Resisting Refugee Policy: Stress and Coping of Refugee Advocates

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While there is clear evidence of the negative effects of Australian policy with respect to people seeking asylum on our shores, there is little research regarding the experiences of their advocates. In the present study, two main aims were investigated. First, we examined the stress levels of advocates and their coping strategies. Second, we examined changes in personal relationships and positive experiences as outcomes of the involvement with refugees. Eighty four refugee movement advocates completed an on-line questionnaire. Results indicated that they experienced moderate to high levels of stress in their refugee advocacy. While they used emotional support significantly more than other coping strategies, they found emotional support and instrumental support the most effective. Regardless of the high costs involved in such advocacy (e.g., financial, emotional, and interpersonal), participants noted a number of positive outcomes such as new friendships and personal growth. The findings are discussed in terms of long-term implications in relation to immigration policy and community support.

For a long time, Australia has been involved in assisting international victims of crises occurring within their own countries. A large number of refugees escaping the dangers of civil disorder or ethnic, political and religious persecution in their homeland have successfully resettled in the safe democratic country of Australia. While welcoming those who waited to be accepted as refugees offshore, Australia has not been so generous toward refugees arriving onshore without official authorisation, usually by boat[1].

Radical changes to refugee policy were made in 1992 by the then Labor Government with the introduction of legislation for the mandatory detention of unauthorised arrivals. In 1997, the regulations for refugees living on a bridging visa E (BVE) were introduced, restricting work rights (most are not allowed to work) and Medicare access. Then, in 1999, the three-year temporary protection visa (TPV) was introduced which prohibited refugees who arrived without official authorisation to sponsor their family to join them, return to Australia if they left the country during that time, and to be eligible for resettlement benefits. The conditions of a BVE and TPV denied individuals certainty, hope and material security – the conditions necessary to start healing after experiencing torture and trauma in their countries (Crock, Saul & Dastyari, 2006) and, in many cases, mandatory detention.

In August–September 2001, the crisis around Tampa, a Norwegian cargo ship carrying 433 refugees rescued from a sinking boat, was the next milestone in tightening the refugee migration legislation. The crisis developed around the time of the September 11 terrorist attacks in the USA and just before the Australian federal elections in November 2001. Howard Government representatives used this opportunity to link boat people with the possibility of terrorist attacks in Australia (Crock et al., 2006; Pedersen, Watt, & Griffiths, 2007). Over time, the attitudes of the Australian public toward refugees became increasingly negative (Betts, 2001) which allowed the Howard government to justify prolonged detention of unauthorised arrivals until their status was thoroughly assessed which, for some refugees, involved a very long wait indeed (for one Kashmiri asylum seeker, the wait was seven years). This prolonged wait is despite the fact that approximately 90% of

asylum seekers are found to be 'genuine' refugees (Burnside, 2008).

Implications of Australia's Onshore Refugee Policy for Refugees' Well-being

Many refugees arriving to Australia have experienced the trauma of persecution in their own country. According to the director of NSW Institute of Psychiatry, Dr Louise Newman, detention can contribute to refugees' traumatisation and increase feelings of isolation, loneliness, voicelessness and helplessness (ABC, 2006). Evidence of the negative impact of prolonged and indefinite detention was documented in the reports of Human Rights and Equal Opportunity Commission (2004) and the United Nations High Commissioner for Refugees (1997) (also see Austin, Silove & Steel, 2007; Briskman, Latham & Goddard, 2008; Steel, Silove, Brooks, Momartin, Alzuhairi, & Susljik, 2006). Refugees on TPVs or BVEs find themselves in the conditions of 'unacceptable hardship' defined by McNevin and Correa-Velez (2006) as numerous health and welfare crises, such as homelessness, growing debt, poor access to health care, family breakdown, and social isolation. There are also a number of people who were deported to their homeland 'voluntarily' after being persuaded by Immigration Department officials that it was safe to return to their countries. Many faced either death or danger upon the return to their homeland (Briskman et al., 2008; Corlett, 2005).

Implications of Australia's Onshore Refugee Policy for advocates' Well-being

The impact of mandatory detention, TPVs, BVEs and potential deportation on the physical and mental well-being of refugees motivated many Australians to engage in activist endeavours and to support refugees. The refugee movement called on the Howard Government, and later the Rudd Government, to comply with international obligations and core principles of humanity (Briskman & Goddard 2007; Briskman et al., 2008). Many Australians formed alliances to support

distressed and disadvantaged refugees and endeavour to overturn the policies. Thousands of people took part in activities within the refugee support movement (Mares & Newman, 2007; Pedersen, Kenny, Briskman, & Hoffman, 2008). Refugee advocates housed individual refugees at their homes, visited them in detention centres, and assisted them with legal cases. Political activists strived to bring change to Australia's onshore refugee policy. They attended and organised protest rallies, and lobbied politicians. Many people took part in both political and supporting activities. Refugee support groups were active in capital cities and in regional Australia and included professionals and volunteers working with refugees.

Yet there are few studies which examine refugee advocacy. Gosden (2006) explored the milestones of the refugee movement in Australia. She found that while some advocates had prior involvement in other social justice areas, many others joined the movement in order to respond to the issues of human rights abuses within the Australian onshore refugee policy (this was also found by Coombs, 2003). Reynolds (2004) studied advocates' background, knowledge of Australia's onshore refugee policy, motivations for the involvement, and the ways of helping refugees detained in isolated areas of Australia and in the Pacific. One of the findings of her study was that there were different motivations for the refugee involvement from feeling empathy with refugees to disagreement with the 'unjust and un-Australian' policy. Raab (2005) also explored the reasons motivating Australians to become involved in the refugee movement. The most common motivations named by the advocates of her study were: important values violated by government policies, wishing to show dissent from the government policy, feeling distressed angry or guilty because of the refugee plight, and already being involved in activist networks.

Helping traumatised refugees can negatively impact on the advocates' mental and physical health. It has been noted elsewhere that

some advocates appear to be traumatised by the whole refugee situation (Gosden, 2005; Australian Council of Heads of Schools of Social Work [ACHSSW], 2006). Gosden (2005) pointed to anecdotal evidence of vicarious trauma, also known as secondary trauma (e.g., Hesse, 2002) experienced by advocates who were intensely involved with refugees affected by the onshore refugee policy. There is very little research in this field, so in discussing the extent to which advocates may experience stress, it is important to look at how helping people in distress may negatively impact on workers in other fields. We do so now.

The HEAVINESS of Helping

Research with helping professionals indicates that the costs of helping can be high. Stress, which can be defined as a general reaction to traumatic or disturbing events (Hesse, 2002), occurs when the demands and challenges facing a person exceed their available resources (Lazarus & Folkman, 1984). People's responses to stressful events can be expressed in their emotions (distress, despair, helplessness, irritability, lack of control), thoughts (worrying excessively, pessimistic, and confused), physical reactions (headaches, rapid heartbeat, sleep problems, and general weakness), and behaviours (frequent crying spells, impatience, blaming, and poor interpersonal relationships) (see Resick, 2001; Morrissette, 2004). For helping professionals and volunteers, feeling compassion and empathy for their patients or clients can increase the probability of experiencing stress (Gueritault-Chalvin, Kalichman, Demi & Peterson, 2000). A number of studies have reported significant levels of stress across occupational groups such as physicians, nurses and social workers, and across health care disciplines, such as midwifery, oncology and HIV/AIDS care (Demmer, 2002; Huensberg, Vedhara, Nott & Bradbeer, 1998; Linzer, Gerrity, Douglas, McMurray, Williams, & Konrad, 2002).

Individuals can employ different coping strategies in order to deal with a stressful situation. Lazarus and Folkman (1984) differentiated between problem-focused coping, which attempts to alter or manage the situation and emotion-focused coping which attempts to reduce or manage emotional distress. Problem-focused coping includes direct action, planning and evaluating. Emotional-focused coping consists of various processes, such as emphasising the positives of the situation. Lazarus and Folkman argue that problem-focused coping is more likely in situations when something constructive can be done about the stressor whereas emotion-focused coping is more likely when the situation is one that must be endured.

Carver, Scheier and Weintraub (1989) described 13 coping strategies of the COPE scale; some of which we briefly described below being relevant to the present study. Instrumental support refers to active behaviours for assisting the person in need. Emotional support is the ability to confide and express feelings to others and their ability to listen empathically (Resick, 2001). Venting of emotion is the tendency to focus on distress that one is experiencing and to ventilate those feelings (Carver et al., 1989). Relying on one's religion and spirituality may be important to many people, and may play a significant role in coping with stress related to the present issue given the amount of support refugees receive from advocates who come from religious organisations (Pedersen et al., 2007). Positive reframing, a type of emotion-focused coping, is aimed at managing distress emotions rather than at dealing with the stressor (Carver et al., 1989) and refers to looking at things in a better light leading the individual to move toward active, problem-focused coping.

Overview of our Study

Our study examined the effect of involvement in the refugee movement on advocates' well-being. For the purpose of this study, refugee advocates and activists will hereafter be referred to as 'advocates'. In order

to achieve this aim, quantitative and qualitative data were simultaneously collected through an electronic questionnaire. Although, as noted by Yardley and Bishop (in press), there are profound differences in these perspectives – quantitative often being associated with scientific paradigms and qualitative often being associated with interpretative/ constructivist paradigms - there are many benefits in both methods if pitfalls (e.g., not using explicit theoretical frameworks) are taken into account. In fact, Yardley and Bishop argue that if we really want to understand the human experience, we need to draw on a range of methods to do so. Specifically, in our study, the qualitative data enabled the exploration of the context in which stress and coping took place as was then expressed in the quantitative self-reports. A thematic analysis approach (Braun & Clarke, 2006) was used to examine the qualitative data. As these authors note, this method is recommended for the use in under-researched areas. As such, it is the most suitable for the purpose of the present study because stress and coping of Australian refugee advocates has not been specifically studied. The following steps were taken with respect to the reasons for perceiving refugee work as more stressful (if in fact participants did), the Critical Incidents, and positive experiences. Firstly, common themes emerging from the data were identified, named, and all data relevant to each theme collated. Secondly, the frequency with which each theme was mentioned by participants was established.

In this study, four specific objectives were identified. A minor first objective was to investigate whether advocates were previously involved in social justice movements; if so, whether they found refugee advocacy more or less stressful, or there was no difference. If indeed there were differences, we were interested in why this may have been the case. The second was to examine the level of stress reported by the participants. The third was what coping strategies were most used and perceived as successful. Finally, the fourth was

to explore the outcomes of refugee involvement in terms of changes in interpersonal relationships and positive experiences.

Method

The questionnaire was posted on-line; 84 questionnaires were returned over eight weeks from May to July 2006. Participants completed the survey in a single session which took approximately 30 minutes. Invitations to participate, including a link to the questionnaire and a request to send it on to other individuals and groups, were emailed to 13 refugee support groups across Australia. The second and third authors of this paper were included as participants.

Respondents were asked to state their age in years, their education level (1 = did not complete secondary school, 6 = postgraduate degree), political orientation (1 = strongly left, 5 = strongly right), sex (1 = male, 2 = female), and religiousness or spirituality (1 = neither religious nor spiritual, 2 = religious, 3 = spiritual, 4 = both religious and spiritual). They also responded to the questions about their refugee involvement: length of time (from 1 = less than 1 year, 4 = more than 5 years), potential impact on their finances (1 = yes, 2 = no), type of work (1 = political action, 2 = refugee support, 3 = both political action and refugee support), closeness to a supported refugee (1 = not close at all, 4 = very close), and experience in other social justice areas (1 = yes, 2 = no). In addition, participants who had experience in other social justice areas also responded to an open-ended question about the reasons for perceiving refugee advocacy as more stressful (if they had indicated that this was the case).

The Critical Incident technique (Flanagan, 1954) was used to enable participants' recollection of a stressful event from their advocacy work. The Critical Incident provided context in which participants experienced stress as, for many advocates, the most stressful episodes associated with their refugee involvement happened in the past. Participants responded to the three open-ended questions

asking: (a) what actually took place, (b) what the advocates' reactions and feelings were, and (c) what the actual or potential consequences of the incident were. Participants who had experienced a Critical Incident were asked to respond to all of the remaining questions, and their answers were included in the analyses of stress, coping, changes in relationships and positive experiences. Respondents who had not experienced such an incident were instructed to complete the demographic and advocacy background information only.

Stress was measured using the Perceived Stress Scale (Cohen, Kamarck & Mermelstein, 1983). The scale was reported to have adequate reliability and validity. Ten of the 14 original items of the scale (six of them negative and four positive, reverse scored) were kept as they were the most relevant questions referring to advocates' stress related to the Critical Incident. Some questions were amended for reasons of clarity to fit the present study. The questions asked participants to respond on a five-point scale how often they experienced certain feelings ('never' to 'very often'). Higher scores on the scale indicated greater stress.

Use of coping strategies was measured with the COPE scale (Carver et al., 1989). Five subscales of the scale containing four items each (as in the original scale, totalling 20 items) were retained, namely: instrumental support, emotional support, religion, positive reframing, and venting of emotion. Of the four items of the religion subscale, two were replaced with the similar items from a later version of the scale (Carver, 1997) and two other were reframed to include spirituality due to the diversity of beliefs in Australian society. Of the four items of the positive reframing subscale, three were the original and one was suggested by a participant of a previous pilot study (beyond the scope of this paper to elaborate upon). Respondents were asked to indicate whether certain ways of coping with stress at the time of the Critical Incident were true of them using a five-point scale

('completely untrue' to 'completely true'). Higher scores referred to greater use of a coping strategy.

A similar format of the inventory was used for rating the effectiveness of coping strategies. For each coping option, participants assessed how successful it was in helping combat stress using a five-point scale ('never successful' to 'very successful'). The higher the scores, the more successful the coping strategy was perceived. In addition, they were also asked four questions, both closed and open-ended, to indicate the use of professional support in dealing with stress.

Participants were asked a closed-ended question regarding changes in relationships with their friends, family and work colleagues, and an open-ended question about the ways of such changes. They were also asked an open-ended question to indicate positive experiences they had during their refugee work.

Results

Demographic Information and Advocacy Background

The sample of 84 advocates was primarily female (87%). The average age was 46 years (range 18–76 years). The majority of the respondents were highly educated, with 80% of the sample holding a degree or postgraduate qualification. The political viewpoint of the sample was left-wing (36% of 'strongly left' and 50% of 'somewhat left'). A total of 76% of the advocates had been involved in refugee advocacy for more than three years, and 91% were still involved at the time of the survey. The involvement in the refugee movement had impacted on the finances of 62% of the advocates. The majority (74%) worked with refugees as volunteers. Only 7% of the advocates were involved in political action only. Most of the advocates either supported refugees (47%) or were involved in both support and political activism (46%). The majority of participants as a whole (81%) reported they were either very close or quite close to the refugee/refugees they supported;

Table 1
Descriptive Characteristics of Scales

Scale	Mean (SD) Range	k	α
Stress	3.44 (.60) 1-5	10	.86
Coping use			
1. Instrumental support	3.62 (.93) 1-5	4	.72
2. Emotional support	4.03 (.93) 1-5	4	.87
3. Venting of emotion	3.74 (.90) 1-5	3	.71
4. Religion/spirituality	2.43 (1.48) 1-5	4	.95
5. Positive reframing	2.73 (1.21) 1-5	3	.84
Coping effectiveness			
1. Instrumental support	3.91 (1.04) 1-5	-	-
2. Emotional support	3.84 (1.05) 1-5	-	-
3. Venting of emotion	3.15 (1.13) 1-5	-	-
4. Religion/spirituality	2.32 (1.56) 1-5	-	-
5. Positive reframing	2.57 (1.32) 1-5	-	-

this number grew to 85% of those who reported experiencing a Critical Incident.

Over two-thirds of our participants (69%) were active in other social justice areas before becoming involved with refugees. A thematic analysis of reported social justice areas revealed that the most common category was social justice relating to Indigenous Australians (20%). Other common social justice areas were belonging to human rights organisations such as Amnesty International (11%), unionism (9%), environmental issues (8%), women's rights such as victims of domestic violence (8%) and work with people with disabilities (7%). Of the advocates who had been involved in social justice work beforehand, most (83%) rated their refugee involvement as more stressful than their previous social justice involvement. The three most important reasons given were past refugee trauma or current suffering (21%), higher personal involvement, or closeness (20%), and critical nature, life and death situations (18%). Less common, but relevant, responses were injustice in policy (16%), achieving little results or feelings of

hopelessness (14%), and higher levels of effort (11%).

Scale Descriptives

Table 1presents the descriptive characteristics for each scale, setting out the scale means and standard deviations, the range of scores and the number of items in each scale. The table also includes the scale α coefficients. By the removal of one item from the venting of emotion and positive reframing scales, reliabilities were increased to α = .71 and .84, respectively. All scales had satisfactory reliability.

Stress Related to Critical Incidents

Most Critical Incidents took place in 2003 and 2004. A total of 82 Critical Incidents were obtained from 68 participants (81% of the sample), while 16 participants (19%) did not report one. The rest of the results will summarise the information obtained from these 68 participants. Six categories of Critical Incidents were identified by thematic analysis. The two primary themes were self-harm, suicide: concerns or incidents (17%), deportation (actual or fear of) or fear of persecution following deportation (17%). Four less prominent, but still relevant, themes were

general policy: operations of or changes to (15%), behaviour of detention/immigration staff (15%), impact on own life (8%), and refugee family issues (3%).

The mean stress levels of our participants were generally on the high side (M = 3.44 out of a 5 point scale). Dividing the stress scores of participants at the 33rd and 66th percentiles resulted in only 3% of participants with low stress (scores 1.0–2.3), 58% with moderate (scores 2.4–3.6), and 39% with high (scores 3.7–5.0) levels of stress. Most participants (87%) related their stress to ongoing involvement in refugee advocacy rather than to a single acute event. We also found high levels of vicarious trauma as measured by the Morrissette (2004) scale which was significantly correlated with stress scores (r = .77). This adds to the validity of the stress scale, but is beyond the scope of this paper to take this finding further.

Coping Strategies and their Effectiveness

The two most used coping strategies were seeking emotional support and instrumental support. However, the difference between the mean scores of the two coping strategies was significant, t(65) = 2.38, p < .05) indicating that participants used emotional support significantly more often than they used instrumental support. However, the two most successful coping strategies were instrumental support and emotional support. Both strategies were perceived as equally successful, t(64) = .66, p > .05.

Only 27% percent of participants sought professional support (e.g., counselling) to assist in coping with stress at the time of the Critical Incident, almost half of them (44%) from an official organisation. All (100%) of them reported the professional support was helpful.

Changes in Relationships and Positive Experiences

Most of the advocates (69%) reported changed relationships with some of their friends, family, or work colleagues as the result of their involvement in refugee

advocacy. For 15% of the respondents, the relationships changed in a positive way (e.g., found support, the quality of relationships improved). For over a third of participants (39%) the relationships changed in a negative way (e.g., lost a friend, became distanced from the family) and for almost half (46%) relationships changed in both positive and negative ways (e.g., strengthened relationships with some friends, but alienation from the other). There were nine themes of positive experiences as revealed by thematic analysis. Overall, 57 participants (84%) reported 118 incidents. The three primary themes were new friendships or broadened networks (29%), personal growth (19%), and appreciation of life/ humanity (12%). The less reported themes were understanding of others' cultures (9%), the developing of strengths (9%), the developing of new skills (8%), awareness of politics or social justice (7%), satisfaction from or value originating from the work (4%), and finding meaning in one's life (3%).

Discussion

We now discuss the four major findings, and compare such findings with previous research. Finally, the findings are discussed in terms of implications in relation to immigration policy and community support.

Stress Levels Compared with Previous Advocacy

The negative impact of the refugee regime on the refugees themselves has been well documented (e.g., Austin et al., 2007; Briskman et al., 2008). Not surprisingly, many concerned citizens who in the past were seeking social justice for other disadvantaged and discriminated people (e.g., Indigenous Australians; victims of domestic violence; people with disabilities) formed alliances to support refugees. Indeed, over two-thirds of the advocates in the present study came to the refugee movement with experience in other social justice areas. This finding is in line with one of the motives for refugee involvement as reported by a quarter of the advocates of the Raab (2005) study: they were already involved

in activist networks. It is also in line with the finding of Gosden (2006) that some advocates had prior involvement in other social justice areas. However, it would appear that our sample were more likely to have had previous experience with social justice work. Why this is the case can only be speculated upon. Clearly, there were differences in method used – different channels of dissemination; the accessing of different individuals and groups. However, one notable difference between the studies is that Raab's research took place a few years before the present research; similarly Gosden's research went back as far as 2003. It may be that the participants who continued longer with such advocacy may have been more experienced with such work generally and thus more robust (Gosden, D., personal communication, January 20, 2008).

The nature of the problem with which advocates were dealing defines their perception of refugee work as more stressful than previous social justice work. In the conditions of refugees' uncertainty, deprived freedom and endangerment, over four-fifths of their advocates saw this as more distressing compared to other social justice involvement. The critical nature of refugee advocacy, which can be a matter of life and death, is well expressed in the words of one of the advocates: 'So many times my refugee friends faced deportation and possible death, torture, imprisonment. This was a lived, real possibility for them, and greatly effected (sic) me … '. The fear described by this advocate regarding a refugee returning to his or her homeland and being killed is not without merit. As briefly discussed in the introduction, it has been found that some refugees who were returned to their country of origin were not only brutalised and tortured on their return but some were killed (Briskman et al., 2008; Corlett, 2005).

Levels of Stress

Approximately three-quarters of the advocates worked with refugees as volunteers, and of course there were costs associated with that. They responded to the situation of

refugees by providing money, housing them, giving presents, sending parcels, and visiting them at detention centres. It is no wonder that most advocates felt a significant impact on their financial situation as expressively depicted by a refugee advocate: '*We have had a great deal of expense. We have paid for airline tickets, rent for family left behind, support for returned refugees, donations and fees to migration agents, support for a family to live in our home, necessary items. It is impossible to estimate the expense. Probably $30,000. It just goes out week after week*'.

Results revealed that the advocates experienced not only financial hardship but emotional hardship too. Were advocates more stressed and traumatised than helping professionals in other fields? The anecdotal accounts of advocates' experiences of stress (Gosden, 2005; Mares & Newman, 2007; ACHSSW, 2006) were generally supported by the results of the study. The majority of the advocates reported either moderate or high levels of stress. It is not possible to make direct statistical comparisons with previous stress research as different scales and categorisations have been used. However, judging by mean stress scores, it would appear that our advocates' stress levels ($M = 3.44$) were higher than the stress levels experienced by AIDS workers ($M = 2.60$; Demmer, 2002) and physicians ($M = 2.40$; Linzer et al., 2002). In the Demmer study, service providers reported a lack of support, societal attitudes toward AIDS, poor salary, and deaths of their clients to be major triggers of stress. Similarities can be found within our own sample. Refugee advocates did not experience much structural support for their position and certainly, societal attitudes toward refugees were negative (Pedersen, Watt, & Hansen, 2006). Their finances were depleted, and they often feared that the refugees they supported may be deported and face death. In another study, Raviola, MacKoki, Mwaikambo, & Delvecchio Good (2002) found that AIDS carers reported feeling highly stressed because of the absence of a cure for the disease. Again, similarities can be

found within our own sample. It is possible that advocates had little hope for positive outcomes for the refugees they supported at the time of their Critical Incident (as there was 'no cure' for AIDS patients) which added to their stress levels. Most Critical Incidents occurred in 2003 and 2004 when there didn't seem to be very much likelihood of political change eventuating (there was some positive change in the middle of 2005 where many detainees were released into the Australian community; see Pedersen et al., 2008).

Relevantly, our participants' stress levels were greater than those reported in a recent Australian study using similar measures (Lincoln, 2008). The Lincoln study examined the stress experienced by direct service workers who assisted refugee trauma survivors. Specifically, these professionals' stress levels ($M = 2.62$) were very similar to the Demmer (2002) study; thus, lower than those reported in the present study. We suggest that these differences may be due to the following reasons. First, most advocates were close in a very personal way to the refugee(s) they were supporting; the Lincoln participants were trained professionals where a professional separation would have been more likely. Second, the Lincoln participants could leave their jobs without the potential for dire consequences for the refugee(s): someone else could take over. Third, the advocates did not receive formal support as is likely to have occurred with the Lincoln participants. As noted by Lincoln, her participants felt they worked in a 'supportive and caring work environment' (p. 47). Fourth, many advocates were volunteers who were holding down jobs as well as dealing with these issues in their 'spare' time; their lack of relaxation time is also likely to have contributed to their stress levels. Finally, the future of detainees was less secure than for recognised refugees; this uncertainty must impact on their advocates. In short, it would seem that, because of their unique situation, refugee advocates were at additional risk for stress.

Approximately four-fifths of the advocates were able to recall experiencing at least one stressful event from their refugee involvement. For example, one advocate noted the distress of one family during lip-sewing incidences at the detention centres. She was told the experiences of one detainee '*in a very animated and agitated manner and culminated the story by telling me he did not want to sew his lips together at that time like everyone else because he wanted to be able to cry FREEDOM through the fence. He was 8 or 9 years old.*' How would it be possible for an advocate not to be affected by such a scenario?

Advocates' reactions and feelings to the Critical Incident reflected the symptoms of stress as described by Resick (2001). As one advocate described her feelings during her participation in a detention taskforce at one of the detention centres while already under stress from providing legal aid to refugees:

> *Overwhelmed, exhausted, everything in my life appeared trivial and absurd, compared with the problems suffered by my clients. I found communication with non-refugee advocates tiresome and annoying. I found myself laughing inappropriately at a movie when others were crying - it just seemed so silly. I was hyper-aroused, sleeping poorly, wracked with guilt.*

The content of many statements indicates that the advocates were highly affected by the Critical Incidents, and that balance to their lives needed to be restored which maybe easier said than done. The extent of the stress can be related to the work of Cunningham (2003) who examined vicarious trauma (as noted previously, highly correlated to stress in the present study) which was humanly induced (e.g., sexual abuse) and which was naturally induced (e.g., cancer). She found that vicarious trauma levels were higher for clinicians working with humanly induced

clients; perhaps due to being exposed to so much human 'evil'. Like Cunningham, refugee advocates' stress is humanly instigated rather than being a natural occurrence. It never needed to have happened.

Coping

The results revealed that advocates used emotional support as the main coping strategy. However, they perceived both types of support – emotional and instrumental – as the most successful coping strategies. Given the success of instrumental support, why was it not used as much as emotional support? It may be that if advocates felt that the problem causing stress was beyond their control, they sought moral support and understanding. It is in line with the Lazarus and Folkman (1984) argument that emotion-focused coping is more likely when the situation is one that must be endured. Alternatively, there were not many people who were capable of providing instrumental support, given the fact that advocates stood outside of society on the issue of refugees with respect to the Howard government's hard-line stance and the Australian public's support of such stance (see Pedersen et al., 2005). Interestingly, in the Lincoln (2008) study with direct service workers, it was found that, like the present study, the two most effective strategies used were instrumental and emotional support. Unlike the present study, however, instrumental support was used just as much as emotional support. As noted by Lincoln, her participants were paid workers, not volunteers, and as such they were more likely than volunteers to receive formal (instrumental) support which certainly was not the case in the present study. As also occurred with the Lincoln study, and as seen in Table 1 in the present study, multiple strategies were in fact used and valued.

Our results may help understand the complexity of the coping process and the role of support in overcoming negative effects of stress. It seems that advocates mostly relied on emotional support because, in the refugee field, it is often hard or even impossible to control

the problem that causes their stress. It could have a negative implication for those advocates who do not seek professional help, given all the advocates who used that type of support found it helpful. It would be beneficial if refugee organisations had such services (e.g., counselling, debriefing) available for their stressed advocates (however, we acknowledge the difficulty of doing this with limited budgets).

Only a quarter of the advocates sought professional help for combating stress and it was helpful for all of them. Given that professional help was a useful strategy, why might it be that most advocates didn't seek help? It may be that advocates have never had other crises of this magnitude in their lives and, in a sense, were 'learning on the job'. Interestingly, Cunningham (2003) found that clinicians who were new to the job suffered more vicarious trauma compared with those more experienced. It also may have been that advocates felt they had enough support within their networks or they did not have the spare cash (as noted above, many advocates' finances were depleted). Or perhaps the advocates who did not seek professional help believed they did not have the right to feel stressed while refugees were in a far worse state. As one advocate noted: *'There is the shadow of guilt we have probably all felt for those inside - we can visit but we can also walk away'. Another said: 'I feel I was stressed but, of course, one cannot look at one's situation in the face of what these people have endured and feel sorry for oneself…'.* However, the neglect of negative psychological symptoms may lead to ongoing distress for advocates. As noted by Hesse (2002), self-care is the primary key for working successfully with trauma victims.

Positive and Negative Outcomes

For over two-thirds of the advocates, the high personal involvement with traumatised refugees resulted in changed interpersonal relationships (Lincoln, 2008, similarly found that her direct service workers also reported both positive and negative experiences). For

just one-sixth of the advocates, relationships with their significant ones improved or new friendships emerged. For over a third of the advocates, their commitment to the refugee movement brought about only negative outcomes for relationships with their significant ones. But for almost a half of the respondents, it resulted in the improved relationships with some people and more distant with the other, as in the case of this advocate:

I couldn't speak to a lot of my friends. I just felt I no longer had things in common. My circle of friends shrunk. Also - I didn't have as much time to see them. Some family members grew to hate me for my views on and support for refugees. We no longer speak. Other family members joined me to actively support refugees - and we have become closer because of this.

Clearly, for advocates, there were not only financial and emotional costs of supporting refugees and bringing change to the refugee policy but interpersonal costs too (also see Four Corners, 2008, for a description of the trauma reported by detention guards).

Though advocates felt highly stressed from working with refugees, many reported experiences affecting their lives in a positive way. Indeed, some of the positive experiences reported by the advocates are similar to the three domains of post-traumatic growth (Calhoun & Tedeschi, 1998). According to these authors, stressful and traumatic events may result in the re-evaluation of the individual's world views and development of new schemata and coping strategies. Individuals report positive changes in one of the three domains: *one's sense of self* (e.g., increased self-reliance and coping abilities), *relationships* (i.e., increased emotional closeness with others and understanding others' suffering), and *spirituality or life philosophy* (e.g., changed life priorities and increased wisdom). In the present study,

advocates developed strengths and grew personally, found new friends, and began appreciating life and humanity to a greater degree. For many advocates, involvement with refugees resulted in practical positive outcomes such as gaining the knowledge of politics, social justice and other cultures, and developing new skills.

Overall, the challenges of supporting refugees and fighting for their rights significantly impacted on advocates' relationships with friends, family and work colleagues. At the same time, advocacy brought about positive changes in their lives and enriched them as individuals.

Conclusions and Implications

What can we learn from the present study? One important finding is that the mean reported stress levels were higher for refugee advocates compared with other carers such as AIDS workers, physicians, and professionals assisting traumatised refugees in Australia. It is clear that burnout is a key concern. When starting this advocacy work, there was no way of knowing its harshness or longevity and thus the risk of long-term harm. If the advocates knew then what they know now, they may have been better equipped at handling the situation. One avenue that would have been useful would have been by having more formal support. For workers in refugee organisations, this is more readily available. But for the volunteers, the refugee situation was unlike many other situations. As mentioned previously, advocates were primarily working against the wishes of the former government. Under these circumstances, emotional support was more likely to be available than instrumental support and indeed this was found to be the case.

Steel et al. (2006) documented the risk of complex mental-health related disabilities in refugees with a history of immigration detention and ongoing temporary protection. The present study documents the implications for mental health of the advocates who work

with distressed and traumatised refugees. For advocates, there were many negative effects of the refugee policy: financial, emotional and interpersonal. Regardless of the negative experiences, most participants saw some beneficial outcomes. As one participant noted, '*We have made some fantastic friends, both in the Australian community and amongst the refugees'*. However, it could be argued that the situation should not have arisen in the first place. If a more balanced and humane treatment of refugees were implemented, refugee advocates would not need to get involved and unnecessarily suffer high psychological distress, and this is aside from the trauma to the refugees themselves.

To conclude, as the political situation stands at the moment, although there have been positive changes brought in by the Rudd Government since the 2007 election (e.g., the abolishment of temporary protection visas; the closing of detention centres in Nauru and Manus Island), some issues are still problematic (e.g., the use of Christmas Island; some Australian territory remaining excised for the purposes of migration; the detention debt) and the positive changes have not been legislated. If more refugees arrive unauthorised, there is no guarantee that Australia will not end up with the same situation again resulting in both trauma for the refugees themselves and for their advocates. The past decade has shown serious human rights violations with respect to refugees; we do not want a continuation of this situation. Let Australia learn from past mistakes.

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Note

[1] For the purposes of the present study, the term 'refugee' will be used as a general labelling of the people who seek refuge in Australia, as opposed to the distinguishing between a 'refugee' who is accepted as one offshore and an 'asylum seeker' whose claim for a refugee status is yet to be determined.

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