



Article

No One Smiles at Me: The Double Displacement of Iranian Migrant Men as Refugees Who Use Drugs in Australia

Belinda A. Green ^{1,*} and Yalda Latifi ^{2,3}

¹ Faculty of the Arts, Social Sciences and Humanities, School of Psychology, University of Wollongong, Wollongong, NSW 2522, Australia

² Faculty of the Arts, Social Sciences and Humanities, School of Health and Society, University of Wollongong, Wollongong, NSW 2522, Australia; ml675@uowmail.edu.au

³ Drug and Alcohol Multicultural Education Centre (DAMEC), Liverpool NSW 1871, UK

* Correspondence: drbgreen@yahoo.com

Abstract: Drawing on relevant sociological and feminist theories namely a social constructivist and intersectional framework, this article explores ways in which migrant Iranian men as ‘refugees’ ‘who use drugs’ navigate the complex terrain of ‘double displacement’ in the Australian contemporary context. It presents findings from a series of community based participatory and culturally responsive focus groups and in-depth interviews of twenty-seven participants in Sydney, Australia. Results highlight the ways in which social categories of gender, language, class, ethnicity, race, migration status and their relationship to intersubjective hierarchies and exclusion in Australia circumnavigate and intervene with participants’ alcohol and other drugs’ (AOD) use and related harms. The article argues that there is a need to pay greater attention to the implications of masculinities, power relations and the resultant material, social and affective emotional impacts of displacement for refugee men within Australian health care responses.



Citation: Green, Belinda A., and Yalda Latifi. 2021. No One Smiles at Me: The Double Displacement of Iranian Migrant Men as Refugees Who Use Drugs in Australia. *Social Sciences* 10: 85. <https://doi.org/10.3390/socsci10030085>

Academic Editors: Linda Briskman and Lucy Fiske

Received: 24 December 2020

Accepted: 28 February 2021

Published: 2 March 2021

Publisher’s Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Copyright: © 2021 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

Keywords: migrant men and masculinities; refugees; intersectionality; alcohol and other drugs; health; Australia

1. Introduction

More recently there has been a growing awareness about the need for Australian alcohol and other drugs’ (AOD) research and related policy to engage in critical analyses of gender and power (Moore et al. 2017, p. 310). Past qualitative AOD research has recognised the correlation between the ‘performance of masculinities’ and ‘alcohol fuelled violence’ within Australia (see Carrington et al. 2010; Lindsay 2012; Tomsen 1997). These associations between gender, power and substance use for men and masculinities have been noted in other contexts and with other drugs of concern (Ettorre 2007; Hunt et al. 2015; Measham 2002). This body of work has raised attention to the importance of further enquiry given to what Moore et al. (2017) have pointedly described as ‘missing masculinities’ within Australian AOD research.

While this ‘gap’ may be evident in the former area, Australian scholarship elsewhere is well established within the field of men and masculinities. Australian sociologist Raewyn Connell’s concept of hegemonic masculinities (1995) has been utilised in a wide variety of scholastic fields to illuminate the ways in which masculinities are multiple and contested, are contingent on specific contexts and interact with other social divisions that generate a hierarchy whereby a “hegemonic version” prevails in the “subordination of women to the subordination of marginalized groups of men” (Connell 2016, p. 303). While the term has undergone critique (see Christensen and Jensen 2014; Demetriou 2001; Moller 2007) and re-negotiation (see Connell and Messerschmidt 2005) including Connell’s own assertion to de-colonialise the concept (Connell 2016), its relevancy to understanding how the prevailing forces of the ‘patriarchal dividend’ in the globalised context still persist. One

area within this scholarship that requires greater attention is the multifarious experiences of 'migrant men' in Australia and elsewhere (see [Donaldson et al. 2009](#); [Charsley and Wray 2015](#); [Wojnicka and Pustułka 2017, 2019](#)). Calls to explicitly apply an intersectional theoretical approach to scholarly research to account for the variant positionalities of migrant men's experiences alongside understanding the pivotal role of migration status and its relationship to gendered experiences of privilege and marginalisation has been emphasised ([Wojnicka and Pustułka 2019](#)).

Australia has witnessed a sizeable growth of people migrating from Iran over the last decade with a 46% increase between 2011 and 2016 ([ABS 2016](#)). The largest population of Iranian migrants reside in Greater Sydney. Out of the total population of people born in Iran who are living in Australia, over 50% are men and aged between 25–44 years. ([ABS 2016](#)). One particular cohort of this recent migratory flow from Iran includes men from refugee backgrounds within the above age range.

Under international law, people from refugee backgrounds have a well-founded fear of persecution on the basis of nationality, membership of a social group, religion, race and or political opinion. They are unable or unwilling to return to their country of origin or where they normally live due to a fear of persecution related to the above categories and a lack of protection in their homeland ([UNHCR n.d.](#)). People from refugee backgrounds are often required to make protracted journeys across the world in the hope of finding a country which offers protection or 'asylum'. Countries which offer asylum are those that have willingly ratified the United Nations Convention 1951 and the 1967 Protocol Relating to the Status of Refugees ([UNHCR n.d.](#)). Australia is one of those countries.

Researchers for this study identified an increase in demand for counselling and case management by Iranian men from refugee backgrounds within a multicultural specialist AOD service in Sydney, Australia. Through their work at the former service, researchers recognised that this client group were both a new and emerging cohort for the service itself and identified that there is a lack of research in Australia concerned with refugee men from Iran who may be experiencing AOD-related issues.

Previous scholarship has highlighted that there remain serious gaps in information about AOD-related behaviours of culturally and linguistically diverse (CALD) communities including refugee men within Australian society ([AIHW 2018](#); [Rowe et al. 2018](#)). The Australian National Drug Strategy 2017–2026 identifies the category of 'CALD' as a priority population who may be more vulnerable to harmful use of AOD ([Commonwealth of Australia 2017](#)). These vulnerabilities are reported to include some people's exposure to forced migration stressors, such as refugee displacement, torture and trauma ([VAADA 2016](#)). While there is evidence that forced migration poses a risk to AOD issues (see [Horyniak et al. 2016](#)), studies have highlighted that more scholarly attention is needed towards the wider contextual and practical issues evident in the lives of refugees in the settlement context to enhance positive health outcomes (see [Kirmayer et al. 2011](#)). The above factors related to intersectional considerations of migrant men's experiences alongside calls for further enquiry into the wider implications of AOD-related behaviours to improve health outcomes for CALD populations including refugee men form the impetus for this study.

Through the use of a community participatory and culturally responsive qualitative approach, this study aims to explore the lived experiences of a purposive sample of twenty-seven Iranian men as refugees who use drugs in Sydney, Australia. Experiences of settlement, acculturation, and intersubjective power relations within Australia will be analysed through a social constructivist and intersectional feminist theoretical framework within the fields of migrant men and masculinities studies and critical engagement with AOD and health related scholarship. Consideration will be given to the impacts of the former experiences on participants' AOD use, bio-psychosocial health and service needs to enhance positive health outcomes. To achieve the former aims, this paper will first describe the aforementioned theoretical underpinnings. Then, we outline the methodology utilised before presenting results and discussion for AOD service provision which prioritise

forms of social inclusion and positive health outcomes for refugee men in the Australian contemporary field.

2. Theoretical Underpinnings

Drawing on a social constructivist perspective we begin with the assertion that “views of reality are . . . culturally embedded, those views dominant at any time and place will serve the interests and perspectives of those who exercise the most power in a particular culture” (Patton 2002, p. 100). Furthering this assertion social constructivists are concerned with the ways in which particular discourses i.e., forms of knowledge that are expressed through institutions and organisations are imbued with power in any given socio-cultural and historicised context. While there is a recognition that power relations are not fixed, are variable and subject to resistance and fluidity (see Foucault and Gordon 1980), dominant or normative discourses often “privilege those versions of social reality which legitimate existing power relations and social structures” (Willig 2001, p. 107).

Feminist analyses of power have greatly contributed to understanding the interlocking and overlapping structures of oppression including Crenshaw’s (1989) concept of ‘intersectionality’. While there has been considerable critique imposed upon the concept including it being labelled a ‘buzzword’ (Davis 2008), which has the potential to essentialise and homogenise (see Bilge 2013; Menon 2015) alongside social divisions such as ‘gender’, ‘race’ and ‘class’ being ontologically different and in need of differentiation (see Yuval-Davis 2006, p. 195), lived experiences of oppression through the enmeshment and interwovenness of the former categories are still valid and ‘real’ (see also Carstensen-Egwuom 2014, pp. 265–66). As noted by Banerjee and Ghosh (2018, p. 25), it is through the lived experiences of participants that the concept itself can be empirically applied.

According to Yuval-Davis (2006, p. 198), social divisions take on multiple forms through organisations, institutions, intersubjectivity, experience(s) and through representation via images, text, symbols and ideologies including legislation and media (see also Brah and Phoenix 2004, p. 76). They “involve specific power and affective relationships between actual people, acting informally and/or in their roles as agents of specific social institutions and organizations” (Yuval-Davis 2006, p. 198) while determining forms of “inclusion and exclusion, discrimination and disadvantage, specific aspirations and specific identities” (ibid.). This includes not only way people see themselves but also dictates their attitude and prejudices towards others. Furthermore, social divisions are often naturalised based on biological assumptive qualities which determine what is “‘normal’ and what is not, who is entitled to certain resources and who is not” (Yuval-Davis 2006, p. 199).

As noted by Brah (1996) culture and structure are relational processes that do not sit within the realm of exclusive binaries. This includes the relational nature of gender and power (see Davies 2003; Fausto-Sterling 2000; Moore et al. 2017). Analysing “power relations—their creation and re-creation within social relationships, is essential to feminist theorising of oppression and developing alternative ways of organising social life” (Dominelli 2002, p. 39) which include dismantling structures which privilege certain groups over others. Such ideas are central to this study and have been instrumental to the progression of theoretical developments within postcolonial feminist thought, ‘Black’ feminism (see Bhavnani et al. 2003; Bulbeck 1998; Hooks 1984; Mohanty 1995; Narayan 2000; Saunders 2002; Spivak 1988) and to the development of critical men and masculinities studies.

Critical Masculinities and Migrant Men

According to Kimmel (2000) masculinities are variable and subject to historical and cultural contexts and gender differences based on region, race, class, ethnicity, sexuality and age. There have been a number of studies which have drawn attention to the impacts of race, ethnicity and class to the construction of masculinities in the global north. Such scholarship has highlighted the place of ‘racism’ coupled with the denial of access to rewarding employment and other forms of class oppression for immigrant and Black men

in the United States and the United Kingdom (see [Staples 1986](#); [O'Donnell et al. 2000](#)). Other scholarship in Australia highlights the use of forms of 'protest masculinity' ([Connell 1995](#)) integrated with strong homosocial bonds based along ethnic lines ([Noble et al. 1998](#)) to contest marginality. The use of power over women and adverse gender relations to construct and manage the 'hidden injuries' of oppression and marginalised masculinities has also been noted ([Messner 1997](#)).

[Hibbins and Pease's](#) (2009, p. 1) assertion that other influences including the role of migration, transnationalism and global movements alongside the effects of localised dominant groups and hegemonic masculinity are also critical to this study and understanding of migrant men and masculinities. Using Connell's (2000 p. 40) conceptualisation that a "'gender order' exists on a both national and global scale, where large institutions, international relations, global markets and the State itself are gendered in specific ways" ([Hibbins and Pease 2009](#), p. 2); most men do not occupy a hegemonic positionality and "to understand masculinities more broadly, we must make sense of the impacts of class, race and sexual hierarchies on men's lives" and how certain groups of migrant men are therefore marginalised by race, ethnicity, sexuality and class (*ibid.*).

The response to such ideas has received greater attention over the last decade or so (see [Batnitzky et al. 2009](#); [Charsley 2005](#); [Charsley and Liversage 2013](#); [Charsley and Wray 2015](#); [Donaldson et al. 2009](#); [Gallo 2006](#); [Griffiths 2015](#); [Hondagneu-Sotelo 2017](#); [McDuie-Ra 2012](#); [Pease 2006](#); [Sarti and Scrinzi 2010](#); [Walter et al. 2004](#); [Wojnicka and Pustułka 2017](#)). This scholarship has raised the importance of understanding the ways in which particular groups of men occupy differing positions of "dominance and subordination" with reference to the patriarchal dividend of the gender order ([Hibbins and Pease 2009](#), p. 12). The process of migration, settlement alongside the propensity for loss and displacement from one's cultural context will invariably complicate pre-existing forms of dominance and subordination for migrant men. As noted by [Hibbins and Pease](#) (2009, p. 3), "resistance, accommodation, subordination, segregation, marginalisation, 'protest' and rebellion are all possible practices used as migrant males adapt in the new environment".

In Australia and elsewhere, studies have highlighted that particular categories of 'men' i.e., those seeking asylum and refugee backgrounds, from the 'Middle East' and or 'Muslims' are subject to adverse forms of marginalisation and 'othering' in the post September 11 context. Homogenising and negative constructions of such men in popularist media and state sponsored discourses as 'dangerous', 'violent', 'threatening', 'deviant', 'misogynistic', 'oppressive' towards women and antagonistic to the 'social order' of nation states in the global north have been duly noted in a range of studies (see [de Hart 2009](#); [Griffiths 2015](#); [Charsley and Wray 2015](#); [Pickering 2010](#); [Poynting et al. 2009](#); [Wray 2009](#)). Even with the confines of scholastic enquiry, some have argued (see [Choi and Peng 2016](#); [Charsley and Wray 2015](#), pp. 404–05; [Poynting et al. 2009](#), p. 15) that a central focus has been on migrant men as 'deviant' or somehow lacking through the exploration of men's labour processes, familial relations or having a propensity for violence and AOD use.

Central to our work is [Charsley and Wray's](#) assertion (2015, p. 414), that what is often missing from such enquiries on migrant men is the affective emotional impacts of such experiences and their own vulnerabilities within the patriarchal gender order. In our case this includes the material, social and affective emotional impacts of refugee men's experiences in the contemporary Australian setting and its relationship to their AOD use and related harms. According to [Rowe](#) (2001, p. 19), while "arguments for viewing particular groups of women as especially vulnerable are sound and defensible, the emphasis not only reifies patriarchal notions of feminine weakness but neglects the often-severe vulnerability of particular groups of men". Importantly by negating these effects on migrant men's experiences not only reinstates homogenised and negative constructs of such men ([Charsley and Wray 2015](#), p. 414) but the absence of the emotional and relational affective impacts also stands to reinforce hegemonic aspirations of masculinity whereby men are supposedly less in need of emotional support or unable or unwilling to seek supportive relationships with others ([McKenzie et al. 2018](#), p. 1248). Other research has

highlighted that hegemonic masculine constructs of emotional restraint and strength in the public space amongst heterosexual men has been found to adversely impact on their mental health (see [Oliffe et al. 2011](#); [Coen et al. 2013](#)). Some have also raised concerns about the negative impacts of hegemonic masculinity to the overall wellbeing of men and their health status in the global north in terms of a priority given to risk taking, physical strength and emotional independence (see [Courtenay 2000](#); [Ricciardelli and Williams 2011](#)).

3. Materials and Methods

While it is beyond the scope of this section to critique the epistemological orientations and problematics within AOD research in Australia and elsewhere that privilege quantitative approaches which often neglect analyses of social and cultural processes and 'hidden' minority populations (see [Singer-Kagawa et al. 2015](#); [Kaplan and Verbraeck 2001](#), p. 317; [Kelly and Doohan 2012](#); [Moore et al. 2017](#), p. 310; [Rhodes and Moore 2001](#); [Rhodes et al. 2010](#)), we assert that an adapted community based participatory (CBPR) and culturally responsive qualitative research framework has greater relevancy for this study. The reasons for such an approach relate to the overall lack of attention given to this population of focus within Australian AOD research and the need to focus on participants' subjective and lived experiences; epitomised by the qualitative approach ([Denzin and Lincoln 2011](#)). Additionally, the former theoretical underpinnings of this investigation which recognise the socially constructed nature of reality and power relations in any given setting coupled with the need to incorporate a reflexive response also warrant such a methodological focus (see [Clifford and Marcus 1986](#); [Alvesson and Skoldberg 2009](#)).

The researchers included two bilingual (Farsi and English) workers/co-researchers who have experience in working with Iranian male clients with AOD issues and a lead researcher who is an anthropologist/critical social worker with prior experience working cross culturally with men from migrant refugee backgrounds alongside prior research experience with marginalised male participants (see [Green 2009](#); [Green et al. 2017](#)).

3.1. Participants

Recruitment of participants was based on a purposive sample ([Barbour 2001](#)). Selection criteria included men born in Iran, aged 18 years or over, literate in Farsi and or English, have used drugs in the past and are not misusing substances on the day before or the day of data collection and are currently engaged in outpatient counselling at the specialist multicultural AOD service where researchers were based. Participants were also selected on the basis of being cognitively capable of providing informed consent in terms of mental health and disability and or under the direct care of a GP if prescribed medication for episodic mental health issues or disability were evident in the past. The latter is supported by the initial intake and ongoing assessment process of the aforementioned service.

This selection criteria were based on the potential merit of the study described above and the gaps in information and knowledge related to this new and emerging client group based on gender and nationality for the multicultural specialist AOD service. A purposive sample also proved to be the most time and cost-effective method while ensuring indicators of voluntary and informed consent, mitigating risk or harm to participants were met.

Clients who matched the above criteria were provided with information relating to the proposed research through a verbal script during their visits to the service over a two-week period. Researchers explained that they wanted to organise a preliminary meeting to discuss a research project on the needs and experiences of Iranian men attending the service. The researchers emphasised that meeting attendance was purely voluntary and would not advantage or impede service users' engagement with counselling services. Researchers shared their work contact details via the multicultural specialist service for prospective participants to seek any further information. Prospective participants were given a time scheduled for this meeting amenable to their work commitments at a familiar location to them which was the group room within the multicultural specialist service.

3.2. Study Design

The preliminary meeting was facilitated by the lead researcher with one of the co-researchers providing interpreting in Farsi and the other co-researcher supporting attendees. The lead researcher introduced herself, qualifications and experience alongside her role at the multicultural service. She also included information about the growth of the Iranian demographic in Greater Sydney and the lack of current knowledge and information related to the needs and experiences of this new client group for the service. Prospective participants were asked to introduce themselves on a first name basis only and the group devised group rules for discussion.

An open discussion ensued related to the study process, labelled by the group as a *Jalaseh* in Farsi that was amenable in terms of time, availability, informed consent, risks and benefits which will be discussed in further detail below. Prospective participants were given time to ask questions and were not obliged to commit to the research on the spot but were invited to consider this proposal at a later stage.

The group initially proposed a format of three focus groups of six to seven people with the option of individual interviews for those who were not comfortable to speak in a group environment. It was agreed that these focus groups would be four to five hours in duration with breaks included to ensure a relaxed environment with enough time for detailed responses, interpreting and to create time for the researchers and participants to share food together.

The lead researcher also proposed that an advisory group of participants could meet to discuss the study design and content including assessment of a draft protocol to ensure that the questions including use of language, format and content were relevant for participants. The group self-elected or proposed prospective members to establish an advisory group of eight members and also indicated their need for co-researchers to be present during the research to ensure further cultural safety. Prospective participants were asked to indicate their interest to participate in the research via advisory group members and or the researchers. These aspects of the research formed a part of the study's emphasis on collaboration and co-learning as epitomised by community based participatory research (CBPR) and culturally responsive approaches.

A community based participatory research (CBPR) framework incorporates a "inclusive and flexible research framework that fosters cultural humility, co-learning, and trust" (Collins et al. 2018, p. 3) with an emphasis on 'safety' through existing involvement and transparent relationships (Collins et al. 2018, p. 9; Livingston and Perkins 2018, p. 63; Wallerstein and Duran 2006, p. 313). A central tenant to such approaches is the recognition of the place of power between researchers and participants. As noted by Rodriguez et al.

By recognizing the power dynamics inherent in our roles as researchers as well as our own social and cultural identities, we seek to minimize the intimidation and discomfort that may be experienced in traditional research methodologies and enhance the participants' ability to co-construct knowledge within the research setting. (p. 405)

Further to this, a culturally responsive research framework also emphasises the importance of power and collaboration between participants and researchers. It attempts to "honor the experiences of participants and to create research environments that were welcoming and supportive of participants' social identities" (Rodriguez et al. 2011, p. 402). Such methodological underpinnings have been found to be particularly effective with marginalised minority populations (see Allen 2006; Fallon and Brown 2002; Madriz 1998; Woodring et al. 2006).

These approaches require researchers to obtain an awareness of participants' cultural mores and to centre modes of communication and format at the centre of methods employed (Rodriguez et al. 2011, p. 402). As noted by Fallon and Brown (2002) creating collective spaces including focus groups for such populations who share similar experiences and socio-cultural identities can prove tantamount to generating a rich data source, while creating safety for participants. However, as argued by Jowett and O'Toole

(2006), merely placing people together with shared characteristics will not suffice. Using [Madriz's \(2000\)](#) work with Latino women in the US, [Rodriguez et al. \(2011, p. 409\)](#) note that generating cultural responsiveness requires a focus on discussions of ethnicity, gender and socio-economic experiences which in turn “validates and empowers participants and their collective experiences within the research process”. [Madriz \(2000\)](#) also recommends the joining of pre-existing groups and use of safe spaces where people have previously engaged in alongside the importance of language and food.

Taking into account the above factors, researchers also critically reflected on their own experiences of working in culturally responsive contexts both within research and in the Australian AOD sector to consider some of potential nuances of the study's design. Secondary resources related to Iranian men and migratory push factors to the global north (see [Khosravi 2009](#); [Salehi-Isfahani 2011](#); [Sekechi 2018](#)), an understanding of some of the patterns of AOD use and related harms within Iran ([Aghababaei et al. 2018](#); [Akhgari et al. 2018](#); [Khajehkazemi et al. 2013](#); [IHRA 2008, p. 13](#); [Shariatirad et al. 2013](#); [Vazirian et al. 2005](#)) recent migration patterns ([ABS 2016](#)) and review of the complex interplay of migration and resettlement stressors for people from refugee backgrounds to Australia (see [Aroche and Coello 1994, 2004](#)) were utilised to inform research questions.

The study aimed to investigate the following research questions:

What are the bio-psychosocial health needs of men born in Iran who have accessed or are accessing outpatient AOD counselling at a multicultural specialist service in Sydney, Australia?

What are the impacts of their status as refugees on their AOD use and associated factors relating to settlement, acculturation, immigration claims, financial issues, language and access to services on their health and wellbeing and service uptake experiences?

Based on the above questions and in preparation for the second stage of the research design planning process, the lead researcher formulated a draft questionnaire as the first task of the focus groups and individual interviews to provide anonymous and unidentified responses to demographics and pre- and post-migration AOD use. A succession of Likert scales to determine areas of most to least concerning for participants relating to bio-psychosocial health indicators, resettlement and acculturation stressors alongside access and evaluation of service provision in the health, legal, social and human services sectors were drafted as the second task. Questions included relationships most to least concerning to participants at the time of the research i.e., family members in Australia, overseas, friends, community members and or intimate sexual relationships; then resettlement issues including finances, employment, immigration, legal, housing, learning English, education, getting qualifications from overseas recognised alongside acculturation issues related to loss of homeland, loss of culture, discrimination and adjustment to Australian society. A list of physical issues including headaches, dental problems, general physical somatic pain, sleep problems, respiratory, cardiovascular, musculoskeletal reproductive organs, blood borne viruses, sexually transmissible diseases were also included alongside psychological issues such as sadness, anxiety, anger, worry, fear, low self-esteem, recurring thoughts and nightmares. All questions included an ‘other’ category for participants to add additional issues faced. A separate set of questions related to the types of services for help seeking that participants had accessed and an evaluation of their effectiveness in terms of positive outcomes.

A series of four semi structured open-ended questions to be discussed at group and or individual levels with researchers were designed as the third task. These questions related to familial and socio-cultural experiences of AOD use, risk and protective factors for AOD use and related harms alongside recommendations by participants of what is needed in terms of support and services for Iranian men from refugee backgrounds impacted by AOD use living in Sydney. Co-researchers were consulted and invited to provide feedback and input related to this proposed format.

This draft research protocol was informed by a number of sources. This included the aforementioned secondary scholarship alongside evaluation and community-based

consultations undertaken by the specialist multicultural AOD service (see [Rowe 2014](#)) and information related to assessment protocols derived by organisations working in the multicultural and refugee allied health sector within NSW (see [Aroche and Coello 1994, 2004](#)). A review of articles relating to CBPR methods with particular reference to [Munro et al.'s \(2017\)](#) assertion that a form of “culturally respectful conversation that is relaxed, narrative based and emphasises the value story telling” ([Munro et al. 2017](#), p. 5) that works well with marginalised minority populations was also a consideration of the questionnaire and related format for interviews and focus groups (see also [Bessarab and Ng'andu 2010](#)). This included ensuring that participants had enough time at the end of responses related to AOD use and bio-psychosocial stressors to provide anecdotes and examples of their lived experiences.

A participant information sheet and consent forms compliant with human research ethical requirements discussed further below alongside the above protocol were then presented to the advisory group by the lead researcher at a scheduled meeting two weeks after the preliminary meeting. Advice on the particular use of language and its amenability to the Farsi language, clarification of particular questions and reworking of the schedule to comply with the advisory committee's recommendations were noted accordingly. This included considerations to the potential of stigmatising language and content and the need for more indirect and strengths based wording for participants related to their drug use and familial context. Consensus was eventually reached concerning the protocol, information sheet and consent form and format of the research. The advisory group commended the researcher on the appropriateness of the design relating to priority areas. The lead researcher then refined the protocol based on the above feedback by the committee.

The next stage of the study design included all materials being professionally translated and cross checked by two qualified interpreters from the National Accreditation Authority for Translators and Interpreters (NAATI). The participant information sheet and formal invitation was then distributed amongst the advisory group and by the lead researcher onsite; again, to diffuse any possible coercion due to participants' prior contact with co-researchers through the service. Based on prospective participants' interest and contact with the advisory group and or researchers, a schedule of focus groups and individual interviews were devised relative to individual preferences concerning time, setting and dates. Contact details for participants were stored on an encrypted password secure folder onsite, were only accessible to researchers and were separated from any data collected and consent forms. Each group included six to seven members with a total of three focus groups scheduled alongside six individual interviews. A total of twenty-seven men were recruited for this study.

3.3. Ethical Considerations and Data Collection

There were important ethical considerations for this research. Working with populations who are from refugee backgrounds, there may be a risk of re-traumatisation through exposure to stories of torture or abuse, grief and loss, and crimes against humanity ([Jacobsen and Landau 2003](#)). Additionally, contention exists relating to the ethics of conducting research on people seeking asylum and or refugees where scholarship has noted the seeming paradox of further “disenfranchising an already silenced group” versus denying people from refugee and asylum seekers their rights to explicitly present testimony of their lived experiences ([Boom 2010](#), p. 59).

Some scholars have argued that such research should be explicit in reporting on the lived experiences of forced migration while attempting to promote change particularly in light of policies including Australian mandatory detention (see [Zion et al. 2010](#)). Others has raised concerns about the paternalistic tendencies of denying such people the right to participate in research as a “benevolent way of silencing them yet again” ([Rousseau and Kirmayer 2010](#), p. 65; see also [Strous and Jotkowitz 2010](#), p. 63). This includes ideas of people from refugees as ‘vulnerable populations’ evidenced within the language of ethics committees, “public health and epidemiology” which “de-contextualises what must be

seen as a socially situated, political and pragmatic set of issues" (Rousseau and Kirmayer 2010, p. 66) alongside the important recognition that people from refugee backgrounds are "made vulnerable" by the often hostile or violent response they face in attempts to find safety and assert their human rights. (ibid.).

Others have argued that while it is important to ensure the necessary safeguards and ethical procedures are upheld for such groups in how research is conducted, what is done with research in terms of a firm commitment by researchers to a social critique of silencing and or complicity with increasing securitised policies towards people seeking asylum and from refugee backgrounds by countries like Australia is also critical (ibid., see also Aidani 2014; Boom 2010). The importance of independent research within the non-governmental context alongside people who have experienced forced migration has also been emphasised (see Boom 2010; McDowell 2014).

In adopting a community based and culturally responsive approach, researchers took these issues very seriously of upholding ethical considerations in how data was collected in ways that allowed for input by participants into the study design but also paid close attention to the centrality of informed consent, minimising risk and confidentiality. This is why all participants who were invited to participate were engaged in both professional individual or group counselling and underwent a screening process for suitability based on purposive sampling alongside screening on the day to ensure that no drug use was present.

The researchers believe that the safety and support of counselling whilst undertaking interviews and or focus groups minimised potential risks of emotional or psychological stress during the research. Additionally, two researchers are trained professional counsellors; with the lead researcher having worked in the area of frontline trauma service for the last 8 years and the co-author being experienced in the AOD and mental health space both in Australian and Iran. Whilst the researchers did not take up a role of counselling within the research itself, their skills as counsellors supported safety mechanisms employed during interviews and focus groups.

This included explaining to participants the risks associated with taking part in the research including some potential emotional and psychological distress due to content relating to drug use, resettlement challenges and psychological concerns. If distress did occur, researchers outlined that the following processes were in place. This included consulting with an onsite Farsi speaking counsellor present at the service at the time of focus groups and individual interviews, taking time out in a designated private room, having a break if needed and being provided with list of services including 24 h phone counselling services, Accident and Emergency contacts and a mental health hotline if distress should occur after the research.

The voluntary nature of participation was re-emphasised to participants multiple times including the right to end participation at any time and that such events would not impede their engagement with the multicultural AOD service. It was also noted that if participants chose to leave the focus group or interview, a Farsi speaking counsellor would be in contact with them afterwards to follow up on their welfare.

In terms of confidentiality, we provided information to participants that any identifiable information collected and in connection with this study would remain confidential unless required by law. In our discussion around informed consent, details of our mandatory reporting were explained to participants. This included information relating to any breach of child protection laws, harm to oneself or another person being required by law to report and take necessary action.

Consent was sought from all participants within all focus groups and individual interviews that their participation would be recorded. However, given the small size and unique characteristics of the participant group, researchers also explained and undertook measures to minimise risk. This included informing participants that all demographic information relating to people's age would only be presented as an average and range format, while refraining from including specific or identifiable details related to visa status and towns or cities where participants were from in Iran. It was also explained that all

names and possible identifiable details including particular suburbs, areas in Greater Sydney or the names of particular services that participants have frequented would be removed.

All focus groups and individual interviews followed the same ethical protocols, format and research questions. Participants were asked to first fill in anonymous questionnaires related to demographics, pre- and post-migration drug use, then Likert scales related to relationship, resettlement, acculturation, physical and psychosocial issues and finally uptake and evaluation of respective services. Once completed, each participant were invited to make any comments related to their responses for each question. This portion of both focus groups and individual interviews was voluntary for any member to provide examples and reflections on the questions asked. The lead researcher took notes during this time that were additional to the recordings. A break was included after this exercise before four semi structured questions were discussed at group and or individual levels.

All focus groups were facilitated bilingually and lasted four to five hours. Some individual interviews were conducted in English and others bilingually. The duration of individual interviews was one to two hours. Participants were presented with a voucher for their participation at the end of each session and were informed that they would be contacted by the lead researcher to review collated findings of the research to provide a second round of informed consent for publication purposes. This study was conducted in accordance with the Declaration of Helsinki, and was approved by the Human Ethics Committee of the University of Wollongong (HREC no. 2019/181).

3.4. Data Analysis

A separate audio file for each focus group and individual interview was allocated with a numerical code corresponding with related notes and questionnaires. The lead researcher was responsible for typing up all notes after each focus group and individual interview took place. Transcripts of recordings were translated from Farsi to English and transcribed by one bilingual co-researcher and cross referenced by the other bilingual co-researcher. All notes and transcripts were then de-identified and cleaned by the lead researcher and the use of pseudonyms were incorporated.

Related data from each question of anonymous questionnaires which was prioritised by participants as the top three most concerning were collated, compared and averaged. A total of twenty codes were produced from this preliminary analysis. Transcripts and notes were organised and matched against the respective codes produced from the questionnaires. A process of refinement to these codes was undertaken to generate a set of themes that were given the greatest emphasis by participants as per the group and individual discussions. These themes were then analysed against the theoretical framework for this study including intersectional considerations of exclusion and hierarchy based on language, class, employment, education, migration status and Australian law, related racialized and gendered intersubjective experiences and impacts of these experiences on participants' AOD use and bio-psychosocial health. Findings were then presented in a summarised form including quotes and areas of priority by the lead researcher to all participants through one on meetings to review and a second round of informed consent was obtained for publication purposes.

4. Results

4.1. Exclusion—Language

Issues of language and levels of English proficiency were cited as a major resettlement stressor for the majority of participants and associated with reported feelings of exclusion in Australia.

“When I was new in Australia, I didn’t know how to go shopping so I preferred not to go. I didn’t know anything. I had fear to go out. I had fear that people make fun of my English and getting humiliated.” Kourosh

These linguistic challenges were also associated with forms of exclusion from employment opportunities.

"We gained the experienced by now. But I don't know may be because of our English ... or not having a network here ... the employers use us." Sassan

Notions of inter-ethnic/national hierarchies according to language within multicultural Australia were also highlighted.

During one of the discussions Mohammad asked the group:

"Why are there always jobs for Indians but not us?"

Dariussh replied: *"Their English is good."*

4.2. Exclusion—Class, Ethnicity, Work and Education

Financial stressors and employment barriers were cited as a major cause for concern in the Australian resettlement context. The majority of participants were employed casually in manual labour with only three out of the sample having stable full-time employment.

"I was lucky to find a job when I came to Australia. But now for about 3 years I cannot find any job" Mohammad Reza

"I want to work permanently in a regular job. So, I cannot plan my life." Hassan

Participants' experiences of disadvantage including exclusion from education based on class and ethnicity in Iran were understood as part of the reason for unemployment in Australia. The financial challenges of providing remittance money to family overseas as a result of the economic hardships within Iran generated even further distress.

"We cannot find job because we don't have academic education. And make the things hard for us. In addition to that we are always worried about the financial situation for our family in Iran." Amir

Issues of unemployment in Australia were also associated with feelings of exclusion and discrimination based on participants' ethnicity.

"Not many companies accept us to work for them. I guess the employers have a priority list to employ the Australian first and then other nationalities ... And we are on the bottom of the list apparently." Hossein

"I can give you a call to company in front of you now and ask for a job. They will ask me where I am from. When I say Iranian, he says no." Mohammad

4.3. Exclusion—Australian Law and Migration Status

A self-reported lack of understanding of Australian law in a variety of contexts was cited as a source of stress and concern amongst participants

"There is a line for everything here. I am not sure of everything here." Dariussh

Experiences of exclusion and disadvantage based on levels of knowledge and understanding of Australian law were also cited.

"When I had accident, the driver was Australian, and he got the insurance and his car has been written off. But as a passenger I couldn't get anything yet. My lawyer kept saying your file/proofs are not complete. But they don't tell me what I should do. Because I don't know the laws here." Aref

"We also don't know where to go to get our rights or make a complaint about the issues we have at work." Mohammad

Such experiences were particularly astute with regard to Australian migration law. While it is important to not disclose specific details of participants' visa status, due to measures adopted by the Australian state towards particular visa holders (see [Green 2020](#)), it can be noted that only one person in the sample had obtained citizenship. This is

significant in light of a series of amendments to the Australian Migration Act which stand to marginalise non-citizens including permanent residents. Under c 501(3A) the Home Affairs Minister is obliged to cancel a visa if a person has a criminal record which includes a single sentence of twelve months or more and or a child sex related offence and is serving a full time sentence for such an offence against Commonwealth, state or territory law (Andrew and Renata Kaldor Centre for International Refugee Law 2015).

More recent amendments have now widened character assessments to include multiple sentences that add up to twelve months or more, persons who have been convicted of an offence whilst detained in a mandatory detention facility or have tried to escape from such a facility, persons who the minister reasonably suspects is a member of or associated with a group or person who has been involved in a criminal conduct, or if the minister considers a person to not be of 'good character' in relation to past and present criminal or general conduct (ibid.).

Additionally, if the minister considers that there is a risk that a person would engage in criminal conduct, harass, molest, intimidate or stalk another person in Australia, incite discord or represent a danger to the Australian community this could also constitute a revoking of visas (ibid.). As noted by the Andrew and Renata Kaldor Centre for International Refugee Law (2015), these character measures are broad and discretionary and have resulted in a spike in deportations. Such measures can also 'criminalise' non-citizens including those who use illicit drugs and were understandably a significant source of concern and distress for participants.

"One of my mates got caught by police because of 7 g of weed. He was sent back to the detention centre. Another mate who is citizen, he was caught with full Ounce of weed, he only got 15 h community working service. That does not make sense." Reza

"The law is not good enough. People go to prison for easy reasons." Dariush

Issues of citizenship and processing times for particular cohorts of migrants; notably in this instance people from refugee backgrounds also formed a part of participants' distress while reinforcing feelings of displacement and exclusion within Australia.

"The government promised that if I did not commit crime and got on with life here, I would obtain citizenship in 4 years. It's now been 6 years of waiting. The government have breached the rules so how can I trust them? When I see police and government officers, I do not trust them." Ali Reza

"Additionally, we are not ungrateful for being here. We just have problem with the visa and citizenship. We are thankful that Australia accepted us to the country. We made our own fault. We made a huge decision to travel from Iran to Australia. The only issue is immigration. It's been a long time." Dara

"When we were released from the detention centers, we were told that we can apply for citizenship after 5 years after getting your visa. We still do not know if we will stay here or we will be sent back?" Jalil

4.4. Gendered Racialized Intersubjective Hierarchies—Othering and Racism

Multiple participants cited instances of being 'othered' and racism within Australian society as a result of their agency as refugee men from Iran.

"The people from middle east are treated differently here" Farhad

"I chose to leave homeland; I chose to leave my culture, but I did not choose racism." Arsam

"People call me a terrorist." Ahmad

"When I walk on the street here, I am always concerned about what if something happens to me here." Sassan

"We are always recognized as second-class citizen. Even when we get the Australian passport, it says Born in Iran." Dariush

Nassir cited racism occurring within the workplace with reports of people taunting him for his arrival status to Australia. Some participants connected these ideas with the Australian government and media.

"It's because of the politics from the government. When you listen to the news, they all talk about the terrorist and the names such as Mohammad, Ali . . . that could create a false assumption that all the people with these names or from those countries are terrorists."
Anoush

Other participants cited forms of othering leading to acts of discrimination by state authorities with particular reference to the police.

"I had a fight with my Australian neighbour, and I rang Police. Police came but they have not done anything. They just wrote a report/statement. However, another time, I had a fight and my Australian neighbour called the police. They came and they took me to the police station twice. It means that there is a difference in how we are treated." Hamid

"There are some racist police officers too" Ali Reza

"After Tony Abbot police asked what your background is?" Mohammad

"Police gives me stresses when I see them. I do not like them because I suffered a lot from them. When I hear the sound of Police siren I feel sick." Aref

"I went to police over 10 times seeking help but they didn't do anything for me such as getting stabbed with knife in my tummy, physical assault by a stranger and losing my teeth. Police didn't help me at all." Hossein

Interviewer: *"What do you think it is about the police that they didn't support you?"*

"Language barrier and I couldn't make them understand. 3–4 times they didn't even get interpreter. Even in one instance, when I got attacked in my room by few people who were on drugs (ICE), I waited 3 hours for the police to come. Then they said that I can live there and there won't be any safety issues for me. I believe that was a racism against me. I went to the police station twice to make a report of what happened. There was no one there". Hossein

Mohammad reported feeling targeted by the police while emphasising to the researcher that he did not have a criminal record. He described being pulled over indiscriminately multiple times in his car and searched. He reported the last time that this had occurred the police fined him for being one point over the speed limit.

Participants' self-reported evaluation of services accessed for health and migration help seeking also indicated instances of othering and discrimination. For instance, Behrouz described his experiences of engaging in both community mental health and in-patient mental health services a number of times and receiving a mental illness diagnosis. He explained to the researchers that after multiple encounters with mental health clinicians he still did not understand what his diagnosis was or the medication that he had been prescribed. He explained that this was the basis of not being offered any interpreting services and a lack of direct engagement by health care professionals during in-patient stays.

Other participants reported instances of being exploited by members of the legal professions. For instance, Amir reported paying a large sum of money to a solicitor for his immigration claim and then discovering that his representative had failed to file the necessary paperwork to the related government institution.

4.5. Gendered Racialized Intersubjective Hierarchies—Intimacy and Homosocial Relations

Most participants identified as heterosexual and single and expressed a lack of prospective partners and intimacy within Australia.

"Finding partner/girl friend is so hard. I am going to suggest." Ali-Reza

"A dating site is also needed for our community." Artin

Hossein understood this to be in part due to a lack of financial prosperity alongside particular heterosexist notions of women.

“Generally . . . I met many women. When I tell them I am on Centrelink payment, she said that she will call me. But they never called me.” Hossein

Collective Laughter within the focus group.

“Why do you tell them the truth?” Amir

“I want to know if she really likes me or not. I tried different nationalities! Doesn’t matter. All women like money.” Hossein

Recounting other men’s heterosexist attitudes within Australia were also reported by participants.

“I got an Australian friend when I was so fresh in Australia. He said that in Australia that you shouldn’t trust three things: Weather, Women and Job.” Behrouz

Some participants expressed frustration with being essentialised as overtly patriarchal towards women in Australia as a result of their ethnicity.

“It’s painful when I see the Iranian scholars many years ago stated for example about equity/equality between men and women. But now we are told (by authorities) here how to treat our women.” Farhood

“Here in Australia the rules are in place how to treat your wife and if you don’t follow the rules you will get in trouble. But in Iran we do not have such rule and men respect their wives.” Milad

In terms of wider inter group homosocial relationships, Javid described intersubjective homosocial challenges with particular reference to the intersecting categories of ‘masculinity’ ‘sexuality’ and ‘race’ in the workplace. During the course of the interview, he advised the researcher *“Don’t be too sensitive or emotional in Australia—you will pay for it!”* When the researcher enquired further, Javid explained that when he would say ‘good morning’ to the men at work, they would scowl at him and call him a terrorist. Javid recounted being taunted by male work colleagues through homophobic slants and accusing him of ‘being gay’ for opting to spray deodorant on his body during work breaks and for sending money home to Iran for his mother.

Javid also described his difficulties in making male friends. Given his desire to not drink alcohol and to stay physically fit, he described a particularly painful experience of befriending a work colleague who went to the gym and did not drink. When Javid discovered it was his ‘friend’s’ birthday he promptly presented him with a gift. The friend reacted to this gesture by accusing Javid of being ‘gay’ and refused to take the present. Javid expressed confusion at this incident and despair by his friend’s response. Only one participant reported positive feelings of belonging and friendship with men outside of his Iranian intra group network.

4.6. Affective Impacts on Bio-Psychosocial Health and AOD Use

A range of physical issues were presented to participants and they were asked to list the least to most concerning for them over the past week while prompted to include other issues not listed. Dental problems, general physical/somatic pain, sleep problems, headaches, muscular problems and blood borne viruses were cited in that order as the most concerning to participants. While some of these issues with particular reference to dental problems and blood borne viruses were cited as issues related to drug use and a lack of access to appropriate health care as a result of financial constraints or stigma towards participants by some Farsi speaking GP’s to treat BBV’s, other participants made direct links to their mental health and physical symptoms.

“The main problems for us here is depression, loneliness, sadness, hopelessness and etc. I personally believe that all body pains start from those issues.” Amir

"All the physicals issues come from mental." Cyrus

Mental health issues most concerning to participants were sadness, anxiety, anger, worry and recurring thoughts in that order. Several of the men reported having been diagnosed with depression ($n = 3$) bipolar ($n=1$) and drug induced psychotic symptoms ($n = 2$). The use of sleeping tablets ($n = 3$), anti-depressants ($n = 2$), bipolar medication ($n = 1$) and anti-psychotic medication ($n = 1$) were also cited. Two men within participant's personal networks had killed themselves while three participants reported attempting suicide; all due to mental health issues in Australia.

100% of the sample rated loneliness and isolation as the most potent form of social and emotional affect as a result of their migration and intersubjective estrangement within Australia.

"My iPad is my only friend." Darian

"We are not valued here; we are like an animal." Ali Reza

"The people are not smiling at me." Artin

"People are not showing interest." Mohammad Reza

"After all when I felt that no one cares about me and nothing is going to change, I started throwing rubbish and my cigarette." Amir

"I don't feel that I am part of this society yet." Ali

Participants also cited stressors relating to Australia law and their migration status adversely impacting on their mental health and intensifying their drug use.

"I did my Citizenship test in 2014 but still waiting for my citizenship. I protested against immigration policies and because of that the government do not give me my citizenship. I got to the point that I had suicidal thoughts. So I am even concerned if I go overseas the government might do something against me on my return. That is why I do not even go overseas. It is like a prison for me here in Australia." Aref

"This immigration stress make us to use drug too." Dariush

"The main reason for all these troubles happening with my drug use is because of Immigration policies. Not knowing the immigration status causes all these problems. When the government started giving Bridging visas, all these issues started because they don't know whether they are going to stay or not. Is it going to be their home or not?" Jahan

Others reported that that their experiences of estrangement from family members as a result of their migration status had also enhanced their drug use.

"I cannot visit my families and friends, somehow I have to externalise my feeling. I use drug to deal with my emotions." Amir

"I made a big mistake by coming to Australia. We are only 2 children in my family- my brother and myself. I had everything in Iran. I came here and fell off the right track. Migration has not been a good decision for me. I didn't use drug in Iran because of my family and the fear/respect to my parents." Jahan

Participants also referenced that the ongoing separation from family members had adversely impacted on their mental health.

"I haven't seen my family for 9 years. Every time my mother rings me she says that I know that I won't see you anymore and she cries. It makes me feel down and makes me sad and angry." Arash

"My family brings the most tension to me. I cannot see them and also my child who lives in Iran" Anoush

"My brother lived in Australia for 7 years. He left Australia 2 weeks ago. Now, my family cannot understand him. He fights with them. He lived in Australia for 7 years."

He didn't have visa. He didn't have any rights in Australia. He is depressed over there. And this makes me stressed." Reza

Participants expressed that reducing their drug use also enhanced their stressors related to migration and settlement.

"After I stopped using drug, I have stress about job." Ali

"My stress went up after I stopped using drug. Now I can see the reality. Previously I used drug and I couldn't see any problem." Farhood

"When I was using drug I forgot my problems, like not seeing my son, not knowing English . . . But I do have stress because I see all these problems." Jahan

Some participants conflated their drug use with stressors related to gender relations and intimacy.

"When our protection application got rejected by the Immigration office, my girlfriend said that she wants to go back to Iran. I knew that she is going to do that, so I decided to use drug again. Then I overdosed." Dariush

"I went to certain places. I shouldn't have gone to those places. Those women's (translator: sex workers) job is something else. But to be able to do their job, they use ICE and you company them too." Artin

Ali reported having his first intimate relationship in Australia. Due to the breakdown of this relationship he had tried to kill himself with his drug use.

5. Discussion

The above findings demonstrate far reaching and intersectional forms of exclusion for participants in the resettlement context based on language, employment, financial disadvantage, education, class, ethnicity, Australian law and migration status. Results indicate that participants were duly aware of their intersubjective hierarchical assignment as 'men of middle eastern appearance', as 'refugees', as 'non-English speaking' and confined to the lower skilled and volatile end of the Australian job market. These intersubjective experiences were reinforced by forms of 'othering' and discrimination through participants' experiences of the police, wider homosocial and gender relations, the workplace and help seeking within the context of health and immigration services.

Whilst these forms of exclusion and power relations had adverse effects on participants' material circumstances in Australia, findings indicate that the mental health, social and emotional affects were self-reported to be far more reaching and negative. Feelings of isolation and loneliness were cited as the most acute form of emotional affect. Participants openly expressed estrangement from Australian society as a result.

Results emphasise that participants are managing the 'injuries' of double displacement and a loss of their individuality through repeated and patterned social relations of othering through their AOD use and related harms. Issues related to immigration and amount of processing times associated with citizenship were also a critical point of distress and has resulted for some, in feelings of disillusionment and mistrust in the Australian state.

These set of findings have a number of socio-cultural and economic implications. A failure to fully explore and respond to the above complexities not only reinforces dominant structural arrangements in Australia but rather conveniently continues to essentialise such men as 'dangerous', 'deviant' 'oppressive towards women' and 'unwanted' at inter group levels. These issues of 'othering' and exclusion for people from refugee and asylum seeker backgrounds in states like Australia have been duly explored elsewhere (see [Green 2020](#)), whereby policy and public perception of migration in advanced globalised market economies have now been "framed in relation to terrorism, crime, unemployment and religious fundamentalism" ([Cheong et al. 2007](#), p. 34). [Masocha and Simpson \(2011](#), p. 5) assert that such discourses are "underpinned by xenoracism". Further to this [Akbari and MacDonald \(2014\)](#) argue that in responding to people from refugee and asylum seek-

ers backgrounds, advanced globalised market economies like Australia have abandoned collective humanitarian principles.

Findings indicate that the complex terrain of adverse intersubjective hierarchical racialized and gendered power relations for participants not only solidifies their positionality as 'othered' and 'unwanted' but through their experiences of isolation and loneliness, as relatively 'unknown' and 'abandoned' within the Australian contemporary field. Such material and social circumstances are more indicative of state sponsored structural practices evidenced in neoliberal managerialist contexts which "expose vulnerable groups to multiple expulsions from communities, the labour market, the housing market, the spheres of security, the health care system, the education system and state protection" (Khosravi 2018, p. 39).

Results also have implications for migrant men's vulnerability within the patriarchal gender order. Participants reported forms of homosocial intersubjective relations which may be indicative of hegemonic masculine enforcement including emotional restraint, mistrust of women and refraining from seeking emotional support via homosocial connections. This included racialized and homophobic slants within the workplace to deter participants' from seeking emotional connections with other men. Participants also objected to being essentialised as overly patriarchal as a result of their ethnicity and were challenged in finding intimate connections while facing emotional and financial pressures related to transnational familial relations.

While participants are currently managing these vulnerabilities through their drug use and related harms to self, what are the longer-term impacts on their agency as 'men' within Australia? As noted in previous scholarship on migrant men and masculinities, forms of resistance, accommodation, subordination, marginalisation, protest and rebellion are all possible modes of adaptation within the new environment (Hibbins and Pease 2009, p. 3). We argue that such options limit possibilities of inclusion and belonging for refugee men in Australia and counter national and state policies which emphasise the importance of accounting for linguistic and cultural differences including a commitment to social inclusion (Commonwealth of Australia 2010), multiculturalism (Koleth 2010) and human rights.

These socio-cultural and economic realities also have relevancy for health outcomes including prevention and responses within AOD services. As noted in previous scholarship AOD research needs to draw attention to "policy level factors in prevalence and risk factors including rights to obtain citizenship, and legal, economic and social integration (Horyniak et al. 2016, p. 25). Our results draw attention to accounting for and responding to the wider structural and relational factors impeding positive health outcomes for refugee men.

As noted by Sage and Puisis (2017, p. 364) "health disparities studies have documented that broader social, economic, and political factors profoundly shape one's physical, mental, and behavioural health". With regard to migrant men's health in Australia, the scant evidence suggests that experiences of low socio-economic status and unemployment generate a decline in overall health rates (Ricciardelli et al. 2013). A recent review of evidence on the status of men's health in Australia, asserts that men from culturally and linguistically diverse backgrounds experience poorer health outcomes compared to non-migrant, non-Aboriginal and non-rural men particularly especially with regard to mental health (Australian Centre for Male Reproductive Health 2018, pp. 4, 24). Such claims are not always supported by evidence and often appear to be based on homogenous assumptions about the migratory experience for men.

There has been some notable attention elsewhere given to the mental health impacts of the refugee experience. Evidence shows that people from refugee backgrounds have been exposed to forms of trauma relating to violence, deprivation and complex loss (Bowles 2005, pp. 253–255; FASST n.d.; VFST 1998, pp. 15–20) and that such experiences may be a risk factor for problematic AOD use (VAADA 2016). Other studies have indicated that both forced and voluntary migration can pose a significant risk for co-occurring AOD and mental health issues (Luitel et al. 2013; Sowe 2005).

While there are findings in Australia (see [Ethnic Communities Council of Queensland 2012](#); [Anile 2018](#); [Horyniak et al. 2014](#)) that are also useful to understanding some of the stressors involved in migration and settlement and their relationship to AOD use and mental health, they often fail to fully contextualise such issues as ‘structural’ or relevant to the social divisions of existing power relations, hierarchy and exclusion for such populations within Australia. Instead, there is a tendency to problematise the individual, familial or communal experience over such wider phenomena.

This study and related findings give emphasis to understanding the particularities of the socio-political and economic circumstances of individual experiences of mental health and AOD use without resorting to essentialist and often racist narratives of migrant men’s health in Australia or asserting totalising pathologies that people from refugee backgrounds are innately ‘traumatised’ by their home countries. This critique of previous work is central to considerations around enhancing health care responses including AOD services for men from refugee backgrounds.

Scholarship has highlighted that for AOD treatment intervention to be effective, services need to be capable of responding to diverse communities where there are unique risks or resilience factors, or different explanatory models of health and health behaviours ([Resnicow et al. 2000](#)). In this instance, findings demonstrate the need to provide instrumental support related to migration processes, language, employment, financial mobility, Australian law alongside the centrality of emotional and mental health support. This includes empathy and building supportive relationships for refugee men which emphasise intergroup social inclusion and sensitivity to the performance of migrant masculinities. As noted by [Dominelli \(2002\)](#), health responses require an understanding of the “whole person with multiple dimensions to his identity and living in a particular social context” (p. 93).

Evidence elsewhere suggests that programmes and resource allocation in the area of refugee health should be directed towards social support and opportunities related to enhancement of material and emotional wellbeing. This includes “strengthening adaptive cognitive strategies including helping people make sense of their experiences and current situation” alongside “participation in self-improvement, training or employment opportunities, and assist individuals connect to a sense of meaning, purpose and hope” ([Posselt et al. 2019](#), p. 821). Our findings support the above claims, but we also argue that more critical engagement is needed within health care responses to counter-acting intersubjective and intersectional forms of exclusion and ‘othering’. This includes “[i]nterventions aimed at performances of masculinity which take social inequalities into account” ([Lindsay 2012](#), p. 241) and sensitively respond to the material, social and affective emotional needs of refugee men within the Australian patriarchal order.

6. Limitations

Given the range and scope of forms exclusion and displacement for participants and their material social and affective emotional impacts, it was important to focus on these issues to highlight the extent of such forces prevalent in the Australian contemporary setting for some refugee men. However, understanding the place of self-generated help seeking strategies, particularly in this case through intra group homosocial arrangements, is also important for AOD scholarship and enquiry in Australia in terms of recognising the place of communally generated peer and social supports networks as legitimate forms of prevention and responses to AOD use. Such lines of enquiry may help in further understanding strengths based on responses to exclusion and displacement in the field of migrant men and masculinities studies.

Additionally, while there has been some recognition, however scant, that there is a need for greater enquiry on the socio-cultural impacts of acculturation, discrimination, alienation and limited life chances on health as a result of the migratory process ([Ricciardelli et al. 2013](#)) which this study has attempted to do; we also argue that it is not enough to centre analyses solely on the experiences of men within the resettlement context alone. Failing to distinguish the socio-cultural contexts that migrant men have come from alongside the

various forms of pre-existing forms exclusion and hierarchy based on social divisions of age, ethnicity, region, language, class, gender, race within their home country and how they interact with the resettlement country are notably absent from this study and more enquiry within critical studies of men and masculinities on these issues is needed.

While there remains contention on doing research in this area, participants emphatically reinforced to researchers the importance of this study and the way it was conducted. Multiple references were made by individual participants that this was one of the first times whilst being in Australia that they had been ‘understood’ and listened to while some participants explained to researchers that they did not want to leave the focus group setting as a result of it being such a positive experience for them. This study’s design in responding to such populations of focus also indicates that more culturally responsive and community participatory research which privileges the subjective and lived experiences of migrant and refugee men is needed.

7. Conclusions

This study has responded to calls to account for ‘missing masculinities’ with Australian AOD scholarship including the need to explore the relationship between gender, power and substance use. Through an intersectional and social constructivist theoretical framework, we have highlighted the pivotal role of migration, exclusion and double displacement for Iranian men as refugees who use drugs in Australia. We have raised attention to material, social and affective emotional impacts of these experiences on participants which we have argued have both compounded their AOD use and related harms. We have highlighted that more attention within AOD services and other health care responses in Australia is needed to issues of social inclusion and performance of migrant masculinities that refrain from ‘othering’ and discrimination alongside material and psychosocial support related to migration processes, language and employment to enhance positive health outcomes for refugee men.

Author Contributions: Conceptualization (B.A.G. & Y.L.), data curation (B.A.G.), formal analysis (B.A.G. & Y.L.), funding acquisition (B.A.G.), investigation (B.A.G. & Y.L.), methodology (B.A.G. & Y.L.), project administration (B.A.G. & Y.L.), supervision (B.A.G.), visualization (B.A.G.), writing original draft (B.A.G. & Y.L.), writing editing and reviewing (B.A.G.); reviewing (Y.L.). Both authors have read and agreed to the published version of the manuscript.

Funding: This research was part funded by the Community Mental Health Drug and Alcohol Research Network (CMHDARN) Research Seeding Grants Program 2018/2019.

Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki, and approved by Human Ethics Committee of the University of Wollongong (HREC no. 2019/181) Approval date: 6/08/2019.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Not applicable.

Acknowledgments: Thank you to the Drug and Alcohol Multicultural Education Centre where this research took place Thank you to Dr Briony Larance, Associate Professor Peter Kelly from the University of Wollongong and to the Research Ethics Consultation Committee (RECC) from CMHDARN for their support related to ethics and feedback on the conceptualization of research. Thank you to reviewers and editorial team for their comments.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Aghababaei, Rassoul, Iraj Javadi, Amir Nili-Ahmadabadi, Someyah Parsafar, and Davoud Ahmadimoghaddam. 2018. Occurrence of bacterial and toxic metals contamination in illegal opioid-like drugs in Iran: A significant health challenge in drug abusers. *Journal of Pharmaceutical Sciences* 26: 77–83. [[CrossRef](#)] [[PubMed](#)]
- Aidani, Mammad. 2014. Face to Face: Ethics and Responsibility. In *Values and Vulnerabilities: The Ethics of Research with Refugees and Asylum Seekers*. Edited by Karen Block, Elisha Riggs and Nick Haslam. Toowang: Australian Academic Press, pp. 207–20.

- Akbari, Ather H., and Martha MacDonald. 2014. Immigration policy in Australia, Canada, New Zealand and the United States: An overview of recent trends. *International Migration Review* 48: 801–22. [CrossRef]
- Akhgari, Maryman, Fatemeh Moradi, and Parisa Ziarati. 2018. The Texture of Psychoactive Illicit Drugs in Iran: Adulteration with Lead and other Active Pharmaceutical Ingredients. *Journal of Psychoactive Drugs* 503: 1–9. [CrossRef]
- Allen, Louisa. 2006. Trying not to think 'straight': Conducting focus groups with lesbian and gay youth. *International Journal of Qualitative Studies in Education* 192: 163–76. [CrossRef]
- Alvesson, Mats, and Kaj Skoldberg. 2009. *Reflexive Methodology: New Vistas for Qualitative Research*, 2nd ed. Thousand Oaks: Sage.
- Anile, Ginette. 2018. *Connecting Diversity: Exploring Community Perspectives on Alcohol use and Related Harms in the Indian Community in Melbourne Summary Report*. Melbourne: Alcohol and Drug Foundation.
- Andrew and Renata Kaldor Centre for International Refugee Law. 2015. *Australian Citizenship and Other Legislative Amendment Bill 2014*. Legislative Brief. Available online: https://www.kaldorcentre.unsw.edu.au/sites/kaldorcentre.unsw.edu.au/files/homepage/legislative_brief_australian_citizenship_and_other_legislation_amendment_bill_2014_20.01.15_final.pdf (accessed on 30 October 2020).
- Aroche, Jorge, and Mariano J. Coello. 1994. Towards a systemic approach for the treatment and rehabilitation of torture and trauma survivors in exile: The experience of STARTTS in Australia. Paper presented at the Fourth International Conference of Centres, Institutions and Individuals Concerned with Organised Violence, Caring for and Empowering Victims of Human Rights Violations, Dap Tagetay City, Philippines, December 5–9.
- Aroche, Jorge, and Mariano J. Coello. 2004. Ethnocultural considerations in the treatment of refugees and asylum seekers. In *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War and Torture Victims*. Edited by John P. Wilson and Boris Drozdek. New York: Brunner-Routledge, pp. 53–80.
- ABS (Australian Bureau of Statistics). 2016. Census Quick Stats Country: People in Australia Who Were Born in Iran. Available online: http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/4203_036 (accessed on 30 October 2020).
- Australian Centre for Male Reproductive Health. 2018. The Current State of Male Health in Australia: Informing the Development of the National Male Health Strategy 2020–30, July 2018. Available online: https://consultations.health.gov.au/population-health-and-sport-division-1/online-consultation-for-the-national-mens-health-s/supporting_documents/Evidence%20Review%20%20Current%20state%20of%20male%20health%20in%20Australia.PDF (accessed on 12 December 2020).
- AIHW (Australian Institute of Health and Welfare). 2018. *Alcohol and Other Drug Treatment Services in Australia 2016–17*. Table SE NSW.7: Closed Episodes, by Country of Birth and Client Type, New South Wales, 2012–13 to 2016–17. Canberra: Australian Institute of Health and Welfare.
- Banerjee, Supurna, and Nandini Ghosh. 2018. Introduction. Debating Intersectionalities: Challenges for a Methodological Framework. *South Asia Multidisciplinary Academic Journal* 19. Available online: <https://journals.openedition.org/samaj/4745> (accessed on 29 October 2020).
- Barbour, Rosaline S. 2001. Checklists for improving rigour in qualitative research; A case of the tail wagging the dog? *British Medical Journal* 322: 1115–17. [CrossRef]
- Batnitzky, Adina, Linda McDowell, and Sarah Dyer. 2009. Flexible and Strategic Masculinities: The Working Lives and Gendered Identities of Male Migrants in London. *Journal of Ethnic and Migration Studies* 35: 1275–93. [CrossRef]
- Bessarab, Dawn, and Bridget Ng'andu. 2010. Yarning About Yarning as a Legitimate Method in Indigenous Research. *International Journal of Critical Indigenous Studies* 31: 37–50. [CrossRef]
- Bhavnani, Kum.Kum, John Foran, and Priya A. Kurian. 2003. An introduction into Women, Culture and Development. In *Feminist Futures: Re-Imagining Women, Culture and Development*. Edited by Kum Kum Bhavani, John Foran and Priya A. Kurian. London: Zed Books, pp. 1–22.
- Bilge, Sirma. 2013. Intersectionality Undone: Saving Intersectionality from Feminist Intersectionality Studies. *Du Bois Review: Social Science Research on Race* 10: 405–24. [CrossRef]
- Boom, Tendayi. 2010. Asylum Seekers: Subjects or Objects of Research? *The American Journal of Bioethics* 10: 59–60.
- Bowles, Robin. 2005. Social Work with Refugee Survivors of Torture and Trauma. In *Social Work Fields of Practice*. Edited by Margaret Alston and Jennifer McKinnon. Australia: Oxford University Press, pp. 249–67.
- Brah, Avtar, and Ann Phoenix. 2004. Ain't I A Woman? Revisiting Intersectionality. *Journal of International Women's Studies* 5: 75–86. Available online: <https://vc.bridgew.edu/jiws/vol5/iss3/8> (accessed on 29 October 2020).
- Brah, Avtar. 1996. *Cartographies of Diaspora: Contesting Identities*. London: Routledge.
- Bulbeck, Chilla. 1998. *Re-Orienting Western Feminisms: Women's Diversity in a Postcolonial World*. New York: Cambridge University Press.
- Carrington, Kerry, Alison McIntosh, and John Scott. 2010. Globalization, Frontier Masculinities and Violence: Booze, Blokes and Brawls. *British Journal of Criminology* 50: 393–413. [CrossRef]
- Carstensen-Egwuom, Inken. 2014. Connecting Intersectionality and Reflexivity: Methodological Approaches to Social Positionalities. *Erdkunde* 684: 265–76. [CrossRef]
- Charsley, Katherine, and Helena Wray. 2015. Introduction: The Invisible Migrant Man. *Men and Masculinities* 184: 403–23. [CrossRef]
- Charsley, Katherine, and Anika Liversage. 2013. Transforming polygamy: Migration, transnationalism and multiple marriages among Muslim minorities. *Global Networks* 13: 60–78. [CrossRef]

- Charsley, Katherine. 2005. Unhappy Husbands: Masculinity and Migration in Transnational Pakistani Marriages. *Journal of the Royal Anthropological Institute* 11: 85–105. [CrossRef]
- Cheong, Hope P., Rosalind Edwards, Harry Goulbourne, and John Solomos. 2007. Immigration, social cohesion and social capital: A critical review. *Critical Social Policy* 27: 24–49. [CrossRef]
- Choi, Susanne Y. P., and Yinni Peng. 2016. *Masculine Compromise: Migration, Family, and Gender in China*. Oakland: University of California Press.
- Christensen, Anne-Dorte, and Sune Qvortrup Jensen. 2014. Combining hegemonic masculinity and intersectionality. *NORMA: International Journal for Masculinity Studies* 9: 60–75. [CrossRef]
- Clifford, James, and George E. Marcus, eds. 1986. *Writing Culture: The Poetics and Politics of Ethnography*. Berkeley: University of California.
- Coen, Stephanie E., John L. Oliffe, Joy L. Johnson, and Mary T. Kelly. 2013. Looking for Mr. PG: Masculinities and men's depression in a northern resource-based Canadian community. *Health & Place* 21: 94–101.
- Collins, Susan E., Seema L. Clifasefi, Joey Stanton, The LEAP Advisory Board, Kee J. E. Straits, Eleanor Gil-Kashiwabara, Patricia Rodriguez Espinosa, Andel V. Nicasio, Michele P. Andrasik, Starlyn M. Hawes, and et al. 2018. Community-based participatory research CBPR: Towards equitable involvement of community in psychology research. *American Psychologist*. advance online publication. [CrossRef] [PubMed]
- Commonwealth of Australia. 2010. Social Inclusion in Australia. How Australia Is Fairing. Available online: <https://apo.org.au/sites/default/files/resource-files/2010-01/apo-nid20210.pdf> (accessed on 15 February 2021).
- Commonwealth of Australia. 2017. National Drug Strategy 2017–2026. Available online: <https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026> (accessed on 20 October 2020).
- Connell, Raewyn W. 1995. *Masculinities*. Cambridge: Polity Press.
- Connell, Raewyn W., and James W. Messerschmidt. 2005. Hegemonic Masculinity: Rethinking the Concept. *Gender and Society* 19: 829–59. [CrossRef]
- Connell, Raewyn. W. 2016. Masculinities in global perspective: Hegemony, contestation, and changing structures of power. *Theory and Society* 45: 303–18. [CrossRef]
- Courtenay, Will H. 2000. Constructions of masculinity and their influence on men's well being: A theory of gender and health. *Social Sciences and Medicine* 50: 1385–401. [CrossRef]
- Crenshaw, Kimberle. 1989. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum* 1: 139–167. Available online: <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8> (accessed on 30 October 2020).
- Davies, Bronwyn. 2003. *Frogs and Snails and Feminist Tales: Preschool Children and Gender*. Cresskill: Hampton Press.
- Davis, Kathy. 2008. Intersectionality as Buzzword: A Sociology of Science Perspective on What Makes a Feminist Theory Successful. *Feminist Theory* 9: 67–85. [CrossRef]
- de Hart, Betty. 2009. Love thy Neighbour: Family Reunification and the Rights of Insiders. *European Journal of Migration and Law* 11: 235–52. [CrossRef]
- Demetriou, Demetrakis Z. 2001. Connell's Concept of Hegemonic Masculinity: A Critique. *Theory and Society* 30: 337–61. Available online: <http://www.jstor.org/stable/657965> (accessed on 9 December 2020). [CrossRef]
- Denzin, Norman K., and Yvonna S. Lincoln, eds. 2011. *Handbook of Qualitative Research*, 4th ed. Thousand Oaks: Sage.
- Dominelli, Leah. 2002. *Anti-Oppressive Social Work Theory and Practice*. Basingstoke: Palgrave, Macmillan.
- Donaldson, Michael, Raymond Higgins, Richard Howson, and Bob Pease, eds. 2009. *Migrant Men Critical Studies of Masculinities and the Migration Experience*. London: Routledge.
- Ethnic Communities Council of Queensland. 2012. *African Alcohol Awareness AAA Study: An Exploratory Pilot Study in Partnership with Ethnic Communities Council of Queensland, Queensland Health, Griffith University, DRUG ARM Australasia and Queensland African Communities Council*. West End: Ethnic Communities Council of Queensland.
- Ettorre, Elizabeth. 2007. *Revisioning Women and Drug Use: Gender, Power and the Body*. Basingstoke: Palgrave Macmillan.
- Fallon, Grahame, and Riva B. Brown. 2002. Focusing on focus groups: Lessons from a research project involving a Bangladeshi community. *Qualitative Research* 2: 195–208. [CrossRef]
- Fausto-Sterling, Anne. 2000. *Sexing the Body: Gender Politics and the Construction of Sexuality*. New York: Basic Books.
- FASSTT (Forum of Australian Services for Survivors of Torture and Trauma). n.d. Torture and Its Impacts. Available online: <http://fasstt.org.au/torture-its-impact/> (accessed on 9 December 2020).
- Foucault, Michele, and Colin Gordon. 1980. *Power/Knowledge: Selected Interviews and Other Writings, 1972–77*. New York: Pantheon Books.
- Gallo, Ester. 2006. Italy is not a good place for men: Narratives of places, marriage and masculinity among Malayali migrants. *Global Networks* 6: 357–72. [CrossRef]
- Green, Belinda A. 2020. Drowning in Neoliberal Lies: State Responses to People Seeking Asylum. *British Journal of Social Work* 50: 908–25. [CrossRef]
- Green, Belinda, Timothy J. Scrase, and Ruchira Ganguly-Scrase. 2017. Beach Boys Do It Too: Subculture and Commoditised Desire in a Transnational Tourist Site in Kerala, South India. *Asian Studies Review* 41: 99–116. [CrossRef]

- Green, Belinda. 2009. Riding the global wave: Male youth, tourist encounters and subcultural formation in Kerala, South India. Ph.D. dissertation, University of Wollongong, Wollongong, NSW, Australia.
- Griffiths, Melanie. 2015. Here, Man Is Nothing!' Gender and Policy in an Asylum Context. *Men and Masculinities* 18: 468–88. [CrossRef]
- Hibbins, Raymond, and Bob Pease. 2009. Men and masculinities on the move. In *Migrant Men Critical Studies of Masculinities and the Migration Experience*. Edited by Michael Donaldson, Raymond Higgins, Richard Howson and Bob Pease. London: Routledge, pp. 1–19.
- Hondagneu-Sotelo, Pierrette. 2017. Place, nature and masculinity in immigrant integration: Latino immigrant men in inner-city parks and community gardens. *NORMA: Nordic Journal For Masculinity Studies* 12: 112–26.
- Hooks, Bell. 1984. *Feminist Theory: From Margins to Center*. Boston: South End Press.
- Horyniak, Danielle, Jason S. Melo, Risa M. Farrell, Victoria D. Ojeda, and Steffanie A. Strathdee. 2016. Epidemiology of Substance Use among Forced Migrants: A Global Systematic Review. *PLoS ONE* 11: e0159134. [CrossRef] [PubMed]
- Horyniak, Danielle, Peter Higgs, Shelly Cogger, Paul Dietze, Tapuwa Bofu, and Girma Seid. 2014. Experiences of and attitudes toward injecting drug use among marginalized African migrant and refugee youth in Melbourne, Australia. *Journal of Ethnicity in Substance Abuse* 134: 405–29.
- Hunt, Geoffrey, Frank Vibeke Asmussen, and Molly Moloney. 2015. Rethinking Gender within Alcohol and Drug Research. *Substance Use and Misuse* 50: 685–92. [CrossRef]
- IHRA (International Harm Reduction Association). 2008. The Global State of Harm Reduction 2008: Mapping the Response to Drug-Related HIV and Hepatitis C Epidemics. Available online: <https://www.hri.global/files/2010/06/16/GSHRFullReport1.pdf> (accessed on 30 October 2020).
- Jacobsen, Karen, and Loren B. Landau. 2003. The Dual Imperative in Refugee Research: Some Methodological and Ethical Considerations in Social Science Research on Forced Migration. *Disasters* 27: 185–206. [CrossRef] [PubMed]
- Jowett, Madeleine, and Gill O'Toole. 2006. Focusing researchers' minds: Contrasting experiences of using focus groups in feminist qualitative research. *Qualitative Research* 6: 453–72. [CrossRef]
- Kaplan, Charles, and Hans Verbraeck. 2001. Where have all the Fieldnotes Gone? The Changing Nature and Politics of Drugs Ethnography in the Netherlands. *Addiction Research and Theory* 9: 299–323. [CrossRef]
- Kelly, Michael P., and Emma Doohan. 2012. The social determinants of health. In *Global Health: Diseases, Programs, Systems and Policies*. Edited by Michael H. Merson, Robert E. Black and Anne J. Mills. Burlington: Jones & Bartlett, pp. 75–113.
- Khajehkazemi, Razieh, Mehdi Osooli, Leily Sajadi, Mohammad Karamouzian, Abbas Sedaghet, Noushin Fahimfar, Afshin Safaie, Ehsan Mostafavi, and Ali Akbar-Haghdoust. 2013. HIV prevalence and risk behaviours among people who inject drugs in Iran: The 2010 National Surveillance Survey. *Sex Transmitted Infections* 89: iii29–iii32. [CrossRef]
- Kirmayer, Laurence. J., Lavanya Narasiah, Marie Munoz, Meb Rashid, Andrew G. Ryder, Jaswant Guzder, Ghayda Hassan, Cécile Rousseau, and Kevin Pottie. 2011. Common mental health problems in immigrants and refugees: General approach in primary care. *CMAJ: Canadian Medical Association Journal = Journal de l'Association Médicale Canadienne* 183: E959–E967. [CrossRef]
- Khosravi, Shahram. 2009. Displaced Masculinity: Gender and Ethnicity among Iranian men in Sweden. *Iranian Studies* 42: 591–609. [CrossRef]
- Khosravi, Shahram. 2018. Stolen Time. *Radical Philosophy* 2: 38–41.
- Kimmel, Michael S. 2000. *The Gendered Society*. New York: Oxford University Press.
- Koeth, Elsa. 2010. Multiculturalism: A Review of Australian Policy Statements and Recent Debates in Australia and Overseas. Research Paper no. 6 2010–11. Social Policy Section Parliament of Australia. Available online: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1011/11rp06 (accessed on 11 February 2021).
- Lindsay, Jo. 2012. The Gendered Trouble with Alcohol: Young People Managing Alcohol Related Violence. *International Journal of Drug Policy* 23: 236–41. [CrossRef]
- Livingston, Wulf, and Andrew Perkins. 2018. Participatory action research PAR research: Critical methodological considerations. *Drugs and Alcohol Today* 181: 61–71. [CrossRef]
- Luitel, Nagendra P., Mark Jordans, Adriana Murphy, Bayard Roberts, and Jim McCambridge. 2013. Prevalence and Patterns of Hazardous and Harmful Alcohol Consumption Assessed Using the AUDIT among Bhutanese Refugees in Nepal. *Alcohol and Alcoholism* 48: 349–55. [CrossRef] [PubMed]
- Madriz, Esther I. 1998. Using focus groups with lower socioeconomic status Latina women. *Qualitative Inquiry* 4: 114–28. [CrossRef]
- Madriz, Esther. 2000. Focus groups in feminist research. In *Handbook of Qualitative Research*. Edited by Norman K. Denzin and Yvonna S. Lincoln. Thousand Oaks: Sage, pp. 835–50.
- Masocha, Shepard, and Murray K. Simpson. 2011. Xenoracism: Towards a critical understanding of the construction of asylum seekers and its implications for social work practice. *Practice* 23: 5–18. [CrossRef]
- McDowell, Christopher. 2014. Researching Displacement(s). In *Values and Vulnerabilities: The Ethics of Research with Refugees and Asylum Seekers*. Edited by Karen Block, Elisha Riggs and Nick Haslam. Toowang: Australian Academic Press, pp. 63–83.
- McDuie-Ra, Duncan. 2012. *Northeast Migrants in Delhi: Race, Refuge and Retail*. Amsterdam: Amsterdam University Press.
- McKenzie, Sarah K., Sunny Collings, Gabrielle Jenkin, and Jo River. 2018. Masculinity, Social Connectedness, and Mental Health: Men's Diverse Patterns of Practice. *American Journal of Men's Health* 12: 1247–61. [CrossRef] [PubMed]
- Measham, Fiona. 2002. 'Doing Gender'–'Doing Drugs': Conceptualizing the Gendering of Drugs Cultures. *Contemporary Drug Problems* 29: 335–73. [CrossRef]

- Menon, Nivedita. 2015. Is Feminism about 'Women'? A Critical View on Intersectionality from India. *Economic and Political Weekly* 50: 37–44.
- Messner, Michael A. 1997. *Politics of Masculinities: Men in Movements*. Oxford: AltaMira Press.
- Mohanty, Chandra T. 1995. *Feminist Encounters: Locating the Politics of Experience*. *Social Postmodernism: Beyond Identity Politics*. Cambridge: Cambridge University Press.
- Moller, Micheal. 2007. Exploiting Patterns: A Critique of Hegemonic Masculinity. *Journal of Gender Studies* 16: 263–76. [\[CrossRef\]](#)
- Moore, David, Suzanne Fraser, Helen Keane, Kate Seear, and Kylie Valentine. 2017. Missing Masculinities: Gendering Practices in Australian Alcohol Research and Policy. *Australian Feminist Studies* 32: 309–24. [\[CrossRef\]](#)
- Munro, Alice, Anthony Shakeshaft, and Anton Clifford. 2017. The development of a healing model of care for an Indigenous drug and alcohol residential rehabilitation service: A community-based participatory research approach. *Health and Justice* 6: 5. [\[CrossRef\]](#)
- Narayan, Uma. 2000. Decentering the Center. In *Essence of Culture and a Sense of History: A Feminist Critique of Cultural Essentialism*. Edited by Uma Narayan and Susan Harding. Bloomington: Indiana University Press, pp. 80–100.
- Noble, Greg, Paul Tabar, and Scott Poynting. 1998. If anyone called me a wog, they wouldn't be speaking to me alone': Protest masculinity and Lebanese youth in western Sydney. *Journal of Interdisciplinary Gender Studies: JIGS* 3: 76–94.
- O'Donnell, Mike, Sue Sharpe, and ProQuest. 2000. *Uncertain Masculinities: Youth, Ethnicity, and Class in Contemporary Britain*. London and New York: Routledge.
- Oliffe, John L., Mary T. Kelly, Joan L. Bottorff, Joy. L. Johnson, and Sabrina T. Wong. 2011. He's more typically female because he's not afraid to cry: Connecting heterosexual gender relations and men's depression. *Social Science & Medicine* 73: 775–82.
- Patton, Michael Q. 2002. Two Decades of Developments in Qualitative Inquiry: A Personal, Experiential Perspective. *Qualitative Social Work* 1: 261–83. [\[CrossRef\]](#)
- Pease, Bob. 2006. Australia: Masculine migrations. In *Men of the Global South: A Reader*. Edited by Adam Jones. New York: Zed Books, pp. 343–48.
- Pickering, Sharon. 2010. *Women, Borders, and Violence: Current Issues in Asylum, Forced Migration, and Trafficking*. New York: Springer.
- Posselt, Miriam, Heather Eaton, Monika Ferguson, and David Keegan. 2019. Enablers of psychological well being for refugees and asylum seekers living in transitional countries: A systematic review. *Health and Social Care* 27: 808–23. [\[CrossRef\]](#)
- Poynting, Scott, Paul Tabar, and Greg Noble. 2009. Looking for respect: Lebanese immigrant young men in Australia. In *Migrant Men: Critical Studies of Masculinities and the Migration Experience*. Edited by Mike Donaldson, Raymond Hibbins, Richard Howson and Bob Pease. New York and Oxon: Routledge, pp. 135–53.
- Resnicow, Ken, Robin Soler, Ronald L. Braithwaite, Jasjit S. Ahluwalia, and Jacqueline Butler. 2000. Cultural sensitivity in substance use prevention. *Journal of Community Psychology* 283: 271–90. [\[CrossRef\]](#)
- Rhodes, Tim, and David Moore. 2001. On the Qualitative in Drugs Research: Part One. *Addiction Research & Theory* 9: 279–97.
- Rhodes, Tim, Gerry V. Stimsona, David Moore, and Philippe Bourgois. 2010. Qualitative social research in addictions publishing: Creating an enabling journal environment. *International Journal of Drug Policy* 216: 441–44. [\[CrossRef\]](#)
- Ricciardelli, Lina A., and Robert J. Williams. 2011. The role of masculinity and femininity in the development and maintenance of health risk behaviors. In *An International Psychology of Men: Theoretical Advances, Case Studies, and Clinical Innovation*. Edited by Chris Blazina and David S. Shen-Miller. New York: Routledge, pp. 57–98.
- Ricciardelli, Lina A., David Mellor, Marita P. McCabe, Alexander Mussap, and Christina A. Kolar. 2013. Culture and health: An Australian perspective. In *Applied Topics in Health Psychology*. Edited by Marie L. Caltabiano and Lina A. Ricciardelli. Oxford: Wiley-Blackwell, pp. 84–100.
- Rodriguez, Katrina L., Jana L. Schwartz, Maria K. E. Lahman, and Monica R. Geist. 2011. Culturally Responsive Focus Groups: Reframing the Research Experience to Focus on Participants. *International Journal of Qualitative Methods* 10: 400–17. [\[CrossRef\]](#)
- Rousseau, Cecile, and Laurence J. Kirmayer. 2010. From Complicity to Advocacy: The Necessity of Refugee Research. *The American Journal of Bioethics* 10: 65–67. [\[CrossRef\]](#)
- Rowe, Martin. 2001. *The Experience of Protest: Masculinity and Agency among Sudanese Refugees in Cairo*. Cairo: The American University in Cairo Press.
- Rowe, Rachel, Y. Gavriel Ansara, Alison Jaworski, Peter Higgs, and Phillip J. Clare. 2018. What is the alcohol, tobacco, and other drug prevalence among culturally and linguistically diverse groups in the Australian population? A national study of prevalence, harms, and attitudes. *Journal of Ethnicity in Substance Abuse* 20: 101–18. [\[CrossRef\]](#)
- Rowe, Rachel. 2014. Choosing the right mix: Lessons on culturally relevant treatment from the evaluation of the Drug and Alcohol Multicultural Education Centre's Counselling Service. *Mental Health and Substance Use* 72: 92–101. [\[CrossRef\]](#)
- Sage, Kim, and Michael Puisis. 2017. Conducting Substance Abuse Research: Incarcerated Populations. In *Research Methods in the Study of Substance Abuse*. Edited by Jonathan B. VanGeest, Timothy P. Johnson and Sonia A. Alemagno. Cham: Springer, pp. 357–76.
- Salehi-Isfahani, Djavad. 2011. Iranian Youth in Times of Economic Crisis. *Iranian Studies* 44: 789–806. [\[CrossRef\]](#)
- Sarti, Raffaella, and Francesca Scrinzi. 2010. Introduction to the Special Issue: Men in a Woman's Job, Male Domestic Workers, International Migration and the Globalization of Care. *Men and Masculinities* 13: 4–15. [\[CrossRef\]](#)
- Saunders, Kriemild. 2002. *Feminist Post Development Thought: Rethinking Modernity, Postcolonialism and Representation*. London: Zed Books.
- Sekechi, Mahnaz. 2018. *Iranians in London: Voices of Exile*. Cham: Palgrave Macmillan.

- Shariatirad, Schwann, Masoomah Maarefvand, and Hamed Ekhiari. 2013. Methamphetamine use and methadone maintenance treatment: An emerging problem in the drug addiction treatment network in Iran. *International Journal of Drug Policy* 24: e115–e116. [CrossRef] [PubMed]
- Singer-Kagawa, Mrjorie, William Dressler, Sheba George, William N. Elwood, and The NIH Panel. 2015. The Cultural Framework for Health: An Integrative Approach for Research and Program Design and Evaluation. Available online: https://www.researchgate.net/publication/273970021_The_cultural_framework_for_health_An_integrative_approach_for_research_and_program_design_and_evaluation (accessed on 30 October 2020).
- Sowey, Helen. 2005. *Are Refugees at Increased Risk of Substance Misuse?* Sydney: Drug and Alcohol Multicultural Education Centre DAMEC.
- Spivak, Gayatri C. 1988. Can the subaltern speak? In *Marxism and the Interpretation of Culture*. Edited by Cary Nelson and Lawrence Grossberg. Basingstoke: Macmillan Education, pp. 271–313.
- Staples, Brian. 1986. Just Walk on by: A Black Man Ponders his Power to Alter Public Space. *Ms. Magazine*. pp. 55–84. Available online: <https://www.livingston.org/cms/lib9/NJ01000562/Centricity/Domain/723/Just%20Walk%20on%20By%20A%20Black%20Man%20Ponders%20His%20Power%20to%20Alter%20Public%20Space%20by%20Brent%20Staples.htm> (accessed on 30 October 2020).
- Strous, Rael D., and Alan Jotkowitz. 2010. Ethics and Research in the Service of Asylum Seekers. *The American Journal of Bioethics* 10: 63–65. [CrossRef] [PubMed]
- Tomsen, Stephen. 1997. A Top Night: Social Protest, Masculinity and the Culture of Drinking Violence. *British Journal of Criminology* 37: 90–102. [CrossRef]
- UNHCR (United Nations High Commission for Refugee). n.d. States Parties to the 1951 Convention. Available online: <http://www.unhcr.org/afr/3b73b0d63.pdf> (accessed on 21 February 2021).
- Vazirian, Mohsen, Bijan Nassirimanesh, Saman Zamani, Masako Ono-Kihara, Masahiro Kihara, Shahrzad Mortazavi Ravari, and Mohammad Mehdi Gouya. 2005. Needle and Syringe Sharing Practices of Injecting Drug Users Participating in an Outreach HIV Prevention Program in Tehran, Iran: A Cross-Sectional Study. *Harm Reduction Journal* 2: 19. Available online: <http://www.harmreductionjournal.com/content/2/1/19> (accessed on 30 October 2020). [CrossRef]
- VFST (Victorian Foundation for Survivors of Torture Inc). 1998. *Rebuilding Shattered Lives*. Brunswick: Victoria Foundation House for Survivors of Torture Inc.
- VAADA (Victorian, Alcohol, and Drug Association). 2016. *CALD AOD Project Final Report*. Melbourne: Victorian Alcohol and Drug Association.
- Wallerstein, Nina B., and Bonny Duran. 2006. Using Community based participatory research to address health disparities. *Health Promotion Practice* 73: 312–23. [CrossRef]
- Walter, Nicholas, Philippe Bourgois, and Margarita H. Loinaz. 2004. Masculinity and undocumented labor migration: Injured latino day laborers in San Francisco. *Social Science & Medicine* 59: 1159–68.
- Willig, Carla. 2001. *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*. Buckingham: Open University Press.
- Wojnicka, Katarzyna, and Paul Pustulka. 2019. Research on men, masculinities and migration: Past, present and future. *NORMA: Nordic Journal For Masculinity Studies* 14: 91–95. [CrossRef]
- Wojnicka, Katarzyna, and Paula Pustulka. 2017. Migrant men in the nexus of space and disempowerment. *NORMA: Nordic Journal For Masculinity Studies* 12: 89–95. [CrossRef]
- Woodring, Jonathon C., Susan M. Foley, Gabriella Santoro Rodo, Keith. R. Brown, and Doris M. Hamner. 2006. Focus groups and methodological reflections: Conscientious flexibility in the field. *Journal of Disability Policy Studies* 16: 248–25. [CrossRef]
- Wray, Helena. 2009. Moulding the Migrant Family. *Legal Studies* 29: 592–618. [CrossRef]
- Yuval-Davis, Nira. 2006. Intersectionality and Feminist Politics. *European Journal of Women's Studies* 13: 193–209. [CrossRef]
- Zion, Deborah, Linda Briskman, and Bebe Loff. 2010. Returning to History: The Ethics of Researching Asylum Seeker Health in Australia. *The American Journal of Bioethics* 10: 48–56. [CrossRef] [PubMed]