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'*I really want to work for me to feel good myself* ': Health impacts of employment experiences for women from refugee backgrounds in Australia

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ABSTRACT

Work is an important social determinant of health. However, people from refugee backgrounds face various barriers to employment and women especially have significantly lower levels of employment. Many refugees also work in jobs with poor conditions. Given the higher risk of poor health for refugees more generally, the impact of employment experiences on health is an important area of investigation. Drawing on in-depth interviews with 42 refugee women, this paper explores health effects of job seeking and employment experiences. Interviews were analysed using inductive thematic analysis. Women reported difficulties securing work and most were unemployed, which had a negative effect on mental health. Once in work, employment was found to promote wellbeing through a sense of identity and contribution, as well as extending social networks. However, almost all employed participants were working in precarious employment conditions. In terms of mental health, participants reported negative effects from exploitation and discrimination. Exposure to toxic chemicals and poor working conditions were reported as particularly detrimental to physical health. Women were reluctant to complain about poor working conditions, citing a lack of awareness of procedures, fear of losing employment, and concerns about implications for immigration status. Overall, the study highlighted significant barriers to women securing work generally, particularly work that was health promoting. The paper concludes with a discussion of the implications for policy and practice.

1. Introduction

People from refugee and asylum seeker backgrounds – particularly women - have worse health than the general population (Fazel, Wheeler, & Danesh, 2005; Porter & Haslam, 2005). A combination of pre-migration factors contribute to these disparities, including exposure to trauma and forced displacement, and post-migratory stressors including family separation and difficulties securing essential resources such as housing and health care. Previous research has found that employment affects health in the general population (Campos-Serna, Ronda-Pérez, Artazcoz, Moen, & Benavides, 2013; van der Noordt, H, Droomers, & Proper, 2014) but this is under-explored for people with refugee backgrounds. As such, this paper aimed to examine how employment experiences affect health for refugee women.

1.1. Background

1.1.1. Terminology

Refugee and asylum seeker. In this paper, for brevity we use the terms 'refugee' and 'asylum seeker'; however, we acknowledge this is only one aspect of identity. The United Nations High Commissioner for Refugees (UNHCR) defines refugees as people who meet refugee status criteria and asylum seekers as people awaiting determination of refugee status claims or other types of protection (UNHCR, 2020). In this paper we use the term 'refugee' to cover both refugees and asylum seekers, unless there is something specific about asylum seekers to note.

Health and wellbeing. We further take the World Health Organisation definition of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO, 1946, p. 100) (p.g.100).

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1.1.2. Refugee resettlement in Australia

Globally the UNHCR estimates that in 2021 there were over 27 million refugees, with key countries of origin being Syria, Afghanistan, South Sudan, and Myanmar. Less than 1% of refugees are formally resettled by the UNHCR in countries such as Australia (UNHCR, 2021), which has a current annual intake of just 13,750 per year. The formal Australian humanitarian settlement scheme offers new refugee arrivals settlement services such as help accessing local services, free English language classes, temporary housing and assistance finding employment. This support is short term (usually 12–18 months) after which people are expected to transition to less specialised services and greater independence.

In addition to the formal resettlement scheme, some people enter Australia by boat or plane and claim asylum after arrival. These individuals are currently provided with temporary 'Bridging Visas' while claims for refugee status are determined and if successful, since 2014 they then transition to temporary refugee visas (Temporary Protection Visas (TPVs) or Safe Haven Enterprise Visas (SHEVs)). Temporary visas have varying entitlements to work, length of stay, and eligibility for welfare and government assistance to access the labour market. Pathways to permanent residency or citizenship do exist for temporary refugee visa holders; however, few are able to meet the threshold requirements, leaving many living with chronic uncertainty (Reilly, 2018).

In Australia, all refugees and asylum seekers, regardless of visa, have the same rights as citizens to minimum pay and conditions of work. They can make complaints to the employment regulator, the Fair Work Ombudsman, and make claims for underpayment and other forms of exploitation in Australian courts. However, various access barriers have been highlighted in using these provisions including lack of awareness of rights, language barriers, fear of losing employment and concerns about immigration status (Farbenblum & Berg, 2017; Khawaja & Milner, 2012; Ziersch, Walsh, Due, & Reilly, 2020).

1.1.3. Employment and settlement

Finding employment in a settlement country is a priority for refugees and a key element of integration (Ager & Strang, 2008). However, refugees face numerous employment barriers including low English language proficiency, lack of qualifications or recognition of overseas qualifications, discrimination, limited social networks, a lack of referees and no local work experience (Colic-Peisker, 2009; Colic-Peisker & Tilbury, 2007; Hynie, 2018; Lamba, 2003; Phillimore & Goodson, 2006). Temporary visas can present additional barriers such as restricted eligibility to work and short-term visas that may deter employers (Fleay & Hartley, 2016; van Kooy & Bowman, 2019; Ziersch et al., 2021). Refugee women may face further barriers to employment including difficulties accessing English language classes because of caring responsibilities, gendered labour markets that do not accommodate them, and cultural beliefs about work and family roles (Gower et al., 2022; Khawaja & Milner, 2012; Premji & Shakya, 2017; Senthanar, MacEachen, Premji, & Bigelow, 2020, 2021; Spehar, 2021; Tomlinson, 2010). Refugee employment rates reflect these barriers, which while rising over time are significantly lower than the general population, particularly for women (Due, Callaghan, Reilly, Flavel, & Ziersch, 2021; Hugo, 2011). Refugees who do secure work are often underemployed or employed in sectors with adverse employment and working conditions such as precarious, shift and informal work, with excessive workloads, and job hazards (Benach, Joan & Muntaner, 2007; Benach, Joan, Muntaner, et al., 2010; Benach, Muntaner, Delclos, Menéndez, & Ronquillo, 2011; Ziersch et al., 2021). Women in particular are more likely to secure work in industries with poor pay and conditions such as aged care, cleaning and childcare (Hugo, 2011; Premji & Shakya, 2017; Ziersch et al., 2021).

1.1.4. Work and health

Work is an important social determinant of health (Wilkinson & Marmot, 2003). Paid work can provide a source of income, identity, personal development and social connections (van der Noordt et al., 2014). However, aspects of work, and unemployment, can be detrimental to health. In this paper, we draw on the framework of Benach, Muntaner and colleagues (Benach, Joan & Muntaner, 2007; Benach, Joan, Muntaner, et al., 2010; Benach et al., 2014; Hugo, 2011; Muntaner, Carles, Solar, et al., 2010) to examine these links, which they argue operate through macro and micro-level pathways. At the macro-level is *employment relations*, which are influenced by the power nexus between employers, government, unions and non-government organisations (Muntaner et al., 2010). These macro-level power relations are mediated by welfare state and labour market policies, which affect the extent of social welfare safety nets, precarious employment, and regulatory protections (Muntaner et al., 2010). Micro-level pathways between work and health involve *employment conditions* (nature of working arrangements – e.g. secure, precarious, informal, unemployed), and *working conditions* (physical and psychological conditions related to work tasks – e.g. occupational injuries, psychosocial stressors) (Benach, J., Solar, et al., 2010). These macro- and micro-pathways link broader socio-political contexts and local experiences of employment to health, alongside broader material deprivation and inequities, health system factors and social and family networks which all influence the impact of work on health. Benach, Muntaner and colleagues (Benach, J., Solar, et al., 2010) argue that harmful employment and working conditions are unequally distributed according to gender, race, class, ethnicity, and immigration status – the intersections of which can be viewed as "fundamental causes of health inequalities" (Krieger, 2000). As such their framework is particularly useful for considering links between employment and health for refugee women.

Research has found links between employment and health for refugees (Lai et al., 2022). Consistent evidence across resettlement countries and cultural groups has linked unemployment and difficulties securing work with mental ill health, including post-traumatic stress disorder, depression and anxiety (Aragona et al., 2020; Blight, Ekblad, Persson, & Ekberg, 2006; Fleay & Hartley, 2016; Lai, Due, & Ziersch, 2022; Maximova & Krahn, 2010; Walther, Fuchs, Schupp, & von Scheve, 2020), as well as mental illness treatment outcomes (Sonne et al., 2016; Teodorescu, Heir, Hauff, Wentzel-Larsen, & Lien, 2012). Likewise for those in work, job satisfaction and the meaning of work (Colic-Peisker, 2009; Hess et al., 2019; Lintner & Elsen, 2018; Maximova & Krahn, 2010; Yijälä & Luoma, 2019) and psychosocial conditions such as job demands and decision latitude have been linked to mental health (Sundquist, Ostergren, Sundquist, & Johansson, 2003; Ziersch et al., 2021). At the extreme, employment difficulties have been linked to suicide (Hagaman et al., 2016; Niederkrotenthaler, Mittendorfer-Rutz, Mehlum, Qin, & Björkenstam, 2020). Exposure to hazardous working conditions such as exposure to toxic chemicals, heat and cold stress, long hours and prolonged sitting or standing have been associated with poor physical health outcomes such as injuries, headaches, dizziness (Azaroff, Levenstein, & Wegman, 2004; De Castro, Krenz, & Neitzel, 2014). There are also indications that health status can affect employment outcomes (Khoo, 2010; Lai et al., 2022; Niederkrotenthaler, Mittendorfer-Rutz, Saboonchi, & Helgesson, 2020; Praetorius, Mitschke, Avila, Kelly, & Henderson, 2016; Ruiz & Vargas-Silva, 2018), highlighting a potentially reciprocal relationship.

Much of the above research has not examined how employment affects refugee women's health specifically. Research which has considered gender presents complex and contradictory evidence, and called for future research (Blight et al., 2006). Hence, this qualitative paper explored the research question: how do refugee women's experiences seeking employment or working in Australia affect their mental and physical health?

2. Materials and methods

2.1. Participants

Semi-structured individual interviews were conducted with 42 refugee women, aged 18–49 years ($M = 31$ years). Participants had been

in Australia between 6 weeks and 7 years (average 3.3 years), and identified heritage in Afghanistan, Bhutan, Burma/Myanmar, Columbia, Egypt, Iran, Liberia, Nepal, Pakistan, Philippines, South Sudan, Syria, and Venezuela. (Table 1). The majority were on permanent visas. Around half were married or partnered, and 27 had children, with 7 sole parents (Table 1).

2.2. Procedure

Ethics approval was obtained from the University of Adelaide Human Research Ethics Committee. Researchers paid particular attention to potential issues of coercion, power imbalances, and confidentiality (Block, Warr, Gibbs, & Riggs, 2012; Ziersch et al., 2017). Participants were recruited through the research team's community and service provider networks, and snowball sampling. Recruitment was purposive (Rapley, 2014), aiming to include a diversity of backgrounds across region of origin and work skill level. Written informed consent was gained from all participants and professional interpreting services were offered Face-to-face semi-structured in-depth individual interviews were conducted from May 2019 – February 2020. Interviews (M = 44:18 min) were conducted by an experienced non-migrant female researcher, and 19 involved interpreter assistance. Most interviews took place at participants' homes; however, some took place at the university campus, public libraries, cafes, and a park. The interview schedule (see Appendix 1) was developed by the research team on the basis of key research and experience in the area, with input from the project advisory committee. Questions covered a range of topics including education and work history, experiences finding employment and working in Australia, career aspirations, and experiences of exploitation and/or discrimination. Three women requested not to be audio recorded (detailed notes were taken). The remaining 39 interviews were audio recorded and transcribed verbatim.

2.3. Data analysis

Transcribed interview data were analysed inductively using the framework thematic analysis approach (Ritchie & Spencer, 1994), comprising: familiarisation with the data; development of a thematic framework; indexing/coding the interview transcripts using NVivo Version 12 (a subset were double coded and irregularities discussed and resolved); charting participants against emergent themes through thematic matrices; and, mapping and interpretation (outlining women's experiences in the labour market). The initial coding frame was developed by four of the research team who coded a selection of transcripts. Sections of the data were then coded by two of the research team, and the emerging themes and findings were discussed and refined at team meetings.

In this paper, pseudonyms, immigration status (permanent resident (PR) or temporary visa (TV)), approximate age, region of origin, and work status (if not clear from context), are used for direct quotes.

Table 1
Participants.

Visa status at time of interview	Permanent visa, n = 34 Temporary visa, n = 8
Country of origin	Venezuela, n = 10 Afghanistan, n = 7 Iran, n = 6 Bhutan, n = 4 Liberia, n = 4 Burma/Myanmar, n = 3 South Sudan, n = 2 Syria, n = 2 Columbia, Egypt, Nepal, Pakistan, Philippines, n = 1 each
Relationship status	Married, n = 17 In a relationship, n = 5 Single, n = 20 (1 widow)
Participants who were mothers	With dependent children, n = 24 With adult children, n = 3 With no children, n = 15
Religious identity	Christian, n = 23 Muslim, n = 11 Hindu, n = 4 Bahá'í, n = 1 no religion, n = 1 missing, n = 2

3. Results

In this section we provide an overview of the women's employment and health status and then discuss the findings in relation to the impact of employment experiences on health.

3.1. Overview of employment and health status

Most study participants were unemployed (n = 26). Only 16 were employed, almost all part-time and casually with irregular shifts. Of this 16, two women were self-employed in small catering and cleaning businesses, in each case with their husbands. Other employment included aged or disability care, social work, factory work, interpreting, customer service and retail. Only one participant with a professional degree was currently employed in the field of their qualification. Most participants indicated aspirations to gain employment, or to work in different job roles or with more secure working conditions, such as Tashi who despite experiencing a range of barriers, shared her longer term goal to become a nurse and her willingness to do "any job, any course" in the meantime:

> *If the level of English is very low, it's very difficult to get the job. If the English is better, but then also if you don't have a car, if you don't have a driving licence, then it's very difficult to get the job. … … At present my [child] is my barrier, as [this child] is still small and I need to be here when the bus came here at 3 o'clock [and] in the morning ….in the future I think if I got a chance, if I got a chance to learn I would like to do nursing, but I think it's very difficult. It's very I think expensive also to learn the nursing. ….In the future, if I got any help or anything from someone else or somebody else, I am just planning to [get a] better job, but now I am ready to do any job, any course (Tashi, PV, 25–35, Southeast Asia, unemployed).*

Of the 16 working women, three were working fulltime, one who had recently gained a permanent role and the other two employed casually. Some part-time workers indicated that this was their preference, to fit in with caring responsibilities or study commitments. Of those who were unemployed, most had some work experience through placements affiliated with study, through volunteering, or through prior employment overseas or in Australia. Both employed and unemployed women spoke about the importance of Australian work experience and social connections, such as Emma who explained how a combination of her study in Australia and overseas and work experience through volunteering and a placement eventually led to employment:

> *Then with that [certificate] four in disability and my [qualifications and experience from overseas] I started working as volunteer first and then I got into – for my placement - I got into [employer name], so one of my friends, you know, just a connection, so I got accepted to do my placement there. I did five weeks then I got a job offer there (Emma, TV, 35–45, Middle East, employed).*

Most participants had worked overseas in formal employment (n = 27) or in family businesses (n = 5). Ten women had not worked prior to arrival (usually as they were young upon arrival in Australia or due to cultural/gender expectations).

When asked about their health, around half of the women said their physical health was good. Several spoke of health issues that they did not connect with employment such as blood pressure or hormone issues, and

all mentioned accessing medical support. Women described being "happy" and "grateful" to be in Australia where they felt they had access to many opportunities relative to previous home countries. There was, however, reference to negative emotional states such as fear, distress, overwhelm, sadness and loneliness associated with resettlement stressors, particularly family separation. A small number of women indicated experiencing a mental illness (in each case, depression). This is discussed further below in relation to the impacts of employment experiences.

3.2. Employment experiences and health

In this section we examine impacts of Australian employment experiences and work conditions on participants' mental and physical health. A key theme identified in analysis was the detrimental effect of unemployment and job-seeking difficulties on mental health. Alternatively, women also spoke of the positive impacts they had experienced, or would anticipate experiencing, when they found secure work. Employment contributed to a sense of identity as a provider and connected women to broader social networks. However, experiences of exploitation and discrimination were reported as detrimental to mental health. Exposures to physically hazardous work environments and work-related injuries and illness were also highlighted. Women noted barriers to taking action in the face of these hazards.

3.2.1. Unemployment and job-seeking

Eight of the unemployed participants were actively looking for work. The remaining 18 unemployed women reported that they were not actively looking for work due to the short time they had been in Australia (as little as 3 months), child care and family responsibilities, as well as on the advice of employment service providers to focus on English language skills. Enrolment in study was high, especially for certificates in aged and disability care, but also senior school and tertiary study.

A key theme was how barriers to work impacted mental health. Barriers included temporary visas that explicitly prevented people from working, perceived racism and discrimination based on religion, gender and race/ethnicity from prospective employers, no local work experience, or unrecognised overseas qualifications. English language proficiency was also raised as a major barrier; notably all participants requiring an interpreter during interview were unemployed.

Many women explicitly highlighted connections between work, feeling independent, capacity to contribute, and mental health. As Abuk explained, a key barrier to work was juggling her desire to work, and caring responsibilities. However, she was keen to overcome this:

> *I really want [to work] because it's a shame for me, with age of 27 years and never worked before, it's not something that I wanted. The problem now is like with the kids … the struggle is really, really hard … I would really, really have to get a job part-time; that will be fine … because I've been having this heavy feeling in my heart, like it's not good to just … sitting around doing nothing, no … I really want to work for me to feel good myself (Abuk - PV, 25–35, Africa, unemployed).*

Abuk's explanation of how 'sitting around doing nothing' negatively impacted health was reflected by other participants who spoke of work as a protective factor against unduly dwelling on traumatic experiences. Others discussed how they felt that work was a key part of their cultural identity and independence, as Sara described:

> *[We are] Latin, right, we grow up back to our country and like we were working, you know? We didn't grow up like sit down and just wait for people to give us things … so you normally have that mentality so now … when we came here and they say relax and don't worry we get more frustrated (Sara - PV, 18–25, South America, unemployed).*

Women with unrecognised work history or tertiary qualifications reported feeling disheartened that their expertise was unacknowledged. Repeated rejections when seeking work were demoralising, as Halima explained:

> *That makes you so down that 'look, what I was' and I even can't get a waitress job here, so that's the really bad thing … these things make a person so down and disappointed, and it doesn't only affect economical situation, [it] affects on their like depression, anxiety and their own life (Halima - PV, 25–35, Middle East, employed).*

Unemployment left some participants feeling lonely or losing hope for a promising future in Australia. Although most participants could access government income supports, these systems are demanding. Some women described navigating welfare services and work arrangements carefully so as not to risk losing all income. Furthermore, as Shiva explained, interacting with services was sometimes demoralising:

> *You know, first when I got job I was really happy that I just have a job, you know, the feeling … the adrenalin was so high because you don't have to ring [the welfare service] … you don't have to be humiliated (Shiva - TV, 35–45, Middle East, employed).*

Others who had arrived recently (within 6 months) with limited English spoke of the distress of not having the capacity to seek work and earn enough money to support family (including children) left behind. Deanna noted that she was not actively looking for work because she was focusing on her English, but was desperate to secure income for her family back home:

> [Interpreted] *There's a bit of distress in that she would like to be able to be working to send money … It's not enough with what they give, the* [welfare] *benefits. Causes a lot of stress … So she's had a visit with the psychologist today, and so one of the main points for her is that she tries all that she can to save a few dollars here and there to be able to send. Because she's used to making her own money and having all that she needs (Deanna - PV, 45+, South America, unemployed).*

Some women reflected on time spent on temporary visas that restricted work rights, which was detrimental to mental health as well as material living conditions. Sanaz described the extreme impact of visa and financial precarity on her mental health and the life affirming impact of finding employment:

> *… since I came to Australia it's like been really stressful. Like my brain doesn't work properly it's really slow to get something … I was really struggling …* [now that I am studying and working] *I feel effective. I feel like I'm doing something I'm not hopeless … if I was staying at home for another year, I would have suicide (Sanaz - TV, 25–35, Middle East, employed).*

3.2.2. Identity and social connections

Participants discussed how work impacted social networks, financial security and feelings of self-worth, and provided distraction from resettlement challenges. Ghazal, a mother of six, was hoping to establish a business with her husband and spoke of the positive impact of this process on her health and wellbeing:

> *Very positive. When I stay one week without … doing all this stuff I feel boring and I didn't be happy so I wish to keep working …* [it gives me] *self-esteem. I don't want to* [think] *I lost my family or I left my family back in Syria. I feel like I leave what happened in the past and start a new life with hope, to have a good future and a good life (Ghazal - PV, 35–45, Middle East, unemployed).*

June likewise described the sense of achievement she found in work: "*I find that work will give me balance of my wellbeing to help me, my confidence that I'm a woman of the new society so I need to share my skills" (June – TV, 45+, Southeast Asia, employed).*

Women described the connection between wellbeing and capacity to provide for family in Australia and overseas. Sometimes this was

imperative – as June said of her initial time in Australia when she was not eligible for government welfare: "*if I don't work then we didn't have a foods to eat and to pay the bills*" (*June – TV, 45+, Southeast Asia, employed)*.. For other women, work also enabled financial means to access a range of goals, such as further education or to gain a driver's licence.

Relationships at work affected participants' health, with several participants mentioning friendships formed at work that became important over time, such as Ani:

> *Yeah, lots of friends at [my work] from [Australia]. Lots of friends. Now I feel they are my family. Before I cried too much … Yeah, for my mother, for my sister … but now I am so happy because I have lots of friends (Ani – TV, 35–45, Middle East, self-employed).*

Social connections at work contributed to health promoting working conditions for participants. Several women spoke of colleagues or supervisors who were welcoming. Abuk explained how she felt at a work placement for her vocational training course:

> *At first I was so nervous, like I never been in a real work situation before in Australia but then they were all nice to me and everyone was willing to show me this and that … my first week I just got involved and it was so good (Abuk – PV, 25–35, Africa, unemployed).*

3.2.3. Exploitation and discrimination in the workplace

In contrast to health promoting impacts of employment, participants described exploitation and discrimination in Australian jobs. Women were vulnerable to exploitation due to difficulties acquiring English language skills in early resettlement because of caregiving responsibilities, and their need for income with few employment alternatives. Experiences of discrimination were reported based on gender, religion, and race/ethnicity.

Regarding exploitation, Fatim described underpayment in her job as a personal carer, being asked to work half-hour shifts for $13, which she said was *"not easy when you are renting and stuff" (Fatim – PV, 25–35, Africa, employed)*. Fatim worked for this company for seven months and only left when another opportunity became available. Her reluctance to leave earlier was the result the difficulties she faced finding work. She also had experienced poor working conditions in her country of origin, which left her feeling a sense of gratitude that she was at least being paid regularly.

Kylie also recalled poor working conditions in informal work picking fruit. She was paid a low cash wage with no breaks for eating or drinking whilst working outdoors, but was too scared to complain, fearing repercussions because the work was informal. Kylie also noted that other refugee women from her cultural community were subjected to this treatment, mostly, as she put it, "*the [aunties] who have two kids, three kids who is not speak English*." She further reflected on her poor understanding of work rights at that time:

> *[Now] I know about the rules and regulations, but I don't have idea much about at that time … I think there was a lot of people doing the cash work … for us, we actually scared because we are thinking we are doing the cash work and then even if we have something happening, some injury happening, we cannot tell other people because it is illegal in Australia (Kylie - PV, 18–25, Southeast Asia, unemployed full-time student).*

Discrimination in relation to gender, religion and race/ethnicity were also noted in the workplace, including being called '*smelly*' (*Fatim – PV, 25–35, Africa, employed)*, or being asked why they were washing their hands in settings where it was required such as aged care '*Why do you always wash your hands? Is it because you want to become white or what?*' (*Abuk* – PV, 25–35, Africa, unemployed). Others described subtle but insistent exclusion from socialising and impacts on a sense of belonging, as June described:

> *I came from a different background so there's a lot of bias … for me, a feeling of because I'm a brown skin … because even in the conversations we have at break time and I'm the only one [with brown skin] … I've always been out on the conversations even though I did try to join because I'm a friendly person and I like to talk, to socialise (June - TV, 45+, Southeast Asia, employed).*

Halima indicated that she was overlooked for a job in a childcare centre where she was completing her study placement. Instead the job was offered to another less qualified (white, Australian) person:

> *The job offered to her because she's Australian. She's white, she has blonde hair. Yeah and because I'm like black hair and Muslim, like from Asia, still I have high qualification … If you are like from Asia you have to work hard and get the same pay that other people get, like an Aussie gets or white people get, but the work pressure is too much on you. You have to do double. If you don't then they* [employer] *say 'sorry' (Halima - PV, 25–35, Middle East, employed).*

Halima described the negative impact on mental health that these added pressures can have on migrant women workers who are Muslim and have experienced opposing pressures in relation to their rights to work:

> *That is the main thing which I really don't like it, not only me, like all the Asians, all the people, especially the women. They feel themselves so low and down … Especially the women, like we are fighting at our homes that we are going for study* [in Australia] *your husband or family says 'you are allowed to go work. You are allowed to do that' but when you are getting nothing it doesn't work (Halima - PV, 25–35, Middle East, employed).*

Mina also gave examples of discrimination in her workplace, including exclusion as well as being overlooked for more secure work opportunities. However, she was hesitant to report these experiences in the context of needing money and fears about potential ramifications:

> *I'm so scared … I need the job. I need the money … I want to complain and say, 'look, what you are doing is not right.' But then, at the same time, I'm feeling so bad that it's going to be bad for my future if I complain (Mina - PV, 25–35, Middle East, employed).*

Mina's fear of losing her job is further contextualised by considering the multiple barriers to work she encountered arriving in Australia with a tertiary degree but unable to find work even though she went from shop to shop seeking any kind of work available.

Participants indicated awareness of avenues to report grievances, but accessing those avenues was noted as unlikely when they considered their goals, their job insecurity, and how important work was for their broader mental health and that of their families. Communication barriers affected access to reporting grievances or mistreatment, such as for Eva who described how her capacity to report mistreatment at work was limited by English language barriers. As she said, sometimes she tried to raise or address issues at work, and things would improve for a short time. However, she said they inevitably reverted, and she felt she was unable to address them further, particularly due to English language barriers. She also explained that English language barriers meant that co-workers felt they could physically push or touch her to show her how to do the work, which she did not like:

> *Eva: Yeah, workers, many are very good but some – [few] are very not good, she said …. sometimes you don't know, like this [showing the interviewer motions of touching and pushing] and … sometimes – nicely we speak to them but when we nice to them, at least one week or something they are very good but next time bad again …..We can turn to our boss but more than us there's bad much language …. so we cannot do anything.*
>
> *Interviewer: So the language stops you from making a complaint?*
>
> *Eva: Yes (Eva – P V, 25–35, South Asia, employed).*

Some women chose to leave jobs where they were mistreated. For example, Halima left a job after experiencing discrimination from a customer who refused to pay because of Halima's scarf. Her boss' anger at her was the tipping point:

> *The racism is too much … once I was working … I was wearing scarf and the lady came and she ordered five pizzas, big pizzas … it was a phone call and then she came at the counter and she saw me, that I am wearing a scarf and said 'no, I don't want these pizza. You can keep it' and she wouldn't even pay and after that I thought that no, it's really bad living here to wear a scarf. The shop owner was really angry on me … so I left that job at the time because I really feel bad (Halima - PV, 25–35, Middle East, employed).*

Others such as Emma shared reasons for ignoring racism or discrimination, which were attempts at protecting the mental health of self and family:

> *I need my complete strength to go forward because I've got a lot on my plate … in order to get to the point I want to be I have to just look after that … I don't want to go to that negative points and negative feelings and just make everything dramatic for myself because they're racist to me or, you know, I'm not Australian or, you know, not white … Even if I feel that way, if I just [complain or report abuse and] go for it, you know, I go deep down to that feeling and it affects my life, my everyday life. It affects my children as well so I don't want them to feel that way (Emma - TV, 35–45, Middle East, employed).*

3.2.4. Physical hazards and injuries

Several precariously employed women spoke of work-related injuries, and many spoke of exposure to risks such as chemicals or repetitive actions that caused ongoing pain requiring visits to medical professionals. For example, Albia mentioned a possible allergy to '*some chemicals at work*' (Albia – PV, 25–35, South America, employed) where she worked as a cleaner. Others spoke of manual work that led to sore arms, shoulders or back, such as Ani who said: '*nowadays just I feel just a pain in my back, my arms so it's so difficult*' (Ani – TV, 35–45, Middle East, self-employed). Shiva described physical health issues associated with her current role as a personal carer in people's homes:

> *Through my work sometimes I really have sore back … I was thinking just get a bit away from this job and get back to a job that is more using brains (Shiva - TV, 35–45, Middle East, employed).*

Precarity and scarcity of work opportunities led Mina to accept work cash-in-hand for a low wage after seeking work for nearly two years. She eventually acquired an injury:

> *I went there and I was like, I really need a job, can you please give me a job … I can work in the kitchen. He was like, okay, so I started work there as a cash, which was, I think $10 per hour. After six to eight months, my shoulders start pain. I went to the doctor and they said because … that person wasn't to spend so much money so the machine that he used to put the material in was a bit hard. So you pull that, every day, a thousand times. Anyway, my shoulders get problem, and they say, you need to stop it, you can't do that anymore. You put injection in your shoulder. So I stopped that job (Mina - PV, 25–35, Middle East, employed).*

However, as was the case with underpayment, women were hesitant to report their work-related injuries or health issues for fear of losing their job or affecting future opportunity in work or in terms of visa, as Emma explained:

> *We were told, if you use Work Cover [compensation for workplace injury] you're not going to get employed easily because, you know, they know you're a trouble person and that sort of thing (Emma - TV, 35–45, Middle East, employed).*

4. Discussion

This study highlighted the impact of work on refugee women's mental and physical health. Findings show that employment can contribute to positive health outcomes through promoting a sense of identity and purpose as contributors and financial providers, and through building social connections. However, the array of barriers women faced in the search for employment meant the majority were unemployed, which negatively affected mental health. For those who did secure work, this was overwhelmingly in precarious employment, where minimum labour standards were often not met and the power imbalance in the employment relationship was exacerbated by the women's refugee status (Fudge & Owens, 2006). Women described discrimination, exploitation, and exposure to physically hazardous environments in the workplace that were linked to mental ill-health and injuries. Those experiencing workplace difficulties were reluctant to take action for fear of losing work in a challenging labour market, as well as uncertainty about the processes or repercussions of making a complaint. We discuss these findings in light of Benach, Muntaner and colleagues' framework introduced in section 1.1.4, which features micro-pathways (employment conditions and work conditions) and macro-pathways (power relations and policies) between work and health that are mediated by social categories such as gender, race/ethnicity, and immigration status (Krieger, 2000).

In terms of micro pathways and *employment conditions*, almost all participants were unemployed or precariously employed in casual, part time or informal work – largely in feminised industries such as aged and disability care and cleaning. This reflects the broader literature regarding the concentration of refugees and other migrants in precarious work (Benach, Joan & Muntaner, 2007; Benach, Joan, Muntaner, et al., 2010), particularly women (Hugo, 2011), as well as high levels of unemployment and associated negative effects on health (Benach et al., 2011; Hargreaves et al., 2019; Moyce & Schenker, 2018; Muoka & Lhussier, 2020; Rönnblad et al., 2019; Sterud et al., 2018). Gender was a key factor affecting challenges seeking and finding employment; almost two-thirds of the women were primary carers of children (and sometimes other family members). Race/ethnicity and religion intersected with gender for some participants facing discrimination when job seeking (Viruell-Fuentes, Miranda, & Abdulrahim, 2012). Participants reported negative impacts of unemployment and job seeking experiences on mental health, including one who said it had taken her to the brink of suicide, reflecting research linking unemployment to poor mental health outcomes (Milner, Page, & LaMontagne, 2013; Roelfs, Shor, Davidson, & Schwartz, 2011), particularly for refugees (Aragona et al., 2020; Blight et al., 2006; Fleay & Hartley, 2016; Maximova & Krahn, 2010; Sonne et al., 2016; Teodorescu et al., 2012; Walther et al., 2020). Participants' lack of sufficient income caused stress for those supporting family overseas. Moreover, unduly dwelling on previous traumatic experiences and resettlement stressors such as family separation was a key negative effect of unemployment. Conversely, employment was health promoting and protective in relation to these issues (Hess et al., 2019).

At the micro pathway level this study also found significant levels of hazardous *working conditions* experienced by the women. Psychological hazards included exploitation through underpayment and discrimination based on race/ethnicity, gender and religion. Physically hazardous conditions included exposure to toxic chemicals, repetitive motions, long hours and heavy lifting – reflecting a broader literature regarding refugees in hazardous work (Colic-Peisker & Tilbury, 2007; Hynie, 2018; Reilly, 2018; Sterud et al., 2018). Participants described working conditions as damaging for physical health through acquired injuries, and mental health through affective responses like anger, helplessness, disappointment, and stress through to mental illnesses such as depression. These findings reflect a broader literature about harmful employment and working conditions and health more generally, as well as for refugees in particular (Ahonen, Benavides, & Benach, 2007; Hargreaves et al., 2019; Hynie, 2018; Pavalko, Mossakowski, & Hamilton, 2003; Porter & Haslam, 2005; Sargeant & Tucker, 2009; van der Noordt et al.,

2014).

Women in this study who needed to accept informal and/or precarious employment had poorer health outcomes (especially mental health). They feared losing work or being otherwise punished by Australian laws if they reported ill-treatment or injuries, highlighting the impact of *employment relations* (macro-pathway) and broader neoliberal power relations and policies that contribute to the 'layers of vulnerability' many refugees experience (Sargeant & Tucker, 2009; Underhill & Rimmer, 2016). Employment relations in Australia are informed in part by an overreliance on women's unpaid care, adding to women's vulnerability to unemployment, ill-treatment and injury (Rubery & Hebson, 2018). Despite Australia's well-established labour market regulatory system, refugee women tend to be employed in industries where sector-specific employment norms shape employers' demand for labour resulting in structural non-compliance with labour standards (Howe & Owens, 2016). Labour market regulation and the welfare state in Australia may be relatively accessible to people raised in Australia who understand their rights and responsibilities. However, this study highlighted how immigration policies shaped employment experiences, particularly for those on temporary visas. The women in the study were not only scared to report issues but had limited understanding of worker rights under Australian law and their immigration status influenced their sense of agency to use regulatory services.

The study highlighted the interplay between the symbolic and material importance of employment in a resettlement context. In addition to providing income, employment gave women a sense of identity, a feeling of contribution to society, that they could support their family, and work towards a secure future. Self-employment was one way that women, with support from husbands and families, created opportunities that meshed with caring responsibilities. Understanding these symbolic and material aspects of employment, and lack of employment, is crucial to understanding how employment might affect health for refugee women (Lenderts, Hoffman, & Stitch, 2020). The study also highlighted the link between employment, social networks, and wellbeing for many women. Ager and Strang in their model of integration highlight the important role of social networks in facilitating settlement for refugees, as well as the role of employment in the resettlement process more generally (Ager & Strang, 2008).

Another protective factor women identified was reframing their thinking regarding mistreatment or discrimination in order to improve wellbeing. They focused on hopes for a positive life in Australia, as well as their parental responsibility to protect their children from negative effects of discrimination. This protective cognitive strategy in responding to discrimination has been identified previously (Ziersch et al., 2020).

5. Policy and practice implications

There are a range of policy and practice implications of the findings. We have outlined these in full elsewhere (Due et al., 2021; Ziersch et al., 2022) arguing for the importance of an overall refugee employment strategy and providing specific recommendations in relation to service reform, improving and building employers' capacity building and practice, and addressing policy and regulatory constraints (including the abolition of temporary refugee visas). These recommendations include provision of refugee specific employment support that provide refugee women with additional assistance to secure work, including self-employment, that considers the constraints many refugee women face in the labour market associated with caring responsibilities as well as English language proficiency. These services need to be trauma informed and take into account specific needs and considerations associated with gender (e.g., childcare, consideration of previous levels of education). There is also a clear need for improved provision of training to help refugee women understand workplace rights, particularly those on temporary visas. Combined with raising awareness of rights under Australian law, specific, subsidised, or free legal services and community assistance is necessary to ensure refugee women can enforce their workplace rights without fear of repercussions for employment or immigration status. Moreover, for women who are not in a position to engage in or seek work, the time that initial employment support is available needs to be extended, as has recently been done with English language support. We argue that these changes to policy and practice will be health protective for refugee women.

6. Study strengths and limitations

This study foregrounded refugee women's voices which enabled an in-depth and nuanced examination of refugee women's job seeking and employment experiences and impacts on health. The diverse sample represented diverse countries of origin, immigration status, time in Australia and skill level. Overall, findings were relatively consistent. However, we acknowledge the sample is not necessarily representative of refugee women in Australia. Likewise, links between employment and health were self-reported. Not all participants were currently seeking employment. However, their inclusion in the study highlighted some key reasons (e.g. newly settled, childcare responsibilities, language acquisition) why women were not yet seeking work, as well as the need for employment supports that extend beyond the early years of settlement. This study is a longitudinal one, so these women will be followed up over time to explore any changes in these circumstances and impacts on health.

7. Conclusion

This study sought to examine how refugee women's employment experiences had an impact on their mental and physical health and wellbeing. It has demonstrated how refugee women face substantial precarity in the labour market in resettlement countries such as Australia, and that this precarity increased risks for poor physical and mental health, and may contribute to broader gender based health inequalities (Campos-Serna et al., 2013). As such, addressing this precarity and promoting good employment and working conditions for refugee women is likely to act as a key protective factor for physical and mental health.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix 1: Interview theme guide

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