



Self-Efficacy as an Enabler of Settlement

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01

Executive Summary

This paper has been prepared in order to examine the role of self-efficacy in refugee settlement and to consider implications for the design and implementation of settlement services in Australia. Academic literature and an analysis of data from the Building a New Life in Australia (BNLA) study demonstrate that self-efficacy seems to be an important determinant of effective settlement and a promising target for future service design. Whilst there are likely multiple factors at play, self-efficacy is clearly one potential onramp for a refugee to get on a positive cycle that will facilitate effective long-term settlement outcomes including social and economic integration.

Self-efficacy is defined as an individual's perceived ability to execute the behaviours necessary to produce a particular desired outcome; this includes the extent of effort, perseverance and cognitive skills needed to respond to life's challenges as the individual pursues that outcome (Pajares, 1996). It is a factor that is malleable and has been associated with positive outcomes across a variety of domains. It is important to note, however, that the effectiveness of self-efficacy is likely to be influenced by other external factors such as challenges or stressors, especially those that are outside the individual's control.

In the BNLA study, we identified three types of factors related to self-efficacy: those that facilitated or fed into self-efficacy, those that co-occurred with self-efficacy (i.e. showed a bidirectional relationship), and those that were outcomes of self-efficacy. Facilitators of self-efficacy were English proficiency and knowledge of how to navigate the environment at early settlement, and paid employment and integration at 2-4 years following arrival. Factors that co-occurred with self-efficacy were knowledge of how to navigate the environment, greater English proficiency, paid employment, lower perceived stressors, better settlement experiences, and better mental and physical health. Factors that represented outcomes associated with greater self-efficacy included increased social integration, increased community involvement, and increased likelihood of engaging in study/training. This data clearly indicates that self-efficacy plays a significant role in facilitating effective settlement outcomes for refugees yet there is currently little emphasis on this as a core component of settlement service design.

Self-efficacy is a psychological tool that lies within the individual, rather than something that needs to be given to them. Individuals vary in their levels of self-efficacy, however, self-efficacy can be accessed or enhanced to influence outcomes. Settlement workers are able to tap into this tool and use it to build settlement capability by facilitating targeted skills, accessible and comprehensive knowledge and fostering a sense of autonomy and control over future outcomes. This requires a shift in practice from current models that focus primarily on short term, task-based outputs towards approaches that emphasise individual skills, knowledge and capabilities that will lead to longer term outcomes.

Settlement workforce education and support are critical in ensuring implementation success, as is clear and accessible information. Settlement workers who have greater

self-efficacy in terms of working successfully with refugees may be more effective in their roles. Furthermore, settlement workers must have a common theoretical framework for settlement that is underpinned by self-efficacy principles and be able to resource their clients to identify and navigate complex information systems.

As with any other psychological factor, it is clear that stressors can inhibit self-efficacy. These can include stressors associated with service eligibility, visa processing, family re-unification and sponsorship applications, and delays between visa grant and arrival in Australia. Furthermore, refugees on temporary visas in Australia are likely to find it more difficult to fully access the benefits of self-efficacy due to persistent uncertainty about their future immigration status. In these cases, prolonged uncertainty may limit self-efficacy through a reduced sense of control over one's future.

Self-efficacy should not be seen as a simple solution for all refugees as some may require more intensive supports before they are able to effectively draw on self-efficacy. For example, when a refugee is experiencing disabling mental health symptoms or a significant social disadvantage, they will likely require specialised intervention before they can reach a level of confidence to independently address their settlement goals. Whilst settlement stressors and mental health may be associated with decreased self-efficacy and require specialised interventions, evidence does suggest that targeting self-efficacy through mechanisms that focus on individual capability and minimising the perceived and actual impact of stressors, will likely lead to improved settlement outcomes for many refugees.

While further research is required to better understand the nuanced relationship between self-efficacy and specific aspects of refugee settlement, establishing a settlement system where success is facilitated, and stories of triumph and strength are regularly shared, will likely establish the conditions for creating pathways to positive settlement outcomes. Access to accurate and user led information and language support should also feature strongly in settlement service design along with activities that promote cross-cultural, social and professional relationships to support broader social and economic inclusion.

In summary, refugees with strong self-efficacy are likely to be more motivated, better able to navigate complex information systems, be more involved in the settlement process and be better able to access support when needed. Therefore, given that settlement services are time limited and aim to facilitate sustainable and holistic integration into the Australian community, it would make sense for self-efficacy to have a prominent role in the way that services are designed and implemented.

When considering adjustments needed within settlement to facilitate stronger self-efficacy and therefore better settlement outcomes, the following recommendations are made and grouped in three categories:

1. Facilitate greater self-efficacy in refugees by implementing an individualised and strengths-based approach in the settlement system

- a.** Design a clear definition of the role and purpose of settlement that includes self-efficacy as a desired outcome. This would ensure a greater focus on activities that emphasise and measure self-efficacy and avoid the current emphasis on task only.
- b.** Facilitate the sharing of success experiences of former refugees in overcoming settlement barriers. This should include creating opportunities for former refugees to play a role in building the confidence of newcomers and in designing strategies to address common stressors.
- c.** Implement tools and programs that promote timely and demand-driven access to accurate, comprehensive and reliable information. This should include information that enables self-directed action and proactive problem solving. Information must be available when needed by refugees and in a format that they can understand and use. The role of service providers would then be to assist refugees to respond to questions or to support action planning when needed.
- d.** Invest in programs that deliver flexible English language training that is responsive to individual needs. This should include the use of digital applications and opportunities for peer and 'on the job' learning.
- e.** Consider reframing settlement casework to be more closely aligned with coaching models of practice. Such models would position the individual as responsible for their own settlement journey and the worker as the guide or facilitator of knowledge and skills without undermining the need for some refugees to access more intensive services where needed (e.g. significant mental illness or experiencing severe stressors).
- f.** Develop cross-government cooperation mechanisms to support better access for refugees to mainstream government and non-government services. This should include making information resources available in multiple languages and/or simplified English and developing cultural communication competence among mainstream workforce.
- g.** Explore contractual outcome measures that include direct feedback from refugees and that assess self-efficacy. This should include the development of a set of outcome measures that emphasise self-efficacy and other related characteristics. This may include asking refugees to complete the Generalised Self-efficacy Scale as part of contract accountability requirements to measure outcome rather than just activity volume. It may also include the use of satisfaction feedback from clients and self reporting measures related to confidence and achieving personal goals.

2. Removing or addressing barriers to self-efficacy that may compromise settlement outcomes

- a.** Review current practices in relation to visa processing and settlement programs to maximise predictability and a perceived sense of fairness and equity. This includes considering commencement of settlement services from the point of visa grant and addressing inconsistencies in case management across settlement services. Uncertainty in visa and immigration processes is likely to lead to lower self-efficacy and therefore inhibit settlement outcomes.
- b.** Ensure settlement services are designed with specific and evidence-based strategies to address known high-level integration stressors. Such stressors include housing, employment, social relationships, worry about separated family and mental health concerns. More research is needed to understand stressors that have the greatest negative impact on self-efficacy.

3. Enhancing workforce capacity to deliver services that engage self-efficacy

- a.** Implement workforce training and competency programs focussed on understanding and leveraging self-efficacy in settlement. This should include training in strengths-based and solution-focussed theories of practice as well as training about self-efficacy and its role in fostering positive settlement outcomes. Embedding a competency framework for settlement workers that reinforces worker self-efficacy and coaching models of practice will further support this objective.
- b.** Ensure settlement workers have adequate supports to avoid vicarious trauma and to maintain a constructive and solution focussed attitude towards the development of self-efficacy among refugees. It is important that settlement services provide adequate support structures to workers to enable them to manage the demands of the work and to maintain an appropriate focus on enabling client self-efficacy. This may include regular supervision, access to relevant training and reasonable caseloads.

02

Introduction

This report has been commissioned by Centre for Settlement Innovation to explore the relevance of self-efficacy in supporting positive settlement outcomes for refugees resettling in Australia. The Centre for Settlement Innovation is facilitated by Migration Council Australia and commissions research, informed by a group of advisors, to support better settlement design and delivery. The authors are David Keegan, the CEO of HOST International and Professor Angela Nickerson, Director, and Dr Joel Hoffman, Postdoctoral Research Fellow, of the Refugee Trauma and Recovery Program at the School of Psychology within UNSW Sydney. David is a social worker with significant experience in refugee settlement in the Asia Pacific region and Angela and Joel are clinical psychologists with significant expertise in refugee trauma and settlement adjustment research within Australia and internationally. The authors therefore bring professional and academic expertise to the topic.

Relatively little analysis has been undertaken in relation to self-efficacy and its effect on settlement outcomes and subsequently, self-efficacy is not well understood as a mechanism that may be enhanced to benefit refugees and the Australian community. Whilst there is regular reference by services and policy makers to individual factors such as perceived wellbeing, safety and belonging as determinants of positive refugee integration and settlement, these factors are very subjective and there has been little analysis regarding how such factors are positively leveraged during settlement.

Little is understood about the relationship between these individual-level factors and the likelihood of achieving desired settlement outcomes such as economic and social inclusion and citizenship. Furthermore, settlement services are largely structured around tasks such as the provision of information and facilitating access or introductions to services and/or resources, rather than specifically working to build an individual's sense of responsibility for, and sense of control over, their ongoing settlement needs. There also seems to be relatively little emphasis on strengthening the ability of refugee clients to navigate complex service and information systems without the support of settlement service providers.

Self-efficacy encapsulates qualities that promote an individual's sense of control over and ability to influence future outcomes and to draw on appropriate resources from others. In this discussion paper we present a conceptual overview of self-efficacy and related concepts and consider the potential role of self-efficacy in affecting settlement outcomes for refugees resettling to Australia. Limited research was identified that specifically related to self-efficacy of refugees during resettlement and therefore this is an area where further research is warranted.

To present the evidence base on self-efficacy, we have provided an analysis of available literature with specific attention to resettled refugee populations where available, as well as drawing from data relating to other groups or settings. We have also undertaken an analysis of self-efficacy as measured in the Building a New Life in Australia (BNLA) study in order to evaluate the relationship between self-efficacy and

settlement outcomes. To conclude, we will offer a discussion of the findings and the potential implications for settlement service delivery in Australia.

03

What is Self-Efficacy?

The term self-efficacy was originally established by Albert Bandura in 1977 as part of social learning theory. It refers to an individual's self-reflective belief in their ability to succeed and to adjust their behaviour in response to changes in their environment (Bandura, 2006). Specifically, self-efficacy involves an individual's perceived ability and capacity to execute the behaviours necessary to produce a particular desired outcome; this includes the effort, perseverance and cognitive skills needed to respond to life's challenges as the individual pursues that outcome (Pajares, 1996).

Self-efficacy is considered to play a pivotal role in how well people are able to manage stressful life events (Benight & Bandura, 2004). Central to this construct are one's personal beliefs about their ability to perform and manage prospective situations—referred to as “perceived self-efficacy” or “self-efficacy beliefs” (Bandura, 1977). As such, research suggests that self-efficacy is also associated with other psychological processes that are important for managing stressors, such as problem-solving ability, pro-active coping, optimism, hope and self-esteem (Lim & Han, 2016; Luszczynska et al., 2009; Magaletta & Oliver, 1999; Parto, 2011; Zhao et al., 2015). While these concepts are likely related to one another, self-efficacy refers specifically to one's beliefs about their ability or performance, rather than general beliefs about themselves or the future (Schwarzer & Warner, 2013). Self-efficacy, therefore, is unique as a construct in that it is primarily task or performance oriented.

Self-efficacy theory states that a person's beliefs about succeeding in future situations depend heavily on how they perceive their successes in relation to past events (Bandura, 1986; Bandura, 1997). For this reason, perceived self-efficacy was originally thought to be task or domain specific (Bandura, 1977). For example, a person's belief about their ability to learn a new language was considered to be primarily related to their perceived success at past attempts at language learning. This narrow conceptualization led to the proliferation of studies on perceived self-efficacy across a wide range of specific domains such as financial self-efficacy (Lown, 2011), social self-efficacy (Smith & Betz, 2000), academic self-efficacy (Schunk & Pajares, 2002) and cultural self-efficacy (Briones et al., 2009), among others.

As self-efficacy theory progressed, it was discovered that past successes across many specific areas could generalize to overall beliefs regarding future success regardless of the domain (Sherer et al., 1982). This broader conceptualization is referred to as Generalized Self-Efficacy: where past successes in a variety of situations result in greater general beliefs about one's likelihood of success in novel and untested situations (Sherer et al., 1982; Woodruff & Cashman, 1993). To measure this wider construct, the General Self-Efficacy Scale (GSES) was created (Chen et al., 2001), which indexes broad beliefs about one's ability to succeed in future tasks and overcome novel stressors. The GSES is now the most widely used scale for measuring Generalized Self-Efficacy. Using this scale, studies have shown that perceived self-efficacy is a universal construct, validated across a wide variety of languages and cultures, and a key predictor of task performance and wellbeing across a range of outcomes (Luszczynska et al., 2009; Scholz et al., 2002).

04

Why is Self-Efficacy
Important?

Generalized self-efficacy has been associated with improved performance in achieving future goals and tasks across a wide variety of domains, such as work performance, academic achievement, athletic performance, and social functioning (Bandura & Locke, 2003). Other research has found that greater self-efficacy predicts better physical health and mental health outcomes (Schwarzer & Warner, 2013). For example, perceived self-efficacy has been related to optimism, self-regulation, self-esteem, favourable emotions and work satisfaction, and negatively associated with depression, anxiety, stress, and health complaints across cultures (Luszczynska et al., 2009). Positive self-efficacy beliefs are even thought to reduce one's susceptibility to mental health difficulties (Bandura, 2012), as well as to increase resilience to stressful and traumatic events (Benight & Bandura, 2004). The relationships between self-efficacy beliefs and outcomes underscore the importance of understanding what predicts self-efficacy and whether self-efficacy can be enhanced.

People with strong self-efficacy tend to have high levels of confidence to change, manage or adapt their behaviours in order to address a presenting need or problem. For example, health research (Hibbard, 2004) has shown a strong correlation between self-efficacy and a patient's ability to (1) self-manage symptoms/problems; (2) engage in activities that maintain functioning and reduce health decline; (3) be involved in treatment and diagnostic choices; (4) collaborate with providers; (5) select providers and provider organizations based on performance or quality; and (6) navigate the health care system. Further, patients with higher self-efficacy are likely to have better health outcomes. This indicates that self-efficacy is a strong predictor of a person's ability to navigate complex information, make informed decisions and self-motivate in relation to recovery behaviours and problem solving. An individual with high self-efficacy tends to believe that they have choices and are not unreasonably restricted by external or internal forces. They both believe in their own capability and are motivated to act.

In the same way, refugees with strong self-efficacy are likely to be more motivated, better able to navigate complex information systems, be more involved in the settlement process and be better able to access support when needed. Therefore, given that settlement services are time limited and have their purpose in facilitating sustainable and holistic integration into the Australian community, it would make sense for self-efficacy to have a prominent role in the way that services are designed and implemented. However, there is little evidence to suggest that self-efficacy is currently prioritised within existing settlement services or that it is well understood as a universal concept that promotes effective settlement.

05

Research on Self-Efficacy in Refugees

Refugees resettling in a new country must navigate multiple stressors when working towards goals such as language acquisition, becoming financially secure, navigating novel societal systems, and creating social bonds in a new environment, among others. Perceived self-efficacy has been considered as a potential construct of interest for improving resettlement outcomes in refugees (Nickerson et al., 2014; Sulaiman-Hill & Thompson, 2013), however, there has been relatively less research on the role of perceived self-efficacy in refugee settlement situations than in other populations and contexts. Despite this, initial research suggests self-efficacy may represent a potential target for intervention in the settlement context.

Association Between Self-Efficacy, and Refugee Mental Health and Wellbeing

Most research into self-efficacy amongst refugees has investigated associations between perceived self-efficacy and refugee mental health and wellbeing. The association between greater perceived self-efficacy and better mental health and wellbeing in refugees has now been demonstrated across various settlement contexts (ALharbi, 2018; Kia-Keating & Ellis, 2007; Lacour et al., 2020; Sulaiman-Hill & Thompson, 2013; von Haumeder et al., 2019; Yang, 2014). These results are consistent with a meta-analysis investigating the relationship between self-efficacy and psychological outcomes for people who had been the victims of collective trauma (i.e., exposed to war, conflict, terrorism and natural disasters; Luszczynska et al., 2009).

Across studies, greater self-efficacy has been associated with lower post-traumatic stress disorder symptoms (PTSD), depression, anxiety, and general distress as well as lower somatic health concerns, such as chronic pain and disability (Luszczynska et al., 2009). In a longitudinal study that was conducted for two years amongst East German migrants who fled to West Germany after the fall of the Berlin Wall, initial perceived self-efficacy was the best predictor of overall adjustment in regards to employment, physical health, social integration, subjective well-being, and reduced anxiety and depression (Schwarzer et al., 1993, 1994; Schwarzer & Jerusalem, 1995). Furthermore, research has suggested that the relationship between self-efficacy and wellbeing is not bi-directional, as self-efficacy has been found to predict increased wellbeing at a later timepoint, but the reverse relationship (i.e. wellbeing predicting increased self-efficacy) was not found (Tip et al., 2020). These findings are consistent with wider research in non-refugee populations showing that self-efficacy is a key predictor of recovery from traumatic events (Benight & Bandura, 2004). This emerging body of research highlights the importance of perceived self-efficacy in helping refugees recover from past trauma exposure, and to navigate the post-resettlement context.

What Predicts Self-Efficacy?

According to self-efficacy theory, there are four sources of self-efficacy beliefs, which are presented in order of their theoretical strength for influencing self-efficacy beliefs:

1. The first and strongest source of self-efficacy beliefs is personal mastery experiences, in accordance with theory that says one's beliefs regarding future performance are strongly related to perceived successes in the past (Bandura, 2012; Pajares, 1997).
2. The second strongest source of self-efficacy beliefs is vicarious experiences, or watching other people succeed, with this method suggested to be more effective when someone is less certain about their own abilities (Bandura, 2012; Pajares, 1997).
3. The third source of self-efficacy beliefs is verbal persuasion from others or receiving positive and accurate judgments of one's ability (Bandura, 2012; Pajares, 1997).
4. The final source of self-efficacy beliefs is one's physiological state (i.e., anxiety, stress) as these bodily cues can be used to infer one's capability for overcoming future stressors (Bandura, 2012; Pajares, 1997).

Some studies suggest that positive self-efficacy beliefs tend to be higher in men than women (Hinz et al., 2006; Leganger et al., 2000; Schwarzer et al., 1999). There is also some evidence to suggest that self-efficacy beliefs decrease over the lifespan (Hinz et al., 2006). There also may be individual characteristics that are complementary to self-efficacy beliefs in regards to improving outcomes, such as optimism, pro-activity and active problem solving (Lim & Han, 2016; Magaletta & Oliver, 1999; Parto, 2011; Verešová, & Malá, 2012; Zhao et al., 2015). For example, in non-refugees, the impact of self-efficacy on life satisfaction and mental health has been found to be dependent upon optimism about the future (Karademas, 2006). Another study found that greater self-efficacy was important for increasing problem solving in response to stress (Li, Eschenauer, & Persaud, 2018). Understanding these related constructs and predictors of self-efficacy beliefs are important when attempting to enhance self-efficacy beliefs.

One reason why perceived self-efficacy represents a promising construct for improving outcomes is that self-efficacy beliefs are malleable (Bandura, 1986; Dvir et al., 1995; Eden & Aviram, 1993). In experimental studies, inducing self-efficacy (i.e., by either validating an individual's ability to manage stressors or increasing perceived control over a stressor) has been found to improve social problem solving (Brown, Dorfman, et al., 2012), increase pain tolerance (Litt et al., 1993), decrease intrusive memories (Brown, Joscelyne, et al., 2012), and improve management of mental health symptoms (Sanderson et al., 1989). These are all outcomes that would support enhanced settlement participation.

This research provides support for the idea that self-efficacy beliefs can be changed and that these changes can result in improved capacity to manage stressors. It is worth noting, however, that while self-efficacy can be changed, changes need not always be positive. For example, when an attempt at a task is met with failure, this can undermine one's beliefs about their self-efficacy (Bandura, 1977). However, what may play a more important role than objective failure or success is a person's subjective appraisals of these experiences. For example, if one's success is attributed to external factors like charity or the efforts of another person, self-efficacy may decrease (Leganger et al., 2000). Conversely, if failure is attributed to insurmountable barriers regardless of one's capabilities or effort, perceived self-efficacy may increase (Leganger et al., 2000). Perceived controllability, therefore plays an important role in the utility of perceived self-efficacy and is strongly influenced by interpretations of past experiences. If someone has little perceived control over their current environment, increasing self-efficacy may have limited effects on outcomes (Bandura, 1986, 1997).

As refugees are often exposed to multiple traumatic events both in their country of origin and throughout displacement (Porter & Haslam, 2005; Silove et al., 1997), understanding the relationships between trauma and perceived self-efficacy is crucial for understanding its contribution to navigating resettlement stressors. Rather than it being a simple case of trauma exposure reducing one's perceived self-efficacy, research shows a more complicated relationship. For example, while greater trauma exposure has been associated with lower perceived self-efficacy among refugees in some cases (Chung et al., 2020), in other studies trauma exposure has been linked with greater perceived self-efficacy (Ferren, 1999). In the latter case, it is suggested that survival of traumatic events can increase beliefs about one's ability to overcome future stressors, though this may be dependent upon individual differences regarding how past trauma is appraised as well as differences in previous trauma severity (Leganger et al., 2000).

While greater trauma exposure is also associated with greater likelihood of developing psychiatric disorders, such as PTSD and depression in refugees (Steel et al., 2009), these findings may suggest that greater self-efficacy in some cases co-exists alongside greater distress. The idea that perceived self-efficacy can be useful in the midst of distress is consistent with studies in other trauma-affected populations which have found that distress and anxiety do not need to be absent to achieve goals and overcome stressors (Lyons, 1991; Sack et al., 1995; Weisenberg et al., 1991). At the same time, the severity of distress and mental health difficulties experienced may determine what goals are achievable for each individual. Taken together, these findings suggest that self-efficacy beliefs may persist beyond past trauma, and that they may assist refugees in managing stressors in the midst of psychological distress.

While perceived self-efficacy may help refugees navigate resettlement stressors, there may be potential limits to its utility. A study which investigated the interaction of perceived self-efficacy and post-migratory stressors amongst resettled refugees in the Netherlands found that, when both perceived self-efficacy and post-migratory stressors were accounted for, the only significant predictor of mental health outcomes was post-migratory stressors (Heemstra et al., 2021). It is possible that perceived self-efficacy has a limited impact on outcomes when stressors are considered to be out of one's control (Bandura & Locke, 2003), or are unable to be overcome despite significant effort (Schönfeld et al., 2017). This highlights the complex interaction between external stressors and an individual's internal capabilities and coping strategies. There is a wealth of theoretical and empirical evidence in the literature that underscores the important role that external stressors play in influencing wellbeing and other outcomes. For example, Miller and Rasmussen's (2017) daily stressors model highlights the role of perceived stressors in impacting on mental health and quality of life in refugees.

To better understand the interaction between external stressors and internal or psychological factors in refugees, HOST International and the Refugee Trauma and Recovery Program at UNSW have developed a theoretical framework – the Psychological Interaction with Environment Matrix Model (Kashyap et al., 2021) which posits that psychological strategies or skills may be differentially effective depending on the context surrounding the individual. Research on self-efficacy to date supports this framework as it suggests that self-efficacy is optimally effective in environments where stressors are, to some extent, controllable.

Overall, more research is warranted to understand the interaction between perceived self-efficacy and a refugee's perceptions of post-migratory stressors. Evidence to date suggests, however, that settlement interventions could seek to minimize the perceived intensity of post migration stressors and therefore provide a context where self-efficacy can lead to effective action and, potentially, increased wellbeing.

Enhancing Self-Efficacy in Refugees

There have been a limited number of studies that have attempted to enhance self-efficacy beliefs in refugees. One experimental study with torture survivors attempted to induce self-efficacy by asking participants to remember two instances where they had succeeded in the past. They found that this approach led to lower participant distress in response to traumatic stimuli, and also increased tolerance of a distressing task (Morina et al., 2018). Another study has attempted to enhance self-efficacy via psychological treatment (i.e., 9 sessions promoting problem solving, emotional resilience and identifying social and cultural resources) with some success at enhancing self-efficacy beliefs and improving mental health outcomes (Heemstra et al., 2019). Another trial is currently underway to increase self-efficacy through an online intervention, with results not yet released (Rogala et al., 2020).

Qualitative research has suggested potential domains for increasing self-efficacy in recently resettled refugees including interventions aimed at socio-economic stressors, language acquisition, discrimination reduction and improved asylum procedures (von Haumeder et al., 2019). Taken together, these studies imply that self-efficacy can be enhanced in refugees by focusing on interventions that celebrate past achievements, develop problem solving skills and reduce the impact of post migration stressors such as poor language proficiency and discrimination. These findings suggest that self-efficacy may lead to enhanced settlement outcomes and improved individual wellbeing.

Self-Efficacy in Individuals Working with Refugees

Another area of research has focused on the self-efficacy of service providers who work with refugees. Self-efficacy in this context relates to the service providers' beliefs about their own abilities to provide adequate support to refugee clients. Self-efficacy beliefs in resettlement workers and service providers may reflect beliefs regarding cultural competency in service provision and being able to confidently meet the needs for clients from refugee backgrounds. For example, studies have suggested that self-efficacy beliefs amongst mental health workers (Isawi & Post, 2020), teachers (Chwastek et al., 2021), and nurses (Young et al., 2021) are important for improving resettlement outcomes for refugees. Service providers may also have beliefs regarding the self-efficacy of their clients that may impact on settlement outcomes in refugees. This highlights the role of attitudes and beliefs held by service providers regarding the abilities of their refugee clients and their capacity to overcome settlement stressors. For example, a study found that school teachers with negative stereotypical beliefs about newly arrived refugee children in their classes tended to identify more disruptive behaviour by these children in the classroom (Chwastek et al., 2021). Similarly, if a service provider does not believe in a refugee's capacity to achieve a goal such as employment, then this may have a negative impact on the refugee's internal beliefs about their capacity and be demotivating. Therefore, for service providers working with refugees at various points in their resettlement process, self-efficacy beliefs about their own abilities and the abilities of their refugee clients may both have an impact, positively or negatively, on refugee resettlement outcomes.

06

Findings from the
Building a New Life in
Australia Study

The Building a New Life in Australia (BNLA) study provides a unique opportunity to consider the association between self-efficacy and settlement outcomes in refugees living in Australia as it draws on the actual experiences of refugees resettling in Australia between 2013 and 2018. The longitudinal nature of this data also allows us to determine how self-efficacy and settlement outcomes interrelate over time and to consider factors that may strengthen or inhibit self-efficacy.

In considering this data we sought to answer four key questions:

1. What are the personal characteristics associated with self-efficacy in refugees?
2. What is the direction of influence between self-efficacy and settlement outcomes over time in refugees?
3. What are potential facilitators of self-efficacy in refugees?
4. Which settlement outcomes are associated with self-efficacy in refugees?

Overview of the Building a New Life in Australia Study

The Building a New Life in Australia (BNLA) study is a population-based cohort study investigating the settlement experiences of a representative sample of refugees in Australia. The BNLA study was conducted by the Australian Department of Social Services (DSS), and the Australian Institute of Family Studies (Edwards, Smart, De Maio, Silbert, & Jenkinson, 2017). Information related to the resettlement experiences of refugees, including housing and community characteristics, English language skills, employment and impressions of life in Australia, together with mental health and pre-settlement experiences (Edwards et al., 2017) were collected annually in five waves, beginning within 3-6 months of participants being granted a permanent visa to live in Australia.

In this analysis we wanted to examine the bidirectional relationships between various factors and self-efficacy and this required analysis of data over time. We therefore elected to select data for these analyses from Waves 1, 3 and 5. This data in the BNLA was collected via face-to-face interviews in October 2013 to February 2014 (Wave 1), October 2015 to February 2016 (Wave 3) and October 2017 to February 2018 (Wave 5). Other waves (Waves 2 and 4) were collected by telephone and represented a reduced battery of measures.

Participants were recruited into the BNLA study based on the migrating unit (i.e. an individual person, or a group/family). Principal applicants for a humanitarian visa, granted between May and December 2013, aged 18 years or over, were invited to participate in the study and if the principal applicant provided consent, then secondary applicants (i.e. other members of the migrating unit who were 15 years or older, and were residing with the principal applicant at the time of wave 1 data collection) were invited to participate in the study (Edwards et al., 2017).

The number of interviews completed with adult participants (aged 18 and over) at each wave was as follows: Wave 1: 1,887; Wave 3 = 1,551; Wave 5 = 1,568 (retention = 83.1%). See Table 1 for participant characteristics.

Table 1: Participant Characteristics Wave 1

	N/Mean	%/SD
Age	36.64	13.45
Gender (female)	1015	42.6%
Highest completed education		
None	370	16.5%
Primary	445	19.8%
Secondary	1043	46.5%
Tertiary	384	17.1%
Region of origin		
North Africa/Middle East	1260	55.7%
Asia	915	40.4%
Other (Sub-Saharan Africa/Oceania/Americas)	89	3.9%
Country of birth		
Iraq	898	39.7%
Afghanistan	574	25.4%
Iran	262	11.6%
Myanmar	132	5.8%
Bhutan	84	3.7%
Pakistan	65	2.9%
Democratic Republic of Congo	36	1.6%
Sri Lanka	35	1.5%
Egypt	29	1.3%
Syria	29	1.3%
Ethiopia	21	0.9%
Libya	21	0.9%
Eritrea	15	0.7%
Sudan	13	0.6%
Nepal	12	0.5%
India	9	0.4%
Other (Oceania/Americas)	30	1.3%
Trauma exposure (number of types of traumatic events; out of 6)	1.9	1.32
Lived in Refugee Camp	409	18.4%
Resettlement pathway		
Offshore	1887	83.3%
Onshore	377	16.7%
Ongoing stressors (out of 11)	3.12	2.19

Data for waves 1, 3 and 5 were collected via computer assisted self-interview software, or via a computer assisted personal interview during home visits across 11 cities, and regional areas within Australia (Edwards et al., 2017). All interviews were usually conducted with native bilingual language speakers, however, participants could also choose to complete the survey with the help of accredited interpreters. Interviews lasted between 20 minutes to 1 hour and questions were translated into nine languages. These included Arabic, Burmese, Dari, Hazaragi, Persian, Chin Haka, Nepali, Swahili, and Tamil. All questionnaire and interview material underwent a rigorous translation and quality assurance process, including multiple stages of independent checking.

Ethics approval for this study was obtained from the Australian Institute of Family Studies Human Research Ethics Committee (Ref#13/03). For a more detailed review of the study procedure, please refer to the data user's guides (Australian Department of Social Services, 2015, 2018).

Self-efficacy was measured in the BNLA study using three items derived from the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995). These items investigated the extent to which the individual believed:

1. they could accomplish goals,
2. if they were in trouble, they could think of a good solution, and
3. they could handle whatever comes their way.

Items were scored on a scale from 1 = Strongly agree to 4 = Strongly disagree. Items were reverse-coded in these analyses so that higher scores represented greater self-efficacy, and a mean score was created for each participant. This scale showed strong internal consistency (e.g. $\alpha = 0.87$ at Wave 1).

Results

Characteristics and Stressors Associated with Self-Efficacy

First, we considered the relationship between self-efficacy and demographic features including age, gender, country of birth, migration pathways, pre-migration trauma, marital status and having previously lived in a refugee camp. We found that, at baseline (Wave 1), greater self-efficacy was related to younger age, male gender, being from East or Central Africa/ Oceania (compared to being from countries in Asia or North Africa/ Middle East), and having arrived by an onshore resettlement pathway. These variables were controlled for in all subsequent analyses. Other factors were found to be non-significant or inconsistent in their relationship to higher self-efficacy at wave 1.

Whilst the data does not provide direct insight into why these factors were stronger predictors of self-efficacy, it is possible that young people and men may psycho-socially and culturally have a greater sense of personal agency and power or confidence than older people or women. It may be possible that some cultures have a greater sense of self-efficacy that is derived from cultural, social or religious ideology, or as a function of having been exposed to different experiences.

Next, we considered whether specific ongoing stressors endorsed by participants were associated with self-efficacy. For this analysis, we examined eleven stressors indexed in Wave 1 of the BNLA survey, comprising stressors relating to work, housing, finances, school/study, caring for family, family's safety, loneliness, language barriers, discrimination, getting used to life in Australia and worrying about family and friends overseas. These were measured dichotomously (i.e. participants indicated whether each stressor was present or absent). We found that participants who endorsed the following stressors showed significantly lower levels of self-efficacy than those who did not: housing, finances, school/study, caring for family, loneliness, language barriers, getting used to life in Australia, and worrying about family/friends overseas.

While this analysis does not allow us to determine causality (e.g. whether these specific stressors led to lower self-efficacy, or whether lower self-efficacy led participants be more likely to endorse these stressors), it provides preliminary evidence that these stressors in particular may be more strongly related to poorer self-efficacy. The importance of these stressors in terms of their relationship with self-efficacy is further supported by findings from analyses described below.

Relationship between Self-Efficacy and Settlement Outcomes over Time

Second, we sought to investigate the longitudinal relationship between self-efficacy and settlement outcomes over time and to determine the direction of influence between these variables. As can be seen in Figure 1, higher levels of perceived self-efficacy predicted:

1. decreased levels of perceived stressors
2. improved overall settlement experience
3. improved physical and mental health

Importantly, we found that, when considered over the three waves of data, these relationships were bidirectional, meaning that in each case self-efficacy contributed to settlement outcomes and settlement outcomes contributed to self-efficacy.

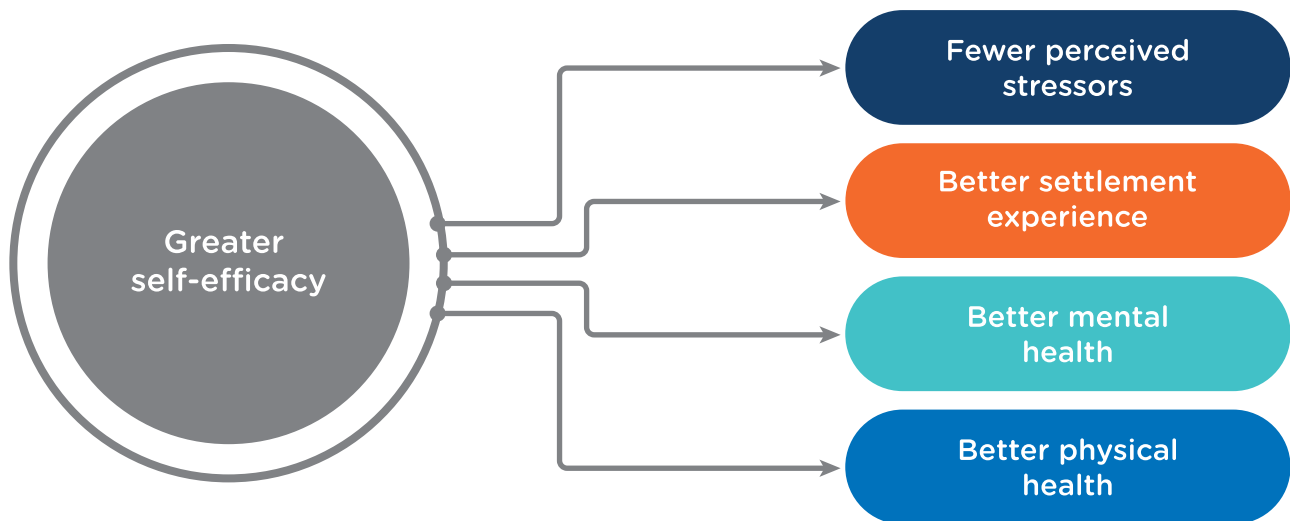


Figure 1: Longitudinal Relationship between Self-Efficacy and Settlement Outcomes

Specifically, we found that greater self-efficacy was associated with subsequent reductions in perceived stressors¹ and increases in ratings of overall settlement experience² over time. We also found that the opposite was true with greater levels of perceived stressors and lower ratings of settlement experience being associated with subsequent reductions in the level of perceived self-efficacy.

We also found that there was a similar bidirectional relationship between self-efficacy and mental and physical health. Specifically, greater self-efficacy was associated with decreases in symptoms of posttraumatic stress disorder (PTSD) and improvements in physical health. The association between greater self-efficacy and subsequent decreases in depression and anxiety symptoms was trending towards significance ($p=.055$) but less strongly associated with self-efficacy than PTSD symptoms.

Greater PTSD symptoms, depression/anxiety symptoms and poorer physical health were associated with subsequent decreases in self-efficacy. This finding is consistent with the literature outlined above and may be influenced by the impact of these symptoms on perceived stressors and experiences of settlement. For example, poorer health or high levels of anxiety may inhibit perceptions of controllability or confidence in addressing settlement stressors.

Interestingly, the bidirectional associations between self-efficacy and settlement experiences were retained even after controlling for mental and physical health. This suggests that, over and above the state of mental and physical health, self-efficacy is

¹ Perceived stressors were measured by a single item “has life problems or stressors”, scored in this study from 1 = No problems or stressors to 4 = Very many problems or stresses.

² Overall settlement experience was measured by a single item “overall, has your experience of settling in Australia so far been ...”, scored in this study from 1=Very hard to 4=Very good.

associated with improvements in settlement outcomes. Conversely, this also suggests that, over and above mental and physical health, greater stressors in the settlement environment are associated with subsequent degradations in self-efficacy. Therefore, interventions that focus on reducing the level and intensity of stressors during settlement are warranted.

We also investigated whether a sense of belonging in Australia³ and feeling welcome in Australia⁴ were associated with self-efficacy and vice-versa. Belonging and feeling welcome were measured across two waves of data (Wave 1 and Wave 3) in BNLA. Here we found that higher belonging at Wave 1 was associated with increases in self-efficacy between Waves 1 and 3, while higher self-efficacy at Wave 1 did not lead to changes in belonging between Waves 1 and 3. Similarly, we found that feeling more welcome in Australia at Wave 1 led to increases in self-efficacy between Waves 1 and 3, while self-efficacy at Wave 1 led to non-significant (but trending) increases in feeling welcome between Waves 1 and 3.

Overall, these findings suggest that feeling welcome and a sense of belonging are associated with increases in subsequent self-efficacy, with this relationship being stronger than the other direction. Therefore, feeling welcome and having a sense of belonging in the early stages of settlement are potentially more critical than at later stages of settlement where self-efficacy seems to be a stronger driver of outcomes. It is important to note, however, that feeling welcome and a sense of belonging are highly subjective experiences, and thus may be partially conceptualized as psychological processes that are related to self-efficacy, as well as being related to objective assessments of one's external environment. Therefore, further exploration of these concepts and how they are established is warranted.

Facilitators of Self-Efficacy

We also sought to identify factors that may lead to increases in self-efficacy over time. To do this, we examined the relationships between potential facilitators and perceived self-efficacy at two key settlement time periods; zero to two years after settlement (Waves 1 to 3), and two to four years after settlement (Waves 3 to 5).

³ Sense of belonging was measured by a single item "Sense of belonging", scored in this study from 1 = Never to 5 = Always.

⁴ Feeling welcome in Australia was measured by a single item "Feels welcome in Australia", scored in this study from 1 = Never to 4 = Always.

As can be seen in Figure 2, we found that greater English proficiency upon arrival to Australia and a greater knowledge of how to navigate the environment⁵ were both associated with increases in self-efficacy over the first two years of living in Australia. Between two to four years after arrival, greater levels of community integration⁶ and being in paid employment were associated with increases in self-efficacy.

Results therefore suggested that enablers of self-efficacy were English language proficiency, access to information, social integration and paid employment. This is consistent with the earlier findings that financial stressors, language barriers and loneliness were associated with lower self-efficacy at Wave 1. This provides evidence that these specific settlement domains may be important targets for increasing self-efficacy. Given greater self-efficacy has been associated with improved settlement outcomes (Figure 3), these domains may represent areas for intervention in the early to mid-term period after settlement to facilitate better generalized settlement via self-efficacy.

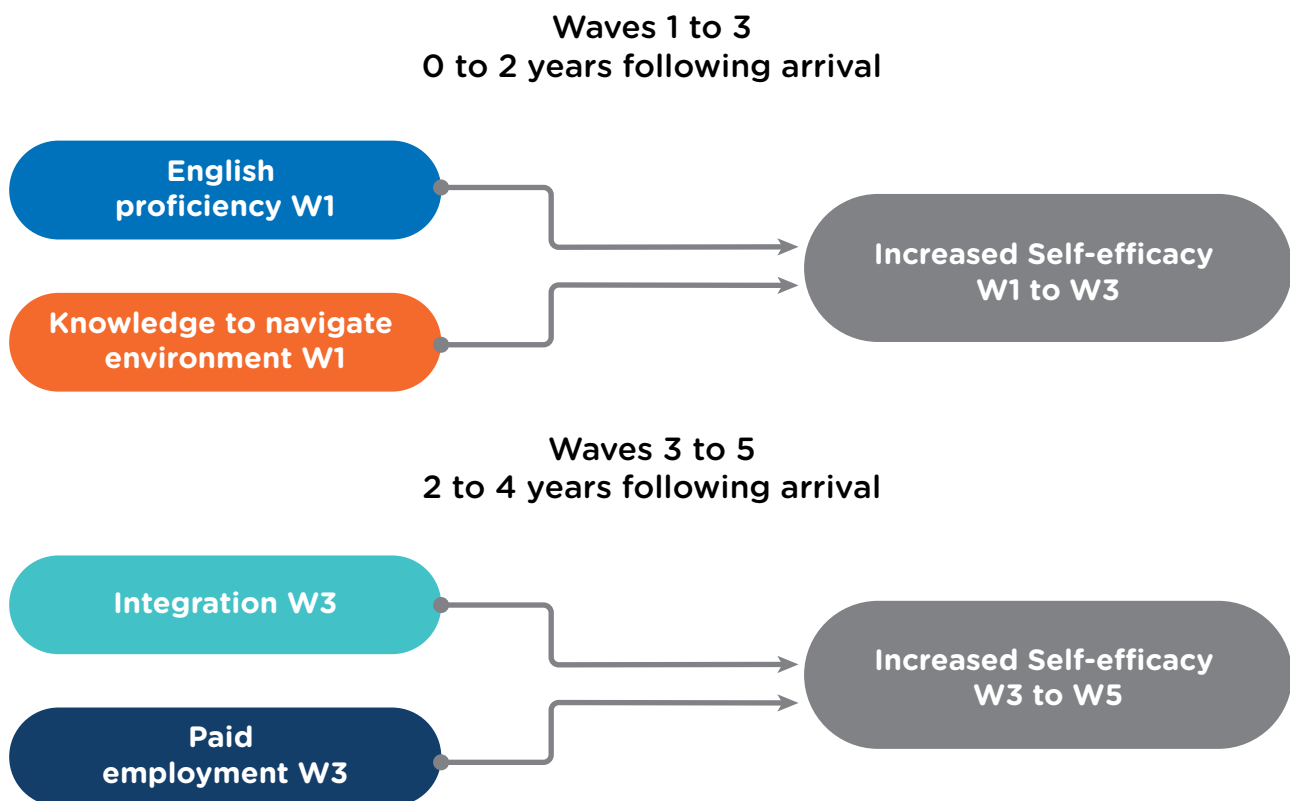


Figure 2: Facilitators of Self-Efficacy Over Time

⁵ Knowledge on how to navigate the environment was indexed by the mean of seven items: Knows how to: look for a job, use public transport, get help in an emergency, use bank services, find out about government benefits/ services, find out about rights, get help from police. Items were scored from 1 = wouldn't know at all to 4 = would know very well.

⁶ Integration was indexed by a mean of three items, measuring how easy it was to make friends, understand Australian ways and talk to Australian neighbours. These were rated from 1 = very hard to 4 = very easy.

Self-Efficacy and settlement outcomes

Finally, we sought to understand whether self-efficacy was associated with subsequent changes in specific settlement outcomes at two key settlement time-periods (0-2 years after settlement, 2-4 years after settlement). As can be seen in Figure 3, we found that greater self-efficacy immediately after arrival in Australia was associated with the following outcomes in the first two years after arrival:

- increases in positive integration experiences,
- better knowledge on how to navigate the environment,
- increased community involvement,
- better English proficiency,
- greater likelihood of undertaking study/training and
- greater likelihood of being in paid employment.

We also found that greater self-efficacy two years after arrival in Australia was associated with increased integration, higher levels of community involvement and better English proficiency over the two to four-year period after arrival in Australia.

These results therefore suggest that self-efficacy represents a potentially important target at all stages of the settlement process to facilitate positive settlement outcomes including greater social and economic integration.

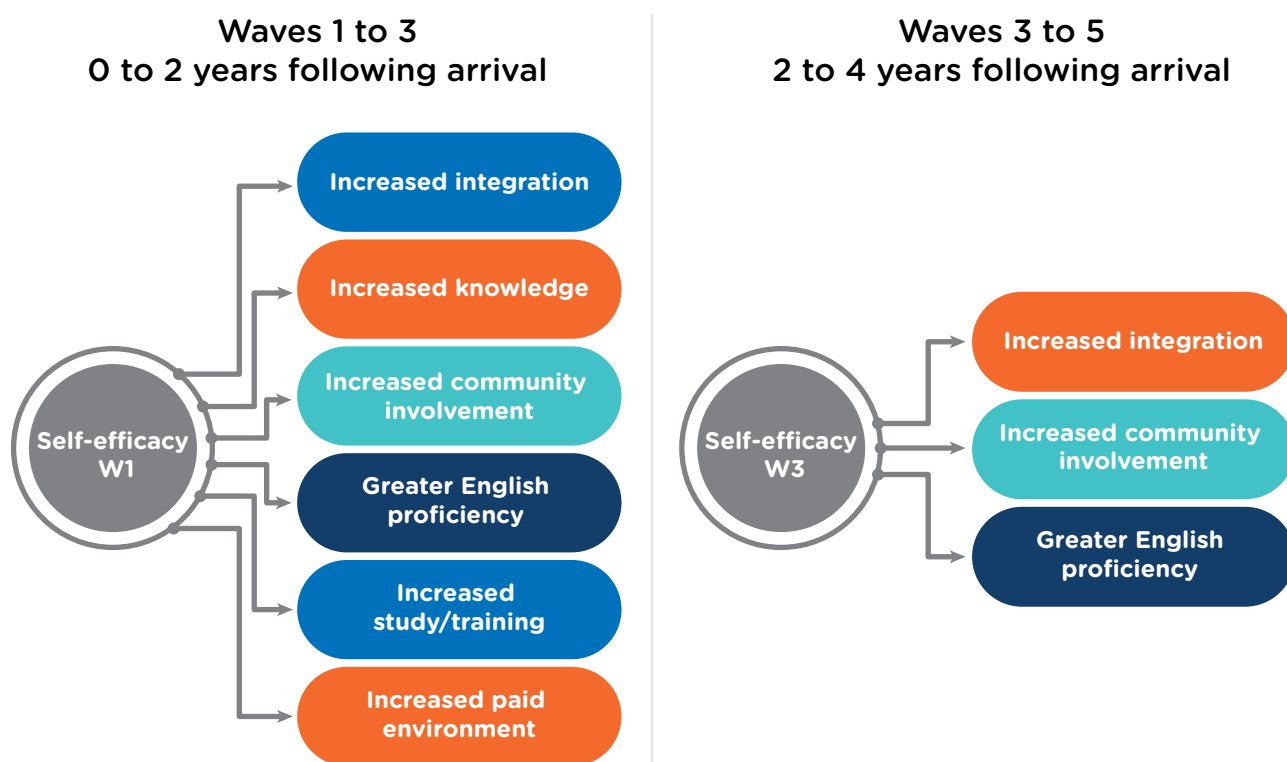


Figure 3: Outcomes Associated with Self-Efficacy

Summary

Overall, we found that being of a younger age, from male gender, being born in Eastern/Central Africa or Oceania (vs North Africa/Middle East or Asia), and having arrived in Australia via an onshore resettlement pathway were associated with greater self-efficacy immediately after arrival in Australia.

Factors that co-occurred with self-efficacy by showing a bidirectional relationship, (representing both potential facilitators and outcomes of increased self-efficacy) were knowledge on how to navigate the environment, greater English proficiency, paid employment, social integration, lower perceived stressors, better settlement experience, and better mental and physical health.

Factors that represented outcomes associated with greater self-efficacy included increased community involvement and increased likelihood of engaging in study/training.

Figure 4 provides a summary of these factors and offers some insight into factors that may be able to be targeted in settlement interventions to best promote self-efficacy and therefore improve settlement outcomes in refugee settlement in Australia.

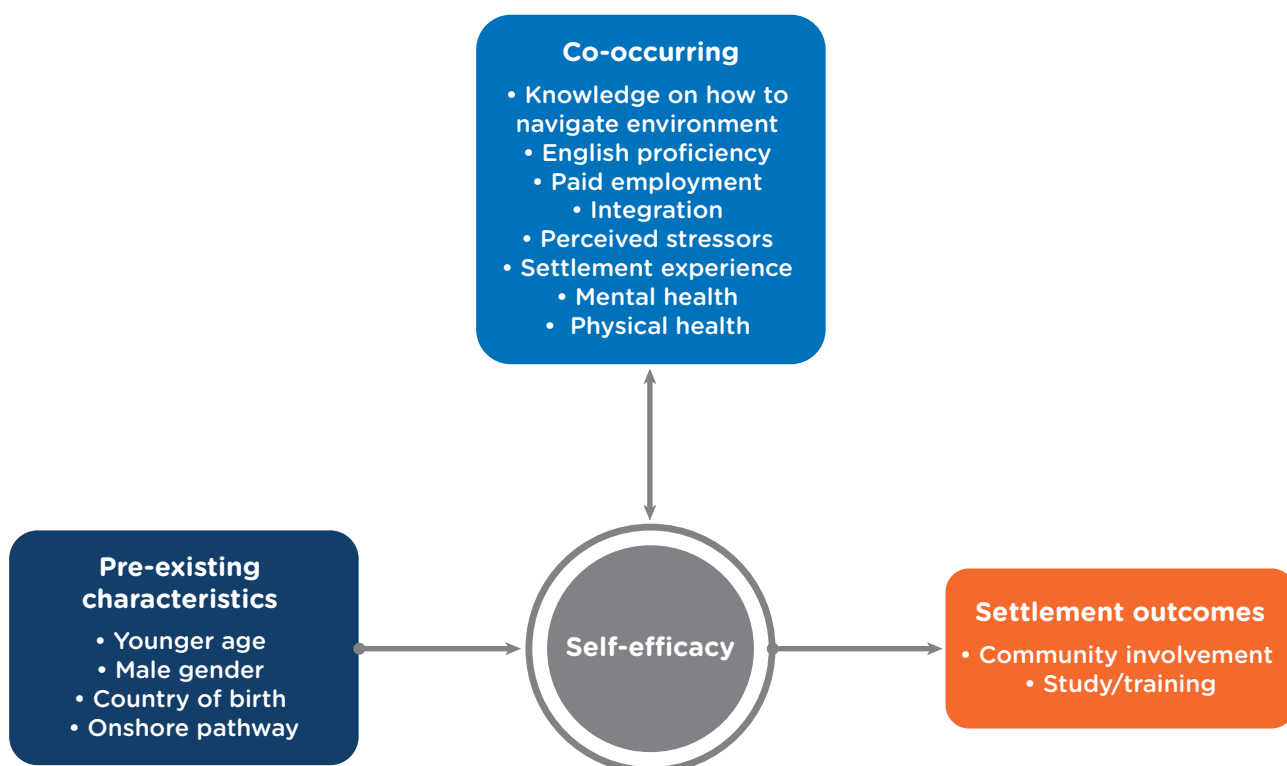


Figure 4: Summary of Factors Associated with Self-Efficacy

07

Discussion

The evidence outlined above clearly indicates that self-efficacy has an important and significant role to play in refugee resettlement and that more attention to self-efficacy, in both research and practice, is warranted.

The Department of Home Affairs (2019) states that Australian settlement services “*work to improve the lifetime wellbeing of migrants and refugees settling in Australia. We do this by responding to their specific needs and encouraging their independence and participation in the Australian community. We support a productive, harmonious and diverse society for all Australians.*” These concepts of lifetime wellbeing, independence and participation are highly correlated with the concept of self-efficacy as they require individuals to have a level of knowledge and confidence to act in a positive way on their goals and to meaningfully engage with society in a reciprocal way. Settlement also requires individuals and communities to create and maintain positive social and economic relationships independent of service providers. Therefore, self-efficacy clearly requires closer attention in resettlement policy and programming in Australia.

Self-efficacy and the role of settlement services

The role of settlement services could be described as supporting and enabling refugees to adjust to a new environment, learn societal norms and expectations, and draw on reliable knowledge sources and accessible, appropriate resources. Refugees need this support because they have experienced forced migration and associated trauma and, similar to other migrants, need assistance to bridge knowledge gaps. Settlement services are needed therefore, not because refugees are universally unable to meet their own needs, but because they face specific barriers that require targeted skills, knowledge, support and resources to enable them to achieve their settlement aspirations.

Currently, settlement services are structured with a somewhat transactional focus on connecting refugees with essential services such as education, employment assistance, healthcare, mental health and income support, as well as providing information about the Australian way of life. These connections can easily be made on behalf of refugees, without clear assessment of an individual's immediate needs, priorities and capabilities or their past successes. Settlement services are appropriately supported by specialist health and education service providers and include a range of community-based services focussed on cultural integration and ongoing resolution of settlement challenges. Whilst there is clearly a need for these services, the evidence suggests that emphasis needs to shift from a focus on delivering a series of standardised outputs towards tailoring services towards factors that strengthen self-efficacy and minimising settlement stressors or other factors that inhibit settlement progress. This implies a need to focus more on HOW services are delivered in addition to WHAT services are delivered.

To help illustrate, we might consider self-efficacy in terms of a metaphor related to driving a car. In this example, the goal of self-efficacy in resettlement refers to one's sense that they are in the driver's seat of their own destiny and that they possess the capacity and knowledge to drive the car to the desired destination and to navigate any obstacles. The role of the settlement worker may be best described within this analogy as an instructor or driving coach sitting in the passenger seat. They are not controlling the car or where it goes, but their role involves providing instructions, giving knowledge and teaching skills to apply knowledge in a safe and constructive manner.

A key factor in any migrant's transition to a new community is their ability to proactively navigate a new social, cultural and economic environment. As with a learner driver, they need initial instruction and guidance to navigate what is unfamiliar until they develop the confidence to proceed on their own. It is unhelpful therefore for the learner to sit in the passenger seat while someone else does the driving. They may learn some things but will struggle to perform without the instructor present. In fact, acting on behalf of a refugee client (rather than in an enabling way that enhances the client's ability to perform this role in the future) may in some cases undermine self-efficacy, as success may be attributed to the efforts of instructor (i.e., settlement worker) rather than the effort of the client (Leganger et al., 2000).

It is critical that settlement workers understand their role in facilitating positive settlement outcomes and, by association, developing strong self-efficacy for the refugees they support. Current settlement work in Australia is contracted in a way that incentivises task or output rather than capability or outcome. It is therefore not systematically designed to work in this way and at times can be disempowering for refugees who may feel stuck in a predetermined process line of activities rather than being in charge of their own settlement planning. Similarly, some refugees may feel overserved or trapped in services they do not need.

Therefore, whilst some providers seek to work in a way that enhances self-efficacy, current settlement contracts reinforce task-based outcomes rather than the development of characteristics that strengthen self-efficacy such as cross-cultural relationships, flexible language development, confidence to navigate systems and easily-accessible and demand-driven information. This needs to be addressed in future versions of the settlement contracts to ensure that self-efficacy is strengthened.

Self-efficacy and settlement outcomes

A clear association between self-efficacy and positive settlement outcomes is evident in the BNLA data and this is further supported by the academic literature. It is important to note that self-efficacy is a critical factor for improving settlement outcomes when refugees have a reasonable level of control over stressors and can attribute personal success. Perceived controllability comes from the belief that an individual can control or influence the outcome of a situation. In the case of settlement, it is useful to remember that the context is new and that skills and knowledge are needed to

support settlement adjustment whilst minimising associated stressors or barriers that inhibit progress. In this context it seems useful to create success experiences that increase the refugee's sense of control over their choices and actions and for the worker to minimise stressors by providing relevant information and skills training.

If settlement workers do things for or on behalf of refugees then their success experiences may be reduced and therefore self-efficacy may be negatively impacted. Equally, if refugees are left to autonomously tackle challenges that become overwhelming then their experience of insurmountable barriers may also negatively impact on their self-efficacy. Refugees must therefore be supported in a way that strikes the right balance between empowering individual action and avoiding failure from underservicing. The aim of settlement should be to maximise the sense of personal achievement and develop confidence within the refugee to tackle future problems and opportunities in a proactive manner by providing appropriate and timely information, skills to minimise stress and navigate challenges, and motivation to persevere and draw on personal strengths. It is also important for workers to match interventions to client needs and abilities and for contractual measures and accountabilities to support these aims.

Self-efficacy and internal/external stressors

The literature and BNLA data identify that mental health and post migration stressors can have a negative impact on self-efficacy by undermining one's beliefs in their abilities to navigate stressful events and achieve their goals, thus potentially reducing a person's overall sense of control over future outcomes. High levels of stress and significant psychological symptoms will potentially create an effect of feeling overwhelmed or a sense that barriers are insurmountable, as one's psychological or physiological state (i.e., anxiety) can become a key driver of one's self-efficacy beliefs (Bandura, 2012; Pajares, 1997). Furthermore, structural barriers inherently exist within society (e.g. common access and equity issues, bias and cost of living in cities), and a well-functioning settlement system should pay regular attention to the identification and eradication of these barriers in order to minimise the impact on self-efficacy.

Equally the data demonstrates that increases in self-efficacy may serve to reduce the perceived level of impact of stressors and points to a need for settlement services to provide interventions that both strengthen cognitive skills and reduce the impact or presence of external stressors associated with settlement. Refugees therefore need both the skills to self-advocate as well as access to the appropriate supports when needed in order to overcome structural, mental and systemic barriers for which they are unable to surmount without support.



Case Study 1 – Mona

Mona is a single mother and arrived in Australia under a woman at risk visa category as a result of experiencing gender based sexual exploitation and witnessing the murder of her husband due to ethnic conflict. She was experiencing significant traumatic stress symptoms and challenges due to being the mother of a child from sexual assault as well as the associated stigma within her ethnic community.

She had to escape from her country quickly and did not have much time to prepare before she came to Australia but was sent some information in her language that she had begun to read before arriving. The settlement worker spent time with her on arrival going through the information she had been sent and introducing her to an application that she could use on her phone to find out information when needed. The worker also spent time understanding her life and culture before coming to Australia but was mindful to focus on the present rather than delving into Mona's prior traumatic experiences.

Soon after arrival a warm referral was made to the local trauma counselling service by visiting the service in person with Mona to find out more about the service and what is involved. The worker assisted Mona to understand local support options available to single mothers with young children including playgroups and childcare. She was also provided with information about Government assistance for single mothers and the childcare subsidies. During the first six months, the settlement worker focussed on helping Mona to understand the local systems and how to access them and provided her with support and planning to access these services as needed. With Mona's permission, the worker also liaised with the trauma service to identify complimentary support strategies to maintain mental wellness which included introducing her to other women who had survived similar experiences and made a new life for themselves in Australia.

Finding suitable long-term housing was a challenge for Mona due to her low income. The worker was able to identify what was most important for Mona and helped her to consider share house arrangements. As she did not feel safe with this option yet, the worker helped her understand that she would have to accept basic accommodation for now due to a lack of rental record and low income and that she could work towards better accommodation over time. This included working out a safety plan and a financial plan to help Mona be comfortable with the short-term arrangement and to work towards better housing within 6-12 months.



Despite Mona experiencing traumatic stress symptoms that would come and go, the settlement worker still focussed on building Mona's knowledge and social support networks so that she would have confidence to reach her settlement goals and adjust to this new country. When things got difficult for Mona, the worker would help Mona to reflect on previous successes and how she has developed strengths by overcoming challenges. The worker resists the urge to avoid difficult discussions or to take over tasks that are challenging in order to ensure that Mona is encouraged to persevere and to believe in her capabilities.

As Mona builds social supports, participates in counselling and works through daily post migration challenges she is able to build confidence and independence and after about 6 months she decides to enrol in TAFE to become a bookkeeper. She is assisted to understand the education system and available subsidies and support services including pathways to higher education if she chooses.

Over time, Mona strengthens her support network and confidence and is able to identify services that she can access on her own when the need arises. Regular assessments are undertaken between Mona and the settlement worker during the first 12-18 months to determine when she is capable to access services and information independently. To support this the worker takes a less active role after 12 months and supports handover to local community networks and services. Subsequent support workers will be able to review Mona's goals and continue to build her capability and independence.

Self-efficacy and Settlement Workers

Worker attitude and approach are therefore critical in supporting refugees to navigate this path and to determine when and when not to intervene. If workers intervene too much or too little it may undermine a refugee's self-efficacy and therefore potentially undermine settlement outcomes. The literature supports this idea and extends to workers in other industries whom refugees are engaging with such as health workers and government services. It may be the case that the extent to which workers intervene could vary over time. For example, when a refugee initially arrives in Australia, irrespective of his/her level of self-efficacy and achievement in the home country, it is likely that there will be significant knowledge gaps that need to be addressed to facilitate the settlement process. It may be the case that settlement workers would take a more active role in providing this information and relevant connections at this early stage, working in a way that enhances the individual's self-efficacy to increase the capacity of the refugee to independently gain further knowledge, skills and connections after the initial settlement period. Therefore services must be able to tailor interventions to need and ability with increased self-efficacy as a goal.

Even in the initial phases, however, support workers can easily fall into the trap of assuming that settlement experiences will be the same for all refugees and pre-empt the challenges they may face without taking time for individual assessment or reframing challenges into opportunities for learning. They may assume that refugees from the same culture will experience the same barriers. If they are a former refugee themselves, the worker may assume that all refugees will face the same challenges that they did. Others may view refugees as trauma victims with impaired ability or being in need of protection and may overcompensate by providing a greater level of intervention or underestimating capability and inadvertently have a negative impact on self-efficacy.

Settlement workers who have a strong sense of self-efficacy in their own abilities to assist their clients, will also potentially have a higher level of confidence in the ability of their client to settle into Australian society and to navigate physical, social, cultural, economic and psychological integration pathways. They will be strengths focussed, seeking to identify success stories for both the refugee and others who have arrived before them and avoiding a framework of vulnerability and helplessness. They will give the client space to learn and make mistakes whilst also ensuring that settlement stressors are manageable by working through a solution focussed lens. They will also be mindful of the tools and resources that they are helping refugees to develop and use independently of services.

Whilst this sounds straight forward, many settlement workers face large caseloads which may inhibit this approach. Settlement workers also witness many structural challenges faced by refugees including insufficient affordable housing, discrimination and general access and equity issues, which may undermine beliefs that their client is able to successfully navigate these stressors and reach their goals with or without their

assistance. Therefore, it is important to consider availability of training and support mechanisms for settlement workers to ensure that they are sufficiently trained in a self-efficacy intervention framework and have the necessary supports to maintain a strengths-based and solution focussed approach to settlement work. Currently there is no systematic or consistent training available for settlement workers to ensure consistency of practice and an agreed purpose of intervention. There is also no tertiary level qualification with a focus on settlement practice and this represents an area for future development. Workforce development strategies should therefore be considered in future settlement programming along with structures to support worker wellbeing and confidence in addressing settlement stressors.

How to Utilise Refugee Self-efficacy in the Resettlement Process

Self-efficacy in access to information

The BNLA data clearly highlights that access to community information and command of the English language are critical in establishing a strong foundation for self-efficacy in the early stages of settlement (up to 2 years) and therefore leading to better overall settlement outcomes across a range of domains. Settlement orientation information and English language support are key features of the current program yet settlement outcomes such as employment and social integration are not universal across the program. A key challenge for refugees and migrants when entering a new country like Australia is to navigate the complexity of services, supports, and societal norms associated with a new culture and language. The BNLA data highlighted that knowledge on how to navigate the environment in the early months after arrival in Australia was related to increased self-efficacy over the subsequent two years. In this survey, knowledge was measured by seven items representing the extent to which the individual knows how to: look for a job, use public transport, get help in an emergency, use bank services, find out about government benefits/services, find out about rights, and get help from police.

It would seem therefore that information that facilitates problem solving, knowledge of rights and how to navigate services and systems is most critical to enabling increased self-efficacy. Further consideration is needed with regards to the accessibility and appropriateness of information and language services to ensure that refugees are getting the most benefit at the right time. It is likely that self-efficacy will strengthen where refugees develop the skills to navigate and access information according to need and have strategies in place to address known and unknown stressors.

Access to information should not be limited by barriers such as language or the platform within which it is delivered (i.e. via services, set classes on arrival or digital platforms). Getting this right may increase confidence and self-efficacy and minimise the impact of stressors as the client will have strategies and supports in place to navigate challenges and be able to draw in additional support when needed. A review of how and when information is delivered in the early stages of settlement is therefore warranted including consideration of providing more accessible information from the

point of visa grant and delivering information according to client needs rather than by settlement timeline. It should also consider additional barriers faced by some refugees with mental or physical health needs.

Self-efficacy in language learning

Command of the English language also logically plays a key role in the ability for newcomers to access and digest relevant information. Whilst many materials in Australia are available in multiple languages they are not always written with a newcomer in mind and can be difficult to access without assistance of a settlement or other support worker, creating initial feelings of failure, thereby potentially reducing self-efficacy. A dependence on interpreters and classroom based English language learning may also create additional stressors that could be avoided through more flexibility in language services. Classroom learning can also inadvertently diminish self-efficacy if others are seen to advance faster. Alternatives that focus on digital learning, peer to peer and workplace learning warrant further investigation due to their flexibility and capacity to develop other resources that support increased self-efficacy such as social networks, access to information and paid employment. Ultimately command of the English language increases confidence and capacity to find the right information at the right time and therefore is likely to lead to a greater level of self-efficacy.

Having confidence to communicate with others naturally creates a greater sense of achievement and autonomy over settlement outcomes. It enables an individual to grow their social and professional network and to open doors to opportunities such as meaningful paid employment, housing, recreation and education. The implication therefore for settlement services is to consider how English language programs can best maximise proficiency early and be more responsive to individual learning needs. Ideally, language proficiency services would incorporate knowledge acquisition and support the development of social and professional networks with English speakers.

Self efficacy in social integration

The BNLA data also demonstrates a strong association between self-efficacy and improvements in social and economic integration over time. Social integration in the BNLA was measured in terms of how easy it is to make friends, understand Australian ways and to talk to Australian neighbours. It is closely related to feelings of belonging and enhanced by a greater command of the English language. The data also confirms that self-efficacy and settlement outcomes are bi-directional, meaning that English proficiency, knowledge, social integration and paid employment are strongly predicted by self-efficacy. Equally, increases in self-efficacy are strongly predicted by the presence of English, knowledge, social relationships and employment. This bi-directional relationship means that an effective settlement system needs to emphasise the development of individual self-efficacy whilst also working to minimize barriers to learning English, settlement knowledge, social integration and employment in particular.

Case Study 2 - Ahmed

Ahmed arrives in Australia through the humanitarian program with his family at the age of 21. He is Iraqi but has spent much of his life in Iran and then Syria due to conflicts in the region. However, he has been able to get a good education which was disrupted when his family had to flee ISIS in Syria.

When his visa was granted, Ahmed was provided with links to information about life in Australia and education options available to him and he was introduced to a mobile phone application that allowed him to navigate and find information relevant to his interests and goals. Being motivated to learn about opportunities in Australia, he studied the information including researching education options.

On arrival to Australia he was able to meet with a settlement worker who spent time getting to know his aspirations and to understand life before coming to Australia. As Ahmed was motivated to continue his study, the settlement worker provided additional information about the Australian tertiary education system and explained the options available to him including available government and university assistance programs. The worker encouraged Ahmed to ask questions and to identify an action plan with clear goals and equipped him with tools to help him monitor his progress. The worker also helped Ahmed to find and meet other students and professionals in his chosen industry so he could get information and support from others whilst also motivating his English language learning.

Ahmed struggled with applications to university because his course was not locally recognised and he was confused about what he needed to do to overcome these barriers. The settlement worker therefore helped Ahmed to gather information to try and understand the educational requirements for his profession in Australia and options for bridging any gaps. The worker also identified other former refugees who could share their experiences with similar issues and how they overcame them. This plan also included speaking with course advisors from each of his preferred universities. Ahmed was able to get some credits for his prior coursework and had to enrol in a summer school to catch up on a few subjects.

Over the first 6-12 months, the settlement worker met regularly with Ahmed to review his action plan and to strategise around solutions to barriers he was experiencing. In these sessions the worker would reinforce achievements and promote proactive problem solving by Ahmed before providing solutions to him. Sometimes they spoke about misinformation in the community

and Ahmed was encouraged to conduct his own research to evaluate how accurate this information was. The worker facilitated referrals to specialist support services when Ahmed needed extra help.

Ahmed was provided with information about the range of support services available to him as a migrant and resident and was encouraged to continue to build social and professional networks. After about 12 months, Ahmed did not need as much support and was confident to access specific services independently when the need arose. Over the next few years, Ahmed occasionally needed assistance but he was able to find appropriate services and express his needs to them. He also decided to support other newcomers by sharing his experiences and volunteering to help build social connections.

Self-efficacy and mental health

The data also suggests that there should be strategies in place to minimise significant stressors, including mental health problems, that are likely to inhibit self-efficacy by creating a sense of being overwhelmed and unable to influence future outcomes. Whilst it is impossible to eliminate all post migration stressors, settlement work should focus on minimizing the impact of stressors and improving resilience.

There is rightfully a strong focus on the impact of trauma on refugees resettling to Australia and the related potential mental health implications. Whilst it is clear that these are significant factors and have the potential to derail self-efficacy, it is noteworthy that self-efficacy predicted positive settlement outcomes over and above the impact of mental health. This means that the presence of trauma and/or mental illness did not negate the role of self-efficacy in predicting positive settlement outcomes. What we can derive from the evidence outlined above is that mental health problems and distressing mental health symptoms will likely dampen self-efficacy but may not undermine it completely. The evidence suggests that, like any significant stressor, mental health problems should be concurrently treated with the view that by relieving distress, we can also draw on a person's ability to overcome past stressors as part of the healing process. Therefore, self-efficacy may be enhanced through mental health interventions both by reducing physiological sensations (i.e., anxiety) that drive one's self-efficacy beliefs, and increasing one's beliefs about their ability to overcome past stressors. With this in mind it is worth considering the function of torture and trauma services and other psychological support services as a means of restoring or retaining functional control and confidence, particularly where this has been taken away through acts of torture or abuse. Self-efficacy was also noted in the literature as a predictor of recovery from trauma. (Benight & Bandura, 2004) All refugees face a stripping of their nationality, their rights, and to some extent, their agency, as a result of becoming a refugee, and therefore settlement becomes an important period for rebuilding self-efficacy which can potentially become a powerful tool for healing from past trauma.

The emphasis in self-efficacy theory on past successes indicates an important role for former refugees who have reached their settlement goals to share their success experiences. This may help in providing strategies to address common barriers and moderating any unrealistic expectations without developing a sense of hopelessness. This could include both highly successful and every day Australians who have been settled in Australia for many years, as well as more recently, and should emphasise perseverance and personal autonomy in achieving settlement goals as well as sharing tips for navigating challenges. Whilst former refugees are already a key part of the Australian settlement workforce, consideration should be given to how their role can be strengthened in this regard.

Finally, given that self-efficacy is only likely to be effective in improving resettlement goals when stressors are objectively manageable, consideration must be given to components of the refugee processing system that may facilitate uncertainty and powerlessness. This includes lengthy processing times, use of temporary protection visas and potentially excessive administrative delays without clear reasons. Lack of clear information or logic in relation to visa processing is likely to have a negative impact on self-efficacy and may potentially undermine settlement outcomes for refugees who reside in Australia permanently or long term. If settlement outcomes are to be maximised via self-efficacy, then clear and logical information is needed at all stages of the visa processing and settlement process in order to avoid the negative consequences of uncertainty and to build trust in the process.

Summary

In summary, self-efficacy seems to be an important determinant of effective settlement and a promising target for future service design. Whilst it is clear that multiple factors are at play, self-efficacy may be an onramp for a refugee to get on a positive cycle that will facilitate effective long-term settlement outcomes including social integration and employment. Self-efficacy is a tool that can be accessed by refugees rather than something that needs to be given to them. The role of settlement workers is to tap into this tool and use it to build capability through skills, knowledge and a sense of autonomy.

Whilst settlement stressors and mental health will always be a threat to self-efficacy, effectively targeting this quality through mechanisms that serve to focus on individual confidence and minimising the real impact of stressors has the potential to significantly improve settlement outcomes for refugees. In some cases, additional intervention may be required due to significant mental health problems or other factors leading to high levels of post migration stress.

While further research is required to better understand the nuanced relationship between self-efficacy and specific aspects of refugee settlement, establishing a settlement system where success is expected, and stories of triumph and strength are regularly shared, is an important potential pathway to positive settlement outcomes.

08

Recommendations

When considering adjustments needed within settlement to facilitate stronger self-efficacy and therefore better settlement outcomes, the following recommendations are made and grouped in three categories:

1. Facilitate greater self-efficacy in refugees by implementing an individualised and strengths-based approach in the settlement system

- a. Design a clear definition of the role and purpose of settlement that includes self-efficacy as a desired outcome. This would ensure a greater focus on activities that emphasise and measure self-efficacy and avoid the current emphasis on task only.
- b. Facilitate the sharing of success experiences of former refugees in overcoming settlement barriers. This should include creating opportunities for former refugees to play a role in building the confidence of newcomers and in designing strategies to address common stressors.
- c. Implement tools and programs that promote timely and demand-driven access to accurate, comprehensive and reliable information. This should include information that enables self-directed action and proactive problem solving. Information must be available when needed by refugees and in a format that they can understand and use. The role of service providers would then be to assist refugees to respond to questions or to support action planning when needed.
- d. Invest in programs that deliver flexible English language training that is responsive to individual needs. This should include the use of digital applications and opportunities for peer and 'on the job' learning.
- e. Consider reframing settlement casework to be more closely aligned with coaching models of practice. Such models would position the individual as responsible for their own settlement journey and the worker as the guide or facilitator of knowledge and skills without undermining the need for some refugees to access more intensive services where needed (e.g. significant mental illness or experiencing severe stressors).
- f. Develop cross-government cooperation mechanisms to support better access for refugees to mainstream government and non-government services. This should include making information resources available in multiple languages and/or simplified English and developing cultural communication competence among mainstream workforce.
- g. Explore contractual outcome measures that include direct feedback from refugees and that assess self-efficacy. This should include the development of a set of outcome measures that emphasise self-efficacy and other related characteristics. This may include asking refugees to complete the Generalised Self-efficacy Scale as part of contract accountability requirements to measure outcome rather than just activity volume. It may also include the use of satisfaction feedback from clients and self reporting measures related to confidence and achieving personal goals.

2. Removing or addressing barriers to self-efficacy that may compromise settlement outcomes

- c.** Review current practices in relation to visa processing and settlement programs to maximise predictability and a perceived sense of fairness and equity. This includes considering commencement of settlement services from the point of visa grant and addressing inconsistencies in case management across settlement services. Uncertainty in visa and immigration processes is likely to lead to lower self-efficacy and therefore inhibit settlement outcomes.
- d.** Ensure settlement services are designed with specific and evidence-based strategies to address known high-level integration stressors. Such stressors include housing, employment, social relationships, worry about separated family and mental health concerns. More research is needed to understand stressors that have the greatest negative impact on self-efficacy.

3. Enhancing workforce capacity to deliver services that engage self-efficacy

- a.** Implement workforce training and competency programs focussed on understanding and leveraging self-efficacy in settlement. This should include training in strengths-based and solution-focussed theories of practice as well as training about self-efficacy and its role in fostering positive settlement outcomes. Embedding a competency framework for settlement workers that reinforces worker self-efficacy and coaching models of practice will further support this objective.
- b.** Ensure settlement workers have adequate supports to avoid vicarious trauma and to maintain a constructive and solution focussed attitude towards the development of self-efficacy among refugees. It is important that settlement services provide adequate support structures to workers to enable them to manage the demands of the work and to maintain an appropriate focus on enabling client self-efficacy. This may include regular supervision, access to relevant training and reasonable caseloads.

09

References

Alharbi, B. H. M. (2018). Psychological Security And Self-Efficacy Among Syrian Refugee Students Inside And Outside The Camps. *Journal of International Education Research (JIER)*. <https://doi.org/10.19030/jier.v13i2.10101>

Australia Department of Home Affairs (2019) <https://www.homeaffairs.gov.au/about-us/our-portfolios/settlement-services>

Australian Department of Social Services, A. I. o. F. S., Colmar Brunton Social Research MMaM. (2015). Building a New Life in Australia: the longitudinal study of humanitarian migrants: wave 1 data users guide. Retrieved from Australian Department of Social Services, Australian Institute of Family Studies, Colmar Brunton Social Research MMaM.: <http://www3.aifs.gov.au/bnla/userguide/wave1/index.html>

Australian Department of Social Services, A. I. o. F. S., Colmar Brunton Social Research MMaM. (2018). Building a New Life in Australia: the longitudinal study of humanitarian migrants: Data User's Guide Release 4.0.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*. <https://doi.org/10.1037/0033-295X.84.2.191>

Bandura, A. (1986). The Explanatory and Predictive Scope of Self-Efficacy Theory. *Journal of Social and Clinical Psychology*. <https://doi.org/10.1521/jscp.1986.4.3.359>

Bandura, A. (1986). *Social Foundations of Thought and Action*. Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (1989). Regulation of Cognitive Processes Through Perceived Self-Efficacy. *Developmental Psychology*. <https://doi.org/10.1037/0012-1649.25.5.729>

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman and Company. American Psychological Association.

Bandura, A. (2001). Social cognitive theory: an agentic perspective. *Annu. Rev. Psychol.* 52, 1–26. doi: 10.1146/annurev.psych.52.1.1

Bandura, A. (2006). Toward a psychology of human agency. *Persp. Psychol. Sci.* 1, 164–180. doi: 10.1111/j.1745-6916.2006.00011.x

Bandura, A. (2012). On the functional properties of perceived self-efficacy revisited. In *Journal of Management*. <https://doi.org/10.1177/0149206311410606>

Bandura, A., & Locke, E. A. (2003). Negative self-efficacy and goal effects revisited. *Journal of Applied Psychology*. <https://doi.org/10.1037/0021-9010.88.1.87>

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour Research and Therapy*. <https://doi.org/10.1016/j.brat.2003.08.008>

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour research and therapy*, 42(10), 1129–1148.

Briones, E., Tabernero, C., Tramontano, C., Caprara, G. V., & Arenas, A. (2009). Development of a cultural self-efficacy scale for adolescents (CSES-A). *International Journal of Intercultural Relations*. <https://doi.org/10.1016/j.ijintrel.2009.03.006>

Brown, A. D., Dorfman, M. L., Marmar, C. R., & Bryant, R. A. (2012). The impact of perceived self-efficacy on mental time travel and social problem solving. *Consciousness and Cognition*. <https://doi.org/10.1016/j.concog.2011.09.023>

Brown, A. D., Joscelyne, A., Dorfman, M. L., Marmar, C. R., & Bryant, R. A. (2012). The impact of perceived self-efficacy on memory for aversive experiences. *Memory*, 20(4), 374–383. <https://doi.org/10.1080/09658211.2012.667110>

- Butterworth SW, Prochaska JO, Redding CA (2010). Evaluation of Project META (Motivating Employees Towards Action). Research Presentation to 2010 Art & Science of Health Promotion Conference, Hilton Head, SC; March 2010.
- Chen, G., Gully, S. M., & Eden, D. (2001). Validation of a New General Self-Efficacy Scale. *Organizational Research Methods*. <https://doi.org/10.1177/109442810141004>
- Chung, M. C., AlQarni, N., AlMazrouei, M., Al Muhairi, S., Shakra, M., Mitchell, B., Al Mazrouei, S., & Al Hashimi, S. (2020). Posttraumatic stress disorder and psychiatric co-morbidity among Syrian refugees: the role of trauma exposure, trauma centrality, self-efficacy and emotional suppression. *Journal of Mental Health*. <https://doi.org/10.1080/09638237.2020.1755023>
- Chwastek, S., Leyendecker, B., Heithausen, A., Ballero Reque, C., & Busch, J. (2021). Pre-school Teachers' Stereotypes and Self-Efficacy are Linked to Perceptions of Behavior Problems in Newly Arrived Refugee Children. *Frontiers in Psychiatry*. <https://doi.org/10.3389/fpsyt.2020.574412>
- Dvir, T., Eden, D., & Banjo, M. L. (1995). Self-Fulfilling Prophecy and Gender: Can Women Be Pygmalion and Galatea? *Journal of Applied Psychology*. <https://doi.org/10.1037/0021-9010.80.2.253>
- Eden, D., & Aviram, A. (1993). Self-Efficacy Training to Speed Reemployment: Helping People to Help Themselves. *Journal of Applied Psychology*. <https://doi.org/10.1037/0021-9010.78.3.352>
- Edwards, B., Smart, D., De Maio, J., Silbert, M., & Jenkinson, R. (2017). Cohort Profile: Building a New Life in Australia (BNLA): the longitudinal study of humanitarian migrants. *International Journal of Epidemiology*, 47(1), 20-20h.
- Ferren, P. M. (1999). Comparing perceived self-efficacy among adolescent Bosnian and Croatian refugees with and without posttraumatic stress disorder. *Journal of Traumatic Stress*. <https://doi.org/10.1023/A:1024749118463>
- Hibbard JH, Stockard J, Mahoney ER, et al (2004). Development of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Consumers. *Health Serv Res*2004;39(4p1):1005-1026.
- Hinz, A., Schumacher, J., Albani, C., Schmid, G., & Brähler, E. (2006). Bevölkerungsrepräsentative Normierung der Skala zur Allgemeinen Selbstwirksamkeitserwartung. *Diagnostica*. <https://doi.org/10.1026/0012-1924.52.1.26>
- Isawi, D. T., & Post, P. B. (2020). Self-Efficacy of Counsellors Working With Refugees. *Adultspan Journal*. <https://doi.org/10.1002/adsp.12099>
- Karademas, E. C. (2006). Self-efficacy, social support and well-being: The mediating role of optimism. *Personality and individual differences*, 40(6), 1281-1290.
- Kashyap, S., Keegan, D., Liddell, B. J., Thomson, T., & Nickerson, A. (2021, Feb). An Interaction Model of Environmental and Psychological Factors Influencing Refugee Mental Health. *J Trauma Stress*, 34(1), 257-266. <https://doi.org/10.1002/jts.22636>
- Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry*. <https://doi.org/10.1177/1359104507071052>
- Lacour, O., Morina, N., Spaaij, J., Nickerson, A., Schnyder, U., von Känel, R., Bryant, R. A., & Schick, M. (2020). Prolonged Grief Disorder Among Refugees in Psychological Treatment—Association With Self-Efficacy and Emotion Regulation. *Frontiers in Psychiatry*. <https://doi.org/10.3389/fpsyt.2020.00526>
- Leganger, A., Kraft, P., & Røysamb, E. (2000). Perceived self-efficacy in health behaviour research: Conceptualisation, measurement and correlates. *Psychology and Health*. <https://doi.org/10.1080/08870440008400288>

- Li, M. H., Eschenauer, R., & Persaud, V. (2018). Between avoidance and problem solving: Resilience, self-efficacy, and social support seeking. *Journal of Counselling & Development*, 96(2), 132-143.
- Lim, S. H., & Han, S. S. (2016). A predictive model on north Korean refugees' adaptation to south Korean society: Resilience in response to psychological trauma. *Asian nursing research*, 10(2), 164-172.
- Litt, M. D., Nye, C., & Shafer, D. (1993). Coping with Oral Surgery by Self-efficacy Enhancement and Perceptions of Control. *Journal of Dental Research*. <https://doi.org/10.1177/00220345930720081301>
- Lown, J. M. (2011). 2011 outstanding AFCPE® Conference paper: Development and validation of a Financial Self-Efficacy Scale. *Journal of Financial Counselling and Planning*.
- Luszczynska, A., Benight, C. C., & Cieslak, R. (2009). Self-Efficacy and Health-Related Outcomes of Collective Trauma. *European Psychologist*. <https://doi.org/10.1027/1016-9040.14.1.51>
- Lyons, J. A. (1991). Strategies for assessing the potential for positive adjustment following trauma. *Journal of Traumatic Stress*. <https://doi.org/10.1007/BF00976011>
- Magaletta, P. R., & Oliver, J. M. (1999). The hope construct, will, and ways: Their relations with self-efficacy, optimism, and general well-being. *Journal of clinical psychology*, 55(5), 539-551.
- Miller, K. E., & Rasmussen, A. (2017, Apr). The mental health of civilians displaced by armed conflict: an ecological model of refugee distress. *Epidemiol Psychiatr Sci*, 26(2), 129-138. <https://doi.org/10.1017/S2045796016000172>
- Morina, N., Bryant, R. A., Doolan, E. L., Martin-Sölch, C., Plichta, M. M., Pfaltz, M. C., Schnyder, U., Schick, M., & Nickerson, A. (2018). The impact of enhancing perceived self-efficacy in torture survivors. *Depression and Anxiety*. <https://doi.org/10.1002/da.22684>
- Nickerson, A., Bryant, R. A., Rosebrock, L., & Litz, B. T. (2014). The mechanisms of psychosocial injury following human rights violations, mass trauma, and torture. *Clinical Psychology: Science and Practice*, 21(2), 172–191. <https://doi.org/10.1111/cpsp.12064>
- Pajares, F. (1996). Self-efficacy beliefs and mathematical problem-solving of gifted students. *Contemp. Educ. Psychol.* 21, 325–344. doi: 10.1006/ceps.1996.0025
- Pajares, F. (1997). Current directions in self-efficacy research. *Advances in motivation and achievement. Psychological Science*.
- Parto, M. (2011). Problem solving, self-efficacy, and mental health in adolescents: Assessing the mediating role of assertiveness. *Procedia-Social and Behavioural Sciences*, 30, 644-648.
- Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. In *Journal of the American Medical Association* (Vol. 294, Issue 5, pp. 602–612). <https://doi.org/10.1001/jama.294.5.602>
- Prochaska, J.O., Butterworth, S., Redding, C.A., et al. (2008). Initial Efficacy of MI, TTM Tailoring and HRI's with Multiple Behaviours for Employee Health Promotion. *Prev Med*, 46, 226-31.
- Rogala, A., Szczepaniak, M., Michalak, N., & Andersson, G. (2020). Internet-based self-help intervention aimed at increasing social self-efficacy among internal migrants in Poland: Study protocol for a randomized controlled trial. *Internet Interventions*. <https://doi.org/10.1016/j.invent.2020.100322>
- Sack, W. H., Clarke, G. N., Kinney, R., Belestos, G., Him, C., & Seeley, J. (1995). The khmer adolescent project ii: Functional capacities in two generations of Cambodian refugees. *Journal of Nervous and Mental Disease*. <https://doi.org/10.1097/00005053-199503000-00009>
- Sanderson, W. C., Rapee, R. M., & Barlow, D. H. (1989). The Influence of an Illusion of Control on Panic Attacks Induced via Inhalation of 5.5% Carbon Dioxide-Enriched Air. *Archives of General Psychiatry*. <https://doi.org/10.1097/00004583-198905000-00009>

Scholz, U., Doña, B. G., Sud, S., & Schwarzer, R. (2002). Is general self-efficacy a universal construct? Psychometric findings from 25 countries. *European Journal of Psychological Assessment*. <https://doi.org/10.1027//1015-5759.18.3.242>

Schönfeld, P., Preusser, F., & Margraf, J. (2017). Costs and benefits of self-efficacy: Differences of the stress response and clinical implications. In *Neuroscience and Biobehavioral Reviews*. <https://doi.org/10.1016/j.neubiorev.2017.01.031>

Schunk, D. H., & Pajares, F. (2002). The Development of Academic Self-Efficacy. In *Development of Achievement Motivation*. <https://doi.org/10.1016/b978-012750053-9/50003-6>

Schwarzer, R., Hahn, A., & Jerusalem, M. (1993). Negative affect in east German migrants: Longitudinal effects of unemployment and social support. *Anxiety, Stress, & Coping*. <https://doi.org/10.1080/10615809308249532>

Schwarzer, R., Hahn, A., & Schröder, H. (1994). Social integration and social support in a life crisis: Effects of macrosocial change in east Germany. *American Journal of Community Psychology*. <https://doi.org/10.1007/BF02506899>

Schwarzer, R., & Jerusalem, M. (1995). Optimistic Self-Beliefs as a Resource Factor in Coping with Stress. In *Extreme Stress and Communities: Impact and Intervention*. https://doi.org/10.1007/978-94-015-8486-9_7

Schwarzer, R., Mueller, J., & Greenglass, E. (1999). Assessment of perceived general self-efficacy on the internet: Data collection in cyberspace. *Anxiety, Stress and Coping*. <https://doi.org/10.1080/10615809908248327>

Schwarzer, R., & Warner, L. M. (2013). Perceived Self-Efficacy and its Relationship to Resilience. https://doi.org/10.1007/978-1-4614-4939-3_10

Sherer, M., Maddux, J. E., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. W. (1982). The Self-Efficacy Scale: Construction and Validation. *Psychological Reports*. <https://doi.org/10.2466/pr0.1982.51.2.663>

Silove, D., Sinnerbrink, I., Field, A., Manicavasagar, V., & Steel, Z. (1997). Anxiety, depression and PTSD in asylum-seekers: Associations with pre-migration trauma and post-migration stressors. *British Journal of Psychiatry*, 170(APR.), 351–357. <https://doi.org/10.1192/bjp.170.4.351>

Smith, H. M., & Betz, N. E. (2000). Development and Validation of a Scale of Perceived Social Self-Efficacy. *Journal of Career Assessment*. <https://doi.org/10.1177/106907270000800306>

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. In *JAMA - Journal of the American Medical Association* (Vol. 302, Issue 5). <https://doi.org/10.1001/jama.2009.1132>

Sulaiman-Hill, C. M. R., & Thompson, S. C. (2013). Learning to fit in: An exploratory study of general perceived self efficacy in selected refugee groups. *Journal of Immigrant and Minority Health*. <https://doi.org/10.1007/s10903-011-9547-5>

Tip, L. K., Brown, R., Morrice, L., Collyer, M., & Easterbrook, M. J. (2020). Believing is achieving: a longitudinal study of self-efficacy and positive affect in resettled refugees. *Journal of Ethnic and Migration Studies*. <https://doi.org/10.1080/1369183X.2020.1737513>

Van Heemstra, Henriette E., Scholte, W. F., Haagen, J. F. G., & Boelen, P. A. (2019). 7ROSES, a transdiagnostic intervention for promoting self-efficacy in traumatized refugees: a first quantitative evaluation. *European Journal of Psychotraumatology*. <https://doi.org/10.1080/20008198.2019.1673062>

- Van Heemstra, Henriëtte E., Scholte, W. F., Nickerson, A., & Boelen, P. A. (2021). Can circumstances be softened? Self-efficacy, post-migratory stressors, and mental health among refugees. *International Journal of Environmental Research and Public Health*. <https://doi.org/10.3390/ijerph18041440>
- Verešová, M., & Malá, D. (2012). Stress, proactive coping and self-efficacy of teachers. *Procedia-Social and Behavioural Sciences*, 55, 294-300.
- Von Haumeder, A., Ghafoori, B., & Retailleau, J. (2019). Psychological adaptation and posttraumatic stress disorder among Syrian refugees in Germany: a mixed-methods study investigating environmental factors. *European Journal of Psychotraumatology*. <https://doi.org/10.1080/20008198.2019.1686801>
- Weisenberg, M., Schwarzwald, J., & Solomon, Z. (1991). Effects of Combat Stress Reaction and Posttraumatic Stress Disorder on Perceived Self-Efficacy in Battle. *Military Psychology*. https://doi.org/10.1207/s15327876mp0301_4
- Woodruff, S. L., & Cashman, J. F. (1993). Task, Domain, and General Efficacy: A Reexamination of the Self-Efficacy Scale. *Psychological Reports*. <https://doi.org/10.2466/pr0.1993.72.2.423>
- Young, J., Jerolimov, D., & Ofner, S. (2021). Promoting nursing students' transcultural self-efficacy to care for Burmese refugees using a set of educational strategies. *Nursing Forum*. <https://doi.org/10.1111/nuf.12541>
- Yang, Mai M., "A study of self-efficacy in a group of Hmong refugees" (2014). Masters Thesis, Smith College, Northampton, MA.
- Zhao, F. F., Lei, X. L., He, W., Gu, Y. H., & Li, D. W. (2015). The study of perceived stress, coping strategy and self-efficacy of Chinese undergraduate nursing students in clinical practice. *International journal of nursing practice*, 21(4), 401-409.

