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Abstract

This chapter discusses the use of the participatory mapping approach in the research concerning social inclusion among young refugees from the Middle-East in Melbourne, Australia. Despite instances of stigma and social attitudes that negatively influence their perceptions of their social environments, most young people held the belief that they were now living in a safe country, free from violence and oppression. Their negative perceptions of Australian society generally revolved around financial and social barriers such as cultural differences and xenophobia. These barriers hindered them from adapting and forming connections with the Australian community. The young refugees face various structural and cultural inequalities that significantly influenced their health and well-being.

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Mental well-being was their greatest health concern. All young people reported the significant influence of the English language on their ability to adapt and form connections with their new social environment. The presence of positive social support in their new social environment had a great impact on the health and well-being of young people. The findings of this study contributed to the role of therapeutic landscapes and social support in helping young refugees to feel that they belonged to the society, and assisted them to better adapt to their new living situation. This helps to enhance their social inclusion in Australian society.

Keywords

Refugees · Middle-Eastern · Young people · Social attitude · Xenophobia · Health · Language · Social support · Australia

1 Introduction

Community mapping is a way of telling a neighborhood's story. Mapping is a way to identify local assets, networks, and opportunities in a community. (Jackson and Bryson 2018, p. 111)

In this chapter, we discuss the use of the participatory mapping approach in the research with young refugee people from the Middle-East who have settled in Australia. Due to the development of poor economic conditions, on-going conflicts, and political unrest, many individuals find themselves displaced from their homes (McMichael 2019). Refugees face various barriers that affect their access to health and social care. These barriers include language, low income and unemployment, cultural differences, legal barriers, and a general lack of knowledge and awareness in the health and social care on issues that are specific to refugees (Murray and Skull 2005; McMichael 2019). Despite having the opportunity to escape persecution and seek refuge in a new country, they now face further psychosocial barriers. These barriers are indicative of surviving traumatic experiences and being forced to live and assimilate/integrate within a culturally alien environment (Kurban and Liamputtong 2017).

Additionally, many refugees find themselves facing discrimination (Çelebi et al. 2017; Quinn 2014; Kastrup 2017). This discrimination has been directly seen in the form of national governmental policy, which has not only had a major impact on refugee health status and access to health care, but also in all areas of their lives, including forced unemployment, increased conditions of poverty, and future insecurities (McMaster 2001; McMichael 2019). These policies have been indirectly driven by perceived negative social attitudes toward refugees within the wider population (Pedersen et al. 2005b; Kastrup 2017).

Besides cultural differences, many people within the Australian population are concerned that refugees are a threat to current welfare conditions, community cohesiveness, and economic and health resources (Schweitzer et al. 2005). As a consequence, this has led to increased social stigma and discrimination toward this population, making it more difficult for them to successfully integrate into their new social environment (Schweitzer et al. 2005). Literature examining societies' attitudes

toward the refugee population has made it abundantly clear that the majority of Australians harbor negative feelings toward the refugee population (McMaster 2001; Pedersen et al. 2005a, b; Murray and Skull 2005; Schweitzer et al. 2005; Casimiro et al. 2007; Fozdar and Torezani 2008). For instance, a study conducted by Pedersen et al. (2005a) found that the majority of Australian's (71%) hold negative views toward refugees. These results are similar to Pedersen et al. (2006) who found that refugees have significantly suffered as a result of Australia's negativity toward this group. Both studies found a high correlation between negative attitudes and false beliefs. In both studies, refugees were identified as a considerable threat to Australian society. A study conducted by Schweitzer et al. (2005) argued that Australia's current political climate could be attributed to the negative attitudes of mainstream society. This study implemented a quantitative study design that assessed the attitudes of 261 university students toward refugees. Similarly, Schweitzer et al.'s study (2005) also indicated that the main indicator of prejudice was the perception that refugees are a symbolic and/or realistic threat to the Australian community.

In terms of Middle-Eastern refugees, negative social attitudes have been attributed to the popular media-driven notion that people from those areas of the world are Muslims, so are, therefore "terrorists" (Humphrey 2013). These anti-Muslim views have been directly influenced by well-rehearsed stereotypes of Islam, perceptions of threat and inferiority as well as the belief that Muslims do not belong or are absent within Australian society (Dunn et al. 2007). This Islamophobia is often reinforced by negative media portrayal and a hostile government disposition (Dunn et al. 2007). Some view this as an attempt by the elite majority to maintain power and control by negatively portraying minority groups as deviant, dangerous, or different (Van Dijk 2000). Since there is limited interaction between refugees and their host society, these representations are unlikely to be challenged, creating instances of racism through the fear of a common enemy (Sulaiman-Hill et al. 2011). As a result of Australia's negative perception toward Islam, it is commonplace for many Australian Muslims to experience acts of discrimination, verbal abuse, and violence. These perceptions are driven by the contrasting theological, philosophical, and ideological underpinnings of Islamic and mainstream Australian culture (Dunn et al. 2007).

Furthermore, there is an apparent association between negative attitudes toward Middle Eastern refugees, and arriving "illegally" by boat. It was the arrival of 12,000 predominantly Middle Eastern asylum seekers, between 1999 and 2001 that incited an unprecedented negative political, media, and public reaction (Hugo 2002). However, it was because of this, coupled with the terrorist attacks on 11 September 2001, that public reaction toward asylum seekers intensified amid the responses to terrorism. This was reinforced by increasing negative political rhetoric targeted toward asylum seekers (Kampmark 2006). A study by McKay et al. (2012) used a mixed methods community survey to understand community perceptions and attitudes relating to asylum seekers. They found that participants were more likely to identify Middle Eastern refugees as their biggest concern regarding national security, and preserving the Australian way of life. This is consistent with the research of McKay et al. (2011) on media representations of asylum seekers who arrived by boat in Australia in the 5 days after an explosion of a refugee boat off the coast of Australia. Their findings suggested a link to terrorism that perpetuated the belief that

asylum seekers pose a risk to Australian society, and would seek to dominate rather than assimilate into Australian culture and its values.

While there were numerous studies surrounding refugee health, little is known about young Middle-Eastern refugees living in an Australian metropolitan context. This seemed pertinent, particularly in the social and political aftermath of the events of 11 September 2001, and more recent global crises. This chapter, based on the community mapping method, discusses how young Middle-Eastern refugee individuals perceive their health and well-being, the barriers they face in their new homeland, and addresses means that helped these young people to connect to their new social environment. It is argued that by recognizing and understanding these factors, appropriate policies and strategies can be implemented to address them, which could lead to the promotion of the health and well-being of young refugees.

2 The Participatory Mapping Method and the Study

The study on which this chapter is based adopted a qualitative approach, which is essential when we want to explore and understand people's own experiences, attitudes, behavior, and interactions (Bryman 2016; Liamputtong 2020). This approach plays a significant role in giving a voice to participants of the study; it provides them with the opportunity to openly share their experiences. This approach is particularly important when working with a vulnerable population (such as refugees); it gives voice to the marginalized (Liamputtong 2007, 2010, 2020).

In our study, we adopted the participatory mapping method in conjunction with an individual interview with the young people. This visual method is particularly useful when engaging with participants with linguistic and conceptual barriers (Liamputtong 2007, 2010, 2020). Moreover, it promotes the facilitation of further discussion and exploring "ways of seeing" (Backett-Milburn and McKie 1999). Participatory mapping, according to Petersson et al. (2020, p. 2), refers to "the action of producing a map of a certain location together with or by the residents, often featuring local knowledge and resources" (see also Parker 2006).

The participatory mapping approach was established through an early application of participatory mapping in natural resource management and agricultural research (see Chambers 1994, 2006). The approach embraces the core principles of PAR; that is "to support the power and capacity of people to represent themselves and their understanding of the world around them" (Amsden and Van Wynsberghe 2005, p. 361). The approach "honours community voices; builds from the needs and strengths of the community; and supports community development as a process goal" (Amsden and Van Wynsberghe 2005, p. 362).

Fundamentally, the process of map drawing offers insight into how research participants see their social world (White and Stephenson 2014; Fang et al. 2016). The drawing of maps helps research to be able to examine the subjective experience of their research participants: "Participants create a map that reflects their daily experiences and perceptions; with this visual reference in front of them, they can acknowledge and discuss features that are influential from their points of view" (White and Stephenson 2014, p. 416). Because the maps are drawn by the

participants, the maps can “serve as highly contextual frameworks” for the participants to express issues that are locally relevant to them. This can avoid situations that the researcher asserts his/her own influences onto the research. As the participants are encouraged to draw what they have experienced, it generates “a space in which they are empowered to talk about the issues important to them. The participants are in charge of the direction of the discussion and are led to feel ownership over the project” (White and Stephenson 2014, p. 416).

In the last decades or so, the participatory mapping approach has been adopted in a number of disciplines for diverse research and development purposes (see Liebermann and Coulson 2004; Dogus et al. 2007; Emmel 2008; Dennis et al. 2009; Fang et al. 2016; Jackson and Bryson 2018; Petersson et al. 2020). The approach has been adopted in research involving migrants and refugees (see Downs and Stea 2005; White and Stephenson 2014; Campbell et al. 2016; Ortiz-Echevarria et al. 2017).



Source: <https://sites.utexas.edu/participatory-mapping/research/the-role-of-mapping-for-land-rights-and-local-development/>



Source: <http://www.earthdecks.net/gis/>

In Campbell et al.'s study (2016, p. 219), the participants took part in a mapping exercise that was prompted by the invitation to "draw a map of your community." The participants were provided with large sheets of paper and some drawing materials. After the mapping session, an individual in-depth interview was conducted with each youth to discuss his/her map. These questions included: "Which places in your community do you find desirable/undesirable and why?"; "In which places do you feel safe/unsafe, welcome/unwelcome and why?"; and "Which places contribute to your quality of life in a positive/negative way and why?"

In our study, the young people were asked to "draw" or "map" their neighborhood. This was to ensure that their stories could be better heard through images. They were asked to map out and highlight where they lived, what they liked, and what they did not like about their environment. To ensure maps comprehensively depict their lives in Australia, this task was conducted at the end of each interview, when they had been encouraged to think about all aspects of their social environment. After drawing, the young people were invited to tell more stories from their drawing of maps. The data obtained from this method does not merely duplicate the results generated by the in-depth interview, but offers further insights and understandings that could be difficult to obtain through reliance on a single method of data collection (MacDougall et al. 2005). This method was implemented to provoke an increased depth of response.

3 What the Young Refugee People Say

Several main themes that we constructed from our study are discussed: perceived social environment; stigma, social attitudes as barriers to integration; new social environment and health concerns; place, language difficulty, and social connections; and place, social support, and services. In terms of confidentiality, we ensured that each participant was not identified by using a pseudonym when presenting his/her verbatim quotation in this chapter.

3.1 Perceived Social Environment

When discussing their opinion about Australian society, most young people expressed both positive and negative views. In terms of positive perceptions, most of them agreed that Australia was a fair country, free and safe from danger. For Nassim, this was the best thing about Australia.

The one thing I like about Australia, is that there is peace, no fighting things like that, If Australia changes, whatever comes, I still like Australia, it's my country, it's our country, and yeah still I want Australia, it's not about what is good about Australia, what's bad about Australia, the only thing is that it's a peace country, it's a nice country, I want to live where I want, I don't want to grow in a country that has a lot of problems, a lot of wars.

Some young people also discussed this idea of freedom and safety concerning Australia's legal system. Mohamed touched on this: "I like Australia because of its fairness and its law. . . it's a safe place and they give you everything you need, help you with your studies, make life easy for you, let people live their life easier."

A few young people represented this by drawing police as a thing they like about their neighborhood on their maps. Below is Jacqueline's safe place in the neighborhood (see Fig. 1). Jacqueline stated that she liked the police because they make her feel "safe and. . . more helped."

Some young people also identified multiculturalism as the positive aspect of Australian society. Hameed suggested that since everyone did not look the same, there was less conflict, and he did not feel alone. This helped him feel more integrated within the Australian community. Nevertheless, although Ahmed identified multiculturalism as an aspect of Australian culture, his own experience revealed that this diversity did not prevent instances of discrimination and stigma.

Like people here they really judge people on their looks, their nationalities, on everything, and even Australia is like multicultural, but still but they say you [f. . . .] Indian or you [f. . . .] Asian, even they tell me I'm a [f. . . .] Asian even when I'm not.

Young people's negative perceptions of Australian society generally revolved around financial and social barriers that hindered them from adapting and forming connections with the Australian community. Nassim highlighted the difficulties

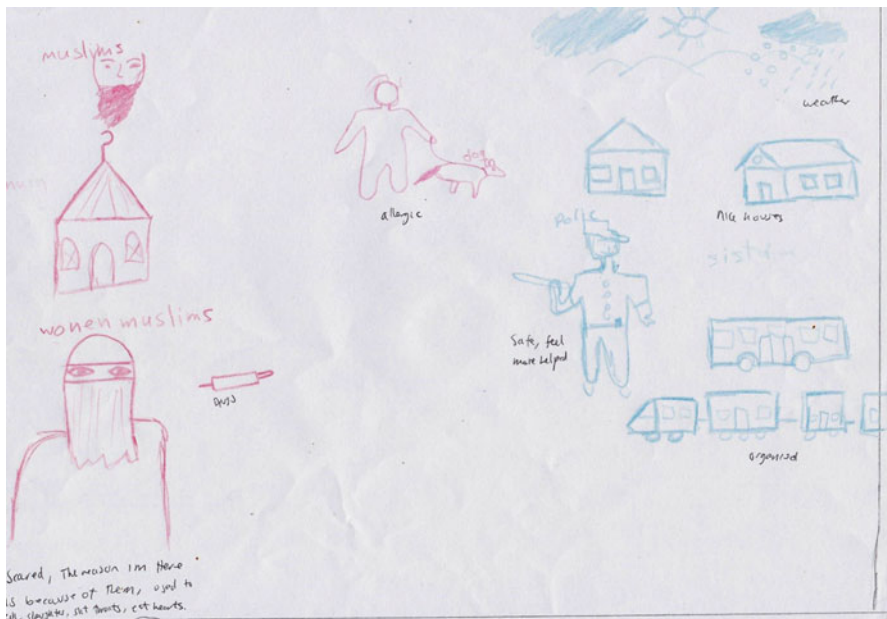


Fig. 1 My safe place

refugees had to face when trying to start a new life in a culturally alien environment; everything was alienating for them

[The] environment in Australia in opinion for migrants is hard, its a bit tough. Even for me my English is a bit better, it's tough for me as well living in Australia. . . For asylum seeker or migrants, we are just starting our life new, so it's a bit harder. The language and the rules and regulations and for future what we have to do, things is a bit complicated for us and people around us.

Some young people expressed attitudes of cultural dissonance toward Australian culture and lifestyle. This was due to the unfamiliar and/or conflicting cultural values, and norms that refugees were confronted with when moving to a new country. This is emphasized by Ahmed, who expressed his opinion on the drinking culture he found when he first arrived in Australia, and how this had influenced his ability to socialize within the community:

When you move from the other side of the world to a new country. . . it's new. It's like you're excited to do what people do here. But in reality, you don't know whether it's going have a good impact on you or bad. . . I find it really hard to go out and socialise here. People here go out drinking and smoking a lot, and most people are like 12/13 years old and they are all in drugs and I find that it is really bad how people are killing themselves.

This negative perception of Australian lifestyle was reflected in the drawings of a few young people, who drew images of needles to illustrate that they did not like the drug culture in Australia. Fig. 2 was Dana's drawing.

Young people also remarked that Australia's social environment did not foster positive relationships. This made it difficult for them to socialize with anyone outside of their own ethnic background. Paloma elaborated this below:

Over there, back in Syria, there is more socializing, it is better. . . The social environment is weak in Australia, I can't see a proper social environment. I haven't met anyone here from Australia to socialize with. I have only made friends that are from Syria. . . Back in Syria, everyone sees each other, they care about each other, they go visit each other, they are more together. But here, even within the family, everyone is busy and I hardly meet other people and even my family from here like my uncles and aunties they never sit with us or see us, They met us at the airport and then none of them sat with us. Then they sat in their own room and that's it.

3.2 Stigma, Social Attitudes as Barriers to Integration

All young people recognized the significant influence of Australian social attitudes on their ability to adapt and form connections with their environment. Fadi expressed his belief that negative social attitudes acted as a barrier for refugees who were trying to adapt to society:

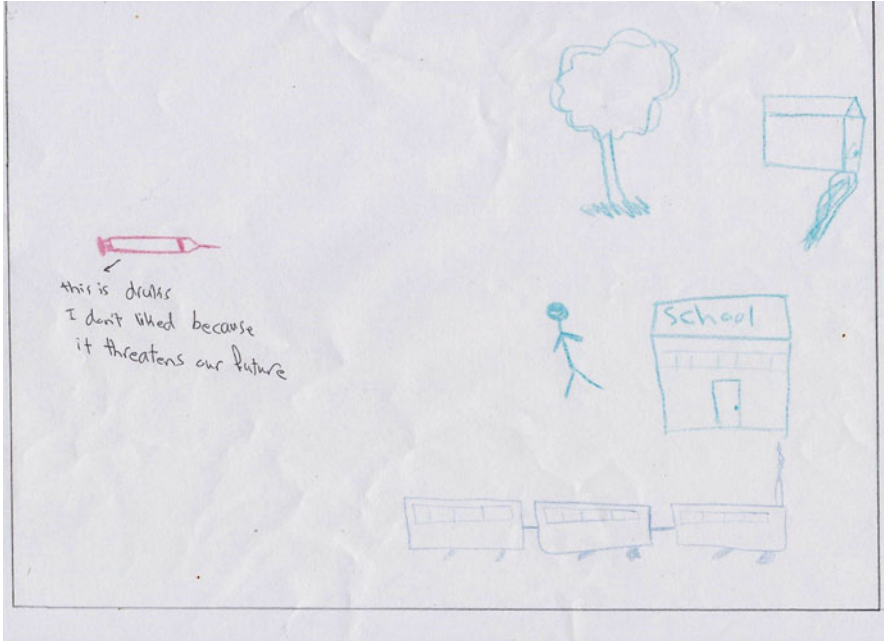


Fig. 2 “This is drugs, I don’t liked [it] because it threatens our future” – Dana

If these attitudes are shown in a negative way, it’s really hard for people to become open minded. To open themselves, they feel like there is a barrier. and the more there is a barrier, the more they won’t be able to adapt to society. So, once they become more accepted, and once there is a more positive attitudes towards them, positive perception, it’s more likely they will be more open minded and it will be easy for them to adapt to their social environment. So, that’s a very key issue. We need people with a more positive attitudes and perceptions to new arrivals, so they can be more open minded and adapt.

Xenophobia was seen as the main barriers to social integration in Australia. This discrimination was seen to be both entrenched directly within Australian government policy, and indirectly within Australian social attitudes. This was more common among those who lived in regional areas. Hameed spoke about the discrimination he received when he first came to Australia and was living in a rural town. Due to his physical appearance and accent, he was not allowed to enter a premise that other Anglo-Australians could.

Well social environment in Melbourne is a lot better than when I first come to Australia. Like in [X], ‘cos most of the time I went there, as you can see, I don’t look like a local, so that’s why most of the time the security guard was like nah you can’t get in, they were making these excuses. The fact was I looked different and that’s why they didn’t let me in. . . When I first came to Australia and I felt horrible there. People’s attitudes towards you is not very good yeah, especially if you got an accent.

This is further illustrated by Fadi who described his experience with his local council feeling insecure about the influx of Muslims moving into the area. As a result, they started to place restrictions on the number of people that could pray at his local mosque, restricting his freedom of religion.

This council specifically. . . treating people of different race is really bad. . . Now more people [Muslims] are coming they are starting to feel insecure. For example, this mosque that we go they put on restrictions of the number of people that can go there and pray. that kinda of thing is affecting us now. If I am not allowed to go to the Mosque, if I am the two hundred and seventy-oneth person I mean, I would be actually turned back, because I would be exceeding the number of people that is allowed on the premises. That is actually freedom of religion and I would be restricted to pray on that particular day, just because of council restrictions. So, it is affecting me.

There were, however, notable differences between the perceptions of young people who arrived in Australia by different means. Those who were considered to have arrived “illegally” by boat were more likely to perceive negative attitudes toward themselves than those who came via visa protection. Young people who perceived positive attitudes toward themselves felt more welcomed into the community, and were more confident when interacting with a member of Australian society. Dana shared that when people found out that she was a refugee, they would go out of their way to help her, and welcome her into the community.

They have been very nice here. When I mention that I am a refugee they keep welcoming me, they help me. They keep helping me like keep repeating [what their saying] till I understand what they mean. . . I like the way they treat me. For example, when they ask me what I used to study in Syria and I tell them mathematics, they always say oh we need more people like you here. We need more teachers. So, I feel more welcomed and more important.

As a result of these perceived positive attitudes, some young people did not distinguish notable social disparities between themselves and the rest of the Australian community.

In general, Australians are really nice, like I said the government and the people in Australia is really amazing. People are unbelievable the way they are treating you. . . There are] very good people in Australia. They didn't make any different between the Aussies or the new people that come here, like Iraqis. . . Everyone, all the people who come to Australia is the same, I haven't seen any difference between them. . . I have more confidence and more encouraged now because people in Australia have been very nice and helpful to me. (Yafi)

Those who perceived and experienced negative social attitudes tended to report feelings of isolation and disillusionment with Australian society. Some young people identified certain social institutions as being the main perpetrators of discrimination. Nassim shared a story that described his experience with one particularly racist staff member working for Centrelink, a governmental program that provides assistance to

several disadvantaged individuals in communities in Australia. This person was nice to Australians, but would look down on him and other migrants and treat them like second-class citizens.

For example, when I went to Centrelink, there was a lady who was Australian and she was like shouting and like pointing at me. . . in a way that is strange and I was really feel bad. “You filled out wrong, you did this, you did this”. I said excuse me, you are not my supervisor, it’s your job, If I did wrong give me a new paper and show me how to do it. It was kind of rude. I saw her too many times. She was totally racist. She wasn’t talking the way she was talking to Australians. She was nice [to them]. With migrants, she was not nice. She would sort of look down at you, like a second class citizen.

When asked why they thought some Australians held such negative views, some young people suggested that these social attitudes were shaped by the belief that refugees were a financial and cultural liability. Furthermore, some young people identified Islam as another major driving factor influencing public opinion. Hameed noted that many Australians were under the misconception that refugees (particularly those who arrived by boat) come to Australia to steal their jobs, or to reap financial benefits from the Australian government. Furthermore, he highlighted that many seemed to perceive Middle-Eastern refugees as Muslim, and therefore were terrorists. This further increased their distaste for refugees.

People think that people who get into the boat and come to Australia are breaking the rules. But in fact you can see, those people don’t really have an option. . . There are a lot of people who don’t like refugees because . . . they think they get their jobs, they get benefits. Also, they look different. They see half the people came on the boat, they think they’re not good, maybe they’re Muslim, they’re terrorists, you know.

Samir too shared his experience with racism, and the emotional impact it had on him. Although he was Christian, when people found out he was from Iran, they automatically assume he was Muslim.

Well yeah racism, like when someone makes a racist comment towards you, it really hurts deep inside. You know what you’ve been through, and they basically don’t know. They just look at you or judge you oh this Asian or this Muslim or Middle-Eastern they’re like this or like that. People judge Muslims the same. Muslims are terrorist. Like maybe less than 0.35% of Muslims are terrorist, while the rest are good people. . . When I say I’m from Iran, they think I am Muslim. But in Iran, all the people are not Muslim; there are different religions.

Some young people indicated the role of the media in influencing social attitudes. Ahmed, for example, expressed his belief that the media played a significant role in perpetuating this idea that people from the Middle-East were terrorists.

Yeah they [the media] have made people they are dangerous, or terrorist, even though we are not like that. It is very simple. Where I’m from, there are more American troops then there are terrorists in there. They haven’t succeeded and they never will or want to. The terrorist don’t work, how are they gonna provide food, weapons, where are they gonna come from?

Of course from America. The same in Iraq, they are just trying to get people to support them so they can get what they want.

The young people also discussed the role of social media as a platform for discrimination. Dana claimed that while she had not experienced any discrimination first hand, she still sees it every day on social networking sites.

Well it makes me feel bad, but at the same time I can't do anything about it, I didn't see anybody come up to my face and say that to me... but I see all that things on social networking like Facebook, twitter and YouTube videos.

Some young people also believed that these negative attitudes were derived from the belief that Middle-Eastern or Islamic refugees attempted to infiltrate and change the Australian way of life. Refugees coming from more culturally similar countries, such as Spain, were more likely to be accepted within the Australian community than compared to their Middle-Eastern counterparts.

More of being infiltrated, they feel insecure... They wouldn't bother having refugees from Europe because they do the same thing, you know what I mean? So if there is a refugee from Spain that comes here and seeks asylum or refugee, they really party hard, and that's not a big issue for them because wow they're good, they party for the group of people, you know those anti refugees. For them, the real problem is not the refugees per se but they feel threatened for like I said like infiltrated, or they think we might have a ban on all the alcohol... So, they think if people come here and they don't like drinks so they might impose that on us. (Fadi)

3.3 New Social Environment and Health Concerns

For many refugee people, the meanings that are attached to certain landscapes are not always positive. Prolonged exposure to perceived hostile environments can diminish the health and well-being of an individual. Since being located in a new social environment, mental well-being was identified as the biggest health issue addressed by young people in our study. Often, they referred mental health to fears, anxieties, stress, and traumatic experiences in their lives. For most young people, due to the on-going conflicts in their home country, they still feared for the lives of their families and friends left behind. Nassim who left his entire family back home in Iraq and came by boat to Australia remarked:

I think back to my family, because I live here and they live there. I live in a warm and nice place, in a safe place, but they live in fear and in a worse place, in a place where they don't have the right of humanity. Things like this really making me upset; it's just another problem I have to think about. It is stressing me out.

Young people that arrived in Australia via visa protection tended to see mental health issues as a result of traumatic experiences they had endured. All young people

that arrived by boat noted a worsened mental health status since arrival in Australia. This was seen as the result of increased stress and anxiety caused by social and financial pressures. Hameed described the anxiety he felt when he first arrived in Australia, as the result of pressures placed on him to find a house, study, work, and look after his family.

Well about the health, it's getting worse here. When I first arrived I was suffering from anxiety, I couldn't sleep. . . Because in Australia, you have a lot of things to do and you have pressure, from your house, and your family, like they push you hard. . . I'm the only one looking after my family and I have to look after myself as well. I have to study. I have to work, and there are a lot of things I have to do.

Due to job insecurity, Samir was unable to feel good about himself. As a result, his mental health was deteriorating:

Every day is harder than the last, especially mentally. . .If I can find a good job to earn money, this is important to my well-being. I feel like I need to be able to earn, in a good job, to feel good about myself. If I continue feeling this way, things will get worse. Every day, I am older, but living the same way. If my problems continue, I feel like it will get worse.

Young people that came by boat tended to experience instances of negative social attitudes. As a result, a few of them mentioned the influence this had on their mental health and social interactions. Ahmed expressed how being judged and bullied took a toll on his mental health, and has ultimately stopped him from going out with his friends:

There is bullying, people judge you for no reason, and plus it's hard to find new friends, and I feel that sometimes they use me. . .It has been nearly 8 months that I haven't been going out as much, I have stopped hanging out with people. I don't even like to go out as it makes me feel bad.

Nevertheless, in terms of physical health, almost all remarked that they were physically fit and had not experienced any decline in their physical health. Living in Australia, with access to health care, in fact, allowed the young people to pay more attention to their health. Nassim never thought or cared about this health prior to coming to Australia. However, due to the free medical care he received in the Australian health care system, he felt as though he was able to start taking care of his health. This positive perception of Australia's health care was confirmed by most young people in our study. Yafi expressed his satisfaction with the health care system in Australia. While there might be a short wait to see a doctor, he had always been treated well.

Yeah I'm very happy, with the doctors, and the health care system here. . .the health care system is very good, very good. Sometimes you have to wait for the doctors 2-3 hours but at the end of the day, you get treated well.

3.4 Place, Language Difficulty, and Social Connections

Therapeutic landscapes rely on the meanings, significance, and felt values that are given to any certain place. Due to barriers such as language difficulties, social stigma, and structural discrimination, refugees often have difficulties adapting and forming connections with their new surroundings. In our study, language was identified by all young people as being a significant barrier in their attempt to form connections and adapt to their social environment. As a result of this language barrier, many of them felt as though they were unable to interact or communicate effectively with others in Australian society. Dana demonstrated the influence this language barrier had on her ability to form connections and adapt to the Australian population, and how this led to feelings of frustration and lowered self-worth.

Yes the English language is quite hard. It is a barrier because I find it hard to go to the shops and like now I don't understand you. . . It really affects me. I would be more interactive with them if I knew the language. . . I don't find that they treat me differently but within myself I find it frustrating. (Dana)

However, young people also noted that once they had spent more time in Australia and began to grasp the English language, living in Australia became easier. Due to this, they felt more accepted in the community.

When I first came here, there was a language barrier and it was hard to get along with people and get around, and I had to look after my family. Things were really hard for me back in the days. But now, as you spend more time in Australia, you get to know the language and how things work here and it's gotten a bit easier. (Hameed)

Paloma noted that when she first arrived in Australia, she saw some social stigma and negative attitudes toward herself as a result of not knowing the language. However, since she started learning English, she could now talk to Australians with confidence, without worrying what they might think of her. This made her feel more like being an Australian.

Firstly, at the beginning, I saw some negative attitudes, because it was like I don't know language. . . Since I started learning the language, it has made me more confident when I want to talk with someone else, even if it's an Aussie, like I can talk to him. Like it's something beautiful, like it makes you feel more confident when you can talk to someone and he doesn't act like something's wrong or do something wrong to you. Like it's nice. . . I thought I'm like an Australian, so I felt like there was not much difference.

3.5 Place, Social Support, and Services

To ensure health and well-being, individuals would seek out therapeutic landscapes that could facilitate positive connections to places that would help them to create a

sense of belonging. Social support played a major role in this attempt. In our study, the presence and/or absence of social support was clearly identified as a key contributing factor toward their ability to form connections and adapt to their new social environment. We, however, noted a significant difference seen among young people that came by boat and those that arrived via visa protection. Those that came by boat tended to come alone and did not have any preexisting ties to the Australian community. However, those that came with a visa, typically came with their families and usually had greater access to available services. Families, including foster families, were regarded as young people's main form of social support.

Teachers and members of the Australian public also provided support to the participants. Some believed that they had become more adapted to living in Australia as a result of the social support they received from their teachers, and even the support they had been given by members of the Australian public. Paloma stated that because of teachers showing her around, or even people taking time out to help her on the bus, it was easier for her to adapt to living here.

Here, I have become adapted because of the teachers. They help me when they find out I'm a refugee, they take me to the city as a trip, they show her how to do public transport and if I need anything I can ask the driver, or anyone on the bus and they all will help, that what makes it easier for me to adapt to living here.

Another form of social support was religious and refugee support groups. Since moving from the country to the city, Hameed was able to make more connections with his community as a result of joining certain refugee and Muslim support groups.

Well compared to when I was living in [X], I'm building lots of connections with my community now, because there is a . . . refugee community in the southern suburbs of [Y], and um there is a Muslim community in here, and in [Z].

Church as a place of social support was also experienced among Christian young people. Churches were seen as a place of safety and refuge on the maps of a few participants. Yafi highlighted his church as a place he likes in his neighborhood in his mapping exercise (see Fig. 3). Churches made him feel "safe and welcome."

Another form of social support or service identified by young people was Centrelink. Centrelink is a program in the Department of Human Services that provides a range of financial support and services to families, carers, parents, retirees, people with disabilities, Indigenous Australians, people from ethnic backgrounds, and the unemployed. Young people expressed gratitude for the financial support that Centrelink provided them when they first arrived in Australia, and how this helped them settle in.

However, despite this financial support, some of them viewed Centrelink with negative regard. Yafi stated that, while Centrelink was supportive in helping him get his life back on track, it also lowered his self-esteem and made him lack self-confidence. This can also be seen within responses to the mapping activity. Some



Fig. 3 Church as a safe and welcome place

young people highlighted Centrelink as a place they did not like in their neighborhoods in their mapping exercise. Fadi drew the map below (Fig. 4) to indicate his neighborhood and he circled Centrelink as a place he did not like.

Lastly, some young people felt that while there were many services made available to them when they first arrived in Australia, there were not many services now that cater to their current needs. A change in political climate and an absence of effective services were the main reasons given by the young people to explain this lack in available services.

4 What Can We Make Sense of Young People's Experiences of Social Exclusion/Inclusion?

There were two-sided perceptions about Australia among our research participants. Despite instances of negative social attitudes that negatively influence their perceptions of their social environments, most young people held the belief that they were now living in a safe country, free from violence and oppression. Due to past traumatic experiences and flight from ongoing conflict and persecution, many regarded a safe place to be the most important aspect of their social environment (Fozdar and Torezani 2008). This idea was expressed well in the testimony of one



Fig. 4 Fadi's neighborhood

young person who said that since moving to Australia, she did not need to worry about the fear of persecution for being part of a religious minority, or wake up fearing for the life of her family. Therefore, the impact of slight negative social attitudes and provocations would outweigh the detriment caused by the conditions from which they escaped. In their research, Fozdar and Torezani (2008) have also found that despite perceptions of experiencing discrimination, 76.7% of refugees living in Australia suggested they were satisfied with life, with only 4% reporting that they were not satisfied at all.

However, young people's negative perceptions of Australian society generally revolved around financial and social barriers such as cultural differences and xenophobia. These barriers hindered them from adapting and forming connections with the Australian community (Guzder et al. 2011). These barriers, while they may have less impact than the conditions that forced them to seek refuge, still have a marked impact on refugees' lived experiences in Australia.

A common thread seen throughout the study was the difference in perceptions and experiences seen among young people that arrived by boat, and those that arrived via visa protection. There were stark differences between how participants observed and made sense of their social environment. Participants that arrived by boat tended to experience instances of social stigma and discrimination. According to Blood et al. (2011) and Hugo (2002), refugees were considered to have arrived via "illegal" means were deemed to be a greater threat to Australian society. Furthermore, discrimination toward these young people was not only attributed to the fact

that they were refugees, but also because they were Muslims. Humphrey (2013) contends that many negative social attitudes toward Middle-Eastern refugees are influenced by the popular media-driven notion that those from those parts of the world are Muslim, hence they are terrorists. This is demonstrated by one young person who asserted that although he was Christian, the moment they find out he was from Iran, they automatically labeled him as a Muslim and started acting differently toward him.

This act of labeling and/or deviating individuals or groups of people based on certain characteristics is what Goffman (1963) has coined as the stigma. According to Goffman (1963), those that have been stigmatized are perceived or stereotyped by individuals and the wider community as undesirable, different, and are often rejected from mainstream society. Subsequently, those that have been stigmatized are often aware of what separates them from the normal standing order (Liamputtong 2013; Liamputtong and Kitisriworapan 2019). This knowledge can significantly influence the way they interact with and make sense of their social environment. This is evident throughout our study, as those that have been exposed to social stigma reported that they were often hesitant to socialize with the wider community, due to fears of social exclusion.

Significantly, young people have indicated that the media has played an integral role in the construction of these social images. Negative representation in the media has the power to influence public opinion, shape governmental policies, and incite discrimination (Dunn et al. 2007; Afsar et al. 2011). This link between social stigma and the media was particularly apparent in the testimony of one young person who felt that to promote the government's political agenda, the media has influenced the creation of a social environment that is particularly hostile to Muslims. Van Dijk (2000) asserts that, to ensure power is maintained by the social elite, marginalized groups are often demonized. In consequence of this, refugees who did not arrive via a legal means are portrayed as a threat to Australian society, seeking to infiltrate and dominate, rather than adopt Australian cultural beliefs and values (Krome et al. 2005; Dunn et al. 2007; Blood et al. 2011). This is confirmed by the findings of our study. The young people noted that Australians were likely to feel more threatened by refugees with conflicting cultural and social values, than refugees from similar backgrounds. In contrast, those that have arrived with visa protection were predominantly Christian and were considered to have arrived legally in Australia. As a result, they were less likely to report perceptions of negative social attitudes. Therefore, this explains why some young people in our study tended to perceive and experience instances of social stigma and discrimination when compared with their other refugee counterparts.

Refugees face many structural and cultural inequalities that can significantly influence their health and well-being (McMaster 2001; McMichael 2019). While it has become evident that refugees suffer from a plethora of health problems, research has identified mental health as their greatest health concern (Marshall et al. 2005; Çelebi et al. 2017; Kastrup 2017; Lindert and Schinina 2011; Miller and Rasmussen 2010; Steel et al. 2011). According to the World Health Organization (2018, 2019), good mental health and well-being are integral to successful functioning as human

persons. Impaired mental health can lead to an inability to properly function, typified by a diminished capacity for cognitive and emotive function. This can impact a person's capacity for social interaction, earning a living, and more broadly to enjoy life. A person's mental health is characteristically determined by an array of social, psychological, and biological factors. Typically, the mental health concerns of refugees do not just stem from the stressors of past traumatic experiences (Hauff and Vaglum 1995; Pumariega et al. 2005), but also from the challenges of integrating into a new, culturally alien environment (Çelebi et al. 2017; Kastrup 2017; Lindert and Schinina 2011; Tingvold et al. 2012), or a non-therapeutic landscapes (Correa-Velez et al. 2010) in which they now live.

The findings of our study are consistent with the literature that mental health was the greatest health concern among refugees. However, we found a clear distinction between the mental health outcomes of young people that arrived by boat and those that come with visa protection. Those that arrived with visa protection were more likely to report a worsened mental state due to traumatic experiences (Hauff and Vaglum 1995; Pumariega et al. 2005). However, they also noted an improvement in their mental health since arriving in Australia. This was mainly attributed to the relief they experienced from successfully escaping persecution and finding refuge.

This improvement in health, as a result of settling in Australia, can be explained using the therapeutic landscapes framework theorized by Gesler (1992). According to Gesler (1992), therapeutic landscapes are influenced by a number of environmental, individual, and societal factors that can influence a sense of place. While places provide different meanings to different people, since settling in Australia, young people were more likely to attach such meanings as identity, a sense of security, location of work and family, and an aesthetic environment to the Australian landscape. This reflects the contention of Sampson and Gifford (2010), who assert that to ensure the promotion of healing and recovery, refugees must seek out therapeutic landscapes that facilitate positive connections to places that help create a sense of belonging. Thus, our study found that refugees who were able to make such connections with their social environment reported an improvement in their mental health and well-being. Furthermore, young people that arrived with visa protection were perceived to have greater social support from their families, and the wider community. This social support has been found to have a significant impact on health outcomes, as well as aiding in their capacity to adapt and form positive attachments to their social environment (Kovacev and Shute 2004; Stewart et al. 2011; Dumrongthanapakorn and Liamputtong 2017; Liamputtong and Suwankhong 2015).

In contrast, the mental health status of those that arrived by boat appeared to be in decline. Kirmayer et al. (2011) have also found that perceived social, cultural, and structural barriers, hinders refugees from successfully integrating into Australian society. As a result, young people were more likely to report increased levels of stress, anxiety, and depression as a result of living in their host country. This was evidenced by one young person who described feeling anxiety due to a combination of social and financial pressures including finding accommodation, study, employment as well as having to support both himself and his family back in Iraq. Moreover, in consequence to coming alone, young people typically begin their

new lives in Australia with diminished social support. This has been linked to negative health outcomes, as well as a reduced capacity to make ties to their community (Stewart et al. 2010). This was exacerbated by experiences and perceptions of social stigma and discrimination (Goffman 1963), implicit in the popularized notion that Middle-Eastern refugees have arrived “illegally,” and are a perceived threat to Australian society (Hugo 2002; Kampmark 2006; McKay et al. 2011, 2012). These findings reflect those of Lindencrona et al. (2008) who contend the four main perpetrators of stress for refugees are: social and economic strain, alienation, discrimination and status loss, and violence and threats. Consequently, the meanings that are attached to certain landscapes are not always positive. Prolonged exposure to socially hostile environments can diminish health and well-being (Williams 1998, 2010). Therefore, for refugees to improve their mental health and well-being, it is imperative that they overcome these barriers that obstruct their ability to integrate and form connections with their new social environment or their therapeutic landscapes (Williams 1998, 2010).

Regardless of how young people in our study arrived in Australia, all reported the significant influence the English language had on their ability to adapt and form connections with their social environment. Those that had a greater grasp on the English language had more confidence when interacting with members of the Australian public, and in turn, they were also less likely to perceive negative attitudes. Jones et al. (1984) theorize that there are six dimensions of stigma: concealability, course, disruptiveness, aesthetic, origin, and peril. As a result, people are less likely to be stigmatized and suffer any adverse outcomes, if they can execute control over these six dimensions. In this context, the role of disruptiveness is particularly relevant in respect to the language barriers identified by the refugees in our study. This concept refers to the degree to which the marked difference impinges on relationships and interpersonal interactions (Jones et al. 1984). Therefore, members of the community will be more receptive to refugees who are able to communicate more effectively with them, than those that do not speak their host language.

Due to language barriers, refugees are perceived as having a lower social status; they are bullied and discriminated against. This made many refugees feel that they do not belong in their new homeland (Correa-Velez et al. 2010; Sampson and Gifford 2010). This is also seen in the results of our study, as those that were able to interact more positively with the community reported that they felt like they belonged. Furthermore, young people who had difficulty grasping the English language not only had to struggle with interacting with the Australian community but also had trouble completing everyday tasks. This led to feelings of frustration and lowered self-worth among young people.

Young people with competencies in the English language had more options in terms of vocational and academic opportunities that were not readily available for refugees that had an inadequate understanding of the English language. Those with a strong grasp of English were able to seek out social support services and interact in meaningful ways with their immediate social environment. Stewart et al. (2010) suggest that positive social support plays a significant role in facilitating

employment and the ability to meet basic needs, reduced stress, and improved physical and mental health. This is what Cohen and Wills (1985) have theorized in their social support theory. Accordingly, the young people in our study reported increased levels of social support within their therapeutic landscapes that allowed them to be able to engage in educational programs and to participate in employment opportunities.

Without the capacity to make these ties to the community, some young people felt isolated and found it difficult to make meaningful connections with other people. Hynie (2018) contends that refugees who are separated from their families tend to have significantly higher mental health problems, as a result of the insufficient social support and increased social isolation. This was less significant for those that arrived through official channels with the presence and support of their families. The findings of our study also showed that those that arrived by themselves were more likely to report an increased mental health issues, in addition to feeling detached from society (Derluyn et al. 2009).

The dichotomy seen among the young people in our study confirmed the study conducted by Hill et al. (2014), where the presence of positive social support was found to have a significant impact on the health outcomes of participants. However, our study found that social support also played a significant role in determining mental health outcomes among young refugees. Kovacev and Shute (2004) emphasize this relationship between social support, acculturation, and health, stating that refugees who received or experienced perceived social support were more likely to have positive attitudes toward their host culture, resulting in higher self-worth and peer social acceptance.

Social support theory recognizes the contribution interpersonal relationships have in alleviating the adverse health effects of stress (Cohen and Wills 1985). This theory suggests that relationships, intimate or confidants, can mitigate the psychological impact associated with exposure to stress (such as that experienced by a refugee fleeing conflict, and attempting to resettle in a culturally alien environment). This theory helps to explain why young people that arrived alone reported increased levels of stress, profound feelings of isolation, and a diminished capacity for integrating within their immediate social environment when compared to participants who arrived with their families.

5 Conclusion and Future Directions

Our study revealed that while young refugees have been given the opportunity to escape persecution, they now face further psychosocial barriers when they attempted to integrate into a new homeland which is often socially and culturally alienated. Further barriers arise from negative social attitudes, which are perpetuated by governmental policies that can be interpreted as anti-refugee. This sociopolitical climate has a clear impact on how refugees integrate with their social environment. Our findings highlighted the fundamental importance of assisting refugees in terms of accessing social support and making connections within their social environment. This was

clearly linked to the improvement of health and general well-being as well as the facilitation of social inclusion of young people. The findings of this study contributed to the important role of therapeutic landscapes and social support in helping refugees to feel that they belonged and form connections with their social environment.

Methodologically, the use of participatory mapping activity provides valuable means for young people to express their needs and concerns and their connections to society at large. The participatory mapping approach provides an opportunity to articulate their subjective experiences by making a connection with their social environments. They are able to draw what they see as salient to their lived experiences in their new homeland. We contend that the approach has allowed us to be able to better “see” the experiences of the young refugee people in our study through their drawn maps.

In this chapter, we have generated a conceptual understanding of the lived experience of a group of young refugees that can assist health and social care to provide sensitive health and social care to these young people so that they can settle well into their new homeland. This, in turn, helps to promote their health and well-being as well as smooth social integration into Australian society.

Further research focusing on Middle-Eastern refugees in the Australian context would serve to generate a greater understanding of the experiences of refugees, and provide a further understanding of the research implications. This could, in turn, be used to provide further evidence-based knowledge, to guide policy development and assistance to social support services that aid refugees in the integration process within their new environment. This would help social workers, public health workers, and policy developers to properly understand and cater to the needs of this marginalized subset of Australian society.

References

- Afsar, R., Hodliffe, T., Sulaiman-Hill, C., & Thompson, S. (2011). Changing images of refugees: A comparative analysis of Australian and New Zealand print media 1998–2008. *Journal of Immigrant & Refugee Studies*, 9(4), 345–366.
- Amsden, J., & Van Wynsberghe, R. (2005). Community mapping as a research tool with youth. *Action Research*, 3(4), 357–381.
- Backett-Milburn, K., & McKie, L. (1999). A critical appraisal of the draw and write technique. *Health Education Research*, 14(3), 387–398.
- Blood, W., McKay, F., & Thomas, S. (2011). ‘Any one of these boat people could be a terrorist for all we know!’: Media representations and public perceptions of ‘boat people’ arrivals in Australia. *Journalism*, 12(5), 607–626.
- Bryman, A. (2016). *Social research methods* (5th ed.). Oxford: Oxford University Press.
- Campbell, G., Glover, R. D., & Laryea, E. (2016). Recreation, settlement, and the welcoming community: Mapping community with African-Canadian youth newcomers. *Leisure Sciences*, 38(3), 215–231.
- Casimiro, S., Hancock, P., & Northcote, J. (2007). Isolation and insecurity: Resettlement issues among muslim refugee women in Perth, Western Australia. *Australian Journal of Social Issues*, 42(1), 55–69.
- Çelebi, E., Verkuyten, M., & Bagci, S. C. (2017). Ethnic identification, discrimination, and mental and physical health among Syrian refugees: The moderating role of identity needs. *European Journal of Social Psychiatry*, 47(7), 831–843.

- Chambers, R. (1994). The origins and practice of participatory rural appraisal. *World Development*, 22, 953–969.
- Chambers, R. (2006). Participatory mapping and geographic information systems: Whose map? Who is empowered and who disempowered? Who gains and who loses? *Electronic Journal on Information Systems in Developing Countries*, 25, 1–11.
- Cohen, S., & Wills, T. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.
- Correa-Velez, I., Gifford, S., & Barnett, A. G. (2010). Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social Science & Medicine*, 71(8), 1399–1408.
- Dennis, S. F., Jr., Gaulocher, S., Carpiano, R. M., & Brown, D. (2009). Participatory photo mapping (PPM): Exploring an integrated method for health and place research with young people. *Health & Place*, 14, 466–473.
- Derluyn, I., Mels, C., & Broekaert, E. (2009). Mental health problems in separated refugee adolescents. *Journal of Adolescent Health*, 44(3), 291–297.
- Dogus, N., Dickson, N., Kannady, K., Mtasiwa, D., Mshinda, H., Fillinger, U., Drescher, A. W., Tanner, M., Castro, M. C., & Killeen, G. F. (2007). Participatory mapping of target areas to enable operational larval resource management to suppress malaria vector mosquitoes in Dar es Salaam, Tanzania. *International Journal of Health Geographics*, 6, 37.
- Downs, R. M., & Stea, D. (2005). *Image & environment: Cognitive mapping and spatial behaviour*. New Brunswick: Aldine Transaction.
- Dumrongthanapakorn, P., & Liamputtong, P. (2017). Social support coping means: The lived experiences of Northeastern Thai women with breast cancer. *Health Promotion International*, 32, 768–777.
- Dunn, K., Klocker, N., & Salabay, T. (2007). Contemporary racism and Islamophobia in Australia racializing religion. *Ethnicities*, 7(4), 564–589.
- Emmel, N. (2008). *Participatory mapping: An innovative sociological method* (Real life methods toolkit #03). ESRC National Centre for Research Methods, University of Leeds.
- Fang, M. L., Woolrych, R., Sixsmith, J., Canham, S., Lupin Battersby, L., & Sixsmith, A. (2016). Place-making with older persons: Establishing sense-of-place through participatory community mapping workshops. *Social Science & Medicine*, 168, 223–229.
- Fozdar, F., & Torezani, S. (2008). Discrimination and well-being: Perceptions of refugees in Western Australia. *International Migration Review*, 42(1), 30–63.
- Gesler, W. (1992). Therapeutic landscapes: Medical issues in light of the new cultural geography. *Social Science & Medicine*, 34(7), 735–746.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs: Prentice Hall.
- Guzder, J., Hassan, G., Kirmayer, L., Narasiah, L., Munoz, M., Rashid, M, . . . & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, 183(12), E959–E967.
- Hauff, E., & Vaglum, P. (1995). Organised violence and the stress of exile. Predictors of mental health in a community cohort of Vietnamese refugees three years after resettlement. *The British Journal of Psychiatry*, 166(3), 360–367.
- Hill, P., Weston, S., & Jackson, J. J. (2014). Connecting social environment variables to the onset of major specific health outcomes. *Psychology & Health*, 29(7), 753–767.
- Hugo, G. (2002). Australian immigration policy: The significance of the events of September 11. *International Migration Review*, 36(1), 37–40.
- Humphrey, M. (2013). *The politics of atrocity and reconciliation: From terror to trauma*. Abington: Routledge.
- Hynie, M. (2018). The social determinants of refugee mental health in the post-migration context: A critical review. *The Canadian Journal of Psychiatry*, 63(5), 297–303.
- Jackson, T. O., & Bryson, B. S. (2018). Community mapping as a tool for developing culturally relevant pedagogy. *The New Educator*, 14(2), 109–128.
- Jones, E., Farina, A., Hastorf, A., Markus, H., Miller, D., & Scott, R. (1984). *Social stigma: The psychology of marked relationships*. New York: W.H. Freeman and Company.

- Kampmark, B. (2006). 'Spying for Hitler' and 'working for Bin Laden': Comparative Australian discourses on refugees. *Journal of Refugee Studies*, 19(1), 1–21.
- Kastrup, M. (2017). The impact of racism and discrimination on mental health of refugees and asylum seekers. *European Psychiatry*, 33, S43. <https://doi.org/10.1016/j.eurpsy.2016.01.896>.
- Kirmayer, L., Narasiah, L., Munoz, M., Rashid, M., Ryder, A., Guzder, J., Hassan, G., Rousseau, C., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, 183(12), E959–E967.
- Kovacev, L., & Shute, R. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia. *International Journal of Behavioral Development*, 28(3), 259–267.
- Krome, S., Ludlow, C., Perkoulidis, S., Ryan, M., & Schweitzer, R. (2005). Attitudes towards refugees: The dark side of prejudice in Australia. *Australian Journal of Psychology*, 57(3), 170–179.
- Kurban, H., & Liamputtong, P. (2017). Stigma, social attitudes and social connections: The lived experience of young Middle-Eastern refugees in Melbourne. *Youth Voice Journal*. <http://www.youthvoicejournal.com>.
- Liamputtong, P. (2007). *Researching the vulnerable: A guide to sensitive research methods*. London: Sage.
- Liamputtong, P. (2010). *Performing qualitative cross-cultural research*. Cambridge: Cambridge University Press.
- Liamputtong, P. (2013). *Stigma, discrimination and living with HIV/AIDS: A cross-cultural perspective*. Dordrecht: Springer.
- Liamputtong, P. (2020). *Qualitative research methods* (5th ed.). Melbourne: Oxford University Press.
- Liamputtong, P., & Kitisriworapan, S. (2019). Deviance, difference and stigma as social determinants of health. In P. Liamputtong (Ed.), *Social determinants of health* (pp. 83–106). Melbourne: Oxford University Press.
- Liamputtong, P., & Suwankhong, D. (2015). Therapeutic landscapes and Thai women with breast cancer. *Social Science & Medicine*, 128(March), 263–271.
- Liebermann, S., & Coulson, J. (2004). Participatory mapping for crime prevention in South Africa – Local solutions to local problems. *Environment and Urbanization*, 16, 125–134.
- Lindencrona, F., Ekblad, S., & Hauff, E. (2008). Mental health of recently resettled refugees from the Middle East in Sweden: The impact of pre-resettlement trauma, resettlement stress and capacity to handle stress. *Social Psychiatry and Psychiatric Epidemiology*, 43(2), 121–131.
- Lindert, J., & Schinina, G. (2011). Mental health of refugees and asylum-seekers. In R. Bernd, P. Mladovsky, W. Devillé, B. Rijks, R. Petrova-Benedict, & M. McKee (Eds.), *Migration and health in the European Union* (pp. 169–184). Maidenhead: Open University Press.
- MacDougall, C., Schiller, W., & Darbyshire, P. (2005). Multiple methods in qualitative research with children: More insight or just more? *Qualitative Research*, 5(4), 417–436.
- Marshall, G. N., Schell, T. L., Elliott, M. N., Berthold, S. M., & Chun, C. A. (2005). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *JAMA*, 294(5), 571–579.
- McKay, F. H., Thomas, S. L., & Blood, W. (2011). 'Any one of these boat people could be a terrorist for all we know!': Media representations and public perceptions of 'boat people' arrivals in Australia. *Journalism*, 12(5), 607–626.
- McKay, F. H., Thomas, S. L., & Kneebone, S. (2012). 'It would be okay if they came through the proper channels': Community perceptions and attitudes toward asylum seekers in Australia. *Journal of Refugee Studies*, 25(1), 113–133.
- McMaster, D. (2001). *Asylum seekers: Australia's response to refugees*. Melbourne: Melbourne University Press.
- McMichael, C. (2019). The health of migrants and refugees. In P. Liamputtong (Ed.), *Public health: Local and global perspectives* (2nd ed.). Melbourne: Cambridge University Press.

- Miller, K., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70(1), 7–16.
- Murray, S., & Skull, S. (2005). Hurdles to health: Immigrant and refugee health care in Australia. *Australian Health Review*, 29(1), 25–29.
- Ortiz-Echevarria, L., Greeley, M., Bawoke, T., Zimmerman, L., Robinson, C., & Schlecht, J. (2017). Understanding the unique experiences, perspectives and sexual and reproductive health needs of very young adolescents: Somali refugees in Ethiopia. *Conflict and Health*, 11(Suppl 1), 26. <https://doi.org/10.1186/s13031-017-0129-6>.
- Parker, B. (2006). Constructing community through maps? Power and praxis in community mapping. *The Professional Geographer*, 58, 470–484. <https://doi.org/10.1111/j.1467-9272.2006.00583.x>.
- Pedersen, A., Attwell, J., & Heveli, D. (2005a). Prediction of negative attitudes toward Australian asylum seekers: False beliefs, nationalism, and self-esteem. *Australian Journal of Psychology*, 57(3), 148–160.
- Pedersen, A., Clarke, S., Dudgeon, P., & Griffiths, B. (2005b). Attitudes toward indigenous australians and asylum seekers: The role of false beliefs and other social-psychological variables. *Australian Psychologist*, 40(3), 170–178.
- Pedersen, A., Watt, S., & Hansen, S. (2006). The role of false beliefs in the community's and the federal government's attitudes toward Australian asylum seekers. *Australian Journal of Social Issues*, 41, 105–124.
- Petersson, L., ten Veldhuis, M.-C., Verhoeven, G., Kapelan, Z., Maholi, I., & Winsemius, H. C. (2020). Community mapping supports comprehensive urban flood modeling for flood risk management in a data-scarce environment. *Frontiers in Earth Science*, 8, 304. <https://doi.org/10.3389/feart.2020.00304>.
- Pumariega, A., Rothe, E., & Pumariega, J. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal*, 41(5), 581–597.
- Quinn, N. (2014). Participatory action research with asylum seekers and refugees experiencing stigma and discrimination: The experience from Scotland. *Disability & Society*, 29(1), 58–70.
- Sampson, R., & Gifford, S. (2010). Place-making, settlement and well-being: The therapeutic landscapes of recently arrived youth with refugee backgrounds. *Health & Place*, 16(1), 116–131.
- Schweitzer, R., Perkoulidis, S., Krome, S., Ludlow, C., & Ryan, M. (2005). Attitudes towards refugees: The dark side of prejudice in Australia. *Australian Journal of Psychology*, 57(3), 170–179.
- Steel, Z., Momartin, S., Silove, D., Coello, M., Aroche, J., & Tay, K. (2011). Two year psychosocial and mental health outcomes for refugees subjected to restrictive or supportive immigration policies. *Social Science & Medicine*, 72(7), 1149–1156.
- Stewart, M., Makwarimba, E., Beiser, M., Neufeld, A., Simich, L., & Spitzer, D. (2010). Social support and health: Immigrants' and refugees' perspectives. *Diversity in Health and Care*, 7(2), 91–103.
- Stewart, M., Simich, L., Beiser, M., Makumbe, K., Makwarimba, E., & Shizha, E. (2011). Impacts of a social support intervention for Somali and Sudanese refugees in Canada. *Ethnicity and Inequalities in Health and Social Care*, 4(4), 186–199.
- Sulaiman-Hill, C., Thompson, S., Afsar, R., & Hodliffe, T. (2011). Changing images of refugees: A comparative analysis of Australian and New Zealand print media 1998–2008. *Journal of Immigrant & Refugee Studies*, 9(4), 345–366.
- Tingvold, L., Middelthon, A., Allen, J., & Hauff, E. (2012). Parents and children only? Acculturation and the influence of extended family members among Vietnamese refugees. *International Journal of Intercultural Relations*, 36(2), 260–270.
- Van Dijk, T. (2000). New(s) Racism: A discourse analytical approach. In S. Cottle (Ed.), *Ethnic minorities and the media* (pp. 33–49). Milton Keynes: Open University Press.

- White, D., & Stephenson, R. (2014). Using community mapping to understand family planning behavior. *Field Methods*, *26*(4), 406–420.
- Williams, A. (1998). Therapeutic landscapes in holistic medicine. *Social Science & Medicine*, *46*(9), 1193–1203.
- Williams, A. (2010). Spiritual therapeutic landscapes and healing: A case study of St. Anne de Beaupre, Quebec, Canada. *Social Science & Medicine*, *70*(10), 1633–1640.
- World Health Organization. (2018). Mental health: Strengthening our response. Retrieved September 14th, 2020, from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- World Health Organization. (2019). Mental health: A state of well-being. Retrieved September 14th, 2020, from <https://www.who.int/news-room/facts-in-pictures/detail/mental-health>