Would some of you like to share may be one of your best experiences? Any thing else that is on your mind that you would like to talk about that I may have missed?
QUALITATIVE ANALYSES

What did they say?

Data gathered from the interviews was analysed using thematic narrative analysis. The interviews were transcribed and coded, line by line, under major themes. This method involved the identification of ‘themes’ – or coherent patterns identified in participant accounts both within and across transcripts – and involved close reading and re-reading of the transcripts, line by line, and the generation of a thematic ‘map’ of the focus group data.

1. Mental Health of refugees

It is now well established that resettlement in a new culture involves a considerable amount of stress and readjustment (Mallinckrodt & Wei, 2005; Papadopoulos, Lay, Lees, & Gebrehiwot, 2004; Vogel & Wei, 2005). Both migration and forced migration are known to be factors that contribute to psychological distress (Bhugra, 2004). The multiple stresses implicated in the migration process have the potential to leave them vulnerable to problems with physical and mental health (Bhugra & Arya, 2005; Rumbaut, 1994)

a. Pre Migration Trauma

A large number of population-based and cross-cultural studies have reported a high prevalence of mental health problems in migrant and refugees in their Western countries of settlement (Bhugra, 2004; Kennedy & McDonald, 2006; Oppedal, RÅ¥ysamb, & Sam, 2004). Literature cites some probable causes for anxiety and depression post-migration; such as lack of appropriate accommodation, language ability, unemployment, social support, isolation, discrimination and intercultural difficulties (Chile, 2002; Grove & Zwi, 2006; Knipscheer & Kleber, 2001; Silveira & Allebeck, 2001; Thompson, Hartel, Manderson, Woelz-Stirling, & Kelaher, 2002).

The model of ‘cultural incongruity’ further suggests an expectation of a dramatic change in environment and cultural values impacts migrant wellbeing. It quite simply suggests that “people find it difficult to cope with social situation and cultural values in which they have no previous knowledge or experience, and this produces stress” (Fenta, Hyman, & Noh, 2004: 369). Longitudinal research suggests that psychological
adjustment of migrants follows a series of stages, from elation to depression to recovery (Rumbaut, 1989). This model suggests that at the first stage of arrival, migrants commonly experience euphoria (3 to 6 months), by the second stage (6 months to 2 year) signs of anxiety and depression begin to appear. However, acculturation stress is also impacted by a number of other post-migration experiences e.g. discrimination, social support, loneliness (Narchal, 2006, 2007).

A number of participants in this study spoke about the psychological difficulties they faced post migration and often years after they had arrived in Australia. For example, one Afghani man talked about pre-migration trauma affecting his migration experience:

_I feel secure but then other problems have started, I had heart problem but then I was never the feeling that I had psychology problems but once I arrived here and I started not sleeping well and acting different from what I was before. I was nearly getting like crazy, mentally... I had problems for the first six months and then. For a while I was all right but then I again had the same problem come, especially with sleeping I had lots of problems, like I got get scared in sleep and even the wife is saying that, witnessing that at nights I am shaking and shouting._

Further, while the above extract suggests that he did not experience psychological disturbances before pre-migration, his symptoms were swiftly recognised in Western psychiatry as post trauma stress. He was referred to a mental health counselling service by a principal from the English college, who recognised that he was not coping.

_Someone referred me to STARTS; the manager noticed that I was not very well so they referred me there and it really helped me. The counsellor, the psychologist talk to me about my past memories and all these things, how I can deal with it when I am quiet and there is nothing happening, that used to disturb me but now I am feeling better after going._

Though he continues to experience sleep disturbances, however he believes that mental health is not something that is recognised and discussed in his culture.

_But still I got that problem. Whatever I hear about, I hear some bad news I doesn't show anything on the face it unconsciously says it really hurts me, like I can feel it makes my situation bad. I start forgetting things as well like some nights I don't remember what I did. I don't want this but it's not in my culture, I know that I have this problem but I can't do anything about it._
One migrant resource worker spoke about the mental health problems as ‘double problems’ that often overlay everyday stress and settlement in a new country. She suggests that many of the psychological problems are experienced by migrants who settle in Australia from countries that have been experiencing political turmoil and war:

_They are all like experiencing, in a way it is secure to live in this country but then like double problems created when they came, all these settlement needs they have and also psychologically, mentally they suffer a lot because they experience bad things back home and then the same things unconsciously disturbing them, for example they can’t sleep, they dream bad, still they’re scared that…_

Research suggests that post migratory symptoms are related to the severity of traumatic pre-migratory experiences. For example, Gilgen et al. (2005) found that Bosnian migrants (n=36), who had experienced more traumatic migration experiences than Turkish/Kurdish (n=62) or Swiss internal migrants (n=48), reported a larger number of health problems than the other migrant groups. Further, 78% identified traumatic migration experiences as a cause of their illness, in addition to a range of psychological and biomedical causes (Gilgen et al., 2005). In their study of refugee mental health in Australia, Schweitzer, Melville et al. (2006) found that 25% of refugees from Sudan who had experienced pre-migration trauma reported clinically high levels of psychological distress. Research also cautions that medicalisation of the refugee experience may put them on their back foot and encourage passivity (Colic-Peisker & Tilbury, 2003) thereby reducing positive outcomes.

b. Post-Migration Trauma

The psychological impact of civil war and forced migration has been studied extensively over the past 10 years (Beiser, Simich, & Pandalangat, 2003; Bhui et al., 2003; Fenta, Hyman, & Noh, 2004). The impact of pre-migration trauma and its relationship with long-term mental health problems insinuates that while mental health symptoms following trauma may improve over time, they still remain a risk factor in long term settlement of migrants and refugees (Omeri, Lennings, & Raymond, 2006; Schweitzer et al., 2006; Steel, Silove, Phan, & Bauman, 2002). It has been argued that migrants who have experienced pre-migration trauma may still
bear some of psychological distress of this trauma after resettlement. From this perspective, the high rates of post-migration psychological disorders (particularly posttraumatic stress disorder, depression and anxiety) may be elevated among specific cultural groups as a result. For example, Schweitzer et al. (2006) argued that trauma may have a continuous effect by increasing an individuals vulnerability to future stressors. They proposed that migrants who experienced torture or rape in their native-born country were often very capable of managing daily stressors during re-settlement, however were also likely develop symptoms of post-trauma when faced with severe stressors (Schweitzer et al., 2006, p. 180).

One woman from Afghanistan provided an account of her fears when she reached out for help as a recent arrival in Australia. She felt vulnerable, and was intimidated a stranger who warned her about walking in public without a husband.

We heard that there would be food (at the accommodation) when we arrived, but 24 hours later there was no food in the fridge. Even the kids didn't eat on the way from when they came from overseas so we didn't know what to do. We were a lot of scared to go out because in Pakistan, police is looking for migrant because most of them are illegal and then they took your visa, passport, everything. We went looking for a telephone booth. Then we had lost the house as well because it's the first time we came out, and we didn't bring the address. Then we are looking for somebody, so we somebody Indian looking, a man. He asked me ‘where is your husband?’ That man scared us, because I lost my husband. I am a widow. He said ‘where is your husband?’ and I said ‘he is passed away’ and then he said ‘be careful, lock the door’

The above account suggests the experience of long-term fear and stress may make it more difficult for migrants to trust others and reach out for social support in early re-settlement. The above extract suggests that for this migrant, feelings of fear and isolation were not immediately alleviated in the host country, and early memories of arrival in Australia were met with both hesitancy and fear.

I was really scared that he said people will rape or do these things. I already lost my family back home, they were there and I was here. I've got young kids, I didn't speak any language, no food, nothing. I was sort of lost. I was more scared of that man and I, until morning, didn't sleep. I sat at back of my door and make the children sleep and waiting that maybe he bring some more people because Pakistan and these places it happens. So that's why I am saying it's so different, we had those experiences there and we thought that the same thing will happen here.
However, there are obvious limitations in some studies examining pre-migratory stress and mental health in migrants. The most glaring relates to the difficulty in separating the impact of pre-migration versus post-migration stressors (which are known to increase symptoms of anxiety and depression). The above migrant experience suggests that there is often not a clear distinction between the two, particularly where fear is associated with lack of social support and with gender oppression.

A more recent study conducted in the Netherlands found that female migrants from Afghanistan and Iran exhibited a higher risk for PTSD and depression and anxiety than other migrants (Gerritsen et al., 2006). Schweitzer et al. (2006) also suggest that while pre-migratory trauma was significant in predicting psychological wellbeing, post-migration difficulties (particularly level of social support) were also negatively correlated with psychological distress. A recent study examining Afghani migrant experiences in Australia suggest that the lack of culturally-specific services for migrants, particularly in the areas of health-care and health maintenance often severely affected migrant’s perception of support in the host country (Omeri et al., 2006).

2. Help-seeking behaviour

While previous studies suggest that psychosocial factors play a significant role in migrant settlement, lack of social supports has been found to magnify migrant vulnerability to life stressors. Some of the key psychosocial factors include: social support, help-seeking, language aptitude, education and employment. Previous research found that more post-migration stress and less social support were associated with PTSD and depression/anxiety symptoms among asylum seekers from Afghanistan, Iran and Somalia Gerritsen, Bramsen et al. (2006). Similarly, Sundquist et al. (2000) found that poor social support in their participant sample of refugees (Iranians, Chileans, Turks/Kurds) was the strongest predictor of depression than traumatic factors faced pre-migration. The above results are similar to previous findings in this area, which have emphasized the importance of social support during the early stages of re-settlement (Halcon et al., 2004; Robertson et al., 2006; Schweitzer et al., 2006).
The association between migrant psychological problems and social isolation has been long established in the literature (Jasinskaja-lahti, Liebkind, Jaakkola, & Reuter, 2006; Oppedal et al., 2004; Schweitzer et al., 2006; Simich, Beiser, & Mawani, 2003). Though it may seem obvious that community and social support during re-settlement may contribute to a greater access of migrants to services available in the host country, research has also revealed that social support does not necessarily influence health outcomes (Simich, Beiser, & Mawani, 2003). Nevertheless it is an effective buffer to the stress experienced during re-settlement. On the contrary it may be suggested that support from fellow migrants in similar situations is important for the adjustment process, as this may provide opportunities for newly-arrived migrants to “learn the ropes” and access important information (Simich, 2003, p. 587).

A number of migrants in this study spoke about the importance of having friendship from their community members as illustrated in the following excerpt:

> Our people are just helpful but the only problem is that they all need a friend to help them, him or her, the friend might be easier. They take care of you until you are adjusting to situation. So that one is a common good thing in our community. The new community is well received and choose the avenues of help ……so our people are helpful.

A number of migrants also spoke about the importance of family during the post-migration stage. The presence of an extended family unit, and family support, was an important factor in their lives. Laban et al. (2005) found that ‘worries about post-migration living problems’ faced by Iraqi refugees often intersected with social support issues, such as feeling ‘loneliness’ and ‘missing the family’.

However, the stress of being apart from their family was often magnified by the waiting periods and uncertainty they faced from the Immigration Department, pending the arrival of other family members. Further, many migrants also sought help in order to meet the requirements outlined by Immigration, and often felt that they were ill-informed about this process. An Afghani women’s dilemma is revealed in the following (translated) passage:
She’s talking about immigration; immigration is also an issue for her. Like if they want to reunion family, because their families always are separated from each other. She was talking about sponsoring her brother and what goes wrong like they filled the wrong form and send it back, he was not accepted, he went back and now he doesn’t get any visa to come here even to visit them because of that problem. They want more help with immigration, reunion families. She is just saying that they should help us because some of our families are overseas, they won’t be a burden on Australia because her brother’s educated and got degree and everything. She means those people who are educated because they’re not going to become a burden.

For many migrants in this study, the absence of family support made it more difficult to cope with daily pressures. Further, many spoke of the difficulty they faced leaving their families in their country of origin. One Iraqi migrant expressed the dilemma of being torn from her country, and her family:

I left my country because I have a problem with my country; like Iraq and America now you see on TV. I had a problem, I left my country and then I come Australia in 2003. It’s not bad but then you love your country very much because that you left your mum in another area and brother and everything you lose. And you want to talk to her and then you can’t see them, just listening the voice, the phone and then some send a letter. But it’s too hard; you want to see them, the family.

The isolation of migrants from their family and dominant culture has been identified as a significant risk factor for psychological distress. The above excerpt supports findings from Hopkins’s (2006) study, who found that isolation from the dominant culture was a strong risk factor for psychological distress, and a high sense of belonging was the most important parameter for good health. This study found that challenges faced by migrants, such as the loss of family support, often make it more difficult for migrants to view the host country as a safe and empowering setting. This study also found that exclusionary dynamics, like those faced during the immigration process; often work against the work of community organizations, who strive to rebuild community and belonging for recently arrived migration.

3. Language Barriers

a. Language difficulties impeding help-seeking

Recent studies suggest that the need to seek mental health and social services is particularly important for refugees who have experienced trauma before migration (Beiser et al., 2003; Knipscheer & Kleber, 2001). However, help-seeking behaviour is
largely dependent on both the knowledge of services available in the settlement country and the perception of services as ‘helpful’ (Beiser et al., 2003). More closely, the utilisation of health care services often rests on other “predisposing” factors, and language aptitude plays a significant role in migrant ability to engage in adequate help-seeking (Portes, 1992). For example, a study of a Tamil community of migrants in Toronto (Beiser et al., 2003) found that one-third of migrants in this category were experiencing significant language problems which were impacting their ability to find appropriate mental health care and access social/ welfare services.

In a recent study, Danso (2006) investigated the initial settlement attitudes of Ethiopian and Somali migrants in Toronto, Canada. Language barriers were flagged by 17% of migrants as a significant barrier in initial settlement. Papadopoulos et al. (2004) also found that Ethiopian participants who sought the assistance from a general practitioner often had difficulty accessing health services due to language problems and poor knowledge of Western healthcare systems.

A number of migrants in this study spoke about the difficulties they faced with communication using English language. As illustrated in the following excerpt from an Iraqi migrant:

*I feel I came first time here, I feel English very hard. Yeah. Not like my country, not like Egypt was no anything. Now you go shopping very hard, don't know to buy anything. Yeah, very, very hard. Now know what but no language, no, no, no. So hard for me.*

A number of migrants also expressed the frustrations they faced learning English. They argued that because many of their English teachers were not bilingual, particular English words and expressions could not be translated from their mother tongue. One of the migrant workers articulated difficulties faced by migrants learning English in some detail:

*The main problem that I notice myself, the problem is we come with no English and then the teacher who is teaching, she or he is an English-speaking person so when for example a kid doesn't know a language, how are you going to teach something that they just learn by sign language. I don't know how they learned but I think that the main problem with English now, why people can't understand, why people can't learn. Because in my country there is not much of English, especially after war there was no school is so no one went to school and even when people went to school its very limited English.*
Help Seeking in Refugees and Humanitarian Entrants

Interviewer: So you mean that base is not there, that you can compare to say or write this word means so and so.

Yeah, so when no base, how are you to learn? How do you tell the experience in another language you know? Even in ACL they go, they give them a lot of forms to fill and stuff, they're don't know English, they're just blindly signing, they don't know. If there is more bilingual teachers, even just somebody who can make them understand the basic things that least.

One migrant worker in the Afghani focus group suggested that one of the difficulties that migrants faced learning English arises from their lack of a foundation of language in their mother tongue:

80% of Afghanistan migrants are illiterate so they should consider that when people come as a refugee or emigrant or whatever. They've never been to school and they didn't learn about countries so they need really basic things for us to learn and then go to higher education. That's why; myself also personally, feel that that's why they don't learn very good language. Whereas some other countries they learn easier, even if they're older, because if you don't have base language, your own mother tongue, like you've never been to school, it's really hard. So government I think should find some way that will work, maybe bilingual teachers are the best.

The difficulties faced by migrants communicating in English impacts their ability to grasp Australian law, their rights and responsibilities within the host country, as one Afghan migrant revealed:

The main thing is language, because we came from, where there was war, country and then our memory is not very good, we already are full of problems. So when we don't know English then we can't do anything, we are like illiterate in every part. We don't understand the law was, what's our rights, what we can do what we can't do.

A migrant expressed the difficulties faced in performing simple tasks, like reading and signing a contract:

Even in ACL they go, they give (us) a lot of forms to fill and stuff, they're don't know English, they're just blindly signing, they don't know. If there is more bilingual teachers, even just somebody who can make them understand the basic things that least.

Another African migrant spoke about the discrimination he felt from rental agents, who were exploitative because they held stereotypes about migrants as uneducated and uninformed about their rights and the law:
Talking of the Australian laws ….a general law civil law or family law my grandchild just regard it as non-law abiding know what I mean…they don’t understand the law. And we don’t know our rights as well; if you don’t know the law you don’t know your rights that’s how we are…I can give you an example. I have friends with so many agents and one of the (rental) agents just try to exploit me says that I don’t know the law, that’s that. When that what happened to me and I do know I understand English and I communicate but I’m expected to be thinking like other migrant who don’t understand English. But there still should be a need so that that communities should know the law as part of this community and they should be shown the avenues of help in case of renting they need to be shown how the …..would help us. That is a major thing so that they know the rules and the…..rental issues. So that’s a challenge here and we need these children also to be shown the way, the freedom they’ve got here they don’t know how to use it and we them to help that have that freedom and know what to do as well.

As the above extract illustrates, a chief concern for migrants in this study was the importance of addressing language barriers in order to communicate basic rights to migrants who have recently arrived in Australia. The lack of knowledge and education available in these areas represented significant disempowerment for migrants. Many felt that language barriers and stereotypes that position migrants as ‘uneducated’ were forms of discrimination used by White society. This finding supports previous research on migrant discrimination in the U.S. For example, Lipson & Omidian (1997) study of Afghan refugees in the United States found that many migrants have had negative perceptions and interactions with mainstream American citizens and health and social service providers. The qualitative results suggest that many Afghan participants are familiar with anti-immigrant and anti-Muslim discrimination. For example, one participant believed that Afghan’s are “treated this way because of (thei)r accent.” Lipson and Omidan’s (1997) support similar studies of Afghan migrants in the United States, where anti-Afghan discrimination has risen sharply since the events of September 11 (Mousavi, 2006).

b. Migrants ‘feeling different’ because of language difficulties

One Afghani migrant spoke about the loss of identity he felt existing through a language which he had not fully grasped. In his belief, the lack of proficiency in language meant that he had lost the ability to express himself fully, and the subtleties of his own mother tongue were effectively lost in this translation:
The main thing is that your own mother tongue is something that you can laugh, you can make jokes on, it but even if I stay the rest of my life in this country I won’t learn that much English that is necessary to express myself very well in a way that you want to expression your emotions and everything, you know. We appreciate what we have now, the life we have, it’s a good country, good laws or that everything is good. But the main thing is that it’s still, the language is something that makes you feel different, you feel like it’s your country, that it’s my second country but still I feel like a stranger because of that. (translated).

As the above extract suggests, migrants not only have to face challenges head-on, in terms of leaving their homeland and settling in a foreign country, they also have to cope with the loss of familiar ways of communicating, and a loss in their ability to express their emotions in their own language. This often made it difficult to communicate with mental services about the emotional health problems they were experiencing. Some generational issues in communication and cultural values were also expressed by older migrants participating in this study. Previous studies have demonstrated language proficiency is often compounded in higher-aged groups of migrants, and these factors often influence migrants decision to seek help (Beiser et al., 2003).

In many ways, language issues and psychological problems were elevated in older generation migrants in this study, particularly if they arrived with a young family. For example, one older migrant from Afghanistan expressed happiness for her two sons, who were very proficient in English, and had established their own life and family in Australia. However, she felt that she was still experiencing the some issues that she faced when she first arrived, with language and in finding social support. As the following (translated) excerpt reveals:

She says she is ….very happy about living in Australia because she preferring it as the problem that she suffered before, it all solved. She has got very good two sons so she married them and they have kids, they are working, they are studying, they are settled down but still she got problems herself, the kids are settled down. She is happy about this country, everything is okay. The only thing is that they themselves have problems, the language.

In many ways, access to and help-seeking support for older migrants is often mediated by their proficiency in English, and some migrants who have lived in Australia for beyond ten years are still facing difficulty communicating in English. In
contrast, younger migrants have been able to easily grasp the language and find support through the education system and through employment opportunities.

4. Looking back on the Migration Experience

Previous qualitative studies have been conducted with Ethiopian and Somali migrants and their reflection of settlement in Western culture. For example, Danso (2006) investigated the initial settlement attitudes of Ethiopian and Somali migrants in Toronto, Canada. This study found that most migrants encountered considerable difficulties during the initial stages of resettlement. Chief among these difficulties was their response to unmet expectations regarding their new lives in the West. Danso also found that 71 percent of the respondents felt that their initial hopes had not been fulfilled since arriving in Canada.

A number of participants in this study who arrived hopeful about well-paid employment opportunities and financial security were largely disappointed with their post-settlement situations. One African migrant reflected on their experience of looking back:

I came in 2004 and I came with high expectations before I had idea to adjust formulation of what I will come and do here but arriving here. Because I plan for the place I have never been so when I came here I adjust my planning based on what I see. The first thing I got as challenge here was the singling out of myself. You do communicate with them people here the culture but they perceive you to not understand the law that is a major challenge.

Another middle-age Afghani migrant commented:

We feel like for us there is no future, we are thinking about our kids, their future should be bright and they learn something and they have better life otherwise we, they knew all these problems they would face, no job, no language. I knew today that my country is good, secure to live, I would not stay. It's different opinions, everyone's got their own. I'm saying I would be a Manager or something but here I have to be a cleaner, you know what I mean? So that difference.

Difficulties faced in English proficiency and finding employment in Australia has meant that many migrant are unable to work within their areas of expertise. This can lead to elevated stress levels. According to Janes and Pawson’s model of ‘status inconsistency’ (1986), “stress among migrants may rise in situations where a person occupies a lower or unfamiliar status, or where greater status is perceived to be unattainable” (p. 821). Another migrant believed that he had adequately faced the
challenges of settlement in a new country, and although life in Australia was not what he had originally envisioned, he positioned his post-migration experiences in relation to the situations he had already experienced in his birth country.

From this perspective, “the challenges were not different, they (we)re normal, real life challenges”:

Well I think I would have still come here because why I need to come here….what I mean by that …is a good place…so I just plan that I would do this by a certain…..but it still even though there is challenges I say it was always good…..there is a number of good things out number the bad ones ….so I would still made it to come here although I knew the situation. Yes I dealt with them differently these challenges were not different; they are normal, real life challenges and even didn’t even have to tackle them as I used.

QUANTITATIVE ANALYSES

What measures were used to collect quantitative data?

Scales and questionnaires used were as follows:

To assess attachment styles, 2 questionnaires used were:
- Relationships Questionnaire (RQ); (Bartholomew & Horowitz, 1991)
- Relationship Scales Questionnaire (RSQ); (Griffin & Bartholomew, 1994)

Help seeking intentions were assessed by:
- Help seeking intentions (General Help-Seeking Questionnaire; Wilson, et al., 2002);

The extent of Psychological Distress was assessed by
- Depression Anxiety Stress Scales (DASS); (Lovibond & Lovibond,1995);

Levels of trust in relationships was measured by:
- Trust Scale (Rempel, Holmes, & Zanna, 1985);

Finally preference for social support was assessed via:
- Social Support Questionnaire (Berry & Rickwood, 2002)

All measures have demonstrated acceptable reliability and validity.
What results were obtained from quantitative analysis?

Scores from the two attachment measures were analysed. Mean scores and standard deviations as assessed on the Relationships Questionnaire and Relationships Scales Questionnaire for the four attachment styles for the 3 participant groups from Afghanistan, Iraq and Sudan are presented in table-1 and table- 2 respectively. Thirty six participants identified their attachment style as secure; 32 as fearful; 47 as preoccupied and 64 as dismissive on the RQ.

**Table 1: Descriptive Statistics for Attachment Style (Measured on Relationships Questionnaire (RQ) by Country of Origin**

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>Afghanistan</th>
<th>Iraq</th>
<th>Sudan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment Style</td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Secure</td>
<td>4.48</td>
<td>1.19</td>
<td>4.04</td>
</tr>
<tr>
<td>Fearful</td>
<td>4.19</td>
<td>1.38</td>
<td>4.22</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>4.29</td>
<td>1.59</td>
<td>4.39</td>
</tr>
<tr>
<td>Dismissing</td>
<td>4.86</td>
<td>1.05</td>
<td>5.17</td>
</tr>
</tbody>
</table>

*Note: Afghanistan n=63; Iraq n=46; Sudan n=70*

**Table 2: Descriptive Statistics for Attachment Style (Measured on RSQ) by Country of Origin**

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>Afghanistan</th>
<th>Iraq</th>
<th>Sudan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment Style</td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Secure</td>
<td>2.93</td>
<td>0.58</td>
<td>3.05</td>
</tr>
<tr>
<td>Fearful</td>
<td>2.99</td>
<td>0.46</td>
<td>3.15</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>2.95</td>
<td>0.45</td>
<td>3.11</td>
</tr>
<tr>
<td>Dismissing</td>
<td>3.00</td>
<td>0.57</td>
<td>2.95</td>
</tr>
</tbody>
</table>

*Note: Afghanistan n=63; Iraq n=46; Sudan n=70*

It is recommended that both these measures be used simultaneously (Griffin & Bartholomew, 1994). The RQ has a larger range (1 = not at all like me to 7 = very much like) and therefore overall had higher mean scores than the RSQ. In the RQ, dismissing attachment style appears to be most often reported in the RQ (\( M = 4.55, SD = 1.45 \)) than
secure attachment ($M = 4.32$, $SD = 1.40$). Whereas in the RSQ, participants reported more secure ($M = 3.11$, $SD = 0.70$), and fearful ($M = 3.04$, $SD = 0.69$) attachment styles then dismissing attachment ($M = 3.06$, $SD = 0.62$). Data from these scales was later converted into $Z$ scores to obtain a composite score for all further analysis.

Are there any differences in psychological distress between the three groups from (Afghanistan, Iraq and Sudan)? Does the type of visa have an effect on psychological distress (refugee/humanitarian)?

Mean scores obtained on DASS for Humanitarian Entrants and Refugees are presented graphically (graph- 3 and 4 respectively). Scores indicate that the Afghans experienced higher levels of depression, anxiety and stress followed by Iraqi’s and Sudanese. Post-hoc comparisons were carried out to determine the significant differences between the three groups. Analysis reveals a significant difference between Afghani’s and Iraqi’s for depression; Afghans and Sudanese for depression. However no significant difference was found between Iraqis and Sudanese for depression.

Graph 3: Mental Health Status for Humanitarian Visa Entrants
Do the three groups differ in the levels of faith, dependability and predictability (trust) in relationships?

A 2-way Analysis of Variance (ANOVA) was carried out to determine whether individuals from three countries (Afghanistan, Iraq and Sudan) with different visa categories differ on faith, dependability and predictability. Later post-hoc comparison tests were carried out at the second stage of ANOVA as it is of interest to determine which of these groups significantly differ from others in respect to the mean. Individuals from Iraq (irrespective of visa type) indicated greater levels of trust followed by Afghanistan and Sudan respectively Results indicate a significant difference between countries. Afghanistan and Sudan were found to differ significantly on predictability and Iraq and Sudan on faith. However results were not significant for visa type suggesting that type of visa did not influence levels of faith, dependability and predictability. Mean scores for levels of faith, dependability and predictability (trust) in relationships by country and visa type are presented in the following graphs (graph- 5 and 6)
Help Seeking in Refugees and Humanitarian Entrants

Graph 5: Mean Scores on Trust in Relationships by Country and Visa Type for Humanitarian Entrants

Graph 6: Mean Scores on Trust in Relationships by Country and Visa Type for Refugees
Was there any relationship between attachment styles and psychological distress?

To understand the relationship between attachment styles and the experience of psychological distress, correlations were computed between Z scores obtained on a composite score derived from the two attachment measures (RQ and RSQ) and the Depression Anxiety and Stress Scale (DASS). Correlations obtained are presented in table 3.

Table 3: Correlations among Trust, Depression, Anxiety, Stress and Attachment Type (N=177)

<table>
<thead>
<tr>
<th>Attachment Style</th>
<th>Trust</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
<th>Secure</th>
<th>Fearful</th>
<th>Preoccupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>0.15*</td>
<td>0.01</td>
<td>0.09</td>
<td>0.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fearful</td>
<td>-0.08</td>
<td>0.06</td>
<td>0.19**</td>
<td>0.15*</td>
<td>0.19**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preoccupied</td>
<td>-0.16</td>
<td>0.07</td>
<td>0.08</td>
<td>0.17*</td>
<td>0.22**</td>
<td>0.15*</td>
<td></td>
</tr>
<tr>
<td>Dismissing</td>
<td>-0.17</td>
<td>0.09</td>
<td>0.23**</td>
<td>0.18**</td>
<td>-0.03</td>
<td>0.45***</td>
<td>0.17**</td>
</tr>
</tbody>
</table>

***p<=.001. **p<=.01. *p<=.05.

Correlations suggest that psychological distress (depression, anxiety and stress) were significantly correlated with trust. Further a Secure attachment style was positively related to trust and lower levels of depression, anxiety and stress as compared to the insecurely attached.

Do participants differ in help seeking intentions when irritated, worried or sad?

Data (Table-4) suggests that participants intended to seek help from personal sources (likelihood means higher) than professional or other sources when irritated, worried or sad. It is also interesting to note that they do intend seeking help rather than not seek help from any one.
Table 4: Descriptive Statistics for Help Seeking Intensions when feeling Irritable, Worried and Sad

<table>
<thead>
<tr>
<th></th>
<th>Irritated</th>
<th>Worried</th>
<th>Sad</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>Mdn</td>
<td>SD</td>
</tr>
<tr>
<td>Personal relations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate Partner</td>
<td>4.33</td>
<td>5.00</td>
<td>1.75</td>
</tr>
<tr>
<td>Friend</td>
<td>4.98</td>
<td>5.00</td>
<td>1.22</td>
</tr>
<tr>
<td>Parent</td>
<td>4.37</td>
<td>5.00</td>
<td>1.61</td>
</tr>
<tr>
<td>Relative/Family member</td>
<td>4.22</td>
<td>4.00</td>
<td>1.35</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Professional</td>
<td>3.00</td>
<td>3.00</td>
<td>1.37</td>
</tr>
<tr>
<td>Phone helpline</td>
<td>2.82</td>
<td>3.00</td>
<td>1.59</td>
</tr>
<tr>
<td>Doctor/GP</td>
<td>4.05</td>
<td>5.00</td>
<td>1.58</td>
</tr>
<tr>
<td>Minister/religious leader</td>
<td>3.74</td>
<td>4.00</td>
<td>1.45</td>
</tr>
<tr>
<td>No one</td>
<td>4.70</td>
<td>5.00</td>
<td>1.72</td>
</tr>
<tr>
<td>Other</td>
<td>1.97</td>
<td>1.00</td>
<td>1.55</td>
</tr>
</tbody>
</table>

Note: Mean scoring is represented as follows: 1=extremely unlikely; 2=somewhat unlikely; 3=unlikely; 4=neutral; 5=likely; 6=somewhat likely; 7=extremely likely

How did participants express their feelings?

Participants found it difficult to express their feelings. It can be observed (Fig-1) that the bulk of difficulty lies in the higher ranges, suggesting that participants found it relatively hard to express their feelings to others.
Figure-1

Percentage of Difficultly in Expressing Feelings

Note: Lower total scores (i.e. 1-10) suggest little or no difficulty in expressing feelings, middle range scores (i.e. 21-40) indicate a considerable amount of difficulty in expressing feelings, and higher scores (51-60) suggest extreme difficulty in expressing feelings.

Is there a relationship between social support seeking, psychological distress (DASS), attachment styles and trust?

Table-5 indicates the relationship between social support, psychological distress (depression, anxiety and stress) and attachment styles and trust. Standard multiple regression between Z scores of depression, anxiety & stress (DASS); faith, dependability & predictability (trust scale); and composite scores from RQ & RSQ of attachment styles: secure, fearful, preoccupied & dismissing, with outcome variable-Social support from community. Results of the evaluation of assumptions were satisfactory after two cases (# 64 & 84) with extreme Mahalanobis distance score (p < .001) were eliminated from the analysis. The resulting sample size was N = 177. Regression equation between all predictors and Community social support was significant: R = .61, R² = .37, adjusted R² = .33, F (10, 166) = 9.84, p < .001.
Table 5: Correlations among Community Social Support, Depression, Anxiety, Stress (DASS), Attachment type and Trust (N=177)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Community Social Support</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
<th>Secure</th>
<th>Fearful</th>
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</table>

*** p<.001; **p<.01; *p<.05

Table-6 indicates correlations between counsellor support seeking, psychological distress, attachment styles and trust. Standard multiple regression between Z scores of depression, anxiety & stress (DASS); faith, dependability & predictability (trust scale); and composite scores from RQ & RSQ of attachment styles: secure, fearful, preoccupied & dismissing, with outcome variable-Social support from a counsellor.

Results of the evaluation of assumptions were satisfactory after ten outliers with a standardised residual > 3, and another two cases with extreme Mahalanobis distance score (p < .001) were eliminated from the analysis. The resulting sample size was N = 167. Regression equation between all predictors and social support counsellor was significant: \( R = .60, R^2 = .36, \) adjusted \( R^2 = .32, F (10, 156) = 8.67, p < .001. \)
### Table 6: Correlations among Counsellor Social Support, Depression, Anxiety, Stress (DASS) Attachment Type and Trust (N=167)

<table>
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<th>Anxiety</th>
<th>Stress</th>
<th>Secure</th>
<th>Fearful</th>
<th>Preoccupied</th>
<th>Dismissing</th>
<th>Faith</th>
<th>Dependability</th>
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</tbody>
</table>

*** p<=.001; ** p<=.01; * p<=.05

Table-7 indicates relationship between social support from friends, psychological distress, attachment type and trust. Standard multiple regression between Z scores of depression, anxiety & stress (DASS); faith, dependability & predictability (trust scale); and composite scores from RQ & RSQ of attachment styles: secure, fearful, preoccupied & dismissing, with outcome variable-Social support from friends. Results of the evaluation of assumptions were satisfactory after two cases (number 64 & 84) with extreme Mahalanobis distance score (p < .001) were eliminated from the analysis. The resulting sample size was N = 177. Regression equation between all predictors and social support from friends was significant: $R = .33$, $R^2 = .11$, adjusted $R^2 = .05$, $F(10, 166) = 1.96$, $p = .041$
### Table 7: Correlations among Social Support from Friends, Depression, Anxiety, Stress (DASS) Attachment Type and Trust (N=167 (N=177))

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<th>Stress</th>
<th>Secure</th>
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<th>Preoccupied</th>
<th>Dismissing</th>
<th>Faith</th>
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*** p<=.001; **p<=.01; *p<=.05

Finally, table-8 presents the relationship between social support from family, psychological distress, attachment styles and trust. Standard multiple regression between Z scores of depression, anxiety & stress (DASS); faith, dependability & predictability (trust scale); and composite scores from RQ & RSQ of attachment styles: secure, fearful, preoccupied & dismissing, with outcome variable-Social support from family.
Table 8: Correlations among Social Support from Family, Depression, Anxiety, Stress (DASS) Attachment Type and Trust (N=167 (N=177)

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<td>Stress</td>
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<td>-0.06</td>
<td>0.02</td>
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</table>

*** p<=.001; ** p<=.01; * p<=.05

Results of the evaluation of assumptions were satisfactory after two cases (#64 & 84) with extreme Mahalanobis distance score (p < .001) were eliminated from the analysis. The resulting sample size was N = 177. Regression equation between all predictors and social support from family was significant: R = .57, R² = .32, adjusted R² = .28, F (10, 166) = 9.93, p < .001.

What do these results tell us?

Significant findings across the 4 social support types (table-5, 6, 7, 8) suggest that:

i) Attachment styles play a role in social support seeking. Data suggests that fearful & dismissing attachment types both have a significant moderate negative relationship with each of the 4 social support types (community, counsellor, friends and family). This is consistent with the idea that both these attachment styles have negative views of others.
and therefore individuals with these attachment styles are more likely to resist seeking social support from community groups.

ii) Data further suggests that depressed and anxious individuals indicate a weak to moderate negative relationship across the 4 social support groups (community, counsellor, family and friends) indicating that anxious participants in particular may be reluctant to seek help as they furthermore share a significant positive relationship with fearful and dismissing attachment.

iii) Fearful, dismissing, and preoccupied attachment types also share significant weak positive relationship with stress insinuating that individuals with insecure attachment styles (fearful, dismissing and preoccupied) experience greater levels of stress.

iv) Stressed and anxious people show significant moderate relationships with the 3 dimensions of the trust scale: faith, dependability & predictability

v) Weak positive relationship between securely attached persons and faith is observed where as a weak negative relationship between fearful people and faith is observed implying that insecurely attached individuals (fearful) have lower level of trust (faith) in relationships.

vi) Social support from family revealed significant weak positive relationships across the 3 dimensions of the trust scale: faith, dependability & predictability suggesting social support from family is preferred/trusted (faith, dependability and predictability).

vii) A weak positive relationship was consistent with depression & faith across the four social support types. Furthermore, a weak positive relationship between depression and dependability was also present when seeking support from a counsellor (see Table 2) however it was not possible for other support groups (Community, family and friends) because of a relatively small N resulting from deletion of outliers.
viii) An interesting finding though not significant, suggests that secure attachment had a negative relationship with each of the four social support types, insinuating that lower is the level of secure attachment, higher is the need for social support.

**Do Refugees and Humanitarian Entrants (Visa Type) access social support differently?**

Two major groups (refugees and humanitarian entrants) belonging to three different countries (Afghanistan, Iraq and Sudan) were studied for their social support seeking. Mean scores on social support seeking for the two groups (refugees and humanitarian entrants) in relation to their country of origin (Afghanistan, Iraq and Sudan) is graphically presented (graph-7 and 8 respectively)

ANOVA was carried out between Support type (Support from family, friends, community and counsellor) and visa type (refugees and humanitarian entrants) for participants belonging to 3 different countries. Results suggest that family support was significantly different for participants belonging to three different countries. Significant differences were found between Sudanese and Afghani humanitarian entrants for family support seeking. Interactions and Post Hoc comparisons suggest significant differences between social support seeking from family. Sudanese were found to be highest and Afghani’s lowest on family support seeking.

Support seeking from friends was significant for refugees across the three countries. Iraqi’s were highest and Sudanese were lowest on support seeking from friends. Iraqi and Afghan refugees were found to access social support from counsellor significantly differently from Sudanese. Further significant differences were found for Afghan refugees and Sudanese refugees for support seeking from counsellor. Significant differences were found between Afghan refugees and Iraqi humanitarian on accessing social support as compared to other countries and visa types.

Data from graph- 7 and 8 suggests that support seeking from friends was preferred by refugees and humanitarian entrants from the three different countries, followed by support seeking from family, community and counsellor, which was the least preferred.
Graph 7: Social Support by Humanitarian Visa Type Entrants

Social Support by Country - Visa Type (Humanitarian)

- Sudan
- Iraq
- Afghanistan

Mean Values

Graph 8: Social Support by Refugee Visa Type Entrants

Social Support by Country - Visa Type (Refugee)

- Sudan
- Iraq
- Afghanistan

Mean Values
What are the Outcomes of this study?

1. **Role of Attachment in support seeking and experiencing psychological distress**

As predicted by attachment theory, secure individuals reported perceiving others as providing high levels of support and themselves as readily seeking support. Thus securely attached individuals seek support more readily. They also tend to seek support and (Mikulincer, Florian, & Weller, 1993) and to cope with stress without defensively distorting their views of the self and others (Mikulincer & Florian, 2000).

Secure attachment provides a buffer against the effects of stress and the experience of emotional distress (Simpson, Rholes, & Nelligan, 1992). Results are supported by previous research wherein Van Buren and Cooley (2002) found that people with a negative view of self (i.e. fearful or preoccupied) reported more current symptoms of depression than people indicating a positive view of self (i.e. secure or dismissive).

Since Preoccupied (anxiously) attached individuals hold a negative view of ‘self’ they tend to appraise more stress and deem themselves as less capable of coping. However, they rely on hyperactivation and emotion-focused coping strategies, seeking support is seen as a viable option as these individuals hold positive views of ‘other’.

Avoidant and anxious ambivalent persons tend to appraise stressful events in threatening terms, to report doubts of the self and the world and to suffer from high levels of distress (Mikulincer & Florian, 1998, 2000).

For individuals with fearful attachment, negative views of ‘self’ and ‘other’, lead to high levels of stress appraisal and feelings of ineffectiveness along with avoidance of support seeking.

The use of deactivating strategies by dismissing (avoidant) individuals will result in lower appraisals of stress and avoidance of support seeking. A positive view of ‘self’ will foster optimistic beliefs in coping abilities.

Attachment styles play a significant role. Mallinckrodt (2000) stated that securely attached individuals were perceived to have the capacity to nurture the development of vital social capabilities that would aid them in engaging and maintaining close,
supportive relationships in adulthood. Conversely, there would be a paucity in the acquisition of these social abilities for an insecurely attached individual thus leading to a deficits in coping mechanisms and lack of social support (Mallinckrodt & Wei, 2005). Solomon, Ginzburg, Mikulincer, Neria, and Ohry (1998), revealed that attachment style played an important role in mitigating negative life events. The research from these studies provides support for the importance of the function of attachment styles in developing coping strategies, creating and maintaining social support.

Further research by Mikulincer and Shaver (2001) sought to determine an association between attachment and reactions to dissimilar people. It was revealed that a secure base, a sense of being loved and surrounded by support, perhaps allow individuals the opportunity to observe different world views and be more tolerant of people not belonging to their own group. Securely attached people reacted positively towards people outside of their own group without defensive attempts to boost their individual self-image or change the way they viewed other people (Mikulincer, 1998; Mikulincer, Orbach, & Iavnieli, 1998).

2. Role of Culture in support seeking

Help seeking is a developmental process and may change its course depending on the developmental stage. Migratory experiences bring about a change in this course and cannot be ignored.

Individuals were found to differ in their help seeking intentions. Higher levels of individualism may be associated with less social support seeking, less intentions for help seeking and consequently higher levels of psychological distress.

Results of the study are also supported by Clarke & Jensen, (1997) who found social support to be associated with lower levels of depression.

Help seeking when in emotional need is one of the foremost competencies identified by researchers (Ciarrochi & Dean, 2001) which enable to understand how people deal with stress. Results indicate lower levels of support seeking from professional sources as compared to friends, family and community.
Help Seeking in Refugees and Humanitarian Entrants

What outcomes does this study have for service providers?

Barriers to help seeking

- Consistent with previous findings, informal sources of help were preferred to formal (counsellor) sources of help whereby seeking help from friends was found to be preferred across the three groups.

- Lack of language skills, appropriate information and cultural differences are some of the barriers to help seeking.

- Lack of or low emotional competence (understanding their social and emotional needs) may also be a potential barrier in help seeking implying that individuals may be lacking in social skills, may have access to fewer sources and options (e.g. our sample is of migrants in a new cultural context) necessary for seeking help.

- Certain cultures may promote individualistic ways to cope and solve problems. Also revealing one self to strangers may be considered inappropriate in some cultures. Stigma associated with professional help seeking cannot be undermined.

- Qualitative data supports the view that lack of language skills including appropriate words to express and understand self and others, an inability to interpret, and share experiences is a potential factors that lead to low levels of help seeking. Results suggest lack of professional help seeking (under utilization of supports and services) to be related to higher levels of psychological distress. This underutilization may be related to previous experiences with professional help and trust (faith, dependability and predictability) in the system. Since results suggest a preference for non-formal sources for support/help seeking, it therefore implies that trust and familiarity assist in rapport formation.
**Recommendations to improve service delivery**

1. **It is recommended that service providers:**

   - Offer effective and culturally acceptable supports to culturally and linguistically diverse communities (CALD).
   - Be aware that culture directly influences psychological functioning, symptomatology and an individual’s perspective on wellbeing (Aponte & Johnson, 2000).
   - Are able to strike a balance between professional and non-professional (informal) sources for help seeking. Since trust and a sense of security (secure attachment style) are important in help and support seeking, there is a need to encourage both formal/professional and informal/non-professional support systems to promote help seeking.
   - Encourage on-line help seeking, though language may still be an issue here.
   - Consider individual differences in attachment styles, cultural background, past experiences in regards to help/support seeking to establish appropriate levels of trust to promote wellbeing.
   - Acquire multicultural competencies (Sue, et al. 1992) including awareness knowledge and skills (related to specific cultures) to provide appropriate, effective and accessible CALD services.

2. **It is also proposed that service providers work with CALD clients to:**

   - Enhance emotional competence as this is necessary across the lifespan. Developing this social skill will improve the quality of migrant psychological health thereby increasing willingness to utilise supports and services.
   - Improve their awareness about expectations and ethical standards maintained (confidentiality) in the help/support seeking process. This will bring about changes in social behaviour. Appropriate awareness training will help to minimise biases.
• Improve their language skills. Individuals may be scared or just hesitant to express themselves. Improving language skills through bilingual teaching may foster confidence in self and support services.

• Promote positive attitudes, beliefs and benefits of help seeking. This will enable them to develop a better understanding of available professional supports. To put it more simply they need to have a better understanding of whom-to-go-to-for-what?

• Encourage help seeking for someone rather than oneself. Seeking support for another person rather than oneself may be more acceptable by individuals from other cultural contexts. This may not only improve empathy and indicate a genuine concern but also help to build a more acceptable support network.
References


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