The difficulties and coping strategies of Sudanese Refugees pre, during and postmigration: A qualitative approach

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Abstract

A qualitative approach was adopted to interview 23 Sudanese refugees residing in Brisbane, Australia. Semi-structured interviews were conducted to examine the participants' premigration, transit and postmigration experiences. Refugees reported traumatic and life threatening experiences during the premigration and transit phase. The difficulties during postmigration phase consisted of resettlement issues. Nevertheless, they reported using coping strategies across all phases. The coping strategies identified relied predominantly upon participant's use of religious beliefs, and cognitive strategies such as reframing the situation, relying on their inner resources and focussing on future wishes and aspirations. Social support also emerged as a salient coping strategy. The findings are useful for mental health professionals as they highlight the plight of the refugees as well as the strategies used by them to manage their traumas and stresses.

The past decade has seen an unprecedented increase in the global number of refugees and displaced persons. There are approximately 14 million refugees (UNHCR, 2004), while 23.6 million are internally displaced (USCR, 2004a). Most of these refugees have fled situations of war or famine (Adams et al., 2004) wherein they experienced significant trauma, including physical and psychological torture, sexual violence, shelling and other atrocities (Neuner et al., 2004). Given the high number of refugees globally, and the significant nature of the events suffered by this population, research examining the experiences of this group is warranted.

Research investigating the experiences of refugees has largely employed a quantitative methodology to examine premigration trauma and its psychiatric sequelae (e.g., Momartin et al., 2004; Neuner et al., 2004). However, few studies have examined the ongoing experiences of refugees both prior and subsequent to fleeing their homeland. Research has indicated that the plight of the refugees is not limited to premigration phase, but extends to their transitional phase as well as after seeking asylum in a new country (Porter & Haslam, 2005; Silove, 2001). The present study addressed this empirical gap by examining the experience of refugees from Africa across three phases; premigration, transit and postmigration. It focussed on a sample of Sudanese refugees living in Brisbane, Australia and utilised a qualitative methodology. This methodology was adopted to study the narrative of the participants in order to identify salient aspects of their experience.

Refugee Research

The bulk of the psychological research examining the experiences of refugees has been based on a Western biomedical model of trauma which focuses on the psychological sequelae to trauma. Such research has yielded a number of consistent findings. First, in the case of Eritrean youth, exposure to war trauma and economical hardships were predictors of their psychological distress (Farwell, 2004). Similarly, exposure to mass violence is associated with a range of diverse detrimental psychological outcomes such as depression, anxiety, post traumatic stress disorder (PTSD) and substance use disorder (Silove, 2001). For example, Momartin et al. (2004) found a relationship between trauma and both PTSD and depression in a sample of 126 Bosnian refugees. They found that threat to life was a significant predictor of PTSD in Bosnian refugees while threat to life and traumatic loss were associated with comorbid PTSD and

depression. Similarly, Steel et al. (2002) examined a sample of 1161 Vietnamese refugees and found that exposure to greater than three traumatic events was associated with increased prevalence of anxiety disorder, depressive disorder, substance use disorder and PTSD. A systematic review by Fazel (2005) indicated that refugees resettled in western countries could be about ten times more likely to develop PTSD than age-matched general populations of these countries.

Second, there is a robust relationship between the number of traumatic events and severity of psychiatric symptoms experienced (Mollica et al., 1999). For example, Neuner et al. (2004) examined the relationship between trauma suffered and psychological outcomes in a sample of 3371 Sudanese nationals living in Southern Sudan and Uganda and found a near linear rise in PTSD symptoms with increasing psychological strain. Nearly a quarter (23%) of the participants who had experienced three or fewer traumatising experiences displayed symptoms of PTSD while 100% of the participants reporting 28 or more traumatic experiences exhibited the disorder. As such, the authors concluded that, while poor psychological outcomes are not an inevitable consequence of trauma, there may be no resilience to ward off such outcomes where there is cumulative exposure to traumatic events.

Third, literature revealed that while premigration stressors impact significantly on psychological distress, post migration adaptational difficulties and loss of social and cultural support add appreciably to post traumatic stress symptoms. Porter and Haslam (2005) in their meta-analysis identified enduring contextual variables, such as accommodation and financial stress as factors related to poor mental health outcomes. According to these researchers refugees living in institutions, older in age, more educated, females and those who had a higher socioeconomical status prior to displacement were at higher risk. Keeping in view the complexity of a refugee experience, recent research indicates that the intrapsychic PTSD framework may be too narrow for conceptualizing war trauma as it is psychosocial in nature and contexualized in the community's socio economic and political aspects of the conflict and its consequences (Fawrwell, 2004). Thus, more complex, holistic and ecological models are currently being proposed that emphasize factors such as the experienced stress, available social support as well as the societal, political and cultural perspective, essential for the mental health

and well being of the refugees (Hjern & Jeppsson, 2005; Porter & Haslam, 2005; Zarowsky, 2004).

Limitations of Refugee Research

While refugee research has demonstrated a robust relationship between trauma and deleterious psychological outcomes, research based on a traditional biomedical trauma model is controversial for three reasons. First, this approach adopts a narrow focus by examining only premigration phase or the post migration experience. As such, it neglects the impact of transit stressors as well as the temporal nature of the refugee experience (Miller et al., 2002). This approach is problematic as the refugee experience evolves over the period of threat in the home country, the time of flight and asylum and final resettlement or repatriation (Silove, 2001). Stressors may occur throughout any stage and their nature, meaning and impact is likely to vary depending on the strengths of the individual and difficulties incurred prior to the stressors (Miller et al., 2002). As such, further research examining the refugee experience across the pre migration, transit and postmigration periods is required.

A second limitation of the biomedical model is that, despite finding a correlation between trauma and psychiatric symptoms, it is unable to explain relatively low rates of psychiatric symptomatology in post-war societies (Silove, 2001). For example, Mollica et al. (1993) found that only 15% of Cambodian residents living in a refugee camp suffered from PTSD even though the majority had experienced several forms of trauma. Even lower rates (3%) of PTSD were reported in a sample of traumatised Vietnamese refugees living in Australia (Steel et al., 2002). These figures suggest that the majority of refugees adapt to the stressors and trauma they have encountered. These findings are consistent with existential and humanistic models (Silove, 2001), which highlight the significance of an individual's or community's ability to cope and adapt to challenges of exposure to mass violence and forced migration.

Recently studies have started to examine the coping mechanism of refugees. Further, factors that buffer the impact of stress and promote positive adaptation in refugees have been explored (Goodman, 2004; Silove, 2001). There is evidence that social support acts as a protective factor against the impact of violence and persecution. Refugees rely on support from their families and communities (McMichael and Manderson, 2004). Goodman (2004) analysed

accounts of refugee youth from Sudan and found that used collectivity and communal self as a way of coping. Moreover, limited studies conducted so far on refugees have highlighted various cognitive and belief systems which help them cope with their difficulties (Brune et al., 2002, Gorman et al., 2003). Beliefs in the form of a strong allegiance to religion have acted as a primary source of resourcefulness (Halcon et al., 2004). The use of religion as a coping strategy appears to be commonly held amongst refugees from Africa. For example, in a sample of Somalian and Ethiopian refugees, Halcon et al. (2004) found that between 50% and 75% of individuals believed in God and prayer and used these as a strategy to relieve their sadness. The attitude to "endure" the sufferings for a reward in the form of a "better future" seemed to be linked to religious beliefs (Colic-Peisker and Tilbury, 2003). Further, such beliefs are likely to be an effective coping strategy in assisting individuals to adapt to their life difficulties. Specifically, Brune et al. (2002) found that refugees who reported holding a firm belief system tended to report higher educational achievement, better mastery of language and fewer symptoms of PTSD.

Cognitive processes, in the form of interpretations and perceptions of oneself and the situation, have enabled individuals to cope with traumatic events (Vazquez et al., 2004). Refugees' beliefs about their internal resources, such as taking a positive approach, identifying their strengths and reinforcing their determination to cope, perceiving themselves as a survivor rather than a victim has also helped them cope under severe circumstances (Gorman et al., 2003). Similarly, helpful cognitive processing is indicated by being prepared for the difficulties, talking about it, or giving it a new meaning (Basoglu et al., 1997; Goodman, 2004). Further, positive cognitions focussing on hope and aspirations about the future have also helped in overcoming psychological problems (Goodman, 2004). The role of hope and aspiration is consistent with the cognitive theory of depression (Beck et al., 1979). According to this theory, hopelessness aggravates depression and other psychopathologies; whereas, an emphasis on future and hope promotes emotional well being and provides an individual a structure to go on in life.

Colic-Peisker and Tilbury (2003) have indicated that refugees coping strategies can be considered as "active" as well as "passive". According to Punami-Gitai (1990), refugees

exposed to extreme violence and conflict adopt more active and purposive coping strategies such as being involved in political activities or confronting the opposite forces. Further, political and religious beliefs strengthen such involvements. On the other hand, passive and more ineffective cognitive strategies have been reported such as avoidance, not confronting the trauma or interpreting the situation as out of one's control (Basoglu et al., 1997). Keeping in view the significance of coping mechanisms that foster refugees' recovery from trauma, further research in this area is required.

A third concern with the biomedical model is that it has generally used quantitative methodologies to examine the refugee experience (Silove, 2001). Specifically, such a formulation have been criticized as it fails to capture the diverse human experiences associated with extreme events (Miller et al., 2002). For example, the sole reliance on quantitative checklists of psychiatric symptoms may indicate that a priori assumptions are made about the range of relevant variables to be assessed. As a result, other factors associated with distress and coping in refugees, such as a loss of identity and crises of existential meaning are largely overlooked (Miller et al., 2002). A number of instruments used with refugee populations have limited or untested reliability and validity with this population (Hollifield, et al., 2002). Further, Kagee (2004) argues that scores on quantitative checklists are elevated as respondents tend to endorse symptoms due to the demand characteristics, rather than of what was actually experienced. Therefore, there has been a shift towards more holistic qualitative or inductive approaches that do not make any a priori assumptions and are designed to elicit the narrative accounts of refugees that are required to understand their complex experiences.

One study that did adopt such an approach to examine refugee experiences was that by Miller et al. (2002). This study examined the post migration stressors of 28 Bosnian refugees living in Chicago using a qualitative approach. They found that the use of inductive interviews with narrative analysis allowed participants to identify critical variables affecting their psychosocial wellbeing. Such variables included social isolation, the loss of daily life projects, environmental mastery, loss of social roles, lack of sufficient income and health problems. A number of these variables, such as loss of social roles and loss of life projects, were associated with significant distress in the refugees interviewed. However, these had not previously been

considered by quantitative research, thereby supporting the need to utilise qualitative methodologies in refugee samples.

The present study, therefore, aimed to address some of the limitations associated with a traditional biomedical approach and examined the experiences of refugees across their life span using qualitative methods. The sample utilised was Sudanese refugees living in Brisbane, Australia. It employed an approach previously adopted by Miller et al. (2002) in eliciting narrative accounts of refugee experience. This approach has allowed us to explicate the pre migration, transit and post migration accounts of refugees to determine what difficulties were encountered in each of the periods and how participants coped and adapted to these difficulties.

Sudanese Refugees in Brisbane, Australia

Approximately 380 Sudanese refugees resided in Brisbane, Australia at the time of last census (DIMIA, 2004a). However, the Sudanese community in Brisbane and throughout Australia is rapidly growing with over half of the refugees (6147 in 2003-2004) entering Australia each year being from Sudan (DIMIA, 2004b). Sudan has been one of the world's leading producers of uprooted people since the mid 1980s (USCR, 2004b). Nearly 5.5 million Sudanese were displaced at the end of 2003 (USCR, 2004b), with 600 000 of these being refugees and asylum seekers (UNHCR, 2004). The majority of displacement in this area has been a result of 20 years of civil war between rebel armies in the South of Sudan and government forces and pro-government militia from the North. The central theme of this conflict has been a struggle by the South to overthrow Northern dictatorship and to develop a democratic nation that recognises the rights and equality of all Sudanese citizens (USCR, 2004b). While the intensity of fighting has caused a large number of Southern Sudanese to flee, displacement has been attenuated by the withholding of food and medical aid from civilian populations as a key weapon in the war. The resulting food shortages resulted in the deaths of hundreds of thousands of Sudanese (Mayotte, 1994). Further displacement has occurred as a result of a new conflict emerging in the Dafur region between the government sponsored Janjaweed and antigovernment militias (Commission on Human Rights, 2004).

In a recent Australian study, Schweitzer et al., (2006) found that traumatic events such as witnessing the murder of family or friends, torture and rape or sexual abuse were commonly

experienced by Sudanese refugees. Further, research from the United States has indicated that refugees from Sudan have been exposed to considerable human rights abuses and poor humanitarian conditions. Specifically, these individuals have been exposed to mass rapes, targeted killings, village raids, contaminated water, limited food and shortages of medical supplies (USCR, 2004b). The Commission on Human Rights report (2004) into Sudan revealed that Sudanese refugees are commonly separated from and do not know the fate of key family members and that private homes, crops, wells, shops and entire civilian locations in this region have been destroyed. Given the large number of Sudanese refugees entering Australia, along with the significant trauma experienced by such individuals, the explication of premigration, transit and postmigration narratives of this group appears warranted.

Method

Participants

Twenty four refugees from Sudan were approached to participate in the study. All of those participants who were invited agreed to participate. However, one woman was subsequently excluded as she did not fit the criteria of a refugee and had left Sudan before the onset of the civil war. The final sample incorporated 23 (11 male and 12 female) refugees with a mean age of 35.05 years (*SD* = 6.94, range 27 to 47 years).

Participants had lived in Australia an average of 2.55 years (*SD*= 2.15, range = 0 – 6 years) at the time of interview. The majority of participants identified themselves as Christian (22 participants) with one participant being Muslim. Participants reported speaking a number of languages at home with the most commonly reported being Dinka (10 participants) and Arabic (10 participants). All respondents had come to Australia as humanitarian entrants and 50 % of them (12 participants) identified Egypt as their country of transit. The other used other neighboring countries, particularly Kenya as their country of transit. Nineteen of the respondents were married with two being single, one being divorced and one being widowed. The participants had an average of three children (*SD* =2.30, range 0 to 8). The majority of participants had completed high school (14) with 6 participants either having no education or a primary school education only. Of the 23 respondents, eight had not been in the workforce in their home country and seven had engaged in either semiskilled or unskilled employment. Five

respondents identified themselves as professional workers in Sudan and two reported that they were students. At the time the data were collected, 14 respondents were not employed in the workforce in Australia and 16 reported that they were funded by government benefits. The majority of participants reported some difficulty in understanding English, although four stated that they were fluent.

Instrument

The interview schedule was prepared by the first three authors. To ensure the cultural appropriateness of the questions, a group of six Sudanese was consulted. Translations were also checked to make sure that they reflected the original theme. The probes were revised on the basis of the feedback received. The interview schedule developed for this study asked respondents about three primary domains of their experience: their life in Sudan prior to migration, their experience in transit and their life in Australia postmigration. Interviewees were first asked, in an open ended way to describe their life in each of the three periods. Further information about each of the three stages was elicited through the incorporation of specific prompts. These prompts referred to difficulties and worries experienced, perceived safety, coping strategies employed, the availability of support networks, current wishes and the typical daily routine. The interview schedule is available on request.

Procedure

Participants were recruited for the study via a snowball sampling procedure. All participants identified agreed to be interviewed for the study. Prior to commencement of interviews, all participants were informed of the goals of the study, given assurance of confidentiality and asked to sign an informed consent form. Interviews were conducted by the first three authors (two females and one male) with the assistance of bilingual interpreters (two males and one female). One of the author and one bilingual interpreter visited the participants at their homes to conduct the interviews. All type of combinations were used to avoid gender related biases. Ample of time was set aside for each interview to establish rapport and to initiate and close the interviews in a sensitive manner. Participants were able to respond to interview questions in their language of choice. In the case of ambiguity in the understanding of the content of the interview. Clarifications were sought through the bilingual interpreter.

Interviews were tape recorded and transcribed and each participant was provided with a $20 voucher to a large supermarket chain as a token of appreciation of their participation. Due to the sensitivity of the topic and the possibility of interviewees becoming distressed as a result of the interview, referral procedures were put in place to address the needs of distressed respondents.

Analysis

Analysis of all interviews was undertaken by the fourth author, who had both experience working with refugee groups and with qualitative research. Transcriptions were analysed using the principles of interpretative phenomenological analysis (Smith et al., 1999). Analyses were undertaken using Atlas.ti and involved two major stages. Taking an ideographic case study mode, the first stage involved the coding of phrases within each interview. In this stage, interview transcripts were read and key issues noted. Then each of the key phrases were labeled according to the emergent theme they were thought to represent. Themes were identified and coded using the Atlas.ti assist in the retrieval of the data. Taking a nomothetic approach, the second stage involved the identification of connections between the emergent themes identified in the first stage. Where connections between emergent themes were noted, clustering of the themes into superordinate themes occurred. Transcripts were then reread to ensure that such superordinate themes reflected the respondent's initial meaning. Group extracts from across the data were examined according to the new themes by using the software. Shared themes were explicated and illustrated by using quotes from the texts as required. To measure inter rater reliability of the analysis, ten percent of the data were randomly selected from the data set. An independent rater examined this data to identify themes. The themes identified were then matched with those identified earlier by the first rater. Cohen's kappa (Cohen, 1968) was used to calculate inter rater agreement for the analysed themes. A kappa value of .914 (p. <.00) indicated a good agreement beyond chance.

Results

Data were explicated within each of the three phases covered by the interviews; namely the premigration period, the period of transition and the postmigration period. The experiences discussed resulted in the explication of themes relating to difficulties experienced and coping

strategies employed to deal with difficulties. The range of difficulties and coping strategies that emerged in each phase will be discussed below

Premigration Period

Difficulties

The pre-migration narratives of Sudanese refugees tended to focus around four pervasive themes: meeting basic needs; loss; impact upon life activities and the experience of trauma. The first theme, difficulty meeting basic physical needs following the emergence of civil war in Sudan impacted upon a significant proportion of refugees interviewed (*n*=10). Refugees who reported having secure and happy pre-war lives described how the outbreak of war had forced them to flee their homes and live a nomadic existence wherein they continually moved to avoid attacks from the army. According to one participant:

> *" we dug holes to hide during the day… at night we used to come out to look for food…. I thought this is what the world is ." (Female, 25 years).*

One of the results of this forced displacement was lack of access to basic necessities such as food and water (*n*=8), medical care (*n*=3) and shelter (*n*=2). As one participant reported:

> "*people, they are suffering a lot. They don't have good sleep, they don't have good food, they don't have good water, so they just moving because the Arab*[s]*, they came and attack us… you are like a displaced people" (Male, 27 years).*

A second major theme was loss of or separation from loved ones. As indicated by one of the participant:

> *"I was 10 or so.. In a village raid I picked up my baby sister and ran to the bushes with a cousin who was 6. I ran and ran and could not find my way back.…… I reached another camp miles away. I did not see my family for 7 months."*

Almost all participants (*n*= 19) reported that family and friends had been killed or separated while fleeing war zones. Those participants who had been separated from loved ones expressed both concern for their welfare and desire to be reunited with them.

A third major theme identified was inability to continue daily life activities such as education and employment (*n* = 10). Participants were reportedly incapable of continuing such daily activities for a number of reasons. These include the destruction of schools and

workplaces in the war, limited accessibility to schools and employment for displaced refugees, and not having adequate funds to pay for schooling. Participants also described how the government policy of Arabisation made attending school or finding work difficult. As one participant stated:

> "*I had to dress like Muslims and we had to learn Arabic and their religion and we were a Christian family and I can't do that. I had problem with the school every day every day. I stopped the school I went back home" (Female, 40 years).*

The fourth theme referred to the physical and psychological trauma suffered by refugees and their families (*n* = 11) at the hands of both government and non government groups. This trauma was a result of both civil war and the governments forced Arabisation of Southern Sudan. Refugees reported experiencing a number of different types of physical trauma including torture, beatings, gunshots, and brutal interrogations. This physical trauma was experienced either during a period of imprisonment or during the course of everyday life. Participants exposed to physical violence reported their fear, both of the violence itself, but also of the possibility that it would lead to their death. As one participant stated, *"I was worried about the torture because they torture me every day, but I was worried about when I am going to be killed" (Male, 41 years).*

Refugees also reported experiencing fear and persecution due to the violence. A number of participants described how they were threatened with violence (*n* = 9). Such threats were made either because they were Christian, or because of involvement, or suspected involvement with Army or paramilitary groups. Participants also reported witnessing violence and death (*n* = 5) on a daily basis. For example, one participant stated "*People died in front of you. A lot of people died, out of our community" (Female, 28 years).* These forms of violence made participants feel insecure (*n* = 18). They described how they continually thought about death and never felt safe. As one participant reported; "*Actually in Sudan you are living but you are not sure about your life, at night war could just break and one could lose their life, so most people lived while they were worried*" (*Female, 32 years*). Another stated "*In Sudan, when you get in the bed, at night and you don't know if you'll be here tomorrow because you're Christian. And maybe you'll be killed, because some people get killed inside the room*". (*Male, 46).*

Coping Strategies

In response to the extreme difficulties experienced by refugees throughout the premigration period, refugees were able to identify several strategies that allowed them to cope: the use of religion, social support networks, reframing and focussing on the future. The first and most commonly identified coping strategy was the use of religion (*n* = 15). Participants reported that during times of difficulty they would pray either to have strength to continue or for the situation to improve. This was expressed by one participant who stated that "*I ask God to give me power to get my land and then I ask God to make me strong*" (*Male, 27 years).* Refugees also reported that they gave up trying to deal with the situation and placed their fate in God. These participants believed that God had a plan for them and that by believing in him, their situation would eventually improve.

The second coping strategy employed by almost half of the participants was utilisation of social support networks (*n* = 12). Participants reported that during times of difficulty, they discussed problems and received material support from their social networks. Social networks included a broad range of individuals such as friends, family and neighbours. The inclusion of a broad range of individuals into social networks was functional for refugees as the makeup of these groups fluctuated following displacement and death.

The third coping strategy employed by participants was a cognitive process of reframing of the situation (*n* = 8). A number of participants described how their personal evaluation of their difficulties allowed them to cope during hard times. Participants reported two major methods of reframing the situation to allow successful adaptation. The first of these methods was a belief in their own inner strength. Participants stated that they could cope with difficulties because they were strong and could face any challenge that arose. The second type of reframing that occurred was normalisation of the experience and becoming resigned to whatever the future held. These participants reported that they just got used to living with their difficulties and adopted the attitude that everyone was in the same situation and there was nothing that could be done about it. For example, one participant stated:

> "*there's nothing you can do about it. Because…sometimes you get used to it, you get used to dead bodies and a lot of people dying. Then sometimes, then after sometime you*

think 'it is the nature' so you get used it, you get used to the idea of people just dying like that" (Female, 28 years).

The fourth coping strategy was also of a cognitive nature. It consisted of articulating wishes and aspirations for future. Refugees in the present study described three major wishes that they had throughout their time in Sudan. The first of these was for the war and suffering in Southern Sudan to end. This wish was expressed by one participant who stated that, *"My wishes that time was peace, and when the peace arrive nobody going to suffer and the killing of the southern people will be end, nobody or group to suffer anymore" (Male, 41 years).* Some of these participants also hoped that the outcome of the war would be freedom and independence in Southern Sudan (n = 7). The second wish identified by participants was to be able to continue daily life projects. Participants reported that they wished to continue their education and also expressed a desire for their children to continue their education (*n* = 3). Participants expressing this wish largely saw recommencement of daily life projects as a way to improve their future. The third wish was improved quality of life (*n* = 4). Individuals expressing this wish tended to express their desire to leave Sudan and get a better life in a new country.

Transit Period

Difficulties.

A number of participants in the present study spent their time in transition in Egypt where they lived in the community. However, others had fled to transit camps in places such as Kenya. The difficulties expressed by refugees in transit fell under similar themes regardless of whether they lived in the community or in transit camps. These themes also reflected the difficulties expressed by participants in the premigration period.

Specifically, the first theme identified was difficulty meeting basic daily needs (*n* = 16). Whether living in camps or in the community, participants were unable to easily access food, water, healthcare or shelter. Individuals living in camps stated that they had limited access to water and healthcare. They also described how the rations of food provided by the UN were insufficient to cover the needs of refugees in the camp or were quickly stolen by rebels raiding the camps. Individuals living in the community were unable to meet their basic needs due to

lack of funds. They reported being unable to find work which paid enough to cover the costs of food, medical care and rent.

As with the premigration period, the second major theme was loss or separation from loved ones (*n* = 14). Refugees reported, being with family members who were killed during the period of transition and hearing about family members dying back in Sudan. Deaths in transit may be a result of limited access to basic needs or through rebels attacking and raiding camps.

The third theme was inability to continue daily life activities such as education and employment (*n* = 10). Refugees who were living in transit camps were unable to engage in such daily life projects due to limited accessibility. Further, individuals living in the community tended to be living there without a valid visa. Therefore, they were unable to legally access employment or education. Those who did find work had done so illegally and were often subjected to poor treatment in the workplace. As one participant reported; "*work in Egypt was difficult for men and for the women, they be working for 24 hours sometime they will paid and sometime they beaten and send back without payments" (Male, 41 years).*

The fourth difficulty expressed by participants was physical and psychological violence suffered at the hands of the Egyptians (*n* = 10). Refugees described experiencing physical abuse with members of the community beating them up or throwing objects such as stones or rotten fruit at them. They also described being subject to verbal abuse and racism (*n* = 10). One participant described their experience in Egypt:

> "*The other problem is that Egyptians were not polite with Africans in general, when you walk on street they throw rubbish at you, they say some jokes about black people, they call you chocolate or call you that black thing that remains after burning wood ….charcoal. It is normal that someone can just come and kick you or slap you*"

Refugees living in transit camps, particularly in Kenya, were also subjected to considerable violence and abuse (*n* = 7). They reported that rebels would attack the camps and kill large numbers of refugees. The also reported witnessing rapes and abductions by rebels who had broken into the camp to steal food from refugees.

The fifth difficulty highlighted by refugees during this period was instability and fear for the future. Refugees who were in transit reported that they feared being sent back home (*n* =

5) and feared for their life (*n* = 4), despite being removed from the war in Sudan. Those living in Egypt were doing so illegally and feared that they would be deported back to Sudan. This fear, combined with limited access to basic necessities and being subjected to constant verbal and physical abuse, made them feel that they were unsafe (*n* = 6) and would have no future (*n* = 2). Refugees who were living in camps also felt unsafe due to the constant attacks on their camps and limited food and water supplies (*n* = 7).

Coping

The coping strategies identified by refugees in the period of transition largely reflected those adopted during the premigration period. Specifically, as with the period of premigration, participants identified religion as their most utilised coping strategy (*n* = 17). These individuals stated that they prayed to God for an improvement in their current situation and for a better future. They also placed their fate in God's hands and believed that whatever happened would be at the will of God. Religion also assisted refugees in the transit period in a different way to that identified in the premigration period; by providing material and social support. A number of participants stated that they coped during times of difficulty because a priest or members of the church group provided them with assistance in the form of food, clothing, money, shelter, emotional support or assistance in attaining a visa to enter Australia. The range of support provided by the churches is demonstrated in the narrative of one participant who stated: "*You go talk to the father* [priest], *this man is good…, this man helped me with bills and food and many things for my kids, sometimes he'd give me 20 pounds" (Male, 46 years).*

As with the premigration period, a second coping strategy employed by participants in the period of transition was utilising support from social networks (*n* = 13). Such support networks provided refugees with financial assistance, material assistance and emotional support. However, the nature of such social networks differed for refugees across the periods of premigration and transition. Specifically, in the premigraion period, refugees utilised family, friends and neighbours within Sudan as a support network. However, in the transition period they utilised a broader range of individuals including family and friends in Sudan, family and friends from a variety of Western countries and church groups and neighbours within Egypt. This broadening of the social network reflects the breakdown in traditional support networks

and demonstrates the proficiency with which participants sought out and utilised available social support.

The third type of coping employed by over half of the refugees was a cognitive strategy of reframing the situation and interpreting it in a different manner (*n* = 14). As with the premigration period, individuals stated that they either used their personal strength to cope with difficulties or they normalised and minimised the severity of the situation. However, two additional methods of reframing emerged in the transition period; hope for the future and comparison to the situation in Sudan. Refugees reported that they could cope with the situation because they had hope that the future would be better. As one participant reported:

> "*What helped me to cope was that if UNHCR granted me a visa and settle in Australia, Canada or America, then the all problems where I had faced will be wiped out by the new life, so hope of getting the settlement was the thing get me to cope" (Male, 41 years).*

Refugees also stated that no matter how bad things got, they were still better off in their country of transit than they had been in Sudan. Positive reframing was reflected by one participant who stated:

> *"When compared that with some of the situations at home…hunger and all that, the situation in Egypt was still much better than back home" (Female, 29 years).*

The fourth coping strategy was also of a cognitive nature and involved aspirations for the future. During the period of transition, refugees reported having a number of wishes. The most common wish expressed by refugees during the transition period was a desire to leave their country of transit (*n* = 10). The vast majority of participants expressing this wish stated that they wanted to move to their postmigration country. However, some expressed their desire to return to a peaceful Sudan. Participants wishing to leave their country of transit reported feeling considerable instability while living in transit and wished for a home where there was peace and where they could settle down and continue with their lives. This was reflected by the narrative of one participant who stated that:

> *I'm just wishing, like, I would be in a safe place, just wishing like peace and calm, in Sudan, so people go back. To our own country. Because of the assaulting, the*

harassment and people are dying, every time people are dying right there in TV. It's really horrible. You wish, like, you have to go back, when there's peace and calm" (Female, 28 years).

A second wish expressed by refugees was to be able to continue with their education (*n* = 6). This wish had been previously expressed in the premigration period as refugees felt that, if they continued their education, they would have a better future and would be better placed to assist Sudanese people. As one participant stated, "*My dream was if I could finish my school, so I could work for my people" (Male, 27 years).*

Postmigration

Difficulties.

The narratives of refugees reflected four major difficulties experienced in the postmigration period: environmental mastery, financial difficulties, social isolation and the impact of perceived racism. The first major difficulty was problems with environmental mastery. Refugees in the present study reported adaptational demands such as learning a new language, becoming familiar with a new set of cultural values and practices and learning how to access a range of available resources. Specifically, refugees reported having considerable difficulties adapting to one adaptational demand; learning English (*n* = 12). The inability to speak English was problematic as it precluded individuals' access to participation in Australian life. Refugees without proficient English reported that they could not form new social networks, cope with education or attain adequate employment.

Refugees also reported having difficulty with a second adaptational demand; difficulties adapting to a new set of cultural values and practices (*n* = 9). Participants reported that all aspects of the culture were different in Australia and that they feared losing the culture of Sudan. The main difficulty that refugees had with regard to culture was expectations for families. Some reported experiencing marital difficulties as one or both of the partners changed their expectations about the role of men and women within marriage. Others reported having difficulty with their children as their traditionally held notions of how children should act within a family were not also held by their children.

The second major difficulty experienced by refugees was financial difficulties (*n* = 7). As stated previously, refugees reported having difficulties learning to speak English and subsequently attain adequate employment. Therefore, they did not have adequate funds to provide basic necessities for their family. Specifically, participants reported difficulties finding appropriate housing for their large families and had acquired a number of loans to support themselves. Financial difficulties were reflected by one participant who stated:

> "*Even now, I get a job, I've got many problems. Because my people, are not first to get a job and all my money's just renting, a little bit, like loans. I've got loans, from Commonwealth Bank. When I come to Australia, I borrow money to buy a car, to help my kids. All my money goes. Shop, everything's gone after that. That's it. That's all my working… We are living on two dollars, three dollars all the time*" *(Male , 46 years).*

The third major difficulty experienced by refugees was social isolation and lack of social support. While participants in the present study had demonstrated a capacity to develop new social networks during the period of transition, they reported being unable to attain access to new networks within Australia due to their limited knowledge of English. They also reported that many of their previously utilised social networks had been broken down. This breakdown in social networks was a result of several factors including death of family and friends (*n* = 13), separation from family and friends during the period of transition (*n* = 10) and marital breakdowns following their arrival in Australia (*n* = 2). The lack of social support networks described by refugees led to considerable social isolation and loneliness. As one refugee reported:

> "*I mean not knowing people is because you are very new in the country and you do not know who are you dealing with and you don't know who are you talking with and you feel lonely and you need someone and its very difficult*" (*Female, unknown age)*

The fourth major difficulty experienced by refugees in Australia was racism and poor treatment. While a large number of refugees stated that they felt secure and had been treated well within Australia (*n* = 11), a quarter described being subject to racism (*n* = 6). It is important to note that racism experienced by refugees was more subtle, indirect and less violent than that experienced during the periods of premigration and transition. Specifically, it tended to

manifest itself in difficulties attaining employment, increased attention from the police and verbal abuse.

Coping

The coping strategies adopted by refugees in the postmigration context reflected those adopted in both the premigration and transition periods. Specifically, they included use of religion, social networks (where available), and cognitive strategies. However, refugees in the postmigration period also identified support from the Australian government as a new factor that assisted their coping in the Australian context.

The use of religion was again a commonly utilised coping strategy (n = 8). Participants described how they placed their fate in God and how the church assisted them by providing emotional and material support. However, in contrast to the premigration and transition periods, the use of prayer as a way of attaining hope that the future would be improved was not commonly mentioned in the postmigration narratives of refugees.

The use of social networks was a second coping strategy employed by refugees (n = 16). While it was stated previously that refugees experienced a breakdown in their social networks, they continued to use remaining friends, family and community as a source of social support. These social networks tended to be smaller than those utilised in prior periods. For example, some refugees stated that they had one friend who they talked to when they needed assistance. As one participant stated, "*If I have problems, I have my friend from Church, I always talk to her*" *(Female, 28 years).* Other refugees reported that they phoned family and friends in Sudan or utilised members of the newly arriving Sudanese community as a source of support. These social networks were used largely for emotional support in the Australian context, which differs from the premigration and transition periods where they were used for both emotional and material support.

The third coping strategy identified by participants in the postmigration context was of a cognitive nature and involved reframing of the situation (n = 10). As with the transition period, individuals described how they maintained hope for the future despite current difficulties (n = 6) and how they minimised and normalised the difficulties that they were experiencing (n = 7). Participants particularly focussed on education and how it would provide

them with a good future as a way out of their current difficulties. As one participant stated "*the only thing let me cope is that in a good country with a better future I can study and my kids are studying*" (*Male, 41 years*).

Another cognitive strategy to cope consisted of the wishes and aspirations of a brighter and a successful future. Refugees described two major wishes during the postmigration period. The first was to continue their education (n = 15). As with the premigration and transition period, refugees anticipated that a return to education would result in a better future for themselves and their family. Others felt that education would improve their English. Another wish expressed by refugees in the Australian context was hope for a better future (n = 6). Now that refugees were finally settled in their postmigration context they wished for a healthy and happy future.

The final coping strategy employed by participants in the postmigration context was access to and reliance upon the government and its services (n = 11). The government was largely utilised for monetary support. However, refugees also reported utilising some of the counselling and welfare services as a source of emotional support.

Discussion

This study contributes to an understanding of the ongoing experiences of Sudanese refugees, both prior and subsequent to fleeing Sudan. The use of a qualitative methodology allowed participants to identify the critical difficulties that impact on their psychosocial well being. Further, it also allowed for refugees to identify salient coping strategies that they employed to deal with their distress.

Difficulties

The present study asked participants to identify the salient difficulties that emerged during the premigration, transit and postmigration periods. The difficulties reported by refugees in the premigration and transit periods were similar and largely involve traumatic and life-threatening experiences. Specifically, the difficulties reported by refugees both in the premigration and transit periods included inability to access basic necessities, being separated from or losing friends and family, being exposed to or threatened with violence and being unable to continue with daily life activities such as education and employment. Only one

difficulty emerged in the transit period that had not been previously expressed in the premigration period; namely instability and fear for the future. This difficulty reflected refugees' fears that they were unsafe in their country of transit and that they would be sent back to Sudan.

Some of these difficulties, such as being unable to access basic necessities, having lost or being separated from loved ones, and being exposed to or threatened with violence, reflect those identified in the empirical literature on the psychological functioning of refugees (e.g., Steel et al., 1999; Steel et al., 2002). However, it is noteworthy that some of the difficulties identified by refugees in the premigration and transit periods have not received attention in past literature which has relied upon quantitative methodologies and defined *a priori* the set of relevant variables to be assessed. Specifically, the identification of themes such as the loss of daily life projects, such as education and employment, lack of security and fear of being deported back to the country of origin have not been recognised in the psychological literature on refugees. Both difficulties had a significant impact on refugees in the present study as they impacted on their ability to maintain hope for the future. As such, the present study supports a trend of using qualitative approaches to study the refugees premigration trauma in order to gain a more comprehensive understanding of their experiences .

In the postmigration context, refugees were no longer subject to life threatening experiences. However, they did report many difficulties adapting to life in exile. Such difficulties included problems with environmental mastery, lack of adequate funds for basic necessities, social isolation and lack of social support and racism and poor treatment. The salience of these stressors was previously reported by Miller et al. (2002) in their qualitative study of exile related stressors in Bosnian refugees, and in studies examining the postmigration difficulties (Porter & Haslam, 2005). As such, they provide further support for the shift away from a primary focus on the impact of war related trauma and toward a more comprehensive model of refugee well-being that includes the impact of both war experiences and stressors rooted in the experience of exile.

Coping Strategies

Whilst the difficulties experienced by refugees differed prior and subsequent to migration, refugees referred to specific coping strategies that they employed across all three phases. The first of these coping strategies is belief in God. Commitment to religion is commonly used by the refugees from Africa (Halcon et al., 2004). Consistent with previous findings (Brune et al., 2003; Gorman et al., 2003), refugees described how they believed that their fate was in the hands of God and that, by maintaining their faith and prayer,their suffering would end through the intervention of God. Spirituality, manifested by prayers, was used to cope with the stress of the aversive environment. Belief systems, political or religious, appeared to be of central importance in the lives of these possibly traumatised individuals and influenced the psychological and adaptational outcomes.

The second coping strategy described by participants in the present study was use of social support networks. The use of social networks was incorporated in the narratives of refugees across all phases of their refugee experience, with such networks being seen as a source of social and material support. The utilisation of social support networks is commonly seen as an effective coping strategy for refugees. For example, McMichael and Manderson (2004) found that refugees who utilise established social networks are better able to access social and material support and tended to suffer less sadness, depression, distress and anxiety. Further, in the transit and postmigration environments, such networks enhance the refugees' sense of belonging in the community while increasing access to material resources such as housing and food.

Of interest in the present study is how refugees took advantage of any available networks to cope with their difficulties. In Sudan, the social networks were large and incorporated friends, family and the neighbourhood. However, when war and displacement broke down these networks, refugees reported the use of alternative, smaller networks, such as church groups, government organisations and family overseas. Past research suggests that the loss of social capital that occurs throughout the transit and resettlement periods results in sadness, distress, anxiety and depression (McMichael and Manderson, 2004). However, the current findings may suggest that such psychological strain was reduced by the adoption of alternative networks to those traditionally utilised.

The third coping strategy employed by refugees in the study was of cognitive nature and involved reframing of the situation and focussing on the future wishes, hope and aspirations. Two methods of reframing the situation were outlined by refugees. First, some participants reported that they developed an inner strength and resourcefulness that made them believe that they could cope with challenges that arose. This cognitive process has been observed by previous researchers (Goodman, 2004; Gorman et al., 2003). Second, some participants normalised or minimised the severity of the situation. These refugees stated that they got used to the hardships that they faced and felt that there was nothing they could do about them. Consistent with previous findings (Basoglu et al., 1997), they also resigned themselves to the situation and believed that their fate was out of their hands. These two coping styles roughly reflect the active and passive coping styles respectively identified by Colic-Peisker and Tilbury (2003). According to these researchers, refugees adopting active approaches tended to be more successful in achieving social and emotional well-being at resettlement in Australia, while those adopting passive styles are seen to be less successful in accultaurating to postmigration life. As such, a focus on the promotion of active coping strategies in refugees sample may be beneficial in promoting adjustment.

Refugees in the present study also identified what can be considered to be another cognitive strategy by focussing on wishes that they held for the future. Emphasis on wishes is consistent with previous findings, given that refugees have reported enduring aversive and severe circumstances by holding on to aspirations of a better future (Colic-Peisker and Tilbury, 2003). The wishes expressed throughout the premigration, transit and postmigration periods reflected the refugees desire to achieve specific goals in order to improve the quality of life and safety for themselves and their family. Specifically, during the premigration periods, refugees expressed either a desire for peace in Sudan or for them to leave Sudan and get a better life in a new country. During the transit period, refugees expressed their desire to leave their country of transit. Finally, in the postmigration context, participants wished simply for a better future. It seems that, consistent with pervious investigations, refugees of the current study developed a positive cognitive style of focussing on the future hope and aspirations (Goodman, 2004). This

emphasis on a better future enabled them to aim for specific goals as well as to develop a purpose in life.

This desire for improved quality of life was also reflected by participants wish that they could continue with daily life projects which had been ceased as a result of the war in Sudan. Participants in all periods expressed the desire to continue their education as they saw this as a way of improving their future. The strong desire to continue with daily life projects is contrary to research conducted by Miller et al. (2002) who found that many refugees felt a sense of hopelessness as they had loss meaningful life projects and felt that it was too late to start anew. This may highlight the impact of culture on participants' future desires and suggests the need for further research to examine more closely the aspirations that refugees from a variety of cultures hold for the future.

Strengths and Limitations

The qualitative approach used in the present study facilitated a greater understanding of the variables that are critical to refugees. Specifically, rather than examining how a range of predetermined difficulties impact on well being, this study allowed refugees to identify the difficulties that they incurred across the three phases of their traumatic experience and the methods used to deal with these difficulties. In this regard, the focus was shifted from the biomedical model towards a more comprehensive psychosocial and ecological model wherein all relevant stressors were identified as well as the strategies utilised to counteract stressors and promote well being (Farwell, 2004; Hjern & Jeppsson, 2005). The identification of relevant stressors and coping strategies has significant implications for how the mental health needs of refugees can be managed (Goodman, 2004). Specifically, mental health practitioners can acknowledge and focus on the impact of ongoing stressors such as difficulties adjusting to the new culture. Refugees who do seek out mental health counselling are unlikely to benefit while they are still struggling in an economically disadvantaged environment lacking social support. As such, community resources, in the form of involvement in religious and social activities, need to be utilised to address ongoing post exile stressors such as social isolation and poor language skills. In the same manner, clinically based mental health services need to promote recovery to the stressors encountered by using coping strategies of a cognitive nature.

Interventions focusing on positive interpretations and perceptions of oneself as well as the situation can be used to enhance the refugees' adjustment. Keeping in view the role of factors that contribute to refugees' adjustment, further investigations on these lines are being conducted (Schweitzer, Greenslade & Kagee, under review).

The findings of the present study may be tempered by several limitations evident in its design. First, in spite of the attention to rapport building process and a cautious interviewing approach to question sensitive experiences, there is a possibility that some participants were inhibited and shared only very general and superficial concerns. It is important to note that serious problems, such as rape or abuse, as highlighted elsewhere (e.g, Schweitzer et al., in 2006) were not reported. It is possible that factors like interviewing the participants at their homes where it was difficult to control the presence of other family members, or using interpreters who were familiar to participants, could have affected their ability to disclose intense issues.

Second, the limitations of the small sample size and snowball sampling procedure should be noted. It is feasible that refugees outside the social group utilised by the current study's snowball sampling procedure might have reported different experiences than those expressed in the current data. To examine this issue further, a study incorporating a larger number of Sudanese in South East Queensland is required. However, given that the identified stressors and coping strategies reflect those identified also by previous research, it seems likely that the narratives of a broader range of Sudanese refugees in Brisbane would reflect those reported in the present study. Further, the present findings were limited to verbal responses and other sources of information, such as visual or embodied constructions, critical in cultural research, were not used. Future studies should focus on all the sources of information in order to understand the complex experiences of the refugees.

Second, qualitative studies are often the first stage within a larger research program. While the current study is one of the first of its kind within the Australian context, further studies need to be undertaken with a view to developing conceptual models which will allow us to gain a better understanding of the coping and adaptation within the Australian context. More importantly, such models will have implications for new groups of refugees arriving in

Australia as they may provide appropriate interventions which will serve to foster resilience, sense of community, and wellbeing in these at-risk communities.

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