Arrived, yet in-between: Narratives from asylum-seeker women living with insecure residency in Australia

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Abstract

Background: Iranian women have been the largest population of asylum-seeker women who live in the community with bridging visas with no secure residency over the last decade. Prolonged insecure residency may contribute to less integration and psychological dysfunction. This study aims to explore the impacts of insecure residency on Iranian asylum-seeker women's mental health and integration into the Australian society.

Method: A narrative study was undertaken using semi-structured interviews. Location and snowball sampling used for recruitment. Themes-subthemes were constructed via thematic analysis of narratives.

Results: Seventeen participants stated socio-economic ramifications including housing, unemployment, family breakdown, and social exclusion. Fear of deportation and hopelessness were stated as provoked emotions. A low level of integration and high level of psychological harm are obvious in almost all narrations.

Conclusion: Protracted refugee application has negative effects on asylum seekers' health. Policymakers should remove restrictions attached to bridging visas and identify pre-resettlement skills of asylum seekers to facilitate a better settlement and mental wellbeing.

Keywords: Asylum seeker, Insecure residency, Integration, Mental health, Qualitative, Socioeconomic

What do we know?

1. Refugees and asylum seekers experience post-migration challenges in host countries.

2. Insecure residency may increase prevalence of mental health issues.

2. Individuals with temporary or bridging visa suffer from more mental health issues and less integration into the host society compared to those with permanent residency status.

What does this study add?

1. Insecure residency was a main factor that impeded access to resources and increased risk of mental health issues among asylum-seeker women.

Introduction

The term asylum seeker is referred to an individual whose international protection claim for refugee status has not yet been determined (The UN Refugee Agency, 2016). Not being determined as a refugee restricts individuals' control over their living condition and future, and brings adverse functional and psychological impacts (Morgan, Melluish, & Welham, 2017; Premand et al., 2018).

The number of asylum seekers who arrived in Australia by boat increased significantly in mid-2013. To reduce overcrowded immigration detentions, over 37,000 people were granted bridging visa E (BVE) and resettled in the community while their refugee application was yet to be reviewed (Department of Home Affairs, 2017). As per the reports, 11,891 asylum seekers are still living in the community in 2021 on a BVE or waiting for a further BVE (Refugee Council of Australia, 2021). The BVEs can only be renewed after permission of the immigration minister. Therefore, due to delays in processing renewal of BVEs, these people often experience restrictions to work, study, and access to Medicare (Refugee Council of Australia, 2021). While these people live in the community, they are not entitled to governmental support for social services such as housing and financial support (Refugee Council of Australia, 2020). Furthermore, they are obliged to sign a Code of Behavior, which describes how asylum seekers are expected to behave while living in the Australian community. The code also notes the behaviors that can lead to cancellation of their bridging visas, resulting in their return to detention or country of origin (Refugee Advice and Casework Service, 2020). Currently, 12,742 boat arrival asylum seekers including over 3,500 Iranians live in the community on bridging visas. Accordingly, Iranian asylum seekers are the highest population of asylum seekers in Australia, a majority of whom live on the BVEs with no certain future residency status (Department of Home Affairs, 2020). These conditions may affect this population's integration and psychological wellbeing which is yet to be addressed in the literature.

Review of Literature

Previous studies present post-migration difficulties that displaced people may face in the host countries and their impacts on the individuals' mental health status (Li, Liddell, & Nickerson, 2016; Newnham, Pearman, Olinga-Shannon, & Nickerson, 2019; Nickerson et al., 2019). However, the studies amalgamate asylum seekers and refugees with a minimum attention to the differences in the two groups' residency status and the impact of lack of a secure residency on individuals' perception of their environment and psychological function. Gleeson et al. (2020) found a direct link between protracted asylum process and low life quality, higher prevalence of posttraumatic stress disorders (PTSD) and depression, somatic complaints, and greater use of health services. Interestingly, they did not find any relationship between insecure residency and mental health issues when they controlled for pre and post-migration stressors like unemployment and housing (Gleeson et al., 2020).

Similarly, Nowak et al. (2021) revealed that lack of a secure residency led to PTSD and depression in asylum seekers from Iran, Turkey and Sri Lanka settled in European countries. The authors, however, state that once individuals obtain their permanent residency they show a significant improvement in their mental health status due to better access to resources, such as employment and social support (Nowak, Boettcher, Gehrlein, & Hornberg 2021). A comparative study on Iranian women confirms this finding. The study evaluated the time trend of Iranian women's health between 1990 and 2013. over the last three decades, the health indices of Iranian women have grown in aspects of physical, mental, and social health. Remarkable differences can be seen among female health indices based on geographic location and in comparison, with men. To promote an improved health status for Iranian women, the root causes of the discrepancies must be identified, and a comprehensive national plan must be established. Economic participation and opportunity, educational attainment, health and survival, and political empowerment (Joulaei, Maharlouei, Razzaghi, & Akbari 2016).

While empowerment improves individuals' health status, lack of control over life circumstances increases the risk of suicidal attempts among asylum seekers (Posselt, McIntyre, Ngcanga, Lines, & Procter 2020). Lengthy asylum process and uncertainty about future and lack of hope lead to increased fear, anxiety, and sadness. The research also found that living with insecure residency makes asylum seekers feel disconnected from their identity, which contributes to psychological issues (Posselt et al. 2020). A comparative study has been recently conducted on asylum seekers and refugees settled in Australia from Iran, Afghanistan, and Iraq. The study revealed that those with higher depression symptoms were more likely to be female and live with insecure residency (Newnham et al., 2019). However, the study by Posselt et al. (2020) did not find gender as a key predictor of poor mental health among asylum-seeker women.

The current study was conducted to explore experiences of Iranian asylum-seeker women living in the Australian context. The authors targeted Iranian asylum-seeker women for some reasons. First, Iranian asylum-seeker women have the experience of living in a patriarchal culture where their basic rights such as the choice for study and work were violated (Tohidi, 2016). Therefore, they are often dependent on their father as a child and husband as a wife to make key decisions. i.e. women have been long disempowered in this country. Secondly, due to the mentioned history, Iranian women may have inadequate resources, such as language proficiency, education, and self-confidence which could hamper their coping with the post-migration challenges (Tohidi, 2016; Ryan, Dooley, & Benson, 2008). Despite the high rate of depression, anxiety and PTSD among asylum-seeker women, in particular Iranian women with the pre-migration negative lived experiences, this population remained understudied in the literature (Shishehgar, Gholizadeh, DiGiacomo, Green, & Davidson, 2017).

Theoretical framework

Ryan et al. (2008) incorporated three theoretical frameworks, including Berry's acculturation framework (1997), Lazarus and Folkman's transactional model of stress and coping (1984),

and Hobfoll's conservation of resources theory (1989) to introduce a novel theoretical framework of the Resource-Based Model (RBM). The RBM focuses on experiences of forced migration and impacts of resource loss or gain over the periods of pre-migration, transit, and post-migration on forced migrants' wellbeing. Incorporating the three theoretical frameworks facilitated the RBM to provide a clear explanation of stressors and adaptation in the forced migrant's context that impact availability of personal, social, cultural, and material resources. Moreover, the RBM considers the role of environment, individuals, and available resources in stress reduction and adaptation of forced migrants. The RBM focuses on the loss of resources and experiences of forced migrants during migration, with special attention to the post migration phase (Ryan, Dooley, & Benson, 2008). Applying the lens of the RBM enabled the researchers to design the current study interview guide and helped with preliminary coding, interpretation of the transcripts, and constructing preliminary meaning of the narrations and themes.

Methods

To explore post-migration experiences of Iranian asylum-seeker women, a narrative qualitative approach was applied. The method enabled construct meanings out of the participants' stories, experiences, and perception of reality of their lives during their living in Australia. The narrative approach established a conversation between the participants and the researcher and empowered the participants to talk about their life stories and experiences of living in the host community with insecure residency status, from which the meanings were constructed (Khwaja & Mahoney, 2019). In-depth semi-structured interviews were undertaken to facilitate voice and encourage the participants to verbally process their experiences post-immigration (Harding, 2018).

Ethics considerations

Approval to undertake this study was granted by the University of XX Human Research Ethics Committee (XX HREC REF NO. XXX). The current study adhered to the National Statement

on Ethical Conduct in Human Research guidelines (National Health and Medical Research Council, 2007).

To maintain the participants' confidentiality, all identifying details were removed upon transcription and pseudonyms replaced the names of the participants. While informed written consent is a significant ethical consideration, it can create a lack of trust and lead to concern among non-western populations (Killawi et al., 2014), including Iranian people. In addition, in many non-Western cultures, individuals use signatures to leave a record of participation in important life events (Broekstra, Maeckelberghe, & Stolk, 2017; Killawi et al., 2014). Therefore, to ensure the participants of the confidentiality of their data and identity and with approval from the ethics committee a verbal consent was obtained from the participants.

Sampling and recruitment

Both location and snowball sampling were used to recruit study participants. Location sampling was undertaken through weekly attendance by the first author (XX) at an Iranian community organization in Western Sydney which hosted Iranian asylum seekers who came by boat to Australia. Location sampling allowed access to the hard-to-reach population (Reichel & Morales, 2017), i.e., Iranian women who came to Australia by boat in 2012-2013. Before attending the community events, the researcher met the community facilitator and explained the study's aims and objectives. After obtaining permission, the researcher introduced herself to the event attendees. Women who spoke Farsi and were living in Sydney, Australia on bridging visas were eligible for participation in the study. The researcher explained the study aims and procedures to the potential participants and invited them to participate to the study.

Those who were interested in participation were provided with written participant information. Some participants were recruited through snowball sampling. This sampling method was used to recruit women who were socially isolated, thereby increasing the representativeness of the

sample. In addition, snowball sampling has been recommended for recruiting participants to research involving a sensitive topic (Marcus, Weigelt, Hergert, Gurt, & Gelléri, 2017), which was also the case in this study. Hence, it facilitated the recruitment of participants who might have otherwise not participated in the study.

Data collection

The first author conducted semi-structured interviews and used an interview guide which informed by a careful review of the RBM, review of literature, and feedback from the study co-authors. The RBM which informed this study's conceptual framework provided insight regarding experiences and challenges of migration, resources they lost or gained and their impacts on forced migrants' wellbeing (Ryan et al., 2008), and the areas the current study participants may reveal in the interviews. Feedback from the co-authors also, helped the researcher to anticipate and include probes in the interview guide to increase depth of the interviews. Therefore, using the developed interview guide brought confidence to the researcher that all research questions will be covered and addressed (Newcomer, Hatry, & Wholey, 2015). The main questions included participants' experience of living in Australia.

1. How do you perceive your living condition within the community?
2. How do you explain your health status?

Probe questions were asked as per the responses of the participants.

1. How do you manage your life while your English is limited?
2. How do you help yourself to not feeling isolated?

These questions allowed the researcher to elicit additional information and obtain further details about an experience (Chan, Fung, & Chien, 2013). All interviews were undertaken in the participants' homes when they were alone, as per their preference. Except for one participant who rescheduled her interview due to a family commitment, all other interviews were conducted at their scheduled times.

The researcher allowed a minimum of two weeks of space between the interviews to reflect upon the issues raised in each interview and to be recover from emotional reactions to the participants' experiences. The interviews lasted for 1.5 to 2 hours and were recorded for verbatim transcription. Interviews continued until saturation was reached as it became clear that no new topics were being discussed (Fusch & Ness, 2015). The interviews were conducted and transcribed in Farsi and then translated to English by the first researcher. Another researcher who was fluent in both Farsi and English reviewed the translations and randomly back translated to ensure accuracy.

Data analysis

A six-step thematic analysis process was undertaken to extract meanings and build themes and sub-themes of the interviews (Harding, 2018). First, the researcher carefully read the transcripts several times and constructed summary tables. Second, the researcher coded the transcripts line-by-line to build concepts from narratives. To ensure consistency of the codes and concepts, the co-authors (XX, XX) coded the transcripts separately. Then, the codes were compared and discussed with the author through face-to-face meetings. Third, the researcher collapsed similar codes into main categories. For example, the codes that reflected poor verbal communication like "I couldn't understand" or "I couldn't explain what I need" were grouped under one category named 'language deficiency'. In the fourth step, the researcher reviewed the emerged codes and categories to check for the relationship between the coded data and emerged categories and constructed preliminary themes and sub-themes. For example, the category of 'language deficiency' was evolved to 'social exclusion', which demonstrates that inability to speak English led to social isolation and prevented the participants from socialising and seeking support in the host society. Fifth, at this stage the researcher reviewed the themes and sub-themes several times and named them in a way to ensure the names best captured the contents. For example, the preliminary theme of "culture shock" was renamed to 'cultural incongruity',

which reflects both negative and positive aspects of encountering a new culture. Lastly, the researcher described the themes and sub-themes using examples from the transcripts (Harding, 2018). All steps were discussed with the co-authors to ensure procedural rigor.

Rigour and trustworthiness of the research

Traditionally, it is assumed that qualitative research lacks rigour and produces biased results (Padgett, 2016). This assumption is often due to the researcher's attitudes that may affect the interview process, the nature of questions asked during interviews, and analysis of collected data (Mackieson, Shlonsky, & Connolly, 2019).

To decrease bias and increase credibility of the findings the researcher used prolonged engagement with the participants prior to the interviews (Tatah, 2016). This strategy allowed the researcher to ascertain her honesty and build a trusting communication which comforted both the researcher and participants in conducting the interviews. Also, through member checking (Birt, Scott, Cavers, Campbell, & Walter, 2016) the researcher sought clarification from participants whenever required. Moreover, peer examination (Thomas & Magilvy, 2011) was used through which the researcher regularly discussed the findings, themes, and sub-themes with the co-authors.

Results

17 participants were interviewed. Participants' socio-demographic characteristics are presented in Table 1. The length of residency in Australia ranged between 24 and 35 months, excluding the period of detention. About half of the participants (47%) were married and had academic education. The participants were reluctant to disclose their financial status in Australia. Therefore, the question was removed from the socio-demographic questionnaire.

Table 1. Sociodemographic characteristic of the participants (N= 17)

Variables	N (%)
Age	

18–30	6 (35.3)
30–40	11 (64.7)
Marital status	
Married	9 (53)
Separated	3 (17.6)
Divorced	2 (11.8)
Never married	3 (17.6)
Number of children	
None	5 (29.4)
One or more	12 (70.6)
Education	
Up to grade 12	7 (41.2)
Bachelor degree	8 (47)
Master degree	2 (11.8)
Employment in Iran	
Employed	12 (70.6)
Unemployed	5 (29.4)
Employment in Australia	
Employed	8 (47)
Unemployed	9 (53)
Self-rated economic status in Iran	
Low	6 (35.3)
Good	8 (47)
Excellent	3 (17.7)
Religion	
Muslim	10 (58.8)
Christian	6 (35.3)
No religion	1 (5.9)
Duration of confinement in detention centres	
Less than two months	
More than two months	6 (35.3)
	11 (64.7)
Detention centre	
Christmas Island detention facility	6 (35.3)
Darwin detention centre	9 (53)
Adelaide Immigration Transit Accommodation and Christmas Island	2 (11.8)

Participants described their living status as 'insecure', 'uncertain', 'a pending condition', and 'living in-between' in which they were neither certain about their current living condition nor the future.

> *We are in a status like a limbo now. We don't know what will happen. Pending is very bad. (Ava, 32)*

Two sub-themes emerged from the analysis of the participants' experiences of living with insecure residency status. These sub-themes included 'socio-economic ramifications' and 'feelings evoked' (Figure 1).
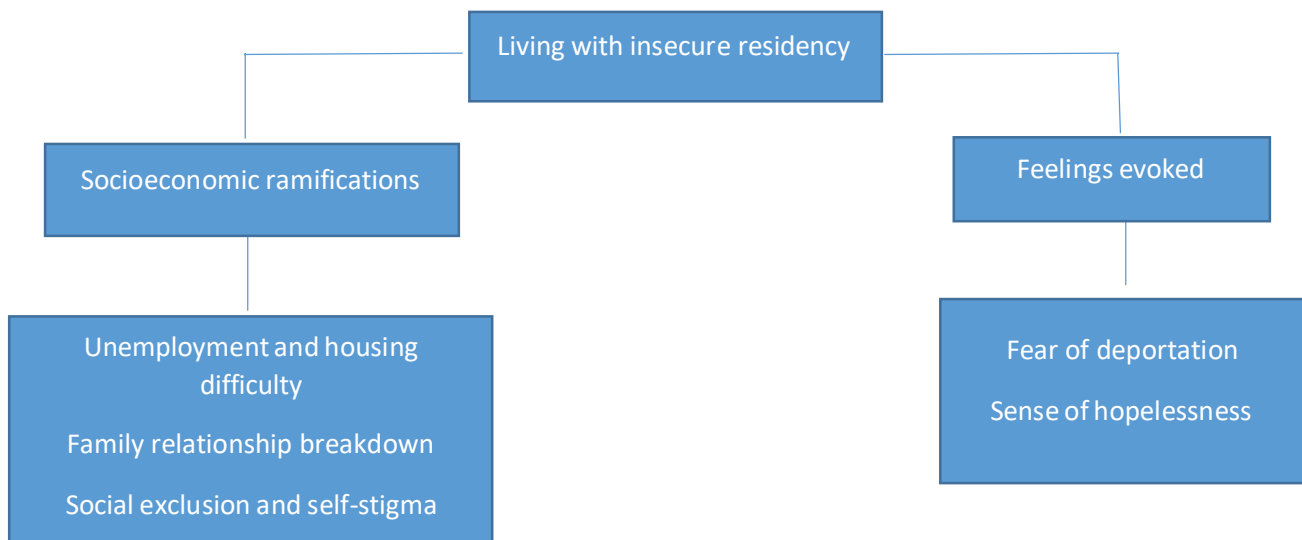

Fig. 1 Participants' experiences of living with insecure residency

Socio-economic ramifications of living with insecure residency

The long period of instability and indeterminate future led to participants feeling deprived of the ability to meet their social and economic needs including employment, housing, maintaining family relationships, and social inclusion.

Unemployment and housing difficulties

More than half of the participants talked about having housing difficulties, particularly immediately following release from detention into the community. They found that real estate agents and homeowners were often reluctant to rent a property to asylum seekers. Lack of secure residency and the related issues including lack of employment, financial limitations, and the stigma attached to asylum seekers were common obstacles to renting a home.

> *Housing was my big problem. They [real estate agents] didn't rent us a home for different reasons; [For example] 'You are being paid by Centrelink, you don't work, and you have no credit'. (Roya, 34)*

Stress over renting a home eventually compelled one participant to offer a monetary incentive to a real estate agent to assist with finding affordable accommodation. She described this experience as damaging her self-esteem and her sense of belonging in Australia.

> *We were asylum seekers, not even refugees. We had no jobs, no referee, and no help in finding a home … Eventually, a friend advised us to bribe a real estate agent to find us a home. (Nasrin, 35)*

The statement above also brings the insight that having financial resources might enable individuals to perceive less difficulty in affording an accommodation regardless their visa condition.

To overcome housing difficulties some participants had to live in shared accommodation, however, they found it difficult to adjust to sharing their privacy and belongings with others. This experience led to conflicts, arguments, and mental distress.

> *We couldn't rent a home. My husband and I decided to live with a mother and her young daughter… Many problems… Mother was a stingy woman. All times she was arguing for energy bills and picking on us for consuming water and*

electricity, for example… Her daughter would try to get in relationship with my husband. I could not tolerate it… Living in that home was like living in hell for me. (Hale, 25)

Family relationship breakdown

Participants shared that loss of social and economic status contributed to breakdowns in family relationships.

My husband applied for a law degree in university. But, he had to pay as an international student because of our visa. So he couldn't afford it … he didn't have a job … Lack of money was annoying us … My husband wasn't happy and his stress worsened. He decided to return to Iran with my kids, and left me here alone. (Sima, 39)

Apart from marital conflicts, some participants shared their experiences of conflict with their children. While these participants fled Iran to save their lives, their children perceived migration as a means to a more comfortable life in the new country. Complaints from children rose when they faced seclusion and deprivation from their basic needs.

Difficulties, our financial condition, and no work permission caused a big gap between us [family members] … My daughter says 'many people don't have work permits but they are working. Why don't you work?'. She does not understand the situation … My children like to eat in a restaurant. They want to go to the park, but I can't afford it. (Paria, 40)

Family conflict also occurred due to the reunification restriction attached to bridging visas for 'boat arrivals'. One participant's partner had planned to bring his teenage son and mother to Australia soon after resettlement; however, he was informed about the policy on boat arrivals

that prevented asylum seekers from bringing their family to Australia. Feeling responsible for his son and mother, who were left unsupported in Iran, he decided to return to Iran to take care of them. So, the participant has been left alone in Australia.

> *My partner believed that we would never get a permanent visa. He couldn't bring his son and mother here. We were told 'you cannot bring anybody here [to Australia]. Your condition is this, you will be in this condition forever [insecure residency]'. He was scared ... So, he thought he had to return although he didn't like to go back at all. (Nasrin, 35)*

Lack of hope of reuniting with family members left behind in their country of origin was an outcome of insecure residency status. Many participants (n = 12) wished to visit their left-behind family members; however, their visa conditions precluded departing Australia and reuniting with their family for an indeterminate time.

> *I just wish to visit my parents, just this. This is the only thing I think about all the time. I need a refugee visa [to travel outside Australia] ... If I had one member of my family here, I wouldn't think about going back [to Iran]. I am alone here. I feel homesick. (Zahra, 27)*

Despite the same insecure life condition, those with stable family relationships, revealed higher satisfaction and less need to mental health services.

> *My husband and I have decided to not give up... we've decided to be strong and overcome the barriers [settlement difficulties] ... He was an engineer in Iran, but he works as a handyman here [in Australia] ... he does everything to keep us happy and make life easier... I am happy and feel content. (Roya, 34)*

Social exclusion and self-stigma

More than half of the participants believed that their insecure residency status resulted in their isolation and exclusion from the society. The shame of being labelled as 'asylum seeker' and 'boat people' by Australian people and other Iranian immigrants, created anxiety over being judged and stigmatized in these circles. For example, one participant intentionally isolated herself from both the Australian and the Iranian community due to her sense of shame regarding her method of migration (i.e. boat arrival) and fear of being asked about her residency status in Australia. The excerpt below indicates the impact of perception of stigma from the community and self-stigma on exclusion from society and resultant anxiety in one participant.

> *I am always anxious about being asked how I came here ... What is my visa type? ... I feel they will misjudge me ... This [boat arrival] is a big shame with me forever ... Even at parties I always must make an excuse and cut conversation in fear of being asked about my visa. (Nasrin, 35)*

Poor English language was another factor that resulted in experience of social exclusion in some participants. Adverse post-migration experiences, such as living with insecure residency status and its consequences, such as family conflicts and psychological concerns, reduced some participants' motivation and capacity to acquire new skills including the English language.

> *I like to learn English, but I can't concentrate. I am tired, distressed, what will happen if I can't get a permanent visa ... I came here, imagine, a woman with a little girl in a new country! ... I got divorced and had to manage my life all alone. (Zahra, 27)*

To minimize the need for communication with English speakers, the participants often colonized areas populated predominantly with Iranian people. Although living in certain areas enabled most participants to meet their daily needs, such as shopping from Iranian stores and

working with a minimum need to speak English, it separated them from Australian culture and society, delaying their social integration and adding to their distress.

> *The majority of Iranians here are suffering from inability to communicate verbally. I cannot speak English. So, I rent a home in this area that many Iranians live here. I also work in an Iranian shop. So, My English [skill] has not improved. (Fariba, 35)*

Feelings evoked as a result of living with insecure residency

As a result of the insecure residency, lack of hope for a bright future, and experience of prolonged mental stress, almost all participants were experiencing anxiety and depression like symptoms, for which they were receiving counselling services at the time of the interviews. Previous experience of being disregarded as a woman in Iran added to many participants' experiences of living with insecure residency and lack of control over their life and future. The excerpt below demonstrates how insecure residency and its consequences resulted in severe mental issues and suicidal ideations in one participant.

> *In Iran, my father would beat me and broke my hand… But as a woman, I had no right to stand for my rights and complain…. I thought about suicide several times but I didn't do it because of my daughter… The suicidal thoughts returned when I realized that I have no right to complain or live as a free woman in Australia. I have no hope for the future. I feel my rights are disregarded in Australia same in Iran. I am like a dead person who walks. I came here to reach justice. (Paria, 40)*

Fear of deportation

Fear of being deported back to Iran brought a great deal of stress and threatened the participants' mental health. One participant believed that deportation would exclude her from

society in Iran, leading to psychological disorders and a lack of ability to maintain a normal social and emotional life. The excerpt below reflects the psychological distress associated with the fear of deportation.

> *[If I get deported to Iran] I will not be able to live a normal life. I will be a worthless person ... my life will be destroyed ... If I have to return [to Iran] or go back to the camps, I will suffer from mental and psychological problems. It is horrifying ... This [returning to Iran] would be a failure to me ... Like losing my loved one, because it'll ruin my whole future. (Shiva, 30)*

Comparing the scale of suffering to grieving for a loved one reflects the magnitude of mental distress associated with fear of deportation, which resulted from not knowing if she would be allowed to stay in Australia. This severe fear may relate to her past social status as a divorced woman in a patriarchal society where she had no hope of rebuilding a peaceful and nourishing life.

Sense of hopelessness and helplessness

In addition to the fear of deportation, some participants reported degrees of uncertainty about their future which contributed to the loss of hope to settle into Australia. They had been repeatedly threatened that they may be deported to countries such as Papua New Guinea or Cambodia. A participant who was a former full-time English teacher in Iran explained how the absence of secure residency status made her despair over rebuilding a life and planning for a future in Australia.

> *For me, who used to work full time in Iran, it was hard to accept I cannot do anything [here] ... should I stay at home? What should I do at home? I got crazy in the first days [after release into the community]. I kept going to the library,*

attending various classes ... But, one day, I asked [myself] why I am doing these?

... I am not supposed to stay here [in Australia], so, I gave up. (Nasrin, 35)

This participant tried many ways to regain her identity as a productive individual in Australia but felt disappointed when she realized that she would never gain a permanent residency. Giving up her efforts, hope, and social involvement, while she had no language barriers, resulted in isolation and mental health issues requiring counselling services. The prolonged visa processing time, moreover, made the participants feel helpless with their efforts to settle in the new society. One participant had good English language skills to secure a job and income but living in limbo contributed to her sense of worthlessness and helplessness as an asylum seeker in Australia.

Future!! What future? The future that I am not sure about. Look, I am not important here [in Australia]. I don't care if I die tomorrow. What will change if I won't be [alive] tomorrow? I have no hope for the future. Nothing. I am just waiting for my life to be over and die. That's it. (Shadi, 29)

In addition, the lack of secure residency hindered some participants from pursuing their aspirations. A participant, who was wishing to establish her own business one day in Australia, mentioned that uncertainty about her future demotivated her from acquiring necessary skills and qualifications.

I really like to have my own kitchen and cater food. I think I can be successful, pay tax and contribute to the development of Australia's economic system. But I'm not sure if I will be staying here. If I be deported to Iran, the certificates will not be useful for me. So, my money and time will be wasted". (Neda, 32)

In general, fear of deportation and a sense of hopelessness and helplessness were evoked as the common negative outcomes of living with insecure residency, which threatened the participants' psychological mental health, and integration into the host society. Despite receiving psychological treatment over the years of living in Australia, nearly all participants continued to suffer from mental health concerns. The excerpt below illustrates that insecure residency contributed to neutralizing the effectiveness of psychological treatment and counselling services.

> *I saw a psychologist for two months ... I didn't like to go out, I would stay in my room and keep thinking, thinking, thinking ... I went to a psychologist for six sessions and then a further six sessions. Then, fortunately, I got better. I was well for one year. Again, I got depression because I had no [permanent] visa to feel relieved. (Roya, 34)*

Discussion

This research explored the participants' challenges of resettlement in Australia, which were aggravated by current immigration policies that resulted in prolonged waiting for a decision on their refugee applications. The lack of secure residency and the resultant socio-economic and psychological consequences emerged as strong themes from the participants' narratives.

Participants described their living conditions as living 'in-between' and 'in limbo', in which their life being wasted. While previous studies presented such perception in transition countries or immigration detentions (Biehl, 2015; Hightower, 2013; O'Reilly, 2018; Olliff & Bereavement, 2014; Rotter, 2016; Ukrayinchuk & Havrylchyk, 2020), participants in the current study presented a novel perception of years wasted and their dignity, skills, and capacity were damaged while living in the community in Australia. The condition of "neither here nor there" (Hightower, 2013, P6) has been reflected for the first time by asylum seekers living in the host community in the current study.

This study selected Iranian asylum-seeker women due to the impact of their cultural background on their perception of living with insecure residency which deprives them of access to resources and building a bright future. Iranian women have a historical experience of living in a male-dominant society with minimum power to control their lives (Golchin, Hamzehgardeshi, Hamzehgardeshi, & Ahoodashti, 2014). Although Iranian women's access to education and employment has been improved remarkably over the recent decades, and women are increasingly become aware of their unmet human rights and battle for them, many women are still suffering from some male-dominant social and family rules and traditions (Golchin et al., 2014; Javadian & Singh, 2012). The expectation of the participants in this study might be to live with more freedom and dignity in Australia. However, insecure residency and its attached restrictions impede their power and dignity in the new society.

Housing was a major post-migration difficulty experienced by almost all participants in this study. A negative portrayal of asylum seekers in the media and immigration policies created a negative attitude amongst the public that boat arrivals are illegal immigrants and a threat to Australia's security (Higgins, 2016; Haw, 2021). Smith et al. (2020) state that not all ethnicities experience the same level of discrimination in housing, and those with "darker skin" or "visibly different" appearances are more likely to be stigmatized (Smith, McKay, & Lippi, 2020). However, almost all participants in this study, experienced rejected rental applications regardless their appearance and language proficiency, but due to their insecure residency and visa condition, which must be declared in the applications.

In addition, the deterrent-based immigration policy of not assigning permanent residency to boat arrivals increase the risk of social exclusion for asylum seekers (Almohamed & Vyas, 2019; Hartley, Anderson, & Pedersen, 2019). Perception of racial and discriminatory

behaviours excluded some participants from social activities and decreased their confidence in communicating with Australian communities. Being stigmatised and excluded from Iranian communities was, however, a novel finding of this study. Previous studies often highlight the role of ethnic support groups in settlement and mental wellbeing of asylum seekers and refugees (Almohamed & Vyas, 2019; Mahoney & Siyambalapitiya, 2017). However, this study revealed that some participants not only did not receive support from the Iranian community in Australia, but also were misjudged and excluded due to their insecure residency and the mode of coming to Australia. It seems that unlike other ethnicities, application of community-based interventions (Mahoney & Siyambalapitiya, 2017) would not be acknowledged by the studied group.

Poor language skill has been extensively discussed in the literature as the factor that impedes settlement and integration and affects immigrants and asylum seekers' mental health (Mahoney & Siyambalapitiya, 2017; Shishehgar, Gholizadeh, DiGiacomo, & Davidson, 2015; Shishehgar, Gholizadeh, DiGiacomo, Green, & Davidson, 2017). Although poor language skill may be experienced in the same way by all newcomers in host countries, this study rose the concern that lack of a secure residency deprives asylum seekers of acquiring new skills, like English language. Some studies have focused on the role of language sufficiency in social and economic inclusion of people with refugee background (Mahoney & Siyambalapitiya, 2017). However, the current study revealed that even those with language proficiency were still suffering from social isolation and settlement difficulties in Australia.

Participants lived in the fear of being deported to Iran, which for one participant this would feel like grieving the loss of a loved. While there is little evidence of the fate of deported asylum seekers in Iran, a study revealed some harms that Sri Lankan asylum seekers faced after being returned to Sri Lanka, which included prolonged detention, torture, and living in overcrowded

prisons (Jayasinghe, Ware, & Gamage, 2018). In the case of the current study, the participants were concerned about facing persecution or social exclusion after return to Iran. The fear also prevented them from using their abilities, skills, and qualities they already possess.

The RBM suggests access to resources as a mediator for residency status for refugees and asylum seekers. The model asserts that individuals with greater resources, such as secure employment, higher income, language proficiency, and higher education are more likely to cope with their ongoing life challenges in the host countries (Ryan et al., 2008). This study, however, found out that insecure residency is a crucial barrier in effectively using available resources. Guajardo et al. (2016) compared the mental health of Iraqi asylum seekers who lived in Australia for more than four years with those seeking asylum for less than six months. The researchers found a direct relationship between prolonged asylum procedures and depression, anxiety, and other mental health disorders (Guajardo, Slewa-Younan, Smith, Eagar, & Stone, 2016). Except for age, the study did not find any link between demographic characteristic of the participants and psychological issues. In the current study, the participants linked their ongoing need for mental health counselling to their insecure residency status. Although the role of other factors, such as pre-migration experiences, cannot be ruled out in the women's current mental health status, living in uncertain conditions for a long period can have damaging effects on their life satisfaction and wellbeing.

Despite regular use of psychological counselling services over three years of living in Australia, almost all the participants were struggling with mental health issues. To have a healthy, integrated, and productive population, this study suggests some implications for immigration policies. Since the protracted process of refugee applications may have negative effects on asylum seekers' health and lead to constant resource loss with limited chances of gaining new resources (Loyd, Ehrkamp, & Secor, 2018), policymakers should review the existing policies and remove restrictive barriers that slow the process. Re-introduction of a permanent protection

visa to asylum seekers who are recognised as genuine refugees has been repeatedly recommended in the literature. However, the recommendation has been refused by the immigration policymakers.

Limitations of the study

Recruitment was undertaken in Sydney; therefore, experiences of resettlement in terms of housing, work opportunities, perception of stigma and discrimination, and use of healthcare services in other cities might be different. However, the policy of insecure residency which was the focus of this study is a nationwide matter.

Small sample size is another limitation of this study that impedes generalising the results to a wider population. However, in-depth analysis and thick description of research steps provide a milestone for further comprehensive studies. Additionally, some participants may have censored some of their experiences due to fear of adverse effects on refugee application. Moreover, the researcher's prior attitude and knowledge about the study population may have introduced bias to the interpretation of the participants' experiences. Independent analysis of the data by the research team, however, minimised the risk of bias.

Conclusion and recommendations

Insecure residency is associated with adverse resettlement experiences including unemployment, housing difficulties, lack of permission to study, financial problems, family reunion issues, and social exclusion. Current immigration policies and political discourse against boat arrivals hampered a sense of being accepted, protected, supported, and augmented social stigma and discrimination towards this population. These adverse experiences and lack of adequate support contributed to mental health issues in the study population.

The prolonged process of refugee applications has produced adverse effects on this study participants' health. Review of the existing policies and lifting the barriers that slow the process

may be helpful to be considered by policymakers. This creates hope and assurance in asylum seekers and allows them to plan for their future with some degree of certainty.

Moreover, to reduce social stigma, the social media and government documents should refer to asylum seekers as 'newcomers' or 'protection seekers instead of 'illegal immigrants' and 'queue jumpers' to protect them from social, isolation, discrimination, and bullying behaviours in the society.

The RBM suggests that providing asylum seekers with opportunities to gain resources or replace lost resources can compensate for migration-related losses and positively impact their psychological wellbeing, adaptation, and integration into the host society (Ryan et al., 2008). In theory, possessing greater resources, such as employment, social networks, and education, facilitates easier and better settlement, integration, and eventually better mental health (Hobfoll, 2001; Ryan et al., 2008). Consistent with the RBM, the participants who had greater resources, such as English language proficiency and social networks, were expected to have more job opportunities due to their ability to locate, apply, and secure a job successfully. We found, however, regardless of the existing resources, restrictions attached to bridging visas affected the participants' capacity to achieve a successful settlement and good mental health. Therefore, the current study recommend that the participants would benefit from changes in bridging visa conditions in a way to reduce limitations in accessing resources such as work and study opportunities and financial supports like Australian residents.

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Declarations: