Separation from family and its impact on the mental health of Sudanese refugees in Australia: a qualitative study

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More than 20,000 Sudanese refugees have resettled in Australia since 1996, making the Sudanese community one of the fastest growing in Australia.1 Many Sudanese refugees have been exposed to conflict, the uncertainty of flight, persecution and negative experiences in refugee-camps.2

The cumulative effects of pre-migration and post-migration experiences are thought to render refugees vulnerable to mental illness and psychosocial distress.2 While the role of trauma in refugee mental health has been well documented3 it has arguably overshadowed other circumstances affecting mental health during resettlement.4 The tendency for health-related research with refugees to focus solely on a pathology-model of mental health also contrasts with the focus on wellbeing in the World Health Organization definition of ‘mental health’ as: A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.7

Conceptualisations of refugee mental health that split refugees’ experiences into the binary categories of pre and post-migration experiences oversimplify the blurring and meshing of the past and present. While the issue of how refugees and migrants relate to their societies of origin – despite being scattered across the globe – has been of interest to social scientists,8 this has received limited attention from mental health researchers.

Schweitzer et al.2 allude to the collectivist orientation of Sudanese cultures suggesting that group and family cohesion is considered to be of paramount importance. Therefore Sudanese families may be large as children are highly valued.9 However, war and forced migration has altered the shape and structure of Sudanese families as many have lost, or been separated from, family members. This is reflected in the most recent available settlement statistics, which show that between 2001 and 2006, 37% of Sudanese arrived in Australia as single people, even though they may belong to a larger family.1 Given the importance of family to Sudanese refugees,
one might expect the continued separation from family members to have a substantial impact on their wellbeing in Australia.

One of the most common difficulties cited by Sudanese refugees participating in Schweitzer et al.’s study was concerns about family not living in Australia. Similarly, on the basis of a case study of the effects of the Balkan conflicts of the late 1990s upon Serbian Australians, Procter concluded that global events and happenings continue to have an effect at the local level for immigrants and refugees. Using the concept of ‘glocalisation’ or the local-global nexus, Procter explained that the mental health of immigrants and refugees is affected by events in, and worries about, their homeland – especially the fate of other relatives and friends. Shandy, in her ethnographic work on the Nuer in America, highlighted the role of networks and remittances in producing and altering Sudanese cultures both in Sudan and in America. Total remittances to developing countries equate to more than $400 billion per year, with remittances to Sudan rising above $3 billion in 2010. However, few studies have examined the impact of sending money home on refugees’ mental health and resettlement in western countries. Furthermore, little is known about how resettling refugees cope with these challenges.

Given this lack of knowledge, this study explored the perceived impacts of separation on the mental health and resettlement of Sudanese refugees in Australia and the ways in which they cope with this potential stresor. Acknowledging the importance of multiple perspectives in understanding needs and experiences, a range of key informant perspectives were sought.

### Methods

This study used a qualitative approach to gather rich data from multiple perspectives and was approved by the University of Adelaide Human Research Ethics Committee.

### Key informants

A total of 20 key informants participated in this study. All were over 18 years of age and were selected due to their familiarity with issues around refugee mental health, and/or the Sudanese community. Fourteen of the key informants were women and six were men. Many participants had multiple roles and responsibilities from which they could share experiences. Of the 20 key informants, six were mental health care providers (e.g. psychiatrists, mental health nurses, and mental health social workers), five were primary health care providers (e.g. general practitioners and primary care nurses), four were health service managers, three were social workers, and two were policy makers. Twelve participants worked in refugee-specific services, while the remaining eight worked in mainstream services. Refugee-specific services almost exclusively provide care to refugees, employ bicultural workers, routinely use interpreters, and utilise holistic and culturally sensitive approaches to care. While examples of these elements are evident in some mainstream services, providing care to refugees may not be a major focus in all mainstream services.

Of the 20 key informants, 14 were born in Australia or other English-speaking countries and were not of Sudanese ethnic backgrounds; six were born in Sudan. Five of the six had arrived in Australia as refugees within the past 20 years. Most had been in Australia between five and 10 years. The other Sudanese key informant arrived in Australia within five to 10 years as an economic migrant. The Sudanese key informants identified with various ethnic identities such as Dinka or Nuer, but all identified themselves with the broader level of identification as South Sudanese. All six Sudanese key informants worked in the health and resettlement system, and were also elders or community leaders. All discussed their own experiences of resettlement during interviews.

### In-depth interviews

A total of 25 interviews were conducted with the 20 key informants between February 2008 and February 2009. A process of constant comparison was used to determine the point at which no new themes emerged and saturation was achieved. In accordance with qualitative methods, an audit trail was maintained throughout the research process as one way of strengthening trustworthiness and rigour.

Interviews were semi-structured, ranging in length from 45 minutes to three hours. All interviews were conducted by the first author and were audio-recorded. An interview schedule was used and covered mental health needs and resettlement experiences; current responses to addressing these needs; issues associated with service access and provision, including gaps and barriers; and possible improvements to the health system.

### Data analysis

Interviews were transcribed and analysed using the Framework approach to thematic analysis. As well as encouraging themes to emerge inductively, the Framework approach often starts deductively from the pre-determined aims and objectives of the research, which makes it a particularly suitable approach for applied or policy relevant research. This involved coding data in NVivo and devising a thematic framework – a structure for organising themes – based upon all identified themes. The process of developing and refining the thematic framework was iterative. It involved consulting the data, maintaining an audit trail, considering the linkages between themes, and discussing interpretations of the data among the research team. Strategies employed to enhance rigour included analyst triangulation whereby all authors reviewed findings, attention to negative cases, the incorporation of multiple viewpoints and the use of an audit trail for reflexivity.

### Results

Key informants consistently highlighted the continued impact of people and events abroad on the mental health and resettlement of Sudanese refugees in Australia. Themes that emerged included: separation and its impacts; sending money home; and bridging the separation gap.
Sudanese key informants were more likely to reflect on these issues. Fewer non-Sudanese health service provider key informants discussed the impact of separation from family and the way in which Sudanese refugees coped with this. Those who did mention it worked in refugee-specific community health services, which often focused on social determinants and used holistic approaches to addressing the needs of refugees. Virtually no key informants who worked in mainstream services discussed themes related to separation and its impacts.

**Separation and its impact**

Sudanese key informants, in particular, talked about the chaos of flight and how this contributed to the separation and dispersal of families around the world. Separation was viewed as a major impediment to the mental health and happiness of resettling refugees.

One consequence of separation was a constant worry about the wellbeing and safety of significant others back home and around the globe. The wellbeing of resettling refugees in Australia was considered by Sudanese key informants to be bound up in the wellbeing of significant others elsewhere, as the following reflection indicates:

> ...you eat, when you eating the picture of your family come to your face, what are they eating now? Here I am eating bread and butter, what do they have? Because you know exactly what you have to have, most of the time nothing. So when you eat and you feel that my nieces are really screaming for something to eat there, your tummy will just close and you lose appetite, you don’t eat. And this is, many people are going through that here. (Key informant 7 – Sudanese woman)

Also evident in the accounts of key informants is the limited degree of control that resettling refugees have over global situations that can potentially have an impact on the wellbeing of significant others, and thus themselves. Sudanese key informants’ accounts highlighted the potential for feelings of guilt associated with having been able to escape the situations that significant others may still be experiencing. This was thought to have a tangible impact on the mental health of resettling Sudanese refugees in Australia.

The loss of the intact family was often considered the focus of grief. But given the non-nuclear nature of the traditional Sudanese family unit, as portrayed by both Sudanese and health service provider key informants, separation was thought by some to also signal the loss of the collective nature of life that governed the old social worlds of Sudanese refugees. This was also felt in terms of a lack of social support, particularly for women rearing children. Separation of family members around the world meant that significant female relatives were not always available to help with child rearing and care, as was the norm in Sudan. This often meant that pressure was placed on men to adopt responsibilities traditionally held by women. Where men were unable to adjust accordingly, this could constitute a potential threat to relationships. Many health service provider key informants working in refugee-specific community health services discussed this issue in terms of services they provided, commenting on the need for gender specific and family-oriented programs and approaches to assist families to adjust to new roles and responsibilities.

Similarly, young people may also be compelled to prematurely take on adult roles and responsibilities as a result of role reshuffling. Examples given included young people caring for children, undertaking the majority of household responsibilities while parents worked, accompanying parents to appointments and translating for parents. Young people may commonly undertake household duties in many societies. However, when viewed in the context of Sudanese young people’s adjustment to living in a new place, health service provider key informants thought this placed added pressure upon young people and, as a result, opportunities for participation in Australian society and to engage in a ‘normal’ social life were diminished.

Despite the associated difficulties, the need to maintain contact with family members was considered important in bridging the distance that separation created and as a way of maintaining old social worlds. The need for family reunification was also stressed as being important, particularly for those who were socially isolated. Sudanese community events and informal visits were mentioned by Sudanese key informants as means of providing resettling Sudanese refugees with the opportunity for the sharing of information and facilitating other forms of practical assistance, and social support.

**Sending money home**

The need to send money home was yet another important example of the interaction of old social worlds on new social worlds, and its impact on mental health. Interviews with Sudanese key informants and health service provider key informants highlighted that sending money home was generally a very high priority among resettling Sudanese refugees, often superseding local concerns:

> …we get the money… and we send some home and then we end up with we can’t pay our bills, we can’t feed our kids properly, can’t dress them properly. (Key informant 8 – Sudanese woman)

The pressure to send money home therefore interacts with the pressures that Sudanese refugees may be facing as a result of resettlement in Australia. A psychiatrist key informant’s perception was that sending money home is “a constant pre-occupation” and “a constant source of stress” for the Sudanese refugees that she had seen in clinical settings (Key informant 5 – Psychiatrist).

For the senders, as well as helping family members, sending money home was also considered by Sudanese key informants as a way of maintaining ‘Sudanese’ identity or in-group status, or a way of participating in the family, community and society which is so important:

> And some people say ‘ah nah, just ignore them’ (relatives in Sudan) but it’s too hard for someone that’s really in that situation because you fear being ostracised… no-one wants to be seen as now out of the community; you want to prove to people that you’re still one of them, you want to prove that “I’m still who you know, I’m not changed, I’m not bad or if anything, I’m better now because I’m in a good position to help you and I’m in a good position to look after myself”. (Key informant 5 – Sudanese man).
The pressure to send money home was exerted in a number of ways. In many respects, communications technology was thought to exert a positive influence in terms of maintaining connections and identity and bridging the distance that separation from family members had created. However, Sudanese key informants also considered it to be a mechanism through which constant pressure could be exerted upon resettling refugees to send money home.

Many Sudanese key informants talked about feeling guilty or the potential to feel guilty as a consequence of not being able to send money home. A perceived sense of failure in not being able to send money and fulfill family expectations or obligations was thought to accompany guilt. One Sudanese key informant said:

...sometimes they (Sudanese young people) just say "no it’s not worth it, living here (in Australia), because I can’t support my family (back home), they think I’m just a loser" and they (Sudanese young people) tend to use drink. (Key informant 8 – Sudanese woman)

This sense of failure is likely to challenge an individual’s self-esteem, and have potentially negative consequences in terms of mental health.

While resettling refugees are physically far away from Sudan, their minds and thoughts may be very much concerned with people and events ‘back home’, as one Sudanese key informant evocatively articulated:

...we kind of staying here but we are detached like all our soul is back home, you know. And we kind of like someone who has a split personality; one here and one at the other end... (Key informant 11 – Sudanese woman).

Such understandings highlight the need to bridge the separation gap between resettling refugees and significant others abroad as a way of minimising the stress and grief that separation can cause.

**Bridging the separation gap**

For the most part, interviews suggested that the resettling Sudanese refugees were instrumental in bridging the separation gap between themselves and significant others abroad. Very few health service provider key informants discussed this issue, but two major ways were highlighted by Sudanese key informants as being used to bridge the separation gap. One way was through the use of information communication technologies (ICTs). Keeping in touch with family members via ICTs such as telephones, mobile phones and the internet was common and important. ICTs were thought to be media through which family members could connect, and provide social and practical support. However, several limitations of such ICTs were identified. One limitation was that they primarily encourage an individual interaction between two people at any one time rather than a communal interaction, which may be more in line with traditional Sudanese cultures. Other cited difficulties, associated with telephone communication in particular, included the cost of international telephone calls, poor communications infrastructure in Sudan, and dealing with time differences.

In light of such limitations, younger Sudanese key informants revealed that they and some of their friends and family used internet discussion boards and email lists aimed at connecting South Sudanese in the diaspora with those at home. For instance, one Sudanese key informant who was a member of a number of internet groups, including one for Sudanese health professionals, highlighted how this may work. She recounted a situation where, through this internet group, she was able to help other members of the internet group who were seeking to establish a link with a hospital in Sudan.

The sense of purpose and belonging that such participation in virtual communities and networks may bring is likely to be beneficial for emotional wellbeing. Sudanese refugees were also thought to maintain community belonging and identity by participating in organisations undertaking development activities in South Sudan. Not only is this likely to facilitate a sense of community belonging but also a sense of purpose that comes with the participation in, and the changing of, society.

However, for some resettling Sudanese refugees, keeping in touch through ICTs alone may not be enough to bridge the separation gap and counter its negative effects. In these cases, family reunification was seen as even more desirable for dealing with this gap. If service provider key informants did talk about ways in which to address the impacts of separation, family reunification was the one strategy they predominantly mentioned. Interviews with Sudanese key informants highlighted that it was often resettling refugees themselves who initiated or were involved in assisting others with family reunification attempts, which might also be considered another form of practical assistance.

**Discussion**

This study provides further evidence of the role of separation on the mental health of resettling refugees. The findings reiterate the interconnectedness of the local and the global in refugees’ lives.

This study reveals that when relatives abroad are unsafe, refugees’ sense of wellbeing in Australia is also threatened. Resettled refugees in countries like Australia are likely to be acutely aware of the plight of people back home, having experienced similar hardships, having ‘been there’ themselves. The intimate awareness of this (often heard first-hand through ICTs), coupled with a sense of powerlessness over circumstances abroad, can result in guilt, worry and sadness. In this way, it is understandable that Sudan manifests in the ‘here and now’ for Sudanese refugees in Australia. As the findings of this study indicate, separation from family members can also place pressure on refugees to undertake unfamiliar and sometimes challenging familial roles in the absence of other family members. Just as in Procter’s work on Serbian Australians, this study highlights the continued intersections between the global and the local for Sudanese refugees in Australia.

Sending money home was another example of this. This practice may have benefits for the sender – in terms of maintaining identity, community belonging and meeting familial expectations – as well as for the recipient. Refugees are exposed to pressure from relatives abroad to send money home, and when the suffering of loved...
ones in Africa can be alleviated by sending money to them it is understandable that doing so might be such a high priority – even if this may come at the expense of local needs and concerns. This has important implications for the resettlement of refugees in countries such as Australia. Not only is the economic prosperity of refugees’ immediate family in Australia contingent on finding employment, but so too is the financial security of relatives abroad. Shandy21 has argued that this may result in refugees accepting jobs that offer an immediate income at the expense of education opportunities, or other entry-level jobs with better long-term prospects of upward mobility. With breadwinners potentially working long hours to support families in Australia and abroad, this may also result in less time spent with family.21 Unemployment or underemployment, rises in rent, and rises in food prices and in cost of living, have potential negative repercussions for refugees who send money home. As the findings of this study illustrate, not being able to satisfy the need and expectation to send money home can have a negative impact on mental health as well as resettlement – resulting in feelings of guilt, shame, and failure, and potentially harmful behaviours such as excessive alcohol use.

Refugees employed strategies to cope with the stress of separation from family members. Information communication technologies were important in managing living in ‘old’ as well as ‘new’ social worlds. This is consistent with the acknowledgement that ICTs have resulted in increased possibilities of connection and maintenance of ties with homelands for migrants above and beyond what was previously possible.22 Not only did ICTs enable refugees to keep in touch, but also enabled refugees to actively participate in Sudanese society through discussion and political engagement, as well as involvement in development-related activities. In so doing, ICTs helped to maintain social connections, and a sense of identity, belonging, and purpose. Burell and Anderson23 similarly found the use of ICTs among Ghanaian migrants in the United Kingdom “promoted a sense of belonging and enhanced cultural identity through synchronisation with the homeland and with other co-nationals in the diaspora” (p. 211). Access to telephones, computers and the internet is therefore critical. While it appears that younger refugees are using ICTs in novel ways (i.e. internet-based discussion boards and other networking forums), the same might not be true of some older refugees. Education and computer training programs for older refugees who may not be experienced in using the internet may open up new possibilities for connection and bridging the separation gap.

Family reunification was another important strategy for bridging the separation gap. Luster et al.24 also highlighted the importance of family reunification for young Sudanese refugees in the United States. However, they found that re-establishing relationships after years of separation, living in different cultural contexts, and adjusting to new familial roles and responsibilities could also be challenging. In the absence of significant family relations, Luster et al.25 found that elders and peers in the community became important sources of social support and guidance. Similarly, in this study, attempts to initiate family reunification were important, and were often aided by the support of other resettling Sudanese refugees, illustrating the same two strategies. Health service providers could play a valuable role in linking socially isolated resettling refugees into community groups, and in advocating for and supporting clients’ family reunification applications.

While minimising the impact of separation on mental health was considered important by the Sudanese key informants who participated in this study, this was not widely discussed by health service provider key informants in interviews. This suggests that with the exception of health service providers who work in refugee specific and community health services, awareness of the need to address the impact of separation on resettling refugees may be low among health service providers. Consultation and dialogue between health services and resettling refugee communities may increase awareness of the issue among health service providers, and result in appropriate and innovative responses.

Conclusion

Based upon the reported experiences of multiple stakeholders, this study provides useful insights for refugee mental health theory and practice. Categorisations of the lives of resettling refugees into past and present may oversimplify refugees’ experiences. This study highlights the continued impact of the global on the local landscapes of refugees’ lives. It also highlights that separation from family and community can be an important determinant of mental health for refugees in countries such as Australia. Refugees cope with the stressors associated with separation in a number of ways, such as the utilisation of ICTs to maintain connections, family reunification, and by participating in Sudanese society through involvement with organisations undertaking development activities in Sudan. Although awareness of the issue among mainstream service providers may be low, services are well placed to support refugee coping by assisting refugees to secure appropriate employment, linkage to community and social support networks, facilitating access to ICTs and programs that support refugees' abilities to use ICTs, and through advocacy in family re-unification cases. Further research is needed to explore how the mental health impacts of separation, along with coping strategies, manifest at different stages of refugee resettlement, and the role of services in alleviating separation induced stress and worry. In particular, in-depth interviews could be conducted with recent refugees who are not involved in the provision of services, but by contrast, are users of such services

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References


