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ALANNA DANIELLE GALLAGHER BA (Hons) MSc

THE IMPACT OF IMMIGRATION DETENTION ON THE MENTAL HEALTH OF  
ADULTS

Section A: The Impact of Immigration Detention on the Mental Health of Detainees:

A Review of the Literature

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Section B: "I Went to Hell and Back": Investigating how Psychosocial Processes of  
Immigration Detention Affect Ex-detainees' Mental Health

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A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church

University for the degree of Doctor of Clinical Psychology

May 2017

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY



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Go raibh míle maith agaibh go léir.

## Summary of Major Research Project

**Part A** consists of a systematic search of databases and journals and a subsequent review of the peer-reviewed research literature to date pertaining to adult mental health in immigration detention. The literature was reviewed against quality checklists. The findings and recommendations were considered. Research recommendations were compared to current inspection reports about UK immigration detention centres to discern whether the research recommendations had been applied in this context. Limitations and gaps in the literature were considered. Clinical and research implications were also considered.

**Part B** consists of a grounded theory study based on a series of interviews with people who have previously been detained in immigration detention in the UK. The study examines the psychosocial processes that affect mental health in this context. Ten individuals who were previously detained in UK immigration detention were interviewed and analysed. From this, a conceptual model was developed, linking processes in immigration detention and the wider systems to how these were experienced, internalised, and responded to by the individuals. The results also consider how individuals survived and endured immigration detention. The findings were considered in relation to current theory and research. Clinical implications and potential ideas for future research are discussed.

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### **Abstract**

**Purpose:** Immigration detention has been criticised by media and peer-reviewed literature as harmful to mental health. This review focused on examining the current research literature pertaining to the mental health of adults who have been detained in immigration detention, as well as considering some recent inspection reports of detention centres to assess the implementation of research recommendations.

**Method:** A systematic search of databases and journals was conducted and reviewed with the aid of quality checklists. Research recommendations were checked against recent inspection reports about UK immigration detention.

**Results:** Research was of varied quality. Quantitative literature (n = 19) mostly found that immigration detention is associated with a high prevalence of psychiatric diagnoses, with a correlation between length of time in detention and number of symptoms and diagnoses. Qualitative literature (n = 4) identified themes and concepts of isolation, hopelessness, powerlessness, a lack of occupation, and difficulties with acculturation.

**Conclusions:** Much research has focused on the prevalence of mental health problems. Limited qualitative literature has provided useful insights about the detainee experience. Overall, the research overall lacks female participants. Further qualitative research pertaining to the UK context would be informative and could incorporate concepts of resilience.

**Keywords:** critical review, immigration detention, research literature, mental health, adult.

## The Impact of Immigration Detention on the Mental Health of Detainees:

### A Review of the Literature

I have opted to write in first person using the active voice throughout, which is preferable according to the American Psychological Association's (2009) style manual, in order to avoid ambiguity where appropriate (McAdoo, 2009). Furthermore, this piece of work reflects my own understandings and interpretations.

A refugee is:

Someone who someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. (UNHCR, n.d.)

According to the UNCHR (n.d.), when a refugee flees their country of origin and applies for sanctuary in another country, they become an asylum seeker, seeking the right to have one's refugee status accepted by the recipient country.

### **Mental Health and Refugees**

Many studies have documented the mental health of refugees. For example, a study by Gülsen and colleagues examined the effect of forced migration on Kurdish women who were internally displaced in Turkey or displaced in a European Union country (Gülsen, Knipscheer, & Kleber, 2010). In their sample of 1,127 women, the majority reported trauma reactions such as intrusions (90.2%), avoidances (80.0%), and hyperarousal (82.2%), despite 82.5% experiencing the event more than five years ago. Men and women may have different psychological experiences associated with war: men may experience pride from fighting and protecting and may feel more comfortable sharing their experiences, whereas women may

experience shame and rejection by their families or communities as a result of being raped during war (Kellezi & Reicher, 2014).

Refugees face difficulties even when they have reached a supposed place of safety. For example, studies have documented protracted asylum procedures (Laban, Gernaat, Komproe, Schreuders, & De Jong, 2004), racism, uncertainty, and adjustments (Tribe, 2002), dispersal, reduced income support and the use of vouchers, and restrictions with regards to working (Kissoon, 2010; Sales, 2002). Asylum seekers may be perceived as threatening to culture and security by members of the public (McKay, Thomas, & Kneebone, 2012), a perception that has likely been inflamed by media and political rhetoric in recent years. It is perhaps unsurprising that settled asylum seekers continue to experience mental health issues even when they have obtained residency or leave to remain in their country of asylum. As Tribe (2002, p. 5) described, “Refugees have often suffered many losses, including perhaps a view of the world as a safe and benevolent place upon which they could have an impact”.

### **Immigration Detention**

In the UK and elsewhere, refugees may face being arrested and detained in immigration detention centres. Detention centres house “irregular migrants” in a secure environment, while they await deportation or a legal decision about their right to remain. States justify the use of detention centres as a deterrent and security-based intervention, resulting in the association of immigration with fear and threat (Hall, 2010; Mountz, Coddington, Catania, & Lloyd, 2012). Most countries limit the amount of time that someone can be detained. Only Ireland and the UK have not opted into the EU time limit for immigration detention, although Ireland has imposed its own limit of 21 days. France has an upper limit of 45 days and Belgium, two months.

In 2008, a 60% increase in the UK’s immigration detention estate was announced (Hall, 2010). There are 11 “Immigration Removal Centres” (IRCs) in operation the U.K. at

present, accommodating up to 3,534 detainees. Nine IRCs are operated by private security firms. By contrast, some countries, such as Belgium, Luxembourg, Sweden, and The Netherlands, do not permit private companies to operate detention centres (Puthooppambil & Bjerneld, 2016).

Detention centres are an example of a “total institution”, where all activities of daily living are conducted in the same place, in the company of a large group of other individuals, who are treated alike and required to adhere to the same schedule (Goffman, 1961). According to Goffman, inherent in this design is a system whereby a large group of “inmates” are in the charge of small group of “staff”. Inmates may be stripped of their identities and attachments in a literal and figurative sense: for example, personal belongings may be removed and locked away. In this paper, “inmates” are referred to as “detainees”, which means people in immigration detention specifically. “Ex-detainees” refers to those who were previously detained in immigration detention. In UK IRCs, it is operational procedure for detainees to have their personal phone removed from them and to have access to a limited amount of personal belongings, to meet the requirements of most airline companies for deportation. Excess baggage may be disposed or stored away. In many IRCs, detainees are locked in their rooms overnight and may access certain areas at certain times. Goffman described such aspects of institutional functioning as the “regime”.

### **Issues with Immigration Detention**

Concerns about immigration detention centres and mental health are long-standing (Grant-Peterkin et al., 2014; Lawrence, 2004; Tribe, 2002). Difficulties in relationships between detainees and staff in IRCs have been documented. Staff may feel that they have limited help to offer detainees, whilst simultaneously fearing physical threat from detainees (Puthooppambil, Ahlberg, & Bjerneld, 2015). Power differences can lead to culture clashes and misinterpretations for both parties (Bosworth & Slade, 2014). Detainees are

“prisoners serving no sentence”, with uniformed officers and prison-based buildings reinforcing the notion of criminality (Bosworth & Slade, 2014). Being arrested and detained may be bewildering to detainees and contravene their perception of a just society (Klein & Williams, 2012). Many have called for governments to revisit the use of immigration detention (e.g. Bull, Schindeler, Berkman, & Ransley, 2013), and have prompted professionals to consider their ethical position in relation to detention (e.g. Zion, Briskman, & Loff, 2009).

### **Previous Reviews**

A key review of 10 studies of mental health in immigration detention was conducted in 2009, comprising case series, systematic studies, descriptive articles, and studies looking at families (Robjant, Hassan, & Katona, 2009). The authors found accounts of “serious mental health problems” in the detainee population. Robjant et al. concluded that pre-migration trauma did not entirely account for the differences between detainees and non-detainees, and that detention contributed to mental health difficulties, with length of time in detention and residency status as mediating factors. Mental health issues described included depression, anxiety, post-traumatic stress disorder (PTSD), suicidality, and self-harm. Also highlighted were traumatising experiences in detention and the detention process itself as traumatising. They noted “conflicts of interest” between organisations, such as political, scientific, and healthcare organisations, particularly the ethical issues that arise for researchers and healthcare professionals. The authors recommended further quantitative and qualitative research to clarify mediators of the relationship between mental health and detention, as well as acute and longitudinal effects of detention. It would be useful to investigate if the research to date has addressed these issues.

Storm and Engberg’s (2013) review investigated the impact of detention on the mental health of torture survivors. Two papers focused specifically on survivors of torture



and another nine identified survivors of torture within their samples. These studies highlighted high rates trauma symptoms such as flashbacks and panic attacks triggered by detention. The authors concluded that data were too limited to determine the impact of detention on torture survivors, but noted that much torture is conducted within detention settings. This implies a strong possibility of immigration detention acting as a trigger for tortured individuals. They also noted high rates of mental health difficulties amongst detainees, of whom a substantial proportion has experienced torture (between 10% and 74%), implying the misuse of detention for vulnerable people.

Most recently, Shaw, appointed by the Home Office to report on immigration detention, commissioned Mary Bosworth, Professor of Criminology, to review mental health literature pertaining to detention. This comprehensive interdisciplinary “sub-review” appears in the appendix of the report (Shaw, 2016). The review included asylum seekers and other detained populations too. It described detention and identified gaps in the research. It included research studies, descriptive academic papers, and government, NGO, and voluntary sector reports, from 1990 until 2015. Studies with unclear, weak methodologies were excluded, but this process is not described. Bosworth determined key causes of mental distress in detention as: duration, pre-existing trauma, pre-existing mental health and physical health problems, the state of health care in detention, uncertainty, poor communication about asylum cases, and activity available in detention. Children, asylum seekers, torture survivors, and women were deemed to be particularly vulnerable in detention centres. Bosworth highlighted a lack of research pertaining to women in detention.

The plight of asylum seekers in IRCs in the UK has received extensive media coverage subsequent to scandals and an All-Party Parliamentary Group (APPG) focus on immigration detention (APPG on Refugees & APPG on Migration, 2015). Despite these efforts, detention remains a real possibility for many refugees and others. It is important to

continue to attend to research in this field, which could convincingly convey the issues with immigration detention.

### **Rationale for Current Review**

A review of peer-reviewed literature pertaining to mental health of detainees from asylum seekers was published in 2009. A more specific review was conducted in 2013, focusing on torture survivors. The most recent review is appended to a report and does not include a methodological critique. It would be timely to conduct an updated review of research literature in this area, to assess the quality of literature, consider the findings and recommendations, ascertain whether these have been applied in detention, and determine gaps in literature.

### **Focus of Review**

This review systematically searched the research literature and focused on the quality of research and the findings and recommendations related to adult mental health in immigration detention. Research recommendations were considered in relation to recent inspection reports of UK IRCs. Questions asked of the research literature were:

1. What is the standard of research in this area?
2. What are the research findings and what has been recommended?
3. How do findings and recommendations relate to findings of recent IRC inspection reports? Is there evidence that recommendations have been implemented?

## **Method**

### **Literature Search**

Initial searches and reading facilitated the development of search terms for systematic searching of the databases. Databases searched were PsychInfo, PsychArticles, Medline,

Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Applied Social Sciences Index and Abstracts (ASSIA). Individual journals searched were Journal of Immigrant and Refugee Studies (Talyor & Francis) and Journal of Refugee Studies (Oxford Journals). Search terms were:

1. "mental health" OR "mental illness" OR "well-being" OR "mental disorder" OR "psychiatric disorder" OR "psychiatric illness" OR "psychiatric diagnos\*s";
2. detention OR "immigration removal cent\*" OR "immigration detention" OR "refugee detention" OR "direct provision" OR "asylum seeker\* accommodation" OR "asylum seeker\* hous\*";
3. "asylum seeker\*" OR refugee\* OR "irregular migrant\*";
4. method\*.

Search combination (1 and 2 and 3) was used for PsychInfo, Medline, and Web of Science. Search combination (1 and 2 and 3 and 4) was used for other databases and articles. No time limit was applied, as research from any year was likely to be relevant, if available.

### **Inclusion Criteria**

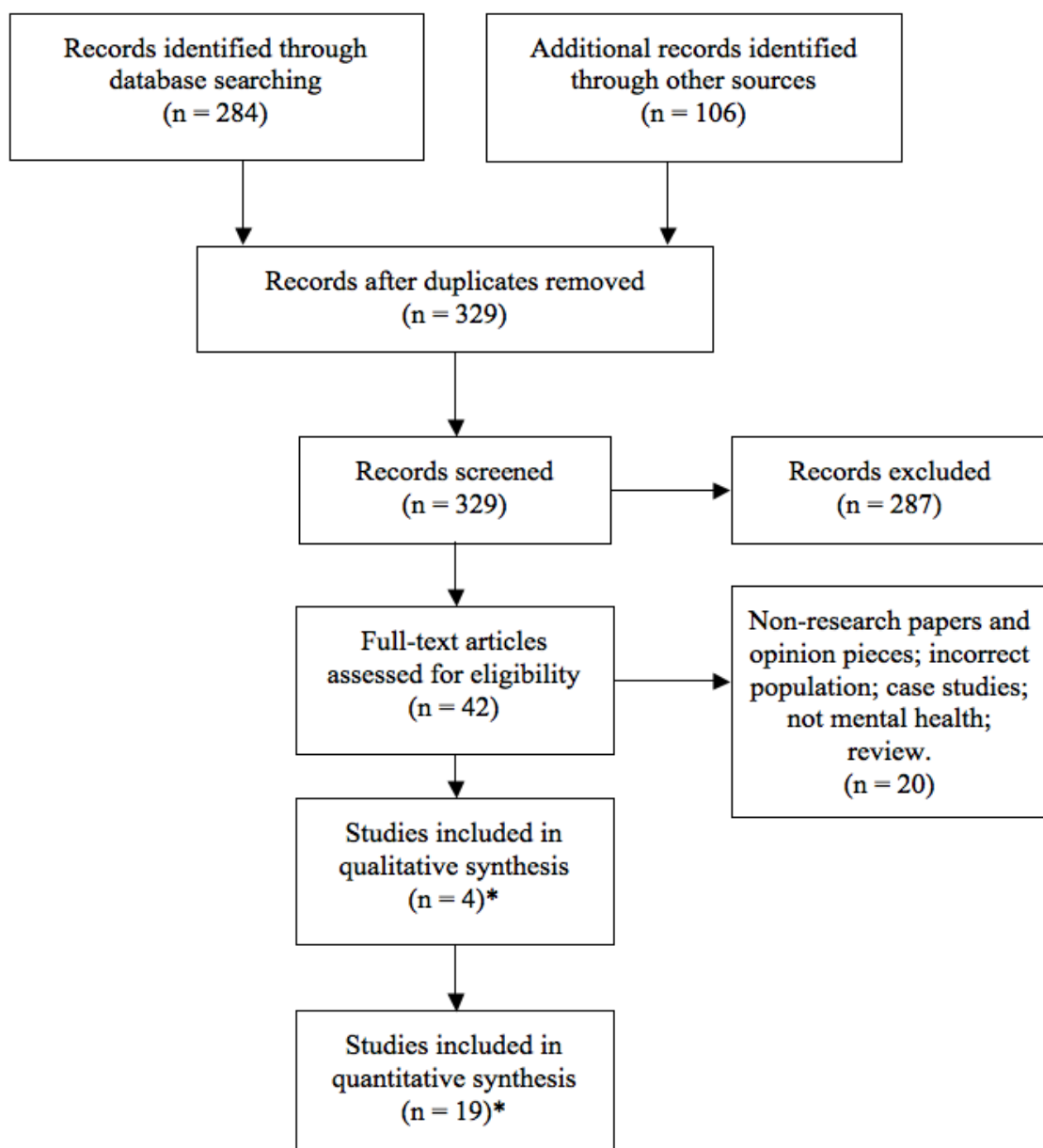
Although Robjant, Hassan, and Katona's (2009) review had a similar remit, a date range was not applied due to different inclusion and exclusion criteria, as well as targeting different sources. This review includes quantitative and qualitative peer-reviewed research literature written in English pertaining to the mental health of detainees. I scanned titles and abstracts to assess relevance. Literature was included if:

- it included adult participants or cases (age 18 or older);
- it analysed or assessed some aspect of mental health, using quantitative or qualitative methodology;
- asylum seekers in immigration detention were the main participant group or were identifiable.

Literature was excluded if:

- it was a discussion piece or editorial;
- the focus was not clearly related to mental health (for example, focusing on daily activities);
- it was a case study or series.

I downloaded suitable papers, assessed suitability, and discarded further articles that did not meet the criteria. Figure 1 is a summary flow diagram of the search process.



\*1 paper appears in both; 22 papers in total

Figure 1. Flow diagram of literature search. Adapted from Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLOS Medicine*, 6(7), 1-6.

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### **Non-Academic Literature: Inspection Reports**

I selected five recent inspection reports about IRCs in the UK, excluding pre-departure accommodation. These reports represent nearly half of the IRCs in the UK. Reports are prepared by the HM Chief Inspector of Prisons at regular intervals to assess the standard of IRCs. These reports were included to assess the match between recommendations and findings from the research literature and the application of these in IRCs.

### **Critique**

I used checklists from the Critical Appraisal Skills Programme (CASP, 2013) and Crombie (1996) to assist with reviewing qualitative and quantitative research articles. I also referred to qualitative guidelines by Mays and Pope (2000). These checklists facilitate assessment of research studies' standards, for a range of designs. For cohort and case control studies, some issues considered were: if a focused issue was addressed; if the cohort was recruited in an acceptable way; if the measurement minimised bias; if confounding factors were identified; if results were valuable or applicable, and so on. These standards can be adapted for quasi-experimental designs. For qualitative literature, some issues assessed using guidelines included consideration of ethical issues, rigour of data analysis, and reflexivity of authors. I have reviewed the studies under headings adapted from the critical appraisal checklists. Quantitative literature is presented first, then qualitative, follow by a brief summary of the standard of research. See Table 1 for a summary of the reviewed research.

## **Literature review**

### **Quantitative Literature**

I reviewed 19 quantitative research articles that examined the mental health of detainees or ex-detainees who were in immigration detention. The research spanned 13 years, from 2003 to 2016, and included literature from nine countries.

Table 1

Summary of Reviewed Literature Details, Methodological Strengths and Weaknesses, and Findings

Author and study title	Study description	Methodological strengths and weaknesses	Findings
Cleveland & Roussau (2013). Psychiatric symptoms associated with brief detention of adult asylum seekers in Canada	A Canadian quantitative study comparing 122 detainees (82 males and 40 females) and 66 non-detainees (33 males and 33 females) of various nationalities, with similar levels of trauma, using HTQ (PTSD scale), HSCL-25, & DEC (modified) and multiple hierarchical regression.	Use of standardised measures, adapted to context, and relevant comparison group. Thorough statistical reporting. Different procedure for one centre: self-administration of tests due to language limitation.	No significant difference of trauma. Feeling powerless correlated with all three psychiatric disorders. PTSD, depression, and anxiety were all higher in detainees after median 17.5 days in detention (mean = 31.2 days), with no difference in premigration trauma between the two groups. Authors noted the relatively short duration of detention and the relatively good standards in the centres. Trauma exposure and detention status predicted psychiatric symptoms, although explanatory power was highest for the PTSD model.
Coffey, Kaplan, Sampson, & Tucci (2010). The meaning and mental health	An Australian mixed-methods, open-ended exploratory study that assessed 17 participants (16 males, 1 female) of various nationalities, with an average	Analysis not described. Recruitment through historical charity records. Potential confounding variable is pre-detention experiences. Biases and	15/17 above cut-off for depression; 13/17 met depression diagnostic criteria; 12 met cut-off for PTSD; 11 met PTSD diagnostic criteria. Quality of life scores were lower than the general Australian

consequences of long-term immigration detention for people seeking asylum.	detention period of 2 years 3 months, using HTQ, HSCL, and WHOQOL-BREF and used descriptive statistics and thematic analysis.	limitations not considered. Interesting and useful thematic results presented, although not presented in a table.	population and similar to resettled refugees with a known torture history. The qualitative analysis identified the following themes for the detention period: 1) confinement and deprivation, 2) injustice and inhumanity, 3) isolation and fractured relationships, and 4) hopelessness and demoralisation. The analysis identified the following themes for the post-detention period: 1) insecurity and injustice, 2) relationship difficulties and 3) changes to self-view.
Droždek & Bolwerk (2010). Group therapy with traumatised asylum seekers and refugees: for whom it works and for whom it does not?	A Dutch quantitative study that followed 88 asylum seekers (78 males and 10 females) of various nationalities, referred over the course of 6 years, all of whom had war and/or torture experiences from their native countries, assessed using HTQ, HSCL-25, and SCL-90 Psychoticism, and analyses of variance.	Number of asylum seekers living in detention versus in community not reported, or whether those in the community were ever detained. Did not use intent-to-treat analysis. Risk of sampling bias: those who were improving or whose circumstances were improving may have chosen treatment. Risk of regression to mean (as treatment measured at one year; waiting list control at six months). Used waiting list control, appropriate statistical methods, and standard measures.	Group treatment effectiveness and initial psychopathology scores were not significantly different for those living in reception centres versus those living in their own homes. However, it is unclear if this extends to "being in detention ever", because of the way in which the data was collected and reported.



<p>Dupont, Kaplan, Verbraeck, Braam, &amp; van de Wijngaart (2005). The meaning and mental health consequences of long-term immigration detention for people seeking asylum.</p>	<p>A Dutch qualitative study that interviewed 21 detainees (20 males and 1 female) of various nationalities in 3 Dutch Asylum Seeker Centres (AZCs), using thematic analysis.</p>	<p>One study aim was to develop ideas about causal mechanisms: thematic analysis is unlikely to be suited to this. There is no description of the thematic analysis and results are not clearly laid out. Sampling was potentially biased as they interviewed people who were "well-informed" about substance use in their communities, although this is not explained. The authors mentioned building rapport with interviewees and considered the importance of confidentiality. Results are interesting and have good face validity, albeit overstated.</p>	<p>These findings were in relation to drug and alcohol use amongst detainees. The most important factor was the dullness and boredom that characterises life in AZCs. They noted that the bureaucratic process, the lack of structured daily activity, as well as loneliness and separation from family are key factors. Detainees worried about family left behind. Due to lack of money, detainees may have become involved in illegal trade. The authors said their study elucidates that drug use among detainees, akin to drug use in the Dutch population, is dependent on the combination of different drug types, set, and setting factors. They determined that set factors (for example cultural background and expectations associated with drugs) seemed more important in comprehending drug use in AZCs than the pharmacological effect of drugs.</p>
<p>Goosen, Kunst, Stronks, van Oostrum, Uitenbroek, &amp; Kerkhof (2011).</p>	<p>A Dutch quantitative cross-sectional study that compared asylum seekers of various nationalities to the general Dutch population, using person years,</p>	<p>Repeated suicidal attempts were treated as separate events if they were reported on different forms, so these may be over-reported. No definition is given for suicidal</p>	<p>35 cases of death from suicide in asylum seekers. Mortality rate of 17.5/100,000 per year. Mortality was elevated in males compared to females (risk ratio [RR] = 7.3, 95% confidence interval [CI] = 2.2-</p>

Suicide death and hospital-treated suicidal behaviour in asylum seekers in the Netherlands: a national registry-based study.	suicide data, and hospital-treated suicidal behaviour from 2002-2007. It included female asylum seekers: 74,916 person years. Dutch females: 40,509,314 person years. Male asylum seekers: 125,026 person years. Dutch males: 39,068,490 person years.	behaviour: not differentiated from self-harm in study (due to how data were recorded). Only cases treated at hospital were included. Method and analysis were appropriate to study.	23.7) and was more common than in general Dutch male population. There was no difference between female asylum seekers and general population in The Netherlands. 290 cases of suicidal behaviour in asylum seekers were treated in hospital. This was more common in female asylum seekers than males (RR = 1.58, CI = 1.25-1.99).
Graf, Wermuth, Häfeli, Weisart, Reagu, Pflüger... & Jones (2013). Prevalence of mental disorders among detained asylum seekers in deportation arrest in Switzerland and validation of the Brief Jail Mental Health Screen BJMHS.	A Swiss quantitative survey and validation study that examined 80 males, of various nationalities, imprisoned in a prison specifically for "Alien Act" prisoners, using Brief Jail Mental Health Screen, WHO Composite International Diagnostic Interview, and SCL-90R.	Intended follow-up was difficult due to detainees being released prematurely. Prevalence rates were as measured for the first four days. 44% of people refused to participate: this could constitute a systematic bias. The study was well designed for its purpose otherwise, with a relevant measure chosen for validation. Results are believable as comparisons are made with the prison population.	76% of detainees had a diagnosable ICD-10 disorder, which was similar to the prison population. Rates of psychosis, depressive and affective disorders, phobias, and PTSD were greater than in the prison population. Nearly a quarter of detainees had PTSD and approximately a quarter had psychotic and/or affective disorders. A third had alcohol dependency.
Green & Eagar (2009). The health of people in	An Australian cross-sectional quantitative study of records comprising a sample of 720	Compares symptoms rather than conditions, which may be affected by subjective reporting and	Both time in detention and reason for detention were significantly correlated to the rate of newly diagnosed mental health

Australian immigration detention centres.	people (634 males and 86 females) of various nationalities, out of a total of 7375 people held in detention between July 2005 and June 2006 (1 year). All asylum seekers who were detained for more than one year were included. Note: 46 children (<17 years) were included in the sample.	recording. Sample size calculation is explained, but there are various groups measured within the study, so the sample size is confusing at times. Good explanation of analysis and results. Only cases that could be matched between databases were used. It was useful for informing service needs.	issues. "Unauthorised boat arrivals" rates were significantly higher compared to "visa breach" (multiplicative factor of 2). People detained for >24 months had rates of mental illness that were 3.6 times higher than those released within 3 months.
Hallas, Hansen, Staehr, Munk-Anderson, & Jorgensen (2007). Length of stay in asylum centres and mental health in asylum seekers: a retrospective study from Denmark.	A Danish epidemiological quantitative study of 170,232 asylum seekers over an 18-month period, including 2,152 psychiatric referrals and 1,808 somatic referrals (no gender break-down). It compared time in detention to referrals using linear regression.	Due to the way in which the data was anonymised, the number of applications rather than applicants had to be counted. Patients with minor disorders (<3 consultations) not included: it was unclear why. Background data was skewed compared to Red Cross records: there is a systematic deviation that might obscure relationships between duration of stay and referrals. Clear, straightforward design and data analysis is otherwise evident.	Significant increase in referrals for mental health issues (schizophrenia, depression, PTSD, others) with longer time in detention. Referrals for somatising diagnoses also increased with duration of stay. The nationalities who had the steepest rise in referrals for psychological intervention were from Kosovo and Bosnia-Herzegovina.
Ichikawa, Nakahara, &	A Japanese quasi-experimental comparison study of 55 Afghani	Small sample size. Correlational effect between time in detention	No significant differences in trauma exposure (pre-migration) or

Wakai (2006). Effect of post-migration detention on mental health among Afghan asylum seekers in Japan.	participants using multiple regression analysis and HTQ (PTSD) and HSCL-25: 18 male detainees and 37 who were not detained (35 male). Females were subsequently excluded. Time in Japan: detainees 22.9 months (SD 19.9), non-detained 25.1 months (SD 13.3)	and mental health was not considered. Factors related to mental health were considered, such as a trauma exposure. Creative data gathering. Useful homogenous comparison group.	characteristics between groups: 81.8% had been close to death; 80% experienced forced separation from family; 67.3% experienced forced isolation, murder of family or friends, and/or torture. Significant difference between detained and non-detained in anxiety, PTSD, and depression, even when trauma exposure controlled for: detention had a significant effect and explained similar amount of variance to trauma. Living alone was also a significant factor.
Jakobsen, Thoresen, & Johansen (2011). The validity of screening for post-traumatic stress disorder and other mental health problems among asylum seekers from different countries.	A Norwegian quantitative validation study of 64 participants of various nationalities (34 males and 30 females) from 12 reception centres, using HTQ, HSCL-25, and CIDI.	Sample-wise, 12 centres refused to participate, which could constitute a systematic bias. Small sample sizes were used for between-group comparisons. Length of time in detention was not reported or accounted for. Symptoms may have changed over time: i.e. between screening and interview results, thus accounting for discrepancies. Interrater reliability was not assessed. It was a useful assessment of these measures, particularly as they are widely used with asylum seekers.	Participants had been in Norway a mean time of 26.4 weeks (SD 24.4). Assessment of PTSD on a trauma measure led to over-estimation of disorder in one group of nationalities and underestimation in another group, with only 25% of PTSD cases identified correctly. There was high specificity and low sensitivity for one group, and low specificity and high sensitivity for the other. Amount of reported trauma events was not significantly related to reporting of symptoms on the three scales. Place of origin and educational level were related to higher symptom reporting on all

Keller, Rosenfeld, Trinh-Shevrin, Meserve, Sachs, Leviss, ... & Ford (2003). Mental health of detained asylum seekers.	An American quantitative quasi-experimental study of a sample of 70 (56 males, 14 females), of various nationalities, out of 87 referrals over the course of five months, in five reception centres, using interviews, length of time in detention, HTQ, and HSCL-25. Follow-up interviews at median 101 days (62-299) with 61 participants, 35 still detained and 26 released (of whom 22 obtained asylum). Analyses included Pearson correlation of length of detention and distress and independent sample t-tests to assess discrepancies in distress between initial scores and follow-up for those released and those still detained.	Most released asylum seekers were also granted asylum, so this is a confounding factor. All those interviewed had pro-bono legal aid, so this may have led to a systematic sampling bias. The sample size was quite small, so it is difficult to draw definite conclusions, but it is striking that there was such a clear difference between groups.	measures.  Of detainees, 52 (74%) had been tortured; 47 (67%) imprisoned; 41 (59%) family or friend murdered; 18 (26%) sexual assault. 54 (77%) anxiety; 60(80%) depression. 18 (26%) had suicidal thoughts in detention; 2 had attempted suicide. 49 (70%) believed their mental health had declined in detention. Detaining asylum seekers was associated with elevated prevalence of depression, anxiety, and PTSD. At follow-up, detainees had significantly higher prevalence of anxiety, depression, and PTSD.
Koehn (2006). Transnational migration, state policy and local clinician	A Finnish qualitative and quasi-experimental study that interviewed 41 detainees (16 males and 25 females) of various nationalities from five reception	Methodology was somewhat unclear. Interviews were conducted by various people: the impact of this was not considered. Not reflexive but confidentiality and	This study also had a quantitative section that was irrelevant to the current review. Compared to ex-patriates, asylum seekers had a higher chance of attending for mental health issues and were less likely

<p>treatment of asylum seekers and resettled migrants: Comparative perspective on reception center and community health care practice in Finland.</p>	<p>centres and compared them with 33 resident foreign nationals, using qualitative comparative analysis to assess satisfaction with healthcare and reason for referral to healthcare.</p>	<p>ethics were considered. Background and time in country is considered, as well as differing access to health services.</p>	<p>to be satisfied with the care received.</p>
<p>Mares &amp; Jureidini (2004). Psychiatric assessment of children and families in immigration detention - clinical, administrative and ethical issues.</p>	<p>An Australian quantitative diagnostic screening study using clinical interviews with 16 adults (7 males and 9 females) and 20 children of various nationalities, from the same detention centre, who comprised 50% of the detained population at the centre and who were consecutive referrals to a child and adolescent mental health team. Families had been detained an average of one year and three months (range = 12 to 18 months).</p>	<p>Validated diagnostic tools were not used. Diagnoses were agreed by consensus (by at least two professionals) and team discussions. Although there may have been reporting biases, the authors thought that under-diagnosis was possible.</p>	<p>Comprehensive assessment found high levels of psychopathology. All children had at least one parent with mental ill health. Only two parents had mental illness prior to arrival. 14 adults met criteria for psychiatric illness. In 5 of 7 2-parent families, both parents had mental illness. In the two single-parent families, the mother was hospitalised multiple times. 14 adults had a diagnosis of major depression, 9 had a diagnosis of PTSD, 4 had psychosis; 5 had significantly self-harmed, multiple times.</p>
<p>Momartin, Steel,</p>	<p>An Australian quantitative quasi-</p>	<p>Non-sponsored refugees were</p>	<p>TPV holders exceeded PPV holders on all</p>

Coello, Aroche, Silove, & Brooks (2006). A comparison of the mental health of refugees with temporary versus permanent protection visas. experimental study of 116 Persian-speaking Iranian and Afghani (59 males and 55 females) referrals to early intervention programme, of which 67 PPVs (29 males and 38 females) and 49 TPVs (32 males and 17 females) who had been detained an average of 12.8 months. Mental health of the two groups was compared and predictors of psychiatric status were assessed using univariate comparisons, two sample t-tests, and multiple linear regression, using HTQ, HSCL-25, GHQ-30, SF-12 (mental and physical component summaries) Post-Migration Living Difficulties Checklist, and DEC. better represented than sponsored PPV holders. TPV holders may have exaggerated, although there was no immediate benefit to them. Adjustment was made for performing multiple comparisons. Results are clearly presented. measures of psychiatric disturbance. No significant difference in pre-migration trauma. TPV holders had greater post-migration difficulties. All TPV holders who were in detention centres described detention experience that caused serious stress. Over 95% of ex-detainees described very serious stress about being repatriated, officers telling them that they should repatriate, and language difficulties in detention. Over 90% reported concerns of being separated from family, not receiving adequate medical treatment, being interviewed by immigration officers, suicide attempts, and exposure to acts of violence and brutality; 80% reported assault by officers; 71% reported handcuffing during transport; 85% reported being woken at night for counts; 81% reported unhygienic toilets; 60% reported being placed in solitary confinement. Being a TPV holder was the greatest predictor of PTSD. Adverse experiences prior to detention and current living challenges accounted for sizeable, independent contributions to PTSD symptoms.

<p>Pourgourides, Sashidharan, &amp; Bracken (1996). A second exile: The mental health implications of detention of asylum seekers in the United Kingdom.</p>	<p>A British qualitative study that interviewed 15 detainees of various nationalities, all male, who been detained for 3 to 26 months. Some were detained in prisons. Semi-structured interviews and focus groups were used.</p>	<p>Although it uses grounded theory, the use of which is justified (or at least the use of qualitative research), the analytic method is not described. It accounts for the barriers to conducting research with detainees, such as access and protection issues. It is not particularly reflexive. However, it uses multisource triangulation. It is a very long paper. It is very detailed and has a useful page of recommendations.</p>	<p>Their summary: "Detention... generates a climate of misinformation, threat, deterrence, lack of choice, punishment, criminalisation, powerlessness, adverse conditions, discrimination and so on and thereby recreates the oppression from which people have fled. . . . parallel to those they have faced under torture or previous detention... abusive and inhumane... compelling evidence against detention... medical and humanitarian grounds." It highlights a lack of humanity, control, as well as loss (of identity and grief), key questions: why am I here, for how long, when will I be released? Forced "choice", re-triggering, a sense of injustice, shock, abnormal society, and political agenda were important concepts. The future is unimaginable and unpredictable. Resilience needs to be recognised: access to support, meaningful roles, etc. Use of detention blocks these sources of resilience.</p>
<p>Puthooppambal, Bjerneld, &amp; Kallestal (2015). Quality of life</p>	<p>A Swedish quantitative cross-sectional survey sample study of 127 detainees of various nationalities (9 females and 118</p>	<p>Many of those who did not participate could not see a legal benefit to participating or they were too stressed, which indicates a</p>	<p>Low quality of life (QOL) scores in detainees in Sweden. After adjusting for confounding variables, the level of support from detention staff and</p>



among immigrants in Swedish immigration detention centres: a cross-sectional questionnaire study.	males) from five detention centres, using descriptive statistics and linear and multiple regression analyses to assess quality of life whilst in detention, as well as the association between quality of life in detention centres (WHOQOL-BREF) and service satisfaction. Average length of detention was 37.8 days (SD = 57.3).	sampling bias. Legal status, specific detention unit, and knowledge of deportation date from Sweden were confounding detention-related factors. Mental health and level of pre-migration trauma were not measured. Findings may be related to measure chosen or may be moderated by others variables.	detainees' satisfaction with care received were correlated with physical, psychological, social, and environmental domain scores. Language barrier also associated. There was no significant relationship between length of time in detention and psychological domain on QOL measure. There was a significant correlation between QOL and detention duration.
Robjant, Robbins, & Senior (2009). Psychological distress amongst immigration detainees: A cross-sectional questionnaire study.	A British quantitative quasi-experimental cross-sectional study of 146 individuals, comprising 97 detained asylum seekers (69 males and 28 females; 21 awaiting removal); 49 asylum seekers in the community (29 males and 20 females); 30 detainees imprisoned for criminal offence (gender not specified). Tests of variance (t-tests, ANOVA) were used to compare groups and non-parametric statistics were used as needed, using HADS, IES-R, and Part 1 of Post-Traumatic	They could only recruit English speakers and those who were in the communal areas in detention. Asylum status, previous trauma experience, and current trauma experience are potential confounding factors. It is unclear if people in the community were detained ever, which could be important when comparing groups. Overall, it is a good study design, with well-chosen comparison groups.	High psychological disturbance in all groups: clinically significant depression and anxiety for many. Higher number of types of trauma for detainees. Higher depression, anxiety, and PTSD for detainees compared to those in community. Duration of detention was not related to depression, anxiety, or PTSD scores. Detainees more "avoidant". Higher rate of interpersonal trauma and longer detention was related to higher depression and anxiety, compared to those detained less than one month. No main effects of detention or interpersonal trauma were evident. However, there was no linear association between duration of

	Diagnostic Scale were compared with duration of detention.		detention and symptoms (different to Keller et al.).
Sobhanian, Boyle, Bahr, & Fallo (2006). Psychological status of former refugee detainees from the Woomera Detention Centre now living in the Australian community.	An Australian quantitative cohort study of 150 Farsi-speaking Iranian and Afghani former refugee detainees from the Woomera Detention Centre now living in the Australian community (104 male, 46 female; 18-70yo, mean 31.75 years (SD 9.21), with an average length of time in detention of 2 months to 21 months, mean 11.3 (SD 3.8). Duration of time living in the community was 1 month to 20 months, mean 6.97 (SD 4.1). Multivariate analysis of variance was used to compare Truncated Firestone Assessment of Self Destructive Thoughts, QOLI, Profile of Mood States (POMS), and Suicidal Ideation Scale with length of time in detention and to assess change in presentation from detention to living in the community.	Confounding factors, such as visa status, were not considered. It includes an effect size.	There significant differences between time in detention versus time in community. Duration of detention had a significant main effect. Refugees' suicidal thoughts and self-destructive thoughts decreased when moving from detention to community. Psychological functioning and mood (decreased tension, depression, and anger) improved as well as quality of life. No significant difference was found between males and females.

Steel, Momartin, Bateman, Hafshejani, Silove, Everson... & Mares (2004). Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia.	An Australian quantitative cross-sectional survey sample of 14 adults (9 females and five males) and 20 children of one nationality from one detention centre with an average detention length of two years four months. Structured Clinical Interview for DSM-IV Axis I Disorders, unstructured interview, DEC, detention symptom checklist, parenting questionnaire were used.	It was a small sample size and used descriptive statistics. Interviewees were in the middle of legally appealing against their detention and were offered a medicolegal report regardless of their participation. Data were collected over the phone. There was some attempt at interrater diagnostic reliability using consensus for diagnoses.	All adults had at least one psychiatric disorder, with a threefold increase subsequent to detention. All but one had suicidal ideation. All had regular intrusive memories about experiences in detention. Five had self-harmed or attempted suicide.
Steel, Momartin, Silove, Coello, Aroche, & Kuowei Tay (2011). Two year psychosocial and mental health outcomes for refugees subjected to restrictive or supportive immigration policies.	An Australian quantitative quasi-experimental two-year follow-up study of 104 Iranian and Afghani participants (59 males and 45 females), of which Permanent Protections Visas (PPVs; n = 57, 28 males and 29 females); Temporary Protection Visa (TPVs; n = 47, 31 males and 16 females), with a median time in detention of eight months. Reassessment was an average of 23 months later. T-tests, chi-square analysis, and analysis of co-variance were used to assess	The impact of detention could not be disentangled from the effects of visa status. The impact of translated measures, possible reporting biases, and confounding factors such as sample bias and attrition are considered. The duration of detention was not considered. The comparison group was demographically similar. There was a good range of measures and impressive follow-up.	Significant baseline differences in PTSD, depression, anxiety, and general health (TPVs scored higher). Those who had TPVs and had been in detention scored higher on most mental health measures: depression, anxiety, health, and they had poorer English language skills, despite similar pre-migration trauma to those with PPVs.

the discrepancies in relationships between psychological symptoms and indicators of social adaptation amongst PPV and TPV holders over two years, as measured by HTQ, HSCL-25, GHQ-30, and Penn State Worry Questionnaires, competence in English language, difficulties of daily living, and coping activities.

Steel, Silove, Brooks, Momartin, Alzuhairi, & Susljik (2006). Impact of immigration detention and temporary detention on the mental health of refugees.

An Australian quantitative quasi-experimental comparison study of 241 (132 males and 109 females) Mandaean refugees from 104 houses, of whom 150 had been detained (124/139 TPV holders and 30/103 PPV holders), using interviews, HTQ, HSCL-25, SF-12, Post-Migration Living Difficulties Checklist, DEC, Detention Symptom Checklist. Multilevel modelling (analysis of variance) was used to ascertain independent effects of visa status and detention and other predictor variables identified through univariate analysis.

There were big differences between TPV and PPV groups in terms of trauma experienced and difficulties post-migration. There was good recruitment and collection of data and many useful factors were considered.

Protracted detention exerted a long-term effect on refugees' psychological well-being, including higher stress levels. Insecure residency status and concerns about repatriation contributed to persistent psychiatric symptoms and related disability in refugees, including access to community resources and language classes. Those detained 6+ months had more severe negative detention experiences. Long detention was associated with increased prevalence of depression, PTSD, and mental health-related disability. After including factors such as gender, trauma exposure, and more, duration of detention and temporary protection status accounted for

Young & Gordon (2016). Mental health screening in immigration detention: A fresh look at Australian government data.	An Australian quantitative cross-sectional study of data pertaining to 3939 men, 922 women, 1006 children in January 2014; 2326 men, 599 women, & 699 children in June 2014, comparing the number of days in detention, Kessler-10, clinician-rated HoNOS using t-tests and linear regression. Scores were compared to the general Australian population.	They have confusingly placed all asylum seekers into the category of "detainee". It is unclear how the data were gathered. Confounding variables are not accounted for. The authors note that this is cross-sectional data as they were not given access to longitudinal data and that self-report can lead to a 10% increase in PTSD compared to diagnostic interview. There may be interrater differences. They note that useful demographic information was excluded.	equal and substantial contributions to psychiatric diagnoses and disability. Those with no family in Australia had higher risk of depression and PTSD.
			About half had PTSD symptoms. A third had scores higher than that required to access mental health services that would require tertiary assessment. Females were more vulnerable to time in detention.

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Note. Abbreviations and references: CIDI – Clinical Inventory and Diagnostic Inventory; DEC – Detention Experiences Checklist (Steel et al., 2004); Detention Symptom Checklist (Steel et al., 2006); DSM-IV - Diagnostic and Statistical Manual; GHQ-30 – General Health Questionnaire (Goldberg & Williams, 1988); HoNOS – Health of the Nation Outcome Scale (Wing et al., 1998); HSCL-25 – Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974); HTQ – Harvard Trauma Questionnaire (Mollica et al., 1992); Kessler-10 (Kessler et al., 2002); Penn State Worry Questionnaires (Meyer, Miller, Metzger, & Borkovec, 1990); Post-Migration Living Difficulties Checklist (Steel et al., 2006); PTSD – post-traumatic stress disorder; POMS - Profile of Mood States (Boyle, 1987); QOLI – Quality of Life Inventory (Frisch, 1994); SCL-90 (Derogatis, 1972); SCL-90R (Derogatis, 1977); SF-12 – Short-Form Health Survey (Ware, Korinski, & Keller, 1996); Structured clinical interview for DSM-IV axis I disorders (First, Spitzer, Gibbon, & Williams, 1995); Suicidal Ideation Scale (Klayish,

1992); Truncated Firestone Assessment of Self Destructive Thoughts (Firestone & Firestone, 1996); WHOQOL-BREF (WHOQOL Group, 1998).

**Aims and methods.** Most studies clearly stated their aims and the methods appeared correspondingly appropriate. Commonly used statistical methods included correlational and regression analyses, and analyses of variance. Some studies had relatively small sample sizes for between-group comparisons; power calculations were not provided (e.g. Ichikawa et al., 2006; Jakobsen, Thoresen, & Johansen, 2011). In two studies, methods were not clearly described (Coffey, Kaplan, Sampson, & Tucci, 2010; Sobhanian et al., 2006). Statistical reporting varied in quality.

**Sampling and controls.** Study populations were usually clearly defined, as illustrated in Table 1. Sample sizes varied widely, ranging from 16 adults in a descriptive measurement study (Mares & Jureidini, 2004) to a cohort sample of 170,323 asylum seekers (Hallas et al., 2007). Studies with multiple independent variables appeared to have sufficient samples.

Most studies used convenience sampling, which is appropriate for non-experimental research. Cross-sectional and cohort samples were also used (e.g., Goosen et al., 2011; Hallas et al., 2007), often using databases. Some research compared detainees to the general national population, which is a non-specific comparison group (e.g., Young & Gordon, 2016). Some studies used well-matched comparison groups such as foreign national prisoners or asylum seekers in the community (e.g. Ichikawa, Nakahara, & Wakai, 2006; Robjant, Robbins, & Senior, 2009).

A commonly discussed aspect of sampling and recruitment was the potential for selection bias, although the potential for bias could be multidirectional. Detainees who self-select may have processed their ordeal more thoroughly, or had a specific perspective that they wish to share, or had a better or worse experience (e.g. Steel et al., 2004). Conversely, those who declined to participate may have been more traumatised or distrustful of “authority”, or simply preferred to put their experiences behind them (e.g. Puthooppambal, Bjerneld, & Kallestal, 2015). It is likely that selection bias balanced itself out in this way.

Some studies had no access to interpreters (Robjant, Robbins, & Senior, 2009) or accessed participants via a specific route, such as pro-bono legal aid (e.g. Keller et al., 2003): those who did not speak English, those who were withdrawn, or those who could not access resources were at risk of exclusion. An ethical consideration for many researchers was ensuring that participants understood that participation in the research would not directly affect their asylum case in any way.

Based on studies where female participants could be quantified, approximately 20% of detainees or ex-detainees were female. Two studies had zero female participants and one study had more female than male participants.

**Measurement, biases, and confounds.** Studies used a mix of validated measures, which was useful for interstudy comparison. However, Jakobsen et al (2011) found varied specificity and sensitivity when two tools were used with different groups in detention, which may indicate difficulties with applying medical diagnostic tools to various cultures' conceptualisations of mental health. Many scales were translated and back-translated for the target population (e.g. Steel et al., 2006), or administered via an interpreter (e.g. Puthoopparambil et al., 2015), which represented reasonable efforts at gathering data from non-English speakers or those with literacy difficulties. Measures were administered by researchers, health professionals, and even legal professionals (Cleveland & Roussau, 2013; Keller et al., 2003).

Well-chosen comparison groups enabled authors to draw firmer conclusions from their research: for example, Cleveland and Roussau included a comparison group, which strengthened their observation that their groups were homogenous for pre-migration trauma, yet had significantly different prevalence rates for mental health problems. Most studies adequately accounted for confounding variables, although there were certain articles where



key confounding factors were missed (e.g. Sobhanian, Boyle, Bahr, & Fallo, 2006), or where one factor could not be disentangled from another (Steel et al., 2011).

**Summary of review of methods.** Most methods and designs used in these studies were not as stringent as those of experimental research studies. Small sample sizes in some studies meant that only descriptive statistics could be used. There was a risk of researcher bias in the study design and measurements. Generally, the use of validated measures, adequate sample sizes, consideration of confounding variables, and relevant statistical analyses gave credence and value to the results. Smaller studies have been complemented by larger retrospective cohort studies that are less open to researcher bias.

**Findings from quantitative literature.**

**Prevalence of mental health issues.** There is a high prevalence of mental health disorders and symptoms in detainees. Commonly diagnosed or documented disorders in the literature are depression, anxiety, PTSD, and psychosis, reflecting the tools and paradigm through which mental health was assessed. Some studies compared prevalence rates prior to and in detention. For example, Mares and Jureidini (2004) found 14 of 16 parents had a diagnosed psychiatric illness, including depression (n = 14, or 87%), PTSD (n = 9, or 56%), psychosis (n = 5, or 31%), or self-harm (n = 5, or 31%), despite only two participants having a pre-migration history of mental illness. It was unclear how mental health was assessed or described in their countries of origin, or how the researchers assessed historic mental health. Similarly, Steel et al. (2004) found an increase in prevalence rate of PTSD from 50% (n = 7) prior to detention, to 85% (n = 12) at assessment. Furthermore, 100% (n = 14) met the criteria for depression and all reported intrusions from detention, and 93% (n = 13) reported suicidal ideation. These are small sample sizes where the authors utilised diagnostic interviews. Jakobsen et al. (2011) found that 30% of their sample of 64 detainees were diagnosable with

somatoform disorder, drawing attention to the fact that most studies do not record “somatoform disorders”, potentially relevant cross-cultural expressions of distress.

Ichikawa et al. (2006) found detention was associated with higher rates of anxiety and PTSD, even when other variables were controlled for. By contrast, Droždek and Bolwerk (2010) found no differences between those in reception centres and those in their own accommodation on initial psychopathology scores and treatment outcomes, but they did not account for ever being detained. Graf et al. (2013) found alcohol and substance dependency rates in detention were similar to prison; but there was increased prevalence of serious mental health disorders, with rates of 26% for depression and psychosis, 14% for phobias, and 23% for PTSD. Only 24% did not have a mental health diagnosis.

Robjant, Robbins and Senior (2009) found detained UK asylum seekers had significantly higher levels of trauma compared to asylum seekers in the community and to prisoners. Their analysis showed an interaction effect between interpersonal trauma and duration of detention, which was associated with more depression and anxiety: there was no main effect of detention.

**Detention-specific experiences.** Detainees reported very serious stress about detention. In an Australian study, 95% of detainees with Temporary Protection Visas (TPVs) reported fears about repatriation and language difficulties in detention; 90% reported exposure to brutality and suicidal acts in detention (Momartin et al., 2004). Stressors reported by detainees included the asylum-seeking process, issues with confidentiality and interviews, handcuffing, and racism, and all adult detainees reported having traumatic experiences in detention (Steel et al., 2004).

**Time spent in detention.** Length of time in detention was associated with increased mental health problems (Green & Eagar, 2009; Hallas et al., 2007; Keller et al., 2003; Steel et al., 2006), increased suicidal thoughts (Sobhanian et al., 2006), higher stress scores, and more

severe ratings for negative detention experiences (Steel et al., 2006). Average distress scores increased per week in detention (Young & Gordon, 2016). The impact of time in detention effect was independent of having a Temporary Protection Visa (Steel et al., 2006). In a later study, Steel and colleagues found similar results, although their study design meant that detention was confounded with visa status, as temporary visa-holders had spent, on average, longer in detention than Permanent Protection Visa-holders (Steel et al., 2011). By contrast, Puthooppambal and colleagues found no association between time in detention and the psychological domain score on a quality of life measure—an arguably crude measure of mental health—although there was a negative correlation between duration of detention and overall quality of life (Puthooppambal et al., 2015).

**Gender differences.** Goosen et al. found that male detainees had a higher suicide mortality rate compared to female detainees (risk ratio = 7.3, 95% confidence interval = 2.2-23.7) and that suicidal behaviour was more common in female detainees than males (risk ratio = 1.58, 95% confidence interval = 1.25-1.99). Female detainees were more likely to be treated for suicidal behaviour in hospital than the general Dutch population. However, only cases resulting in hospitalisation were recorded. Young and Gordon (2016), in a cross-sectional cohort study, found females were more “vulnerable” to the amount of time in detention, as measured by the Kessler-10 (Kessler et al., 2002) and Health of the National Outcome Scale (Pirkis et al., 2005). It is unclear if this is due to gender-based reporting differences or differences in coping with detention. Sobhanian et al. (2006) found no significant differences between males and females in their study.

**Differences between centres.** There were country-dependent differences in detention systems. In Switzerland, detention centres were immigrant-specific prisons, detaining 300 to 400 foreign nationals at once (Graf et al., 2013). The USA had a similar system, with an estimated detained population of over 5,000, in government-run and privately run-facilities

(Keller et al., 2003). The USA detainees were dressed in prison clothing, incarcerated in windowless buildings, and shackled when transported outside of detention facilities. Sweden reportedly had 225 detention spaces, with the majority of asylum seekers managed using alternative methods, such as tagging (Puthooppambil et al., 2015). This heterogeneity in detention environments may account in part for variation in findings.

**Believability.** Many researchers appeared to conduct research with a sense of social justice, meaning there is a risk of researcher bias at many levels in design, measurement, and analysis. However, findings are strong enough and repeated enough to generally support hypotheses such as: detention is associated with poor mental health, and this effect increases over time; pre-migration trauma and experiences during detention are linked to the impact of detention; the effects of detention are enduring; and detainees may have had more difficult experiences prior to detention (which is perhaps logical considering migration journeys alluded to in some research). Outcomes are strengthened by the fact that research, across the world, a variety of methodologies and sample sizes have produced broadly similar outcomes, thus reducing the possibility of chance outcomes.

### **Qualitative Literature**

Limited qualitative research has been published in this area. This paper reviews four research articles spanning 1997 to 2014. Qualitative literature was more heterogeneous in focus. The most extensive paper in this section was published over 20 years ago and is not available online (Pourgourides, Shashidharan, & Bracken 1996). A summary of it appeared on Medline (Pourgourides, 1997). Fortunately, I acquired the paper via another author.

**Aims, methodology, and design.** One paper used grounded theory and provided a description of qualitative methodology generally (Pourgourides et al., 1996); one used qualitative comparative analysis, with an unclear methodology and no explanation regarding choice of method (Koehn, 2006); one used thematic analysis (Dupont, Kaplan, Verbraeck,

Braam, & van de Wijngaart 2005); one employed an unspecified methodology, revealed to be thematic analysis in the analysis section, which was appropriate to the aim (Coffey et al., 2010). Koehn's (2006) research was about general healthcare, with mental health as a subsection. Dupont et al.'s research was about substance use (Dupont, Kaplan, Verbraeck, Braam, & van de Wijngaart, 2005). Generally, qualitative researchers did not describe their epistemological position, methodology, study protocol, interview process, or planned analysis in detail, which weakens the methodological standing of the research.

**Recruitment, data collection, and analysis.** The Dutch study focused on pre-migration drug and alcohol culture and reasons for substance use in detention (Dupont et al., 2005). It was unclear if interviewees were substance users themselves. Otherwise, the interview process was described in detail. Sampling in other papers was appropriate to the research aims.

Interviews for Koehn's paper were conducted by various individuals, including the interpreters, but the impact of this was not considered. All studies used structured or semi-structured interviews.

In all papers, it was difficult to understand the analyses or how the researchers achieved their, often interesting, results. For example, Dupont et al.'s (2005) thematic analysis technique is opaque. Themes were unclearly presented and there was no table of themes. However, there was good use of interview quotes throughout.

**Reflexivity and ethical issues.** Reflexivity was not discussed in a methodological sense, although Dupont et al. (2005) discussed developing trust with interviewees. Pourgourides and colleagues described their background and motivation for their research, although this was not explicitly considered in relation to the effect on research. All studies, except Coffey et al. (2010) referred to basic ethical issues such as confidentiality.

**Findings.** Pourgourides et al. (1996) described detainees' experiences richly, highlighting uncertainty about the present situation and the future; having no choice except for detention, deportation, or destitution, which increased stress and led to helplessness; having no control over daily existence and lack of self-efficacy, leading to powerlessness and forced dependency; being isolated and marginalised; wasting time, bored and futureless; experiencing the process and detention as punitive and unjust; being recognised only as part of an imposed group and being denied access to markers of identity, amongst other findings. The authors emphasised the resilience of asylum seekers and how this can be cultivated through access to support of family, community groups, and engagement in meaningful activities where people can make use of skills. They noted that mental health symptoms can signify manifestations of suffering in response to hopelessness and helplessness, and that professionals should be cautious of attempts to "treat" injustice.

Coffey et al.'s (2010) reported similar themes such as: confinement and deprivation; injustice and inhumanity; isolation and fractured relationships; hopelessness and demoralisation. They commented on "changes to self", linked to separation from family and changes to family (e.g. death), and relationship difficulties, although some detainees had remained in touch with supporters they met in detention. Detention was experienced as punitive, humiliating, and criminalising.

Dupont and colleagues described a key issue of drug use as "killing time", related to killing traumatic memories and killing ennui during lengthy asylum procedures, whilst unoccupied (Dupont et al., 2005). They concluded that post-migration cultural factors were more significant than violent event-related PTSD in accounting for usage patterns, which was somewhat divergent from the paper's findings.

Koehn (2006) examined the usage of and satisfaction with health services, comparing detainees to other migrants. Detainees were more likely to attend for mental health and less likely to be satisfied with care received.

Common to these papers is the association between mental health and a marginalised life, without secure employment, residency, or certainty. Issues manifest as mental health symptoms, dissatisfaction with care, or substance use, and eroded hope and powerlessness. As a counterpoint, Pourgourides et al. (1996) emphasised the resourcefulness of refugees, who have been placed in a situation that drains them of motivation and energy.

**Overall quality of the research.** The quantitative research, although not of experimental quality, is more developed and has documented an association between immigration detention and psychiatric diagnoses, as well as increased diagnoses and self-harm corresponding to increased time in detention, using a mix of descriptive, comparison, and large cohort studies. The qualitative research has been varied in focus and approach, and lacks methodological rigour, which may impact the legitimacy of the research. Studies have highlighted ideas about powerlessness, isolation, injustice, and hopelessness. Qualitative literature has been limited and would benefit from gaining a better understanding of the underlying mechanism and experiences that lead to mental health outcomes.

### **Recommendations arising from the Review of Research**

I have grouped recommendations from the research into categories, which are listed as follows: detention generally; administrative recommendations; mental health; occupational; professionals; and research.

#### **1. Detention generally.**

- Reconsider the policy of detention (Ichikawa et al., 2006; Keller et al., 2003; Pourgourides et al., 1996; Robjant, Robbins, & Senior, 2009; Steel et al., 2004; Steel

et al., 2011) in favour of alternative solutions (Pourgourides et al., 1996; Puthoopparambil et al., 2015; Robjant et al., 2009; Sobhanian et al., 2006).

## **2. Administrative recommendations.**

- Incorporate safeguards to minimise harm; introduce a time limit (Hallas et al., 2007; Pourgourides et al., 1996).
- Consider the ethical implications of detaining those with high trauma (Robjant, Robbins, & Senior, 2009).
- Minimise the time for processing asylum seeker applications (Koehn, 2006).
- Consider the impact of insecure residential status on mental health (Koehn, 2006; Steel, et al., 2006).
- Consider the enduring harm from detention (Coffey et al., 2010);

## **3. Mental health care recommendations.**

- Avoid solitary confinement for people who are suicidal (Pourgourides et al., 1996).
- Improve awareness of medical and security staff with regards to mental health (Goosen et al., 2011; Graf et al., 2013; Koehn, 2006).
- Provide mental health interventions (Droždek & Bolwerk, 2010; Keller et al., 2003) and improve access to healthcare (Hallas et al., 2007; Koehn, 2006).
- Consider the impact of the environment on mental health (Mares & Jureidini, 2003).

## **4. Occupational recommendations.**

- Provide information to detainees.
- Meet the religious needs of detainees.
- Allow freedom of movement within centres.
- Have clear complaints procedures (Pourgourides et al., 1996).
- Create the option to participate in meaningful activities.



- Pay attention to the relationship between refugees' values and those of the host country (Dupont et al., 2005).

#### **5. Professional and research recommendations.**

- Consider the professional responsibilities of healthcare workers in these contexts (Mares & Jureidini, 2003).
- Use and investigate alternative methods of assessment for cultural aspects of symptom burden and reporting (Jakobsen et al., 2011).
- Continue documenting the effects of detention (Steel et al., 2004; Momartin et al., 2006) and further evaluate the impact of detention specifically (Green & Eager, 2009; Robjant, Robbins, & Senior, 2009).
- Compare international detention policies and their impact on mental health (Goosen et al., 2011).
- Request data from governments regarding detention for research purposes (Young & Gordon, 2016).

**Linking research to practice.** Research shows high mental health need, which increases with duration of detention, pre-migratory trauma, and negative experiences in immigration detention. Bearing in mind the areas of recommendation numbered 2 to 4, I wanted to determine if these recommendations were being implemented in IRCs.

Recommendation 1 is not considered, as there are no current plans to cease using IRCs.

Number 5 is considered in the "implications" section of the discussion.

#### **IRC Inspection Reports**

Inspection reports by HM Chief Inspector of Prisons (HMCIP) provide operational information about IRCs from an unbiased source (HMCIP, 2015, 2016a, 2016b, 2017a, 2017b). The reports range from 2015 to 2017 and represented the five most recent reports of 11 IRCs at the time of the review, which represents nearly half of of IRCs. After a description

of the reports' methodology, I will consider the research recommendations in relation to findings and recommendations from the inspection reports.

**Assessment of IRCs.** The reports were composed by an inspection team that assesses the standards of prisons, IRCs, and other institutions. Although inspections were unannounced, they are conducted approximately every three years. Establishments are assessed against a model of a healthy establishment on four areas: safety, respect, activities, and preparation for removal and release. Against each criterion, establishments receive one of four possible outcomes: “outcomes for detainees are good/reasonably good/not sufficiently good/poor against this healthy establishment test.” With reference to the research recommendations, inspection reports cover many areas relevant to the application of the research literature:

- Safety incorporates elements such as overall security, suicidality and self-harm, safeguarding, substance use, length of detention, and more.
- Respect considers space and environment, faith provision, complaints procedures, and access to healthcare.
- Activities includes access to and standard of occupational activities and facilities, including paid work.
- Preparation for removal includes welfare, communication with family and friends, and more.

**Inspection methodology.** Inspectors gather information using observation, detainee surveys, discussions with detainees, staff, and relevant third parties, and documentation. Reports use qualitative and quantitative methodologies and triangulation to enhance validity.

**Inspection outcomes.** Of 325 recommendations to these IRCs during the previous inspection, 30% (98) were achieved over three years; 43% (141) were not achieved. This perhaps indicates a) rate of change in IRCs and b) (un)willingness of the Home Office and

the IRCs to respond to recommendations. Seven of 20 outcomes were rated “not sufficiently good”. The reports vary in their feedback and outcomes. Table 2 summarises the main outcomes against the healthy establishment tests and the quantity of recommendations achieved (or not) since the previous inspection.

Table 2

Summary HMCIP *Inspection Reports' Outcomes* and Recommendations for five IRCs

IRC inspected	Report date	Safety	Respect	Activities	Preparation for removal and release	Total recommendations from previous inspection	Recommendations achieved	Partially achieved	Not achieved
Morton Hall	21st March 2017	Not sufficiently good.	Reasonably good.	Good.	Good.	48	16	14	18
Brook House	1st March 2017	Reasonably good.	Reasonably good.	Reasonably good.	Reasonably good.	74	28	19	27
Colnbrook	28th July 2016	Reasonably good.	Not sufficiently good.	Reasonably good.	Good.	53	19	13	20
Heathrow/Harmondsworth	1st March 2016	Not sufficiently good.	Not sufficiently good.	Not sufficiently good.	Good.	94	25	26	43
Yarl's Wood	12th August 2015	Not sufficiently good.	Not sufficiently good.	Reasonably good.	Reasonably good.	56	10	13	33
Total						325 (100%)	98 (30.15%)	85 (26.15%)	141 (43.38%)

**Application of research recommendations.** I will describe some findings from the inspection reports in relation to the research recommendations numbered 2 to 4, using the same headings.

**Administrative recommendations.**

**Time limit and considering effect of detention.** The reports document a significant number of individuals detained for long periods, linked to delays in immigration decision-making. There was an increase in the average length of detention in Brook House to over three months, and every centre had people who had been detained for longer (e.g. HMCIP, 2017a). In Morton Hall, 31 detainees had been detained for over a year, three of whom were detained for over two years (HMCIP, 2017b), showing that lengthy detention is still a prominent issue despite recommendations.

**Processing of applications.** Echoing the research literature, inspection reports recommended, to the Home Office, that “all casework should be progressed promptly” and “reasons for lengthy detention should be analysed and appropriate remedial action taken” (e.g. HMCIP, 2017b, p.49), and that detention should have a strict time limit (HMCIP, 2016b).

**Detaining those with trauma.** Rule 35 reports, which document when conditions of detention may be harmful to vulnerable individuals, were inconsistently used and of varying standards, with 18% to 30% of reports leading to release from detention. Inspectors recommended improved application of Rule 35 reports, which should lead to release from detention when a doctor declares a detainee unfit for detention. In Colnbrook, inspectors recommended that those with severe mental illness should not be detained (HMCIP, 2016a), implying that detention of such individuals was still occurring. Inspectors recommended that detainees should be transferred to external mental health services within Department of Health guidelines, as this was not always achieved in time.

**Insecure residential status and mental health.** This is not really considered in the reports, although there is a recommendation for staff training to be aware of the backgrounds and “specific circumstances” of detainees. Residential status is beyond the control of the IRCs and responsibility lies with the Home Office in this regard.

**Mental health care recommendations.**

**Solitary confinement for suicide.** Approximately half of detainees overall reported feeling depressed or suicidal upon arrival to IRCs, with some intercentre variation. Inspectors found that some care suites, where detainees at risk of suicide were temporarily placed, were unfit for purpose and unhygienic. In Colnbrook, there was an increased use of separation, which was skewed by detainees with significant mental health issues, who should not have been detained (HMCIP, 2016a). Separation was used inappropriately in Yarl’s Wood (HMCIP, 2015) and Harmondsworth (HMCIP, 2016b), in contravention of guidelines. The use of separation had decreased in other IRCs. This means that “solitary confinement”, albeit in a different format, is still used for people who are suicidal in detention and is not meeting minimum standards. There had been changes to rates of self-harm since the last inspection, with a decrease in Brook House (HMCIP, 2017a) and appropriate self-harm care in Harmondsworth. However, self-harm was high in Yarl’s Wood and had seen a threefold increase in Morton Hall, which the inspectors recommended should be investigated (HMCIP, 2017b).

**Mental health interventions and access to care.** Given the knowledge of prevalence rates of mental health problems in detention, it could be considered neglectful to fail to provide appropriate services. Shortages of mental health staff were noted alongside inadequate mental health care, despite initial mental health screening upon arrival, in Colnbrook (HMCIP, 2016a). Brook House (HMCIP, 2017a), Colnbrook (HMCIP, 2016a), and Harmondsworth (HMCIP, 2016b) all had some in-house mental health service provision.

Harmondsworth had access to a trauma specialist for therapy (for survivors of torture or trauma) and good identification of psychiatric needs, but inspectors advised, “talking therapies and therapeutic activities should be provided” (HMCIP, 2016b, p. 59). Inspectors noted that most people availing of mental health care in Harmondsworth had reactive anxiety or depression consequent to being detained, in line with research literature. Brook House had The Samaritans visit fortnightly, which debatably constitutes a mental health service. Some centres had weekly input from psychology and/or psychiatry. Overall, mental health care is still insufficient for a population with known high mental health needs: this recommendation is yet to be fulfilled.

**Staff awareness of mental health.** Mental health awareness training was recommended, implying insufficient awareness of mental health (HMCIP, 2015, 2016b). Half of Brook House staff had this training and in other centres this was generally lacking. Yarl’s Wood was noted to have a “corrosive culture of disbelief” in healthcare, alongside deterioration in overall healthcare and a lack of support for emotional and mental health needs (HMCIP, 2015, p. 19).

**Impact of environment.** Environmentally, words such as stark, grim, stuffy, prison-like, impersonal, and unclean typified the inspectors’ descriptions. Some reports provided photographic illustration of this (e.g. HMCIP, 2017b, p. 63-65). Yarl’s Wood was the only centre where the accommodation and cleanliness were described as good (HMCIP, 2015). Harmondsworth was overcrowding its accommodation, placing three to four beds in two-bed rooms (HMCIP, 2016b). Inspectors recommended that “action should be taken to soften the prison-like living conditions” (e.g. HMCIP, 2017a, p. 49) and to improve the state of most IRCs. Overall, the environment was not conducive to good mental health.

**Occupational recommendations.**

**Information for detainees.** Many detainees, particularly from Morton Hall and Brook House (HMCIP, 2017a, 2017b), said that they had not received information in a way they understood while being detained or prior to arriving at the IRC. Once detainees arrived, Morton Hall was the only IRC with adequate induction. Other centres failed to use interpreters, or did not provide information for new detainees, or inconsistently conducted inductions. Some centres blocked access to websites such as Bail for Immigration Detainees. It was standard for Skype and social networking sites to be blocked. Many detainees had difficulty accessing bail information. Legal advice was reasonable in some centres but was insufficient in Yarl's Wood and delayed in Harmondsworth (HMCIP, 2015, 2016b). Overall, provision of information required improvement in many areas.

**Religious need.** Faith provision, chaplaincy, and worship rooms were well regarded by inspectors and detainees, thus fulfilling a research recommendation.

**Values: refugees and host country.** Values and acculturation were not considered in detail, although it was recommended to some centres that staff should receive training about the backgrounds, experiences, and specific circumstances of detainees.

**Freedom of movement.** Restricted movement and locking detainees in their rooms overnight were reported at all centres, which inspectors commented was not always necessary (e.g. HMCIP, 2016b). This recommendation had not been met.

**Complaints procedure.** Complaints procedures were clear and responded to in most centres; however, Harmondsworth, had experienced a decrease in complaints, and staff reportedly threatened to move detainees to another unit if they complained (HMCIP, 2016a). There was a confusing healthcare complaint system in Colnbrook (HMCIP, 2016a). Complaints in Yarl's Wood had doubled (HMCIP, 2015). This shows that there are improvements to be made to meet this recommendation. Furthermore, if complaints remain within the Home Office or IRCs, this may feel unsafe for detainees.



**Meaningful activities.** Most centres offered a reasonable range of activities and courses, although Harmondsworth was criticised for its lack of activities (HMCIP, 2016b). Paid work, for £1 per hour in line with the Home Office contract, was offered in most centres, although availability of roles was lacking in some centres, according to the inspectors. It is debateable how personally meaningful these activities are to detainees. The nature of IRCs means choices are inevitably limited and detainees cannot truly participate in activities of their choice until they obtain leave to remain in the country.

**Summary.** There is substantial work to be completed to fulfil the research recommendations, which is unsurprising considering the corresponding, unacceptably low, completion rate of inspection report recommendations.

### **Discussion**

There have been varied studies, of mixed quality, describing the effects of detention. Despite methodological issues and differing aims, over twenty years' worth of qualitative and quantitative literature shows that immigration detention is associated with increased mental health symptoms and psychiatric diagnoses, with further increases corresponding to the duration of detention. Detention has a lasting impact. Its effect is independent of previous trauma history and residency status. Detainees may have endured multiple traumatic experiences, torture in some cases, prior to reaching their place of attempted asylum. It is unusual for the research findings to be so unanimous. Despite mounting evidence, there has been minimal impact on immigration detention in the UK and elsewhere. Inspections evidence some changes, but generally a slow uptake of research and inspection recommendations.

Whilst immigration detention continues, improved understanding of why and how detention impacts individuals is imperative to better inform services and governments. It

could confirm that immigration detention constitutes misuse of resources that is knowingly harmful to individuals, which may subsequently lead to political or operational change.

### **Limitations**

Quantitative literature has tended to use standardised questionnaires to obtain information about diagnoses and symptoms. Bracken, Giller, and Summerfield (1997) cautioned against the medical model's assumptions about refugees' psychiatric status and experiences, which may position refugees in an illness role requiring expert intervention. This may embed the notion of detainees and refugees as "different" or "other" and may make professionals feel ineffective due to lack of "expertise". Imposing an individualistic, failure-of-coping trauma framework may loosen connections to cultures of origin and undervalue refugees' capacity for survival (Bracken et al., 1997). Conversely, diagnoses and symptoms provide politically understandable messages that can be usefully expounded.

There was little consideration of resilience, which may relate to the reality of the detention experience, or to how mental health is conceptualised and how research is designed. Resilience and post-traumatic growth are relevant to this population and further research in relation to the detainees would be useful (e.g. Papadopoulos, 2007). Resilience was not incorporated as a search term in this paper. However, it perhaps belies the positivist position of many researchers that they find what they are looking for, i.e. mental health diagnoses and symptoms, to the exclusion of symptoms of resilience, survival, and meaning-making. It has been commented on elsewhere that psychiatric literature fails to consider the importance of social agency and empowerment in mental health (Summerfield, 2001).

Other resources, including legal, anthropological, and sociological literature, and many useful reports by charitable organisations, were not included in this review.

Additionally, this review does not constitute a complete review of the literature.

### **Research Implications**

As discussed, most quantitative research has focused on documenting the prevalence of mental disorders and symptoms, using standardised measures, which facilitates comparison with other populations and studies. This perhaps reflects the need to make research conventionally acceptable for its intended audiences, who may be unaware of or unreceptive to alternative idioms of mental health. There is little high quality qualitative research focusing on the experiences of asylum seekers in detention centres. In the UK, the last study of this type was published two decades ago and is relatively inaccessible (Pourgourides et al., 1996).

There has been some exploration of factors mediating the relationship between mental health and detention, as suggested by Robjant, Hassan, and Katona (2009). However, little has been written about under-lying mechanisms of psychological harm in detention and about psychological resilience in detainees. The growth in immigration detention use and legal and political changes over the past twenty years in the UK may have impacted detention centres and detainees themselves. It would be prudent to understand how asylum seekers in the UK experience detention and how the psychosocial processes involved consequently affect mental health and well-being. Mental health is multifaceted and not dichotomous: it would therefore be useful to consider coping and resilience of detainees. Female detainees should be included in future studies, as they are under-represented or excluded, as noted in Shaw (2016). Future research should focus on dissemination and applicability of findings, as impact beyond academia is essential in this field.

### **Practice Implications**

Research has highlighted complex ethical issues regarding professional duties in detention centres. A central consideration is the competing interests of the stakeholders, including, but not limited to: healthcare professionals and their employing organisation, and

their duty of care to those in their charge; immigration detention centres and their employees, who have a duty of care to detainees but are contractually obliged to fulfil the aims of the business; the Home Office and its employees, which is allegiant to the government and to the British population. Dudley (2016) reflected on the conflict of interest of healthcare professionals, privately employed by detention centres to provide care to detainees, noting they are inevitably loyal to their employers. In the UK, immigration detention healthcare has been contracted to NHS England. Dudley recommended that healthcare should be provided by public services, to promote clinical independence and quality, and to reduce injury and death (Dudley, 2016). However, this does not resolve the issue of healthcare provision in detention centres. If we know that detention is damaging, according to our accepted measures of mental health, we must ask the question: is ethical healthcare provision possible in detention? In detention, how can and should professionals respond to witnessing inadequate environments and inadequate healthcare? As researchers and professionals, how do we respond to practice that we know has a damaging and lasting effect upon a vulnerable population? For NHS employees, can the core NHS values of respect and dignity, commitment to quality of care, compassion, improving lives, and everyone counts be upheld in detention (Department of Health, 2015/2012)? Can therapies bolster individuals who are detained, and is it ethical for the professions to use their skills to this end? These points constitute important ethical considerations for professional discussion and response.

Besides therapeutic work, there are other ways in which professionals could apply their skills, as demonstrated by many professionals in this field. This includes using skills, research, and knowledge to influence practice and policy, continuing to inform the public and relevant organisations about research findings, providing advice and training on good practice and mental health care, and so forth. These activities seem to be essential to adhering to the values of the NHS.

**Conclusion**

Research has documented that immigration detention is associated with a higher prevalence of mental health diagnoses and symptoms and is used with a group of people who have a high level of pre-migration trauma. There is limited recent qualitative research examining the underlying mechanisms of these outcomes. Additionally, there has been limited research that has focused on female detainees. Immigration detention is an on-going issue that must remain under the scrutiny of the mental health professions. Research findings should be disseminated and publicised in an accessible and useful way.

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THE IMPACT OF IMMIGRATION DETENTION ON THE MENTAL HEALTH OF  
ADULTS

Section B: "I Went to Hell and Back": Investigating how Psychosocial Processes of  
Immigration Detention Affect Ex-detainees' Mental Health

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SALOMONS

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Participants' details have been obscured to protect anonymity.

Quotes are verbatim.



### **Abstract**

**Introduction:** Immigration detention leads to poor mental health outcomes. Little qualitative research has been conducted focusing on immigrants' experiences of detention centres or the mechanisms of the particular psychosocial processes involved in harm and resilience, particularly for women in the UK.

**Method:** A social constructivist grounded theory methodology was used. Ten adults (seven females), previously detained in UK immigration detention, were interviewed. Transcribed interview data were analysed to develop categories.

**Results:** An initial model of the psychosocial processes of immigration detention was developed, which included the means by which individuals' adaptation, resistance, and survival is navigated. Life as a liminal refugee and imposed criminality through institutionalisation and an unjust system was described. Detainees were not believed and felt uncared for. Detainees internalised persecution, injustice, and threat. They responded with physical and emotional distress. Detainees also responded with agency and defiance. They supported each other and made use of advocates. Recovery after release from detention involved processing and re-establishing oneself, despite on-going challenges.

**Discussion:** Immigration detention has enduring effects that reflect internalisation of institutional processes. Disempowerment and resilience are discussed. Treatment may be similar to that used for complex therapy. Professionals should consider ethics and actions in relation to immigration detention.

**Keywords:** immigration detention, adult mental health, resilience, grounded theory.

“I Went to Hell and Back”: Investigating how Psychosocial Processes of Immigration Detention Affect Ex-detainees’ Mental Health

I have opted to write in first person using the active voice throughout, which is preferable according to the American Psychological Association’s (2009) style manual, in order to avoid ambiguity where appropriate (McAdoo, 2009). Furthermore, this piece of work reflects my own understandings and interpretations.

### **Detention in the UK**

The UK’s “policies of deterrence” (Silove, Steel, & Watters, 2000) include immigration removal centres (IRCs) to control the number of immigration. The Migration Observatory (2016) described immigration detention as “the government practice of detaining asylum seekers and other migrants for administrative purposes, typically to establish their identities, or to facilitate their immigration claims resolution and/or their removals”. The UK has 11 IRCs, seven of which are operated by private companies, holding up to 3,500 immigrants (Silverman & Hajela, 2015). In the year ending September 2016, 29,762 individuals entered detention and 30,195 people left detention, of which approximately 46% were deported and 43% granted temporary release or admission (National Statistics, 2016).

The UK has resisted applying a time limit to detention. The majority of detainees are removed from detention within 28 days, but a significant proportion is detained for longer (The Migration Observatory, 2016). There are no published figures for detainees who are currently detained. Published figures represent those who have already been removed or released.

**IRCs: Prison-like**

Most UK IRC buildings are former prisons or use a prison-based design, despite detention being “an administrative process rather than a criminal procedure” (The Migration Observatory, 2016). Detainees are often arrested and may be handcuffed when escorted in the community. Detainees cannot use phones with cameras, recording capability, or Internet access (Detention Policy Team, Immigration and Border Policy Directorate, 2014, December). Detainees have “regulated” access to the Internet, but may not access social networking sites (Hardy, 2016, May). Most IRCs lock detainees in their rooms overnight. Access to outdoor space, healthcare, and community services may be limited. Detention, like prison is a “total institution” (Goffman, 1961), where all activities are conducted in the same place, with the same authority, alongside a large group of others, who were treated alike and adhere to the same schedule. Goffman noted the ultimate purpose of this design was to fulfil the institution’s aims. This set-up enabled a small number of people (“staff”) to supervise a large group (“inmates”) in the institution, who may experience mutual hostility.

There is a well-established literature about the effect of prisons on people, stemming from the seminal Stanford Prison Experiment (Haney, Banks, & Zimbardo, 1973). When randomly assigned more or less powerful roles—prisoner or guard—out-grouping and dehumanisation of the disempowered group occurred, despite prior equal status. Five “prisoners” were released early after displaying depression, rage, and anxiety. More recently, a meta-analysis of 33,588 prisoners’ mental health worldwide found prevalence rates of 3.7% and 11.4% for psychosis and depression respectively (Fazel & Seewald, 2011). Another study found that 31.4% ( $n = 27$ ) of female inmates met the criteria for PTSD; 15.9% (14) met the criteria for generalised anxiety disorder, and 18.2% (16) met the criteria for a specific phobia (Derkzen, Booth, Taylor, & McConnell, 2013). Mental health problems were estimated to be two to three times higher in correctional institutions compared to the general population

(Gabora, 2009), to the extent that screening upon admission to prison has been recommended (Ogloff, 2002).

Jail inmates, compared to prison inmates, have significantly higher rates of depression, heavy drinking, and illicit drug use (Yi, Turney, & Wildeman, 2016), linked to a higher turnover of inmates and more inmates awaiting trial, leading to instability and unpredictability. An English study examined factors affecting the mental health of prisoners, such as: isolation, lack of mental stimulation, drug misuse, lack of family contact, negative relationships between prisoners and staff, and bullying (Nurse, Woodcock, & Ormsby, 2003). A Norwegian study found welfare deficiencies and self-efficacy significantly predicted inmates' symptoms on the Hopkins Symptoms Checklist (HSCL-25; Friestad & Hansen, 2006). Welfare problems, including lower formal education, unemployment, and living in run-down neighbourhoods, reinforced a "cycle of disadvantage" and marginalisation.

Immigration detention is modelled on the prison system. Detainees experience similar restrictions to prisoners and similarly may be expected to experience increased mental health problems and psychosocial issues such as marginalisation.

### **Factors Affecting Mental Health**

Many factors affect responses to stresses like detention. Beiser, Simich, Pandalangat, Nowakowski and Tian (2011) described migration stresses and the "balms of resettlement" in their study of Tamil Sri Lankan refugees. Gender, pre-migration stressors, prejudice, and perceived quality of life predicted trauma. Bracken, Giller, and Summerfield (1995) named protective factors such as sense of community support and solidarity.

Focusing on strengths can facilitate identification of assets that improve quality of life during difficulties (Kloos et al., 2007). Albee (1982a) outlined a risk equation at the individual level: increased physical and social stress, and organic factors, lead to increased emotional or behavioural disorder, whereas coping skills, social support, and self-esteem

could reduce disorder. Albee suggested changes to public education, mass media, or pervasive value systems could assist social change and reduce stress.

McGregor (2012) described faith as a coping strategy used by detainees, who valued communal aspects of religion. Religion inspired hope and provided connections to the world. A review of four studies by Pooley and Cohen (2010) found social support was important across a variety of contexts, although this was mediated by participants' ability to utilise supports.

Levin (1988) described three varieties of psychological stress: dependency, dread and debility, resultant from situations that contain factors such as uncontrollability, unpredictability, and unaccountability, which are omnipresent in detention centres. He highlighted isolation (restricted meaningful contact with society, linked to the psychological outcome of dependency) and the indefinite nature of detention as key aspects of these experiences. West (1985, p.72, in Levin, 1988) wrote that the indefinite period of detention, even briefly, induced fear. Levin highlighted that poor mental health outcomes could manifest in psychologically healthy individuals due to detention, which is stressful and reduces access to usual support mechanisms.

## **Context**

Issues in IRCs have warranted investigation, such as insufficient mental and physical health care, inadequate staff training, reduced staffing levels, inappropriate handcuffing and restriction of movement, a prison-like atmosphere and grim, dirty surroundings (Comptroller and Auditor General, 2016; HM Chief Inspector of Prisons, 2016; Shaw, 2016).

Research has found high rates of psychiatric disorders in immigration detention (e.g. Jakobsen, Thoresen, & Johansen, 2011; Mares & Jureidini, 2004) compared to peers in the community (Droždek & Bolwerk, 2010) and compared to prisoners (Graf et al., 2013).

Detainees have reported stressful detention experiences, including fears of deportation and



exposure to distressing incidents (Momartin et al., 2004; Steel et al., 2004). Furthermore, increased time in detention has been associated with increased mental health problems, even when other factors were considered (Green & Eagar, 2009; Hallas et al., 2007; Keller et al., 2003; Steel et al., 2006). Although one recent study in Sweden did not find this correlation, they identified an associated decrease in quality of life (Puthooppambal, Ahlberg, & Bjerneld, 2015).

Limited qualitative research has focused on immigration detention. A grounded theory study interviewed male detainees, mostly detained in prisons (Pourgourides, Sashidharan, & Bracken, 1996). Categories such as lack of control, being marginalised and isolated, experiencing detention as punitive and unjust, and manifestations of suffering such as hopelessness and helplessness were found. Recommendations included a time limit for detention. An Australian study, investigating long-term detention, interviewed 15 male detainees and one female. It found themes of confinement, demoralisation, injustice, inhumanity, isolation, and fractured relationships (Coffey, Kaplan, Sampson, & Tucci, 2010). Twenty years after Pourgourides et al.'s research, we should ask the question: has immigration detention in the UK changed? Is it experienced differently, particularly with regards to mental health? How do women manage detention? What resources do detainees utilise to survive detention?

Not all refugees experience PTSD (Beiser et al., 2011). Some individuals may develop resilience and experience personal growth when faced with adversity (Papadopoulos, 2007). A recent systematic review highlighted a lack of literature relating to resilience in adult asylum seekers (Siriwardhana, Ali, Roberts, & Stewart, 2014). Resilience seems to be an important process to understand: how do detainees protect themselves and repair during and after difficult experiences?

## **Rationale**

Continued use of detention in the UK and the slow response to current research and recommendations means it is important to understand the impact of this process, including how psychological distress is affected during and after detention. There is limited recent qualitative research, as most research has relied on quantitative approaches. Accounts from ex-detainees could enrich our understanding through preliminary identification of relevant psychosocial processes. This could inform future research and recommendations regarding treatment, which could improve standards of care (Grant-Peterkin et al., 2014).

Through interviewing individuals who were detained in IRCs, this grounded theory study aimed to investigate how immigration detention impacts mental health, with consideration of processes that contribute to harm or resilience. From the interview data, I developed a model of processes affecting mental health during and after detention.

## **Method**

### **Design**

I conducted semistructured interviews, which were suited to collect detailed qualitative data from participants, which were then transcribed and analysed, using grounded theory. Grounded theory aims to collect and analyse qualitative data from which to develop theories, using a systematic but flexible approach (Charmaz, 2014).

### **Reflexivity**

From a social constructivist perspective, I reflected on personal and professional assumptions about mental health, immigration, detention centres, etc., and what assumptions and biases interviewees would have about me, as a 30-year-old, white, Irish, unmarried, female researcher with right to remain in the UK. For example, my understanding of mental health emphasises the significance of social factors. Detention conflicts with my values,

which is connected to my interest in this research. I conducted interviews with an awareness of how contexts and assumptions might contribute to constructs developed during interviews: for example, interviewing in a refugee charity that facilitated asylum claims and release from detention. I maintained a research diary (Appendix B), liaised with supervisors, and remained open to concepts beyond my working conceptualisations.

**Ethical considerations.** The project was reviewed and approved by the university ethics committee.

### **Participants**

Participants had to have been detained in an IRC in the UK for any amount of time and had to be 18 or older. Recruitment was via a charity that provides therapeutic interventions for survivors of human rights abuses, the majority of whom had been detained in the UK. To ensure participants could be screened beforehand and supported afterwards, recruitment was limited to this setting. Participants had to tolerate discussing potentially distressing experiences: those experiencing high distress had to be considered carefully by clinicians who suggested potential participants.

I emailed clinicians every week for two months to prompt about recruitment (Appendix C). Potential participants were provided with copies of the participant information sheet and interview schedule, and a link to a short recruitment video with visual aids, subtitles, and a transcript (Appendix D to E). Potential participants were asked if they were interested in participating and if they consented to being contacted. I approached a weekly community group and group facilitators to recruit participants.

Approximately 50 people were invited to participate, resulting in ten participants. I met with seven women and two men in person, and with one man via Skype. Ages ranged from 30 to 55 years old. Four interviewees required an interpreter (all gender-matched). Four interviewees were imprisoned in the UK prior to detention. Time in detention ranged from

under one week to over two and a half years. Participant details were obscured to protect identity. See Table 1 for a summary of participant details and Table 2 for a summary of the amount of time for which participants were detained.

Table 1

## Summary of Participants

Name	Gender	Country	Age	Where detained	When	Status
Adile	Female	Europe/Asia	32	Yarl's Wood	2011	Asylum seeker
Brigid	Female	Stateless	35	Yarl's Wood	2012	Asylum seeker
Chetana	Female	South Asia	30	Yarl's Wood	2011	Asylum seeker
Dai	Female	East Asia	40	Yarl's Wood	2011	Asylum seeker
Emran	Male	South Asia	28	Doesn't know	2015	Asylum seeker
Freselam	Male	East Africa	38	"Near Heathrow"	2009; 2014	Asylum seeker
Gasira	Female	East Africa	50	Yarl's Wood	2014	Asylum seeker
Hebron	Male	East Africa	40	Dover, Harmondsworth	2014	Long-term residency
Irsa	Female	Western Asia	30	Yarl's Wood	2013	Long-term residency
Jalil	Female	Africa	55	Yarl's Wood	2012	Asylum seeker

Note. Information has been obscured to protect anonymity.

Table 2

## Duration of Detention for all Participants

First detention stay in days	Second detention stay in days
6	21
7	28
12	31
14	
16	
28	
61	
92	
548	
822	
Overall total number of days for 13 stays in detention	1,686 days
Average stay (standard deviation)	129.69 days (243.85)

Note. Duration of detention is based on participants' estimates of how long they were detained. Three participants were detained a second time. Numbers in both columns are ordered by length of time; rows intentionally do not represent individual cases, for the sake of obscuration.

### Materials

An interview schedule, outlining potential questions, was developed to share with recruiting clinicians and potential participants. Questions were revised after review by a clinician and by my supervisors. This process aimed to devise a schedule adherent to

grounded theory, acceptable to interviewees, and open to diverse issues, experiences, and meanings. I referred to Tribe and Thompson (2008) regarding working with interpreters.

A portable audio recorder recorded interviews and recordings were stored on an encrypted memory stick. Recordings were deleted upon completion of transcription. Identifying details were omitted or obscured. Skype facilitated one interview with a participant who could not travel to the interview. NVivo 11 for Mac and for Windows were used for data analysis (QSR International Pty Ltd., 2014).

### **Procedure**

I attended the charity to record field notes (Appendix F). Nine interviews were conducted in the charity, in two small offices. The location and building were familiar to participants. Interviews were scheduled in advance and an interpreter was booked if requested. I discussed the participant information sheet with participants, and with interpreters if present, and provided opportunities for questions. I emphasised confidentiality, consent to participate, and the option to stop the interview. I was aware of potential power imbalances and wanted participants to have control. Participation consent forms were completed (Appendix G). Basic demographic information was recorded and information to be obscured was discussed, to promote feelings of safety.

With permission to start the interview, an open-ended introduction (Appendix H) was used to encourage participants to tell their story as they preferred, without imposing a structure or assumptions. Ideas and concepts could be queried as rapport developed. I provided summaries and reflections, and engaged in active listening. When the interviewee approached the end of their narrative, opportunities were provided to share further information and ask questions. I prompted for how detention was managed, and requested ideas for changes to detention, in order to conclude interviews on a hopeful note. Afterwards,

I debriefed participants and interpreters. Interviews varied in length, lasting from 20 minutes to over two hours, but generally lasted about 1 hour 45 minutes.

**Ethical considerations.** During interviews, participants described experiences and knowledge of incidents and behaviours in detention such as: protracted periods of detention; privacy and dignity not being respected by officers; challenges accessing appropriate physical and mental health care in a timely fashion, with reported detrimental, long-term effects; sexually inappropriate relationships between detainees and officers; asylum interviews that were reportedly conducted in what was felt to be a traumatising manner. Whilst the particularities of these events have not been substantiated, this is not the first time that experiences like this have been reported about UK IRCs and there were thorough investigations and subsequent formal reports in relation to such historical incidents. All participants were linked to a charity that advocated for their concerns and were aware that they could raise these concerns with the charity. I consulted my supervisors, relevant health professionals, and an ethics discussion group about these disclosures, and concerns were conveyed to the ethics committee, with supervisory support. I facilitated contact between the ethics committee and the charity. An informed choice was made that information was being shared for the purposes of research, and participants were not anticipating other interventions. For one individual who described suicidality, I informed her psychologist and solicitor, with her permission.

### **Analysis**

Transcribing interviews facilitated familiarisation with data. A transcript was reviewed by my supervisor. Coding procedure was based on Charmaz (2014). Four interviews were coded line-by-line, using descriptive labels that adhered closely to the data. This process aimed to minimise assumptions and facilitate engagement with minutiae of the data. Similar codes were combined and focused codes were developed by comparing initial



codes to data, identifying patterns, and picking codes that best accounted for the data. From these, more conceptual codes were developed. Although described here as a linear process, an iterative process unfolded, revisiting stages, re-checking ideas and comparisons. Coding strategy and understanding of codes were reviewed with my supervisor. Throughout coding, I compared data with data, making comparisons within and between interviews in order to notice similarities and differences, comparing events, incidents, and stages of the interviews. Memo-writing documented insights and observations (see Appendix I for examples). Relationships were identified between codes and categories, represented using diagrams (Appendix J), and checked against data. As this process concluded, I compared my results with the results of an earlier grounded theory study, for comparison of concepts (Pourgourides et al., 1996).

## **Results**

### **Overview**

The study aimed to identify psychosocial processes that impacted people who had been detained in IRCs, remaining open to processes that contributed to harm or resilience. Throughout the results, language developed by Goffman (1961) is used. The immigration “system” refers to the wider system, encompassing the Home Office, Immigration Removal Centre (IRC), and the legal system; the “institution” refers to any IRC; “the regime” refers to the daily structure, rules and activities of IRCs.

From my analysis, I will describe the categories of “asylum seeker”, “liminality to criminality”, and “exiting the system” in subsequent sections. Table 3 summarises categories, subcategories, and focused codes. Figure 1 diagrammatically represents the processes described. See Appendix K for an extended table of categories, codes, and quotes and Appendix L for an annotated transcript demonstrating different stages of coding.

The categories broadly follow participants' journeys, from being marginalised individuals to entering the immigration and detention systems, to release and recovery from detention. I will describe the processes that detainees were exposed to, and how these were internalised and responded to. The cycle of processes is open to repetition, even after "release" from the institution, as ex-detainees faced re-detention or on-going immigration issues and internalised processes of institutionalisation and criminalisation. Resistance, resilience, and recovery coincided with challenging external and internal experiences, and were present despite reduced access to social resources.

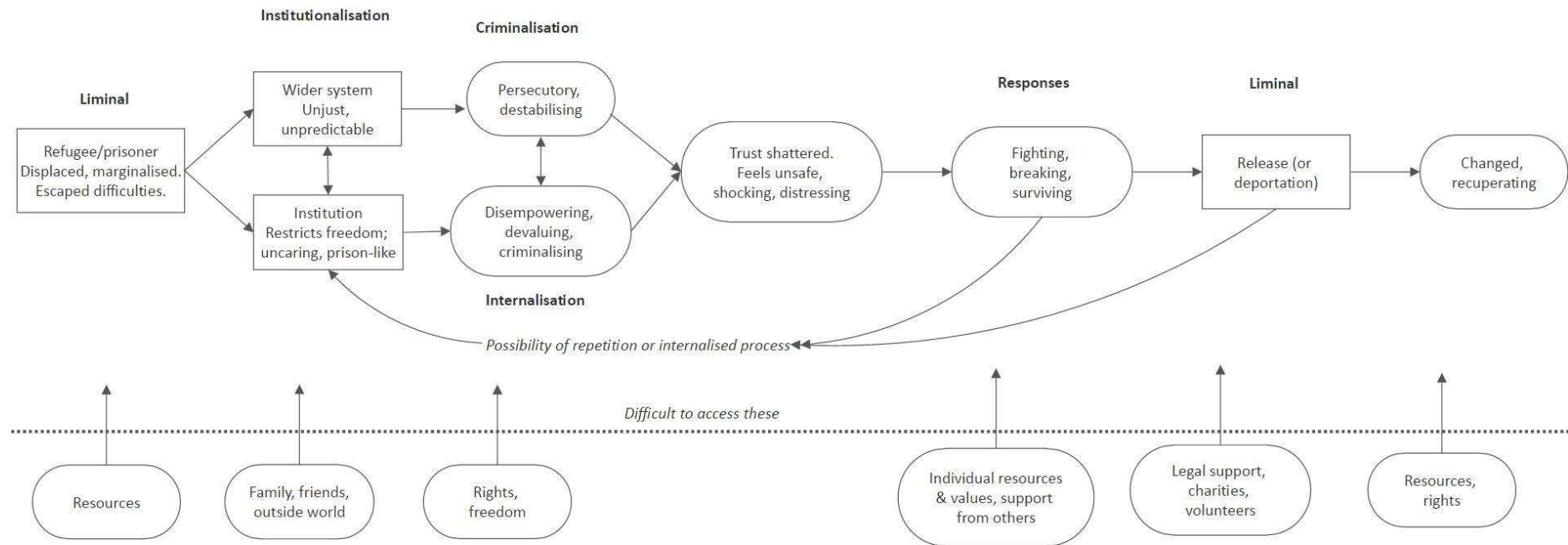


Figure 1. Model of psychosocial processes of detention. This model illustrates external and internal processes and reactions that may be experienced from pre-detention to release from detention.

Table 3

Analytic Categories Subcategories, and Focused Codes, and Quotes

Category	Subcategories	Focused codes	Quotes
Being a refugee	Being marginalised	Being alone	So he's the only, [sniffs] family I got, or someone I got: I don't have anyone, so, [takes tissues] I have to, [sniffs] be contact with him (Jalil).
		Being displaced	After I said, I am living with my friends but I won't have it for very long so I would need support (Chetana).
		Being illegal	Oh, so, I--obviously been found by police and then, they gave me sentence (Dai).
	Over-coming challenges	Coming from difficult circumstances	My family rejected me. [...] I left, my children, my ex is the one who tried to kill me. I don't think--he took everything everything that I had. I'd built my own house, made up my life, my business, everything (Gasira).
		Lacking resources	And I was like, 'How I'm going to manage it? I've got no money, I've got no friends, I don't have any contact and all of that. Uh, and haven't got it paid for, uh you know the travel, even the Home Office pays, how I'm going to relocate to another country? (Chetana)
		Making a difficult journey	In [Nationality]'s experience, when he's [Country], goes to Sudan, and then there is a Sahara all the way to Libya, and then crossing the Mediterranean, all this, the aim was one: they want escape from the brutality of the situation there, to end up in a safe place (Freselam).

Category	Subcategories	Focused codes	Quotes
		Wanting safety*	So, I just eh thinking, how can I save my life? (Emran)
Liminality to criminality	Being institutionalised	Being inducted to the regime	Yeah, because uh, eating has a certain time: if today you can't find your ID, tomorrow can't find your ID, you just have nothing to eat. [breathes in] (Dai)  Yeah, but, somehow people work because, they get used to the system, and then also, a bit of extra--extra money, 'cause, you have people--the food is horrible (Hebron).
		Losing identity	So because of this illness, sometimes in a detention centre, I'm--so she's going in and out of hospital there, and then she, be coming back again. I just--she says, "I just don't know who I am." (Dai)  And he says, "It just means that there's no evidence that you have any nationality, because they've renounced, your [nationality] citizenship" (Brigid).
		Presenting alternative identity*	I'm like, "I'm a professional [career] manager, [career] manager ." [sniffs] (Brigid)
		Being monitored	One that, eh control system, which is a check, which they do, and secondly, when they, during the night when they knock the doors to sh--to, check whether the person is in or outside the room, and the microphones as well, when they eh, when they speak loudly on the eh microphones (Freselam).

Category	Subcategories	Focused codes	Quotes
	Having limited rights or freedom	Being cut-off from the world	<p>I don't have even mobile phone. I have mobile phone, but I don't have credit, anything (Emran).</p> <p>So you can't see the outside, nothing can be seen and they were just like, you know, you go straight into the car from the camp (Adile).</p>
		Feeling less than human	<p>The life in there, is like, is not even, even like a dog outside here 'cause the dog, ill they take to the vet and we, ill, nobody care (Dai).</p> <p>It wasn't a good feeling because the staff is, I want to say rude! It's like I don't know, they don't even look at you, with--they c--they don't even smile at you (Chetana).</p>
		Losing control	<p>You know it's very, horrible room . . . So, they are smoking so much, the smoking room there. So I'm not smoking (Emran).</p> <p>So again there is no freedom also, the--we are being under control and told to do--what to do, what not to do, and so on (Freselam).</p>
		Obtaining information about detention*	<p>And I met some [Nationality] people, at detention centre. It was them who explained, what the deten--detention centre was (Irsa).</p>

Category	Subcategories	Focused codes	Quotes
	"This unfair system"	Applying for asylum	Yeah, she did took some details and, she was eating also while she was taking the interview I was like, "This is, great!" [laughs] And uh, she, made lots of mistakes during that interview (Chetana).
		Experiencing injustice	Yeah, so, my illness is because, inside detention centre, it's being delayed and delayed and delayed until it's just totally not [unclear] (Dai).  And they denied it; and they denied it. And that was getting me so angry, but, like sometimes you're talking to people, the wall, and nobody's listening to you (Hebron).
		Experiencing unpredictability and destabilisation	At one point, it was near about five o'clock in the morning and they were banging on the door, like, 'Get up! You're going--all going to the [airport for deportation] (Adile).  The first part--the first part of psychological torture I call it is that, you be--you remain waiting, what's going to happen (Freselam).  Because what they do sometimes is they bring in different people, different people. You get used to this person and then they change and they bring another person (Hebron).

Category	Subcategories	Focused codes	Quotes
		Lacking resources	Although, um, they have, [Language] there and English there but, because I've never had any education so I don't understand a thing (Dai).  Can somebody explain to me something?" They said, "You will know when you get there." (Gasira)
		Engaging with the legal system	He says, "It's going to be very hard," he says, "You're definitely going to get through it, but they're going to make your life miserable in the meantime." (Brigid)
		Having faith in the system	I was like, "Okay, maybe this is all going to be finished soon . . . and it probably has a happy ending." (Chetana)
	Expressing and internalising the system	Expressing disbelief or surprise	But, after the interview, they just surprised me, and that, really really affected me a lot, because, I remember, um, I was escorted to the, car, and I fainted (Gasira).
		Feeling criminalised	They have put me in prison because, [breathes in] there must be something I've done wrong uh, and I wanted to, like you know, know, what is happening, why am I being em, detained (Chetana).  She started feeling like guilty and thinking, "What have I done wrong? Is it because I'm like guilty of just being a human being?" (Adile)



Category	Subcategories	Focused codes	Quotes
		Feeling persecuted: "The world, is against you"	So it [protest] was really exciting, and uh, and that was great and next day I had my first bail hearing. Uh, so, and I kind of like felt like probably my judicial review was refused for that reason itself (Chetana).
		Feeling powerless	I feel very, uh, powerless, when it comes to, my life, my protection, my safety (Chetana).  It felt like very like weak, like, you know be--not being able to do anything (Adile).
		Feeling threatened	So they don't, when I will go in airport, they will catch me there. Tch. That one is next, they hang up me [sniffs] (Emran).  Um, because I, I think that, um, they going to remove me and, if they remove me, I'm going to die (Jalil).
	Responding: I went to hell and back	Defying: "You have to fight"*	Okay, there were others who--whom I met in [Europe], the four months maybe, who are we were together in detention, they just extended their stay in detention by refusing and then they came, removed by force (Freselam).  I said, "I'm not doing this, because, if I do this, it's like I'm--I'm happy with system" (Hebron, talking about working in detention).

Category	Subcategories	Focused codes	Quotes
		"I felt something crack"	<p data-bbox="824 284 1547 316">My thoughts like, is like, the--my life had ended (Adile).</p> <p data-bbox="824 368 1883 443">I tried to hang myself, you know, just to just end that pain, because, not just what I was feeling (Brigid).</p> <p data-bbox="824 496 1883 571">Gradually gradually, then the whole body, starting to deteriorate . . . Eh, cannot go to the loo, neither, uh, you know faeces or urine (Dai).</p> <p data-bbox="824 624 1861 699">But, this is--I'm not sure, what's happened, and secondly, there's so many things I lost, I don't remember some, thing, is there (Emran).</p> <p data-bbox="824 751 1816 863">Actually, even when I left the detention, my breasts were in pain. I went--they checked me for cancer, every disease--I failed it. I've never felt, so sick in my life (Gasira).</p> <p data-bbox="824 916 1899 991">I couldn't think straight, I couldn't sleep. Even sometimes I'd feel like I don't want to eat and all that (Hebron).</p> <p data-bbox="824 1043 1899 1118">And when they gave me that letter for, it was like, a shock to me that I was bleeding for, fifteen to twenty days (Irsa).</p> <p data-bbox="824 1171 1167 1211">I start, having pains (Jalil).</p>

Category	Subcategories	Focused codes	Quotes
		Receiving or providing support*	You get angry with people, like your relatives, because they haven't called you, in one two days. When they call, you don't--you ignore their calls. It's absurd (Hebron).
		Taking action or showing agency*	Right, em for me, because it was--when I saw those kinds of situations, inside the detention, I decided myself, "I want to go back to [Europe]" (Freselam).
		Surviving detention*	So I spoke to one of the ladies who was a befriender. She used to come and visit me (Brigid).
Exiting the system	Positive experiences of release*	Being believed*	But after interview they said, "You don't need to come, for sign." They give me a letter, one letter (Emran).
		Reconnecting with family or friends*	If I can get my citizenship, I will be able to be inviting them (Gasira).
		Experiencing freedom*	I was really like happy and excited and I was like so I told even the few people I used to speak and [tell] everybody, "I'm going to get out" (Chetana).
	Challenges of being released	Shock and stress	Uh, but, as soon as they dropped me at the station, I broke down. I was like, "Oh my god. They actually detained me." And, I--I was locked up, like a prisoner. It just hit me so bad (Chetana).
			I was very happy. At the same time, very upset (Irsa).

Category	Subcategories	Focused codes	Quotes
		Continuing to experience impact of detention	<p>Eh, yeah, there's been a long-lasting impact of my detention and, it's affected my mental health you know, and just the way I trust people or I just see things (Brigid).</p> <p>I can't remember things. They all have this common eh things, because it's just too--it's still too hard to process things (Dai, with interpreter).</p>
		Feeling changed or being marginalised	<p>You can't understand--nobody understands me! (Dai)</p> <p>This is--you know, at the moment, I will give interview, after interview, just keep quiet, silence is full house (Emran).</p> <p>Additional to that, we're not allowed to work here until, decision has been made, so this is an additional pressure on one's thinking (Freselam).</p> <p>There's a part of you that you lose when you go into that detention, especially if you've never been in this kind of circumstances, it's--it's going to happen (Hebron).</p>
		Living in fear	<p>Every day, every day I'm threatened with detention (Brigid).</p>
	Moving on from detention	Having resources*	<p>Yes, now, but before where I was, c--staying before, it's horrible. But now, [breathes in] when um they help me here, and the Home Office change my accommodation and, I have good people, very very good people" (Jalil).</p>

Category	Subcategories	Focused codes	Quotes
		Processing experiences*	But I'm trying my best, I have therapy here, at least once a week (Brigid).  I've learned so much. I don't know if I needed that, [laughs] that learning, but eh (Chetana).
		Re-establishing self*	Actually, I've just started studying, thanks to [The Charity] (Brigid).
	Things needing to change in detention	Suggesting changes	I just hate that place. I hope to see that place, shutting down for good like really, and I hope that day, will come soon (Chetana).  I will--I thinking, whoever you doing is quick process, but the people don't stay there this long time, in detention centre (Emran).  These problems should be handled in communities and centres in away, there should be put a system where people, can respond to, unless you abscond or you--you understand? (Gasira)

Note. \*Processes that may be associated with strengths, resilience, or resistance.

**Category: Being a Refugee - Liminality**

The category of refugee encompasses marginalisation and uncertain status. Ex-detainees were often at the fringes of society prior to detention, with limited contacts and social resources, perhaps “illegal” and displaced. Some were imprisoned due to documentation issues, further ostracising individuals. Most participants had escaped persecution and some described a difficult journey, experiences that may have left individuals vulnerable and depleted of coping resources. However, they had survived and were managing, believing they were safe. As Freslsam said, “When one leaves, his country or her country, ah, running from difficulties, persecution and so on, they expect that they will arrive in a free country.”

**Category: Liminality to Criminality**

This is the broadest category, encompassing experiences in IRCs and the wider immigration system. These experiences are suggested to profoundly affect ex-detainees. Elements of the institution and the wider system may be internalised and responded to in various ways, ultimately leaving detainees disempowered, destabilised, and distressed.

**Subcategory: institutionalisation.** Being institutionalised incorporated processes that inducted the individual to the institutional regime, whilst restricting access to socially determined aspects of identity, such as previous roles or even nationality (where this was disputed), and access to belongings, which may form part of identity and personhood. Gasira described being seen as “an inmate. They don't see you like a person. They don't want to know who you are.” Interviewee Dai said, “I just don't know who I am.” Ex-detainees spoke about previous roles in the workplace and the family, which seemed like an attempt to counter-act loss of identity. Gasira said, “I'm the person, in my community here--I'm a leader of a community.” Detainees expressed shock at their new status and surroundings.

The institution exerted its control, simultaneously removing control from detainees. Detainees were told where to go and when; they lost control over when and what they ate, and perhaps lost control of body or mind. Gasira described her experience:

And psychologically, I couldn't sleep, I was feeling like screaming, the whole night after we locked--because we were put in in our room, ah with a girl, . . . I was just crying and screaming, I could not talk. [breathes in] I lost my voice.

Detainees had little control over their environment: for example, sharing room with someone who smoked, being in a noisy setting, or feeling cold. Emran said, "So we are both [unclear] so scared, so, I'm, so much hungry . . . I want to eat something, but, there is nothing."

Detainees described unsettling incidents of having privacy invaded or sleep disturbed. Gasira said, "The officers, the men! They, just come, whether you're naked or what, [breathes in] they don't care whether you're coming fro--you are in the loo or in the toilet." Chetana described being woken in the middle of the night after making a complaint: "So I did the complaint, . . . I was sleeping, it was 2am and then, uh some of--one of these staff from the reception, she came, she woke me up." Such intrusions were linked to realisations of powerlessness, but also to feeling disrespected.

Monitoring systems included head counts, cameras, and regular checks when someone was deemed a self-harm or suicide risk. Fear of monitoring left detainees guarded and impeded private conversations with people outside of detention. When Jalil was under observation, her roommate said, "This is not good, they are guarding the door, coming every hour in the middle of the night, every half hour, to look at you." Hebron commented,

When you're using like, Internet or whatever, they said, your e--email is, w--monitored, but I don't know how they would, do that [unclear] so there wasn't any point? And you're like fearful of what you're saying, even on the phone, because you think you're watched.

The institution limited freedom of movement and rights, which reinforced the idea of being treated as criminals. Emran noted, "You can't move any [where] around the detention centre, you can't move, one block to another block, you have to just stay in your room." Brigid commented, "I don't know whether they get money for keeping you under lock and key with absolutely no rights." Being locked up was a shocking loss of freedom and conflicted with expectations of a lawful and fair UK.

Additionally, detainees' personal mobile phones were removed and Internet access was restricted. Gasira said, "They have put em, tch, computers, but they have removed the Internets, they have removed everything--there's nothing there. You can only send an email." Restrictions made communicating with the outside world more difficult, as noted by Freselam: "Because, uh, of being isolated, so there were no contacts or communications outside the detention", which compounded isolation and criminalisation.

Ex-detainees described many ways in which the institution was uncaring, which imbued a sense of being less than human, for example, in interactions with staff. Chetana described approaching an officer when her room had bedbugs. The officer said, "We can't do anything. You're--come back in the morning." Consequently, Chetana described how, "I, kind of tried to sleep, and then my whole face was swollen up", because her concerns were ignored. Adile talked about her lack of eating going unnoticed: "Three days I didn't go to eat food and nobody bothered to come and say, you know, 'Why haven't you come to eat?'" Dai described how no one informed her of her recurrent sleepwalking, until she severely injured herself during a sleepwalking episode, which left her feeling that staff had "no heart". These experiences were experienced as dehumanising and profoundly affecting. Seeing vulnerable, elderly, or disabled people who were detained further convinced detainees that the institution was uncaring and devaluing.



**Subcategory: Obtaining information about detention.** Detainees managed to learn about the detention system from other detainees, who acted as an informal information network, sharing experiences and knowledge of systems, showing detainees how to make calls, or introducing detainees to others.

**Subcategory: “This unfair system.”** Not being believed, engaging with legal processes, applying for asylum, experiencing injustice, experiencing unpredictability, and lacking resources all contributed to making detainees feel disadvantaged, which led to distrust of the system. Some detainees described initial faith in the system, which was eroded over time.

Being arrested and detained put detainees in a position of not being believed. Gasira noted, “Nobody believes, ah, anything that I say to them. Nothing,” and Adile similarly said, “You say, ‘It’s not my fault,’ but nobody listens.” This extended beyond interactions with legal and immigration personnel, to interactions with medical staff in detention centres, which had serious consequences for Dai, who was eventually hospitalised.

Engaging with legal and immigration systems was frustrating and fraught with obstacles. In Irsa’s case, she was denied access to immigration personnel, with the result that she did not see immigration for many months. Immigration decisions could be withheld from detainees until just before bail hearings, which was interpreted as an intentional manoeuvre. These injustices left detainees finding it difficult to trust the legal and immigration systems. Gasira commented, “They don’t give the lawyers enough time to, really prepare your case.”

Lacking information about these systems left detainees at a disadvantage. They often “had no clue whatsoever how, the asylum procedure works,” (Chetana) and had not been informed how to apply for bail, accommodation, or asylum, which impeded effective action.

What they won’t tell you, is, how to get out of, detention, how to get a legal aid solicitor, whether you are, ah, entitled for a legal aid solicitor or not. Because I think

these are the thing, that would help, the most to any detainee, but they don't give any of that information. Not at least during that induction. We didn't get any of that. Em, they don't tell you about the charities that they come (Chetana).

Some detainees described negative experiences of immigration interviews, where they felt judged or disrespected. Jalil said of her interview: “They just want to take you, back. They-- they don't believe anything you say. [sniffs, crying] You will hear them say, ‘[unclear] she is lying.’” Others reported that information they provided was misconstrued on forms and in notes, or that the interview was inappropriate. Gasira spoke about her asylum interview, where sensitive experiences felt ridiculed:

Yes, yes, and laughing at me, and being sarcastic. When I tell you I've been raped, and how I feel inside, is not anything that will ever leave me. I'm struggling, and I-- and I--mind you, I had not even gone through therapy or anything, so it hit me I broke down like, . . . it's like it was happening then.

Some detainees described hearing about malpractice in detention, including stories of sexual misconduct by staff towards detainees, and mishandled complaints that engrained a sense of injustice and feelings of threat and powerlessness. Brigid mentioned warning her new roommate, “Listen, you need to be careful. I've been [here] a long time to know that, people've gotten pregnant in this place.” Chetana described hearing similar information from her roommate, saying, “She gave me the name of this officer that is uh like you know having sex with a couple of the detainees, . . . he knows where, uh, they don't have a camera,” which left her feeling “really shocked” and wondering, “Is that legal? Is that normal? Can they do that?”

Detainees described unpredictability throughout, which was disorientating, and destabilising. According to Freselam, “In and out, creates a s-status of uncertainty, when you are in there.” These experiences compounded a sense of losing control:

When you get used to one person, that one is taken out and then they bring another: they don't keep you in a place for long. Yeah, you don't know what you're getting. . . . so [sniffs] it--it isn't really nice (Hebron).

Detainees were subjected to unexpected moves and were threatened with deportation, which was a terrifying prospect for many. One detainee opted for deportation (to another European country), viewing this as preferable to further detention. When Jalil was informed that she would be deported, she said, "I'd rather die, than go back." Irsa recalled, "I was thinking that, 'I spent four months in prison, and now they're going to deport me? Why didn't they deport me then?!'"

Detention was characterised by a sense of lives in limbo. Interviewees describing long detention times, with no end date. Brigid mentioned a co-detainee who was "detained for four years". Legal and immigration proceedings and decisions were slow, adding to a sense of waiting, endlessly.

**Subcategory: Internalising criminality.** Institutionalisation and an unjust immigration process left detainees feeling criminalised, persecuted, and disempowered, which was emotionally distressing and threatening. Gasira said, "It is detention without trial," Irsa said, "When you're feeling, 'I haven't done something wrong,' it feels really . . . unjust." Being transported in a van "like a police, uh van, when they, uh put the criminals in" and the prison-like building where "everything is locked" reinforced criminality for Chetana. Detainees tried to comprehend their "crime", which was painful and shaming, and difficult to explain to family and friends. Chetana described this experience: "They have put me in prison because, there must be something I've done wrong."

Interactions with staff and immigration personnel left detainees feeling targeted or persecuted. For example, Gasira said of one officer,

I just felt like she picked on me, because I speak out my mind, very clearly, and eh, she was, very harsh on me, and she, was not truthful because, anything and so many things I, told her, she altered them.

Having observed people removed for deportation and returned to detention, Irsa commented, “Of course, they were just, playing with their, psychological state, by, like, mocking deportation, taking them to the airport, and c--bringing them back.” The process left some detainees feeling “the whole world is against you” (Jalil). These processes were threatening: there was a literal threat of deportation, which could lead to the detainee’s life being endangered. Other detainees could inspire feelings of threat. For Irsa, this occurred when another detainee “was touching my, behind,” which she described as an “ugly incident”. There was the threat to one’s self, as identity and control were eroded, and entanglement in an uncaring, unsafe system. Detainees were trapped because they were not believed and isolated from resources. Detainees responded in varied ways, some of which are described in the following subcategory.

**Subcategory: Responding - “I went to hell and back” (Brigid).** Responding encapsulates how detainees responded to feeling threatened and criminalised, described as going through “hell” or a “nightmare” (Dai) and “psychological torture” (Freselam). Common responses included “fighting” or defying the system, “breaking” in a physical or mental or emotional sense, or utilising personal and social resources for support and action. Notions of “coping” or “not coping” responses were challenged in this section. No single response was “better” than the other: for example, the possibility of suicide was a protective response for some detainees threatened with deportation, whereas “fighting” the system could be draining and disheartening at times.

**Defying: “You have to fight” (Jalil).** Interviewees described how they attempted to surmount the system, including challenging officers, engaging in protest, asserting

themselves, and resisting acculturation to the institution. This felt helpful and re-empowering for some. For others, it was exhausting or received a discouraging response. Brigid described refusing to board an aeroplane for deportation: “They take me back to detention, 'cause I've refused to go, and they put like, ‘second refusal.’” Chetana spoke about a protest, which detainees participated in: “They arrange em, demonstration uh, for Yarl's Wood. . . . they were demonstrating outside and we all women decided to do it inside,” which was met with a punitive response by the Home Office who “picked all the leaders, and they put them in that place . . . probably, according to them, [they] uh broke uh some rules or something.”

**Breaking: “I felt something crack” (Gasira).** Breaking was expressed in many ways, through mind, body, and actions, emotionally and physically painful and distressing. Detainees experienced times where they reached breaking point, where psychological resources were depleted. Chetana described having to reduce her luggage: “It broke me, when I was separating my luggage, because I, kinda like you know you feel like, ‘Oh my god, how you going to cope when, they send you back?’” Jalil talked about her pregnant roommate: “She was very strong, the first few days. [sniffs] But afterwards, she just, start crying . . . I have to, tell her, that let her take it easy, with the pregnancy.”

Distress was expressed somatically and mentally in different ways. Detainees shut down or withdrew or described distressing emotions. Suicidality, self-harming, and hopelessness were common reactions. Emran commented, “I have so much health problems because of this”, and Gasira highlighted the enduring impact, saying, “I felt battered inside, psychologically, more than like when somebody can come and say, ‘Let me give you a few slaps,’ and when the pain goes you are okay.” For Dai, the response was physical: “Two and a half months, I cannot eat anything. Sometimes I could just eat and [makes vomiting motion/noise], just all out.”

Some reported memory problems or changes to thinking. Emran described how detention “affected my memory, sometimes I didn't, f--forget I will eat something, not eat, if that situation is there,” and how this left uncertainty about his experience: “I'm not sure, what's happened, and secondly, there's so many things I lost, I don't remember something.” These cognitive responses seemed connected to the disorientating effects of unpredictability and losing control, which induced fear and panic. This created difficulty for Gasira during her immigration interview:

Yourself also, you are in an environment, em, not safe, so, your head is not eh, working properly. You can't even gather your, story nicely, to know what you're talking about. And also conducting that interview, under severe fear and trauma, what comes in the brain is completely--you're not there!

**Agency, support, surviving.** Detainees reported times where they managed to request help and complain about inadequate service, which Chetana described: “And then, I thought, ‘The only way I can do that [is] if I'm putting complaints [in].’” Some detainees attempted to take charge of their situation, which may have felt empowering. For example, Gasira described reviewing information recorded from her asylum interview:

So, I went, and am, highlighted, word by word, number by num--number--because there is uh, computers and everything--I went and wrote what I told her and, I disagreed with what she said, and I f--[snaps fingers] emailed my lawyer.

Detainees provided an informal network of support for each other, despite language barriers and unpredictability. They provided guidance and shared scant resources. For example, Brigid advised her roommate, “Tell them [Home Office] you will give them [the document] later, you want to have a chance to read it and ask your solicitor. . . . before you sign anything”, knowing her roommate was illiterate and therefore disadvantaged.

Having an advocate was essential for garnering hope and successful release. Advocates provided reassurance, practical help, and links to the outside world. Solicitors were vital in this sense and could provide power or influence. Chetana recalled a crucial moment during her court case, when her newly appointed solicitor informed her by phone, “You need asylum. Tell them that, you don't want to talk to an--anybody immigration.” Dai described a volunteer who restored her hope after more than two years in detention: “Every day he come in to speak to me for a long time. He's such a good person.”

Some detainees managed by engaging in religious activities or other occupations, whereas for others this indicated acceptance of the system. Adile used medication: “I was in such a bad state, the only way I could sleep and cope was like to take antidepressants and take sleeping tablets.” Emran went to the library for a course, “because if I'm, just stuck in one room, then I will [be] totally upset, so that's why I need to do something here.”

### **Category: Exiting the Institution, Caught in the System.**

Once released, ex-detainees were physically freed from the institution, but still connected to the immigration system. Some were subjected to tagging, which was experienced as stigmatising, and most were released to Home Office accommodation, while their asylum claims were processed. Ex-detainees, as in detention, continued to wait, in limbo.

**Subcategory: challenges of release.** Release was not a straightforward process emotionally or practically. Ex-detainees found they had “escaped” detention to return to a liminal position, without certainty of status, often placed in temporary accommodation with a small weekly payment (currently £36.95), displaced and marginalised and lonely once again. For Chetana, the meaning of her experience overwhelmed her at release: “I broke down. I was like, ‘Oh my god. They actually detained me.’” Irsa commented on not having

identification when released: “And I think they never gave me that ID, the one they have given everybody else.”

Stress, trauma, and the effects of institutionalisation were on-going issues for some. Freselam described being retriggered “even when I hear the word 'detention', that, takes me back to detention, the experience there.” Some ex-detainees felt changed by the experience and felt the internalised changes were enduring, as Hebron described: “There's a part of you that you lose when you go into that detention. . . . it sticks in your head longer.” Gasira said, “When they released me, they had already damaged me.” Some detainees attributed continuing health problems to detention and neglect in detention. Dai described how, “I'm just not getting rid of this problem because it's too long I've [been] shut in there.”

Some ex-detainees felt that others could not understand them or their experiences. Dai told me, “You can't understand me—nobody understands me!” Chetana chose not to tell people about her experience, feeling that “they're not going to understand”. Also ever-present was the threat of re-detention, which some detainees said they would avoid by suicide if necessary.

**Subcategory: Positive experiences of release.** There were some positive experiences surrounding release from detention. For example, Irsa and Chetana described feeling happy and excited. Others hoped to reconnect with family and friends. Adile returned to a relative's house. Another positive experience was the simple fact of being believed. Gasira said, “I was really lucky to get out.”

**Subcategory: Recovering.** Some ex-detainees talked about things that enabled them to recuperate from detention, such as processing their experiences, re-establishing identity through study, work, or other activities, and having people around them. Therapy was important for some. Some detainees started courses, assisted by the charity, whose actions had restored some of Jalil's faith, “so now I see that there are good people.” Gasira had



resourcefully found a room in exchange for helping a woman and her child: “I help her and show her how, to live and keep her company. People are kind if you are kind.” Chetana described engaging in activism, which seemed to empower and inspire hope that things could change. There was a sense of--despite feeling “changed”--gaining perspective and recuperation, although this could be impeded by uncertainty connected to immigration status.

**Subcategory: Things need to change.** All ex-detainees had suggestions about things that could change in detention, including training for staff, being listened to, having needs heard, being provided with information, having privacy respected, and increased advocacy. For those who were imprisoned, a suggestion was that immigration should be involved from the start. Gasira suggested that things could be “handled in communities and centres . . . unless you abscond.” Also mentioned was the need for a time limit, or a faster decision-making process.

## Discussion

### Summary of Results

This study investigated processes by which immigration detention was experienced, internalised, endured, and survived by a group of ex-detainees. Most interviewees had escaped difficulties in their countries of origin. Throughout, from pre-detention to release from detention, interviewees described marginalisation and limited access to financial, social, informational, and supportive resources, which was over-shadowed by the threat of deportation. In detention, ex-detainees were entangled in an institution that further limited rights and compounded ostracisation. They were disadvantaged by an unjust, unpredictable system that was inescapable because they were not believed. When they engaged with the system, it required resources such as good quality legal aid. Many ex-detainees internalised feelings of powerlessness and persecution, and felt threatened and criminalised by the

system. Detention was managed or survived through support, defiance, agency, information, and advocacy. Ex-detainees described experiences of “breaking”: hopelessness, distress, cognitive difficulties, and somatisation. Some ex-detainees thought the experience of detention would remain with them forever; some felt changed by detention. Interviewees described how they were recuperating from detention, such as rebuilding lives in society and utilising therapy. The threat of re-detention and lack of status impeded this, so they were not fully disentangled from the immigration system

These findings were similar to prison literature findings about issues that affect mental health such as isolation and marginalisation (e.g. Friestad & Hansen, 2006; Nurse et al., 2003) and previous research about detention (e.g. Coffey et al., 2010; Pourgourides et al., 1996; Steel et al., 2004). Disempowerment and criminalisation were important concepts in this study and were also discussed by Pourgourides and colleagues. “Uncontrollability” and “unpredictability” were concepts discussed by Levin regarding detention (1988). Resistance and challenges to the system did occur, with difficulty. Foucault said “resistance” implies that there is something to be resisted and the possibility of over-coming it; as such, it is a relational concept (Flohr, 2016). Foucault advised that power is not held by single person or institution, but is a “complex strategical situation” in a specific society (p. 93, Foucault, 1998/1976). This is partly reflected by the internalised powerful institution and the helplessness that some detainees experienced, with confusing laws and unfair sentences enforced by members of society employed by the system. Hagan and Smail (1997) noted that “states of mind... are dependent on environmental factors which cannot simply be imagined away”, drawing a comparison with behaviourist theory, which considers situations as antecedent or consequent to behaviour. Hopelessness and suicidality could be considered expressions of learned helplessness (Seligman, 1972), preceded by detention. Learned helplessness has been linked to situations where there is no control over the response-

outcome relationship (Diener, Struve, Blaz, Kuehner, & Flor, 2009), as with immigration detention.

The ways in which participants described symptoms of systematically imposed powerlessness, injustice, persecution, and threat were synonymous with “complex trauma”, or disorders of extreme stress not otherwise specified (DESNOS; Herman, 1992), which was proposed by the DSM-IV PTSD taskforce (Pelcovitz, van der Kolk, Roth, et al., 1997). Van der Kolk has described cognitive and somatic expressions of trauma (van der Kolk, 1994), such as hyperreactivity to stimuli and disrupted memory, displayed by detainees in response to reminders of detention (e.g. jangling keys) and difficulties with recalling detention experiences. DESNOS encompasses symptoms including changes to:

- regulation of affect and impulses (e.g. self-destructive, suicidal preoccupation);
- attention or consciousness (e.g. amnesia);
- self-perception (e.g. shame, permanent damage, nobody can understand);
- relations with others (e.g. inability to trust);
- systems of meaning (hopelessness, loss of previously sustaining beliefs);
- somatisation (e.g. chronic pain, digestive system).

These symptoms were relevant to the study sample. Within this paradigm, immigration detention and the wider immigration system would present as the aggressor, which is persistent, inescapable, and unpredictable. The aggressor creates the need for treatment. However, Albee advocated a “competency model” that incorporated individual potential for growth and “the right to maximisation of competence to deal with stress”, as opposed to an illness, defect, or deficit model (Albee, 1982b, p. 24; Friestad & Hansen, 2006). Detainees were able to provide support and develop relationships in unlikely, unpredictable circumstances. In this case, the defects are systemic, and the “illness model” is more

appropriately applied to the system. Detainees' efforts to process and recover post-detention connected to the process of "resilient integration" following disruptions in life (Richardson, 2002), which is congruent with Papadopoulos' concept of Adversity-Activated Development, where people may acquire new values, and change their lives and priorities, despite or because of pain and disruption, even during continued adversity (Papadopoulos, 2007).

It is difficult to develop meaning from detention, as it conflicts with people's values and beliefs, namely that human rights and safety needs will be fulfilled: it can be considered a "social trauma" (Papadopoulos, 2007). Helping people identify how they survive(d) and cope(d) may be useful. For example, Luxenberg and colleagues endorse an approach for traumatised individuals encompassing stabilisation, processing and grieving, integration and transcendence, and, finally, reconnection and reintegration with the world and others (Luxenberg, Spinazzola, Hidalgo, Hunt, & van der Kolk, 2001). The Trauma Recovery and Empowerment Model (TREM) for complex trauma uses psychological intervention alongside mobilising peer validation and support, assisting clients to understand their lives, and to develop hope and change (Fallot & Harris, 2002). Any intervention must acknowledge the reality of asylum seekers' situations within the immigration system. Treating the person does not treat the problematic system.

### **Limitations**

Recruitment proved more difficult than anticipated due to multiple projects recruiting participants concurrently. Due to recruitment delays, I was unable to engage in an iterative process of collecting and analysing data concurrently.

Recruitment strategy and sampling may represent a group with digested experiences, who were willing to share information. Alternatively, they may represent a group more affected than others by detention. As an interviewer, it was clear that experiences were challenging to share. As recruitment took place through one specific charity that offers

therapeutic interventions, there is arguably a lack of generalisability of the results. However, considering previous literature, particularly Pourgourides et al.'s (1996) research, the results of this study complement and extend previous research.

In contrast to other research in this area, the majority of participants in the current study were female, possibly due to the recruitment strategy and setting. Females may have been more comfortable meeting with a female interviewer. Considering the under-representation of female participants to date, it is useful to learn about their perspectives and experiences of detention, which may be different to other genders' experiences (Young and Gordon, 2016). Women may have experienced gender-based disempowerment throughout life.

My preconceptions may have sensitised me to certain concepts. Supervision and coding process sought to counter-act assumptions. Many findings were surprising and contrary to initial predictions. My pre-judgements about suicidality, power, and surviving were challenged and changed.

### **Practice Implications**

The results highlight the impact of disempowerment. Re-empowering detainees and ex-detainees could support resilience, personal efficacy, and hope, although this alone would be insufficient. Stability and safety, which require practical and legal interventions, are key to survival and recovery. When opportunities for accessing power and information are limited, advocacy and professional support--legal professionals, charities, and volunteer--are crucial. They provide access to practical and emotional support and they create links to the outside world, penetrating the institution and system. Access to voluntary services and medicolegal services is important for vulnerable individuals, who may be socially isolated and/or limited in other ways, such as reading, writing, and/or communicating in English.

It seems unjust that detained people are denied information about the duration of their detention. A time limit should be introduced. Living in fear of deportation and feeling sentenced without a trial reinforces this culture of unpredictability and is associated with distress. Clear information about administrative processes and resources should be provided in an understandable format. Immigration detention should be condemned as a costly, harmful process imposed upon vulnerable individuals, particularly when alternatives are available (e.g. Ohtani & Phelps, 2016).

### **Research Implications**

Research that looks beyond illness models and considers resilience and other aspects of mental health could be informative. Although documenting mental health “disorders” provides a measure of the impact of detention, this excludes idiosyncratic or culture-bound ways in which mental health is expressed or experienced, and discounts the ways in which people manage in detention. Reducing assumptions and attending to participants’ experiences could facilitate client- and data-led ways of describing mental health, which could inform the prevention and “treatment” of these experiences.

### **Conclusions**

This study interviewed men and women who had been detained. It investigated psychosocial processes of immigration detention that institutionalise, criminalise, and disadvantage refugees. Disempowerment, unpredictability, injustice, and feeling threatened in detention and by the immigration system cause enduring distress and difficulty. Social support, agency, and advocacy enable detainees to survive and endure detention. Recovery from detention involves processing and rebuilding, despite continued threats from immigration and deportation.

Processes related to concepts such as power, resilience, and complex trauma indicated a systemic, systematic problem that is resistant to change. These ideas may inform potentially

useful “treatments” for ex-detainees that re-empower and enable reintegration of self and community, building on resilience and agency. This study raises issues about professionals’ engagement with immigration detention, and how professionals respond to known injustices and inadequacies. With regard to future research, expansion of knowledge beyond medical diagnoses and further investigation of resilience from detainees’ and ex-detainees’ accounts could be informative, in addition to measuring the cost of detention.

Detaining people who are seeking refuge, who have often overcome adversity, is knowingly harmful, unnecessary, and wasteful of lives and societal resources. Detention without a time limit is torturous and should be addressed immediately. Immigration detention should be less prison-like in terms of security and environment. It is crucial that detainees and ex-detainees have access to legal, medical, psychological support, and other supportive resources.

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**Appendices**

**Appendix A: Ethics Outcome Letter**

This has been removed from the electronic copy.

## Appendix B: Extracts from Research Journal

### Research Journal

**1st April 2017**

In trying to move my coding from focused coding to a more theoretical place, I have drawn out a diagram of the processes, which is helping me to make more sense of it. I'm going to continue coding with this alongside me and see if my theorised connections fit the data as I go along.

Had a meeting with Louise on Thursday, where she suggested that "being criminalised in an institution" and being caught up in an "unfair process" creates a "total system", which is an idea that fits with my data: people get stuck in a loop that is hard to break free from, because the both ideas just lead back to and reinforce each other.

I just need to work out how to represent these ideas clearly in NVivo, so that is it easy to go back through all my nodes and find appropriate examples. Spoke to a classmate who had done their entire grounded theory project coding by hand: perhaps that makes people more decisive?!

Feeling positive and can-do despite short amount of time left. Good to be done with placement and interview week, so I can now focus my attention. Have been thinking about how GT could potentially be an endless project given the amount of data I have, so perhaps it is useful to have to limit myself!

**21st January 2017**

Considering my section A and some of the ideas about power and social justice that I would like to incorporate into my review. Unsure how to do so in a way that will not over-lap with Section B too much. However, I think it will be relevant to review grey literature and current research to see what kinds of ideas about community psychology, social justice, power, etc. that they incorporate. However, I need to establish some kind of useful framework with which to do this.

I think this is going to require informing myself more thoroughly about these concepts so that they are academically applicable.

For consideration:

Whose interests are supported by the knowledge generated?

Whose voices are privileged? (from Fisher et al., 2007)

**7th November 2016**

I think the effect of the below reflections is that these perceived commonalities could influence my coding: for example, I might be sensitised to occurrences related to feeling criminalised or being unable to put an experience into words (/describing an emotive or difficult experience). This could leave me at risk of missing some important concepts. However, I am hopeful that line-by-line coding will help counter some of this. It was interesting to go back and do coding for the first interview and I imagine some of the later interviews may have been influenced by coding. Having done a few interviews with individuals who did not need interpreters, it was more obvious to me that much meaning could be lost through working via an interpreter. It seems to be more difficult to flesh out the ideas and delve deep into meaning.

Reflecting on some of the interviews from Friday, it is easy for me to feel angry about violence perpetrated against women. It could be easier for me to jump to conclusions about the processes or to apply psychological hypotheses that are conjecture rather than observable,

although I am aware that coding needs to move from concrete to conceptual, I feel that is qualitatively different. So there is something for me about stepping out of the clinical psychology headspace to open up thinking space and receptiveness to processes that are explicitly derived from psychological theory at this stage. It could also lead to me bringing in my own preconceived ideas about gender disparities and misogyny.

It makes me think that later on in my analyses, it could be useful to review the data using a top-down process, perhaps applying psychological theory or models to the data using a coding framework???)

I am also wondering about how class fits in with detention. Many of the women I have spoken to appear to be middle class (which is interesting, considering many of them speak English—but this is also a guess). I wonder how this interacts with the experience and how I could check this out in a non-clumsy fashion. For example, I was struck by the fact that some of the women could identify the unacceptability of their situation and of some the guards' behaviour. Furthermore, this leads me to think about the bigger financial and business implications that are tied up with this time- and money-costly system that seems to benefit few people whilst damaging others.

Being forced into a new role

Identity ignored

Removal of control crucial, as is unpredictability

## 22nd October 2016

I had a meeting with my lead supervisor yesterday, which was useful, as it reassured me that following up on ethical concerns (i.e. checking with various people if I need to take action) is the right thing to do, even if it turns out that issues have already been reported to solicitors, psychologists, etc. already. Supervisor had read the Verita report and it appeared that many similar issues had indeed been followed up through the investigation.

I brought the issue of my research ethics (lots of concerns about what people were telling me re: incidents in detention, poor standards of care, etc.) to ethics forum that we had in the afternoon at university. This was really helpful. It led to a discussion about how the “I need to inform someone in case of risk” clause is not necessarily well thought through. We thought about how, in this case, there is no proper body to report to (the Home Office being of dubious help in this case) and that it is potential endangering participants if I were to follow up these cases, as they are all still wrapped up in the asylum seeking process.

My classmates and the facilitator helpfully pointed out that I really need to document the decision-making process and be able to justify it. They advised me to consider carefully how I will represent the ethics in my write-up and at viva, and we thought together about the near splitting that had occurred between the university, the charity, and the various opinions in between. However, the facilitator strongly felt that safety of participants was paramount and that they had indeed spoken with me in the role of researcher-participant, rather than an alternative relationship.

So, it seems like this would be a good point at which to summarise the various viewpoints of different people who are actually involved in my project:

- [The Charity Director]: advice was to list the various concerns and forward them to the IRC manager to see if they have already been picked up and investigated. However, he acknowledged that there was no set standard for approaching this.
- [The Charity Professional]: felt that safety of clients was paramount. Also questioned whether pursuing action would amount to anything given the lack of firm details and how difficult it is to follow up complaints/safeguarding such as this generally (it is a reminder for me about how the support structures are not in place because we are dealing with a privately run organisation, not the NHS). Also she noted that she hears stories like this all the time and

they do not usually take action. She noted that some clients are very unwell during their time in detention and this can make it challenging to get solid facts.

- Secondary supervisor: felt that the best thing I could do was complete my research project and publish it. Felt that participants were clear about my role as researcher and were not expecting me to take things forward in a different way.
- One classmate thought that I should ask people what they would like me to do with the information that was shared with me. Facilitator felt that I needed to protect myself from taking on too much, as I still need to produce a study by the end of all this.
- Head of ethics panel: was very clear that I have an ethical responsibility to take things forward. However I note that she is not necessarily experienced in this particular area.
- Group facilitator: participants' safety paramount. Spoke to me as researcher. Who would I actually be benefitting? Would it merely be to pursue an ethical course of action, at the cost of safety?

During the discussion, I realised that the Verita report seems to have been commissioned by Serco and said that it found "no endemic culture of abuse", which I think is fascinating as it seems to counter what my participants have told me.

I conducted another interview today with a guy (first male interviewee!) who had been in detention for two weeks. His experience was pretty different to the other interviewees. However, there were some similar elements, such as the fear of being sent home (even when he is quite sure this will not happen) and the feeling of being very different to those around him. There was also some reference to the lack of a set time in detention centres and how it was re-triggering of experiences in his country of origin. He had also been unable to communicate with his family during the two weeks that he was there, and this seemed to have really caused him distress.

I felt a very strong urge to help him, as he seemed very lonely. I was glad that we had Skyped rather than phoned, as I had been able to gauge his responses somewhat better (emotional). I provided him with some contact details for local services in Leeds, including a befriending service, although I am not sure how much he will make use of this.

### **Following interview with P2, AM 22nd September 2016, 18:16**

Feeling somewhat overwhelmed by the sheer volume of information that I just listened to and the extent of the human rights abuses and multi-systemic that were inherent in P2's story. She very clearly pointed out her masking of her difficulties in the interview near the end.

I feel saddened and angry thinking about the lack of people to look out for her in her life and what she had to go through, and is still going through. It is very difficult to simply be a researcher in that scenario.

For example, I gave her a pound extra for her travel expenses, but she was offering to take a pound less (I did not have the right change).

The images that are striking me most are those of sexual coercion and of her roommate cutting herself. It is interesting that I am not so shocked or surprised by P2's description of her own suicide attempt and self-harm, although I wonder if this is something to do with the way in which she talked about it (perhaps quite cut off). Some strong ideas came through in her story: defiance as a strength, making injustices known but then having this responded to. With punishment (silencing), isolating through taking away possessions, means of contact, freedom; self-doubt (am I crazy?), hopelessness, disbelief, slow legal system, disjointed legal system, lying and misinformation, misconduct, not seeking consent to treatment (not having ownership of body), powerlessness without

language; pawning off on another country, withholding information and not informing about next steps or moves.

One thing I did not query about was how P2 was able to avoid getting on the plane despite being brought to it multiple times, particularly after hearing stories of other people being forced on to the plane.

I am also left wondering, what is the point of spending all this time and resource on legal proceedings and incarceration when someone was previously a functioning citizen? What is the ultimate goal? It feels like a blind and uninformed goal.

I am struck by the repetition of the same old, same old institutional factors at play: bullying, pressure, removal of freedom and predictability, not taking crises seriously, no care, poor medical attention, violence and sexual coercion: it so reminds me of two podcasts I listened to recently, one about Abu Ghraib and one about a private prison USA. I am struck by the similarity of being devalued through being reduced to a number, an amount of money that is paid to a private multinational company. It is saddening and sickening to think about.

### **20<sup>th</sup> August 2016**

Will participants be able to clearly recall their stories in a linear narrative? Will trauma impact it too much to make sense of?

Will I be able to contain the situation, question deeply enough, gather the requisite information to make it useful?

Will things get lost in translation?

Will participants feel used? Or will they feel empowered?

I know some people might view me as a source of information or a potentially useful contact: knowledge about the Home Office, about certain types of therapy: perhaps they will feel let down by my limitations.

Regarding theoretical sampling, I can see how specific pathways of theory development could lead me to seek out specific participants: those who have been in multiple IRCs, those who are female, different ages, reason for escaping their country of origin, time in detention, differing statuses.

It seems like I will be working from an interpretative paradigm. It has been useful for me to try to transform the examples in the GT book I am reading to psychological samples, as I find it difficult to conceptualise the computing system examples.

The questions I have written above certainly indicate my nervousness at starting the interviews. I really wish I had the chance to do a practice run-through with some participants. It is also notable that I have not, to date, made the video with the information. I think I will need to ask Leo to help me with this later. It just makes me more than vague mention or a random person.

A reflection on my biases: it is nigh impossible to sit in [The Charity] and be unbiased, when people are there because they are traumatised. That would be positioning myself falsely and would mask the point of the research, which, in reality, will highlight the difficulties people have experienced and how they have managed them. Again, I think this is acceptable within a constructivist paradigm.

I am feeling anxious about the thought of my part A, the idea of which I am finding difficult to grasp. I know I will have had to have given it considerable thought given that I need to present some ideas to Louise when I next speak with her. Also floating around my head is how I am going to balance everything over the coming months. I think I will really have to section off my time effectively and cut back on some social items. I feel like I will really need to incorporate some exercise and therapy to keep things ticking over. Weekends are going to have to involve some work from now on! I have a lot of reading, writing, and eventually analysing that I will need to do.

Reading the Tavistock Review, I am just thinking how, in some ways, my approach is quite neutral, as I am not pointing towards specific things in detention that could have a harmful effect. In this way, I am doing a bottom-up GT approach – although I have read research in the area, I have put it to the side. So, although the Review names specific things such a defensive and split-off system, I am not questioning this directly.

Reading it makes me think that the Review may have missed some of the core points: that detention itself is simply damaging and there is a limited amount that can be done to make it less so. However, they seem to acknowledge that much change to the system would simply be incorporated into the current damaged system. Trying to detect mental illness at any stage of the process is futile – everyone has a breaking point and detention could, over time, become the trigger.

### **12<sup>th</sup> August 2016**

And recruitment has begun! Sent out email, info sheet, etc. Plan to sit in [The Charity], continue to build up relationships (will have the chance to sit in some of the community groups), take field notes, etc. Additionally, [Contact from The Charity] is moving away at the end of the month! So she will no longer be my contact person at [The Charity]. Have organised to meet with [New Contact] – important that I have a key contact there should any issues arise. Not ideal to be losing [Contact] but hopefully things will go smoothly nonetheless. Bit anxious about recruitment, as she seemed quite experienced and confident about this, as well as main proponent of my project in situ.

### **24<sup>th</sup> June 2016**

Really thrilled and somewhat nervous about finally having full ethical approval to get started with my research! It feels like I put it on the back-burner for quite some time, as life, placement, and other assignments took over. However, I feel ready now to really launch into it with as much energy as I can muster. Sadly, consulting with service users has simply not come to fruition. Many of the organisations I contacted only see asylum seekers short term, and many services simply did not respond (perhaps because many of them are voluntary services?). At this stage I will just need to crack on with things regardless. Would love to have taken something of an action research approach, but I need to be realistic about the time I have left. Also have been considering attending workshops about working with interpreters. Need to sort out honorary contract with [The Charity] also.

### **24<sup>th</sup> February 2016**

Quite conscious that I have not done very much in the past couple of months regarding my research project, besides completing and submitting my ethics form, which I got to submit a month earlier than planned in the end. I plan to launch back into research world following Easter. Sent a catch-up email to Louise and Eleni and plan to discuss ethical approval in principle. Just a few points to address that would be useful to discuss with them, such as specifics about the recruitment procedure (and presumably the biases and sampling that might occur if it is “by word of mouth”), accessing records of participants – is this necessary? Also about being clearer about limits of confidentiality. There are a few points from the ethics panel that I need to seek clarification on to ensure I have interpreted them correctly. Have also been advised to provide info and instructions in audio format, which is an interesting point.

### **11<sup>th</sup> December 2015**

I need to submit my ethics form on the 5th February, which will be reviewed at the end of February. I am being put in touch with Regional Officers from [A Refugee Charity],

with a view to seeking some consultation from their clients about the study design. This will obviously be useful in gaining a somewhat different perspective about my interview questions, information sheet, and research procedure. I have some time next week to work on all the ethics application bits. I just handed in my QIP, which has been dominating my life of late! It definitely gave me a taste of how detailed and time-consuming qualitative analysis can be – an entirely different experience to qualitative analysis in undergrad!

### **23<sup>rd</sup> October 2015**

Had a helpful meeting with Louise to discuss ethics. She prompted me to think about lots of different aspects that I might not have considered otherwise. Additionally, have been referred to some useful ethics reading materials by Eleni, specifically about working with asylum seekers in a research context, and about some of the pitfalls (e.g. that they may feel sharing more info is likely to gain them favours, somehow). Louise and I talked about how empowering individuals through interview could be one way of redressing the power imbalance that is frequently present in this area of research. We thought about how I need to be very clear about the reach of research information, as there have been many cases in the past where refugees and asylum seekers have not understood the limits of information sharing due to language difficulties or due to being in a situation where true consent or capacity is near impossible due to the situation and/or power imbalance.

Louise and I spoke about how it would be ideal to include asylum seekers in the design process. I will try to arrange a consultation with [A Refugee Charity] service users to this end.

We also talked about the recruitment process:

- Might have written briefing for clinicians. Ask therapists to use some discretion (consider risk, mental state, etc.) although I wish to be able to include individuals who are having difficulty. I could potentially hang around [The Charity] so that I am available for potential interviewees to come and chat to if they wish. I would need to emphasise to [The Charity] staff that they present it to their clients in a “take it or leave it” style, emphasising that confidentiality, separateness from their care, etc.
- Importance of verbal briefing at start with potential participants: being explicit about how individual might respond to interview questions, can they manage it okay? Use neutral language, prompt them to think about it for themselves. Consider history of violence – important to have disclosure.

Also considered the potential for a sense of shared injustice that promotes community/togetherness in detention centres, which could in turn promote resilience. Need to get a clearer idea of safeguarding procedures from IRCs.

### **17<sup>th</sup> June 2015**

Some notes from my proposal review meeting. Useful points to consider and reflect on. Lots and lots of thinking to do!

#### **Over-arching query**

- How is it different from previous research and recommendations and why is it useful to do this? Does it add to the literature, particularly given the publication by the All

Party Parliamentary Group? Sue and Linda felt that, in particular, the resilience aspect of the project had potential to add new knowledge to the field. --> Having thought about this, resilience definitely useful, but most recent qualitative study in UK was in 1997/1996! So perhaps a fresh study would be useful generally.

### **Literature**

- Mention learned helplessness and resilience literature. Explore theoretical underpinning of concepts like learned helplessness and behavioural immunisation.
- What are the theoretical models that are important? Discuss these. (What these theories suggest is that X causes Y, but what is unexplored is = Z.)

### **Concern about content of interviews**

- Consider Maslow's hierarchy of needs – many of the participants will likely be in precarious living situations. When interviewed, will they be concerned with psychological aspects of their experience, or will they mainly be concerned with the quality of food, etc.? Is the psychological aspect truly relevant/salient at this point?

### **The research questions**

- Consider going back a step to precursors/predictors of poor mental health outcomes.
- Clarify current level of support – consider increasing safety net – potentially destabilising.

### **Participants**

- It was suggested that participants need to be far enough away from the experience of detention in order to have some perspective, and might need to be somewhat stable in their lives. However, I pointed out that the experience of detention might contribute to a person having an unstable life.
- Consider inclusion/exclusion criteria carefully and describe clearly.
- Specify support available for participants. ([Contact from The Charity] has confirmed that she is happy to be the contact should participants require further support. Include other contacts like Samaritans.)
- Specify how findings will be fed back to participants.
- \*Get consultation with [Contact] about working with translators (consider ethnic groupings). Nuances of language. Be explicit about how I will work with the translator.

### **The methodology**

- Consider Thematic Analysis (TA): I could stick close to the data; it would be accessible and easy to communicate. TA would use a semi-structured interview with as many participants as possible.
- Can do inductive or deductive – starting out with these theories (psychological) and then test them out in interview.
- Grounded Theory is better when there is an extant body of literature.



- There is insufficient specific psychological evidence at present and it is potentially presumptuous to assume that an explanatory theory can be developed at present with so few participants and such a lack of evidence.
- TA seems fit for the purpose of this project.

### Interview

- Cultural issues – language? Consider in more detail how this will be managed.
- Finding out how individual cultures define and describe mental health issues.
- Flag potential prompts and shorten interview. Keep open-ended.
- If deductive, can have specific questions to test out theories. Need to be clear that participants can say yes/no; ensure questions are not leading.

Will need revamping depending on methodology chosen.

### 15<sup>th</sup> May 2015

Met with [Researcher] from [Another Charity]. [Researcher] was really encouraging, enthusiastic, and helpful. [Researcher] provided me with some articles and legal information. Was helpful to discuss idea of interviewing officers from detention centres. [Researcher] was sure this should not be a priority and that detainees' views should be prioritised. Helpful to have such a clear viewpoint.

### 8<sup>th</sup> April 2015

I have already emailed [Contact from The Charity], who has responded to say that she is considering the queries below and that she's delighted I'm interested in doing the research. We are arranging to meet.

Here's a summary of the methodological discussion Louise and I had today, in the run-up to my draft proposal submission. It's a kind of merging of ideas from our meeting in March and from my discussion with [Contact from the Charity]

Queries (for [Contact])

Will an interpreter be needed/available?

Given the fast-track system, ethical and consent requirements, and my own time constraints, will I likely be able to interview (enough) detainees?

Would interviewees need to be screened beforehand (e.g. in case the process is too distressing)?

• What kind of support is available if someone was distressed?

I would be really interested in using a semi-structured interview to ask questions like:

- What are your experiences of power whilst in detention?
- What are the opportunities for power for you in detention?
- How do you experience/manage the indefinite period of detention?
- How do you experience/manage other uncertainties in detention?
- Is there anything about being here that reminds you of other experiences in your life?
- Is there anything about your life in your home country that has made being in detention easier/more difficult to cope with?
- What has helped you survive/cope in detention?

If IPA: What psychological sense can be made from people's experiences of detention?

I hope that asking the right questions would provide participants with the chance to talk about their individual and organisational experiences of power, both good and bad.

Using prompts like "Tell me more about that" will help clarify the intended message and meaning.

Also considering how neutral I should be with my questions: is it okay to indicate that I have an opinion? Should I be explicit about my assumptions and intentions?

Potential methodologies

Require roughly 10 -12 participants, depending on methodology and

Narrative Analysis (lots of flexibility; would connect the subjective, in-the-moment experience of the individual and experience within the social context, focuses on the way the story is told)

Interpretative Phenomenological Analysis (homogenous group; emphasis here would be on social aspect)

Grounded Theory (purposeful sampling; would look at building a model using specific protocol)

Discourse Analysis (emphasis on discourse around power)

Background concepts/theories

Class, religion, gender (all the GRRACCEES, in fact)

Foucault's governmentality

Learned helplessness/behavioural immunisation/Adversity Activated Development

Factors that promote good mental health

Organisational theory

Experiences of loss and adversity

Security and attachment

Policy, media, etc.

### **30<sup>th</sup> March 2015**

Here is a summary of the projects that [Contact from The Charity] has said that I could pick, all of which are qualitative and are relatively similar in focus:

What are the effects of an indefinite period of detention? How do detainees handle the uncertainty of their futures? This query is particularly in relation to the current "fast-track" system.

- What impact does it have when detainees learn their impending removal date? Is it a moment of terror? Is it experienced differently by those who have a history of trauma?
- What is the impact on women of being in a detention centre?

[Name] advised that there is likely access to the detainees; if not, it is easy to access ex-detainees through [The Charity] There might be difficulties with obtaining approval from the UKBA as they are becoming more clued-in about what research in this area means for them. I queried what the broad aim or vision is with this research: she advised that it is in order to build up a body of evidence, and in particular directed me to the current inquiry in the House of Lords, headed by Sarah Teathers. I felt like [Name] would be open to bringing in some of my/our ideas to the project. She is really keen for someone to take on a project.

Interestingly, [Name] said that she is the sole psychologist in the [Removed] Working Group!

### **19th March 2015**

Very exciting! I received an email from [Name Removed], who heard from a psychiatrist I had emailed (who was a co-author on a article I read – contacted him as he is a member of an active group of health professionals who are anti-detention) informed her that I was inquiring about research. [Name] works for a charity called [The Charity] and they are looking for a trainee to do some research! Will respond.

**27<sup>th</sup> February 2015**

Lots of discussions with supervisors about potential contacts, including [Researcher]. Had a Skype meeting with [Director of research institute] and have been invited to become an associate of [Research Institute]. [Director] has advised me on a number of key people to get in touch with in [an institution] and more. I have spoken with a former immigration control officer (working at the UK/French border): one thing that struck me was the incongruence between the human understanding of illegal immigrants and the task required by the role as an immigration officer. He is going to speak with two friends who still work in that area, to see if they will speak with me.

It looks like I will attend a [removed] working group on asylum mental health as a guest. I am going to start summarising my reading to assist me in writing up.

As Eleni rightly pointed out in our last meeting, a key consideration the appropriateness of detention centres. This is making me think again about policies (national and international) and our knowledge of organisational structures and how these impact individuals. I am again wondering about the perspectives of different stakeholders of current approaches to migration control in the UK: on a personal level (eg empathising with another human) and on an impersonal level (“us and them”).

**22<sup>nd</sup> December 2014**

Great! Now have a second supervisor, Eleni, kindly organised via Jan!

**16<sup>th</sup> December 2014**

Encouraging email from Louise Goodbody, who Jan suggested I email as an internal supervisor! Nice to have people interested in working together. We will be arranging to meet. Waiting to hear back about a second supervisor. Great to have process in action. Will also talk with [Friend], from her legal perspective, about asylum seekers. Might give another perspective on key issues.

**7<sup>th</sup> December 2014**

Currently developing ideas and learning about different concepts in relation to migrant health. From my (at present, limited) knowledge base and through conversations with people who work with immigrants, it's clear to me that there are many potential research areas, depending on the immigration population being looked at.

Integration/adjustment: how can a secure base be developed and good mental health promoted for today's migrants in the UK? Factors for consideration could include attachment, social (in)equality, access to and appropriateness of mental health services and psychology services, employment, housing, social media, the current (hostile) political context, social capital, identity, perceived discrimination, life-stages, legal issues, etc.

Integration is a key component of migration: what kind of interventions might assist the public in being more accepting of migrants? Defence mechanisms, social inequality, politics, and media would be some considerations here.

After the court cases: many traumatised refugee immigrants in the UK are further traumatised by their journey through the court systems. What kind of psychological help are they offered? What kind of psychological help should they be offered ideally?

I have a few points of contact with regards to immigration issues: for example, [removed] a counselling service developed originally for Irish immigrants (I could access professionals there; probably not clients); I have a friend working in a legal service for refugee immigrants; I have links to [removed], who in turn are linked to a variety of

organisations based at the [removed]. Contact with such people, along with reading relevant literature, should enable me to refine research questions and hypotheses.

**Appendix C: Recruitment Email to Staff**

Dear Clinicians,

Just a reminder that I am still recruiting participants for my project.

I am aiming for 15 interviews and had hoped to have completed the interviews by now, as I will need time to transcribe, analyse, and write up for my dissertation.

I am available on **[insert dates]** and I would love to have some interviews set up to make use of this time. Please come and chat with me if you have any questions or feel free to email me.

**Here is a link to a video about my project and recruitment that you can show your clients:** [Link removed as it identifies the charity]

Thank you for all the contacts you have been setting up already - I really appreciate all the effort that has gone into thinking about and contacting clients.

I have attached information that you can share with your clients and there is some information for you below. So far, I have only completed one interview (and have two lined up), so I would really appreciate any help you can give with recruitment!

All the best,  
Alanna.

**Who I am:**

My name is Alanna Gallagher. I am a trainee clinical psychologist who will be conducting research interviews in [The Charity] over the next two months. I have been liaising with [removed] with regards to this. I will hopefully meet you over the coming weeks.

**Why I am contacting you:**

I need your help in recruiting participants. I am looking to interview up to 15 clients who were detained in Immigration Removal Centres (IRCs) in the UK (they should no longer be in an IRC).

The aim of the research is to look at the psychological impact of detention, with consideration of factors that might affect coping.

I will use an audio recorder for interviews and I am estimating that they will last about an hour, although this is flexible. Travel expenses are covered up to £10.

*Please see attached participant information sheet and interview schedule for further detail.*

**What I am asking you to do:**

- Please share some information (**see attached participant information sheet**) about the project with your clients and see if they are interested in discussing it further with me.
- Offer to pass their contact details to me.
- Let them know that they can contact me (the information is on the participant information sheet) to ask questions or register interest.

**What I will do following that:**

- The client and I can discuss participation on the phone or in person at [The Charity].
- I will arrange to meet them (at [The Charity]), ensure that an interpreter is organised if needed, and go through the consent procedure with them prior to starting the interview.

As their therapist, it would be good to know that I can contact you if I have any concerns about the client.

**When I am available**

[insert dates here]

Please get in touch if you have any questions/comments, if you have a client in mind, or if you want to put me in touch with a client. I'd be glad to hear from you! Apologies that the participant information sheet is so lengthy. This is in part why I thought a video would be helpful.

Thank you in advance for any help you can give with this: it will be much appreciated.

With best wishes,

Alanna.

**Alanna D. Gallagher**

Trainee Clinical Psychologist

**Phone:**

## **Appendix D: Participant Information Sheet and Invitation**

### **Participant information sheet**

**Here is a link to a video about my project:** [Removed as identifies charity]

**Title of study:** Understanding how the experience of detention in UK detention centres affects the mental health of ex-detainees

Dear Recipient,

My name is Alanna Gallagher. I am a trainee clinical psychologist at Canterbury Christ Church University in Kent. I would like to invite you to take part in a research study. Before you decide, it is important that you understand why the research is being done and what it would involve for you.

Please talk to others about the study if you wish. If you have an interpreter, they can help you to read through this letter.

#### **What is the purpose of the study?**

Part of my training requires that I complete a research project. In conjunction with [The Charity], I have decided to research the experience of being in detention centres in the UK and how this affects people who have been detained. I think it is important that we get a better understanding of what affects people who have been in detention, what the effects of detention are, and how people manage in this setting.

#### **Why have I been invited?**

As you are someone with experience of being in one or more Immigration Removal Centres (IRCs) in the UK (but who is no longer in an IRC), I am interested in talking with you to ask about this experience. Presently, I am recruiting people through [The Charity], as I am conducting the study in conjunction with them. I am hoping to interview as many as 15 people who have experience of being detained, but who are no longer in an IRC.

#### **Do I have to take part?**

- You do not have to take part. Participation in this research is entirely voluntary: it is up to you if you decide to join the study.
- If you agree to take part, I will then ask you to sign a consent form.
- You are free to withdraw from the research at any time, without giving a reason, and with no consequence.
- Participation, non-participation, and/or withdrawal will not impact any service you are currently receiving or will receive in the future.

#### **What will happen to me if I take part?**

##### **When and where**

- If you decide to take part, I would arrange to meet you, ideally for one meeting lasting roughly one hour. However, I understand that the time may vary from person to person, and it is okay if you need less or more time.
- Interviews will take place at [The Charity] in [Town] in a private room.
- My research project and write-up will be on-going until at least April 2017.

**How?**

- I will audio-record all interviews so that I can transcribe them.
- Any information you provide will be transcribed and anonymised, so that you will not be identifiable (people will not know it is you). My write-up and analysis will use typed transcriptions rather than recordings. The recordings will be deleted and I will work using the transcriptions.
- Your information will be stored securely on an encrypted memory stick.

**Expenses**

We would cover your travel expenses to and from [The Charity], up to the value of £10.

**What will I have to do if I take part in the study?**

- You will attend one interview meeting with me. This would take place at [The Charity] in a private room for about an hour, but for shorter or longer as you see fit.
- The interview will be audio-recorded.
- It would involve answering some questions that I will ask you. I will ask about your experience of detention and how you think it has affected you and how it affects you now. I will ask why you think it affected you like that, what you think was important about the experience. I will ask you about things that made it more difficult to cope before, during, and after detention. I will also ask about things that helped you to cope before, during, and after detention.
- You have the choice to share what information you feel okay with sharing. You can stop the interview at any point.

**What are the possible disadvantages of taking part?**

Some people might find it upsetting to talk about their experience of detention. Additionally, attending the interview would take up some of your personal time.

**What are the possible benefits of taking part?**

It is unlikely that this research will directly help you, however, research in this area is important so we can make known the effects of detention.

**What if there is a problem?**

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

**Will my information be kept safe and confidential?**

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details are included in Part 2.

This completes part 1.



*If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.*

Part 2 of the information sheet

**What will happen if I don't want to carry on with the study?**

You can withdraw from the study without consequence: it won't affect the service you are receiving or a service you might receive in the future. Withdrawal is feasible until the point when I have analysed the anonymised, transcribed data. If you withdraw before that point, I will be able to delete/destroy the information recorded at interview if you wish.

**What if there is a problem?**

If you have any concerns or complaints, I will do my best to address your concerns. Alternatively, if you prefer or if you feel your concerns have not been adequately addressed, you can contact one of my supervisors or [removed], who can advise you further. Should you wish to pursue a complaint, please contact Paul Camic, Research Director.

- My details: telephone or email
- Louise Goodbody, my lead project supervisor Canterbury Christ Church University: email
- Eleni Hatzidimitriadou, my project supervisor at Canterbury Christ Church University:
- [Removed] at [The Charity]: telephone [removed].
- Paul Camic, Research Director at Salomons Centre for Applied Psychology, Canterbury Christ Church University: email
- 

**Will my information be kept safe and confidential?**

- Your confidentiality will be safeguarded during this process.
- If I have concerns about risk to you or someone else based on the information you share with me, I will need to follow this up and perhaps break confidentiality. If possible, I will discuss this with you first. I would then speak with my project supervisor. If necessary, I would ensure that a relevant person (for example, a psychologist at [The Charity]) was informed about my concerns. I would take appropriate action to make sure that you and others are safe.
- The audio-recorded interviews will be stored on an encrypted memory stick.
- The recordings will be transcribed (typed out) and anonymised so that they have no personally identifying details. Transcription will take place as soon as possible after the interview.
- Once transcribed, the audio-recordings will be deleted/destroyed.
- The transcriptions will be stored on an encrypted memory stick.
- I will use the transcriptions for a qualitative analysis.
- The data will be used as part of my dissertation.
- Some written quotes from interviews are likely to be included in any write-ups from this research.
- The transcribed data will be stored for up to ten years after the study is completed, at which point the electronic records will be deleted.

**What will happen to the results of the research study?**

Prior to publication, you may be invited to comment on the results of the study. However, this would be entirely voluntary.

I intend to publish this study in an academic journal, including some quotes from the transcribed interviews. Any publications or reports will include anonymised quotes from the interviews.

You might decide that you would like feedback about the research, and this can be arranged on an individual basis.

### **Who is organising and funding the research?**

The project is funded through Canterbury Christ Church University and is being organised in conjunction with the [The Charity].

### **Who has reviewed the study?**

This study has been reviewed and received approval from The Salomons Ethics Panel, Salomons Centre for Applied Psychology, Canterbury Christ Church University.

### **Further information and contact details**

1. Where can I find out some general information about research?

You can look at the following websites for more general information about research:

[www.nihr.ac.uk/research](http://www.nihr.ac.uk/research)

[www.hra.nhs.uk](http://www.hra.nhs.uk)

2. Where can I get specific information about this study?

If you would like to speak to me and find out more about the study or ask any questions about it, you can:

- Leave a message for me on a 24-hour voicemail phone line at. Please say that the message is for me (Alanna Gallagher) and leave a contact number so that I can get back to you.
- Email me (Alanna) or telephone/text .
- Inform [removed] or your therapist at the [The Charity] on [removed].

3. Who can advise me if I should participate?

If you are currently in contact with any mental health services, I advise that you inform them about taking part in this research and seek their advice about participation. For example, if you have a key-worker or therapist, you could discuss participation with them. Alternatively, you can speak with [removed] or your therapist at [The Charity] about participating in this research.

4. Who should I go to if I'm unhappy with the study?

- My details: or
- Louise Goodbody, my lead project supervisor Canterbury Christ Church University:
- Eleni Hatzidimitriadou, my project supervisor at Canterbury Christ Church University:
- [Charity contact details removed]

### **What happens after the interview?**

If you need further support after talking about your experiences, you can contact:

- Your therapist or contact person at the [The Charity] or [removed] on [removed]
- The Samaritans (The Samaritans is a confidential listening service consisting of trained volunteers. They cannot offer advice, but operate as a free telephone-based, non-judgmental listening service.)  
02077342800 (Central London branch)  
08457909090 (UK)

**Who else is involved?**

- My contact at the [The Charity] is [removed].
- I am supervised by Louise Goodbody and Eleni Hatzidimitriadou at Canterbury Christ Church University.

Thank you for your interest and for taking the time to read this.

With very best wishes,  
Alanna Gallagher  
Trainee Clinical Psychologist

## Appendix E: Semi-Structured Interview Schedule

**Semi-structured interview schedule for MRP  
Alanna Gallagher, Trainee Clinical Psychologist  
5<sup>th</sup> August 2016**

Study: Understanding factors affecting the psychological impact of detention in UK Immigration Removal Centres on ex-detainees: a grounded theory approach.

*Note: May require translator for some interviewees.*

*Interview schedule might adapt as grounded theory approach entails a reflexive process.*

*I have been advised that often individuals talk about the food, living conditions, etc. as being major issues. In these cases, I will be asking what it is about those things that is an issue (i.e. seeking clarification). I will continually be drilling down to uncover why certain factors made things work or better, and to avoid imposing my own assumptions on individual experiences. The questions below are like a checklist to ensure these areas are covered. Ideally, they will be covered in a more conversational manner, with suitable sensitivity around phrasing and placement.*

Remind about limits of confidentiality, right to withdraw, taking a break if needed, telling me if it's too difficult.

### **Journey to UK and being detained**

First I would like to check some details, to help me understand your journey to the UK, as this can be very different for different people.

How did you come to the UK? (Be aware that this could have been challenging and with different stages).

I would also like to ask you some specific details about how you came to be in a detention centre, as this can be very different for different people.

How long were you in detention for? How many centres? Which centres were they?

When you were released from detention?

Do you know why you were detained?

Do you know why you were kept in detention? Why?

How do you understand/explain the system? (Query beliefs about why they think they were held there.) How was it explained to you?

### **Being in detention**

Now I would like to ask some details about actually being in detention and what this was like for you.

What was being in detention like for you?

In what way did it affect you? (Prompt: Did you notice any changes in yourself? Like what?)

What was it about it that affected you in this way? (Prompt: Was there anything particular about the setting, in your own experience, that might have been important? Like what?)

What helped or hindered you whilst you were in detention? Why? (Prompt: What made being in detention better or worse? How did you manage? What got you through this experience? How did that help?)

Did you have any specific concerns about being in detention? Like what? (Prompt: What was it that was so bad or difficult about that?)

**Current situation**

Now I am going to ask you some things about how things are for you now.

How are things for you now? Has there been any lasting impact from detention? What?

What has helped or hindered you since leaving detention? Why?

What do you think could have been done differently? What do you think would have been helpful for you?

What do you think needs to change about the detention system? What would be useful about such a change?

What is your current status?

What financial income do you have at present?

Are you currently employed or studying?

Do you have friends or family here?

*Finish with debrief: check that participant is aware of contact information on information sheets; check for signs of distress. Do similar with interpreter.*

**Appendix F: Observational Forms****Field notes from [The Charity]  
12<sup>th</sup> August 2016**

Starting at 11:45 busier, some clients wandering in and out. Group of women arriving. There seems to be one or two interpreters and some staff too.

One client apologised as she missed an app, asked [Receptionist] to find out whose app she missed, which [Receptionist] agreed to do. Another client asked if someone they work with was if (they weren't). Overall it seems to be service that responds to people's requests and tries to work around their schedule.

Reminds me of the client last week who asked to speak to psychologist because their mental health was not good.

Some clients go up to [Receptionist] to sort out their travel expenses.

There do seem to be some strict rules however. I overheard [Receptionist] brief her colleague is ensuring that clients children must be with the client at all times, as they might run off unsupervised. She said this had happened in the past. Also, last week, [Receptionist] refused to let a client leave their bag here while he went to a solicitor's app (he was homeless and the service closes at 5.30). It seems that she has to do a lot of gate-keeping so that things run smoothly! She explained clearly why it was not a good idea: the bag might get locked in and the service would be closed for the weekend.

Calm and bright and airy. I noticed that the phone does not ring aloud, although [Receptionist] answers it quite frequently.  
Have to buzz to get through the gate.

12:48 The group went to sit outside as it is nice and sunny. They were having a picnic. At least one lady's child was there. Feels quite calm. One guy seems to be waiting for an appointment. There are lots of leaflet on the wall from the [removed] refugee service: one for English classes, youth club, emotional crisis drop-in sessions, mums and toddlers groups, etc.

One phone call where [Receptionist] explains the scope of [The Charity] work to someone who is self-referring. Very clear and helpful. She offers to put her colleague in touch with him to help him find a solicitor. Explains what she is going to do and when he might be from someone. He was ringing from a detention centre. Apparently he needs a solicitor in order to get out of detention.

The actual building is very inconspicuous from the outside: you have to know where to go, although I wonder how they help first-time clients find it. Very close to [rail station]. Even the button for the gate could be confusing if you do not read English.

Guy from last week is back in. [Receptionist] organised appointment for next week and also passes on a message from a telephone call.  
A lady came in to say thank you to [The Charity] as her husband's hearing had gone well.

There seems to be a standard set of questions that they check when someone rings.

13:37 There is another few people in the waiting room, some men, and a mum and her son with autism, some other people wandering in and out. People seem to talk quite openly about things and that makes it feel quite different to an NHS service. I wonder if it something about all being in a similar position (or coming from a similar position).

Lots of people waiting, perhaps because it is lunch time? Staff might be on break.

[Psychologist] advised me to speak to [Facilitator], who runs the group. I will try to catch her after the session.

It feels slightly uncomfortable to be writing notes and not trying to make conversation. Feel a bit like a pretender/intruder.

I will probably stay out here for another half hour or so and then I will go into an office.

13:51 People are having teas, coffees, biscuits.

### **Field notes from 19<sup>th</sup> August 2016 At The Charity**

I sat in on a weekly group that runs from about 11 until some time after two. They play games and have a lunch together. There were a few women there and one man for part of it, with one facilitator and one interpreter. One women said that she likes to come to the group because they eat food together and talk. She said that she feels lonely when she is at home. She spoke about how her daughter is wanting to play and she does not want to. Another client said that her daughter is very alone and spends a lot of time talking to her toys. However, she later spoke about her child being invited to a birthday party the following day. She noted that the children often get along and that it is sometimes the parents who are not so friendly.

Two of the women had their children there, and they played together and painted. We played a game of Rummikub as a group and this involved the facilitator and then a group member teaching us the rules.

Just before lunch, I explained to the group about my project. Two people expressed interest. Another two later took the information sheet: one had been in detention in [Europe] and one had someone close to them who had been in detention. I will be calling the second person back to arrange an appointment, so I will clarify with them whether or not it is appropriate to meet with them.

Another theme that came up a few times from conversations was the idea of someone's head being too filled up with things, so that they could not process things or remember things. One person in the group said that she was not sure if she would be able to do the interview just now because she was still processing what had happened. Another said that I would need to call her as she would forget about the appointment because there is too much going on in her head. Another said the same.

**Appendix G: Consent Form**

**ON HEADED PAPER  
Consent to participate in research project**

**Participant Identification Number for this study:**

**Name of Researcher:** Alanna Gallagher, Trainee Clinical Psychologist

**Title of Project:** Understanding factors affecting the psychological impact of detention in UK Immigration Removal Centres on ex-detainees: a grounded theory approach.

**Please initial box**

1. I confirm that I have read and understand the information sheet dated.....  
for the above study. I have had the opportunity to consider the information, ask  
questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any  
time without giving any reason, without my health care or legal rights being affected.

3. I understand that relevant sections of data collected during the study may be looked  
at by the lead supervisor [Louise Goodbody]. I give permission for these individuals to  
have access to my data.

4. I agree that anonymous quotes from my interview may be used in published reports  
of the study findings.

5. I agree to take part in the above study.

Name of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Name of person taking consent \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



**Appendix H: Interview opener**

Opening statement for interviews (not exact):

“I would like you to tell me about your experience of being in an Immigration Removal Centre or detention centre in the UK, how this affected you, before, during, and after detention. When you are talking about this, you might want to consider experiences from before, during, and after detention. I will ask you some questions to help me understand your experiences and what you mean by certain words. Please remember that you can take as long as you want, that you can stop the interview when you like, and that you can choose not to answer questions.”

**Appendix I: Examples of Memos****Examples of memos****2<sup>nd</sup> April 2017**

Even after release, the individual is still entangled with the immigration process; they are not "institutionalised", but are still in the other part of the "unfair system". I wonder what impact this has on identity reformation.

**23<sup>rd</sup> March 2017**

It is interesting as a contrast that P describes some people for whom detention is "normal". I am quite sure this appears in a number of interviews. P creates a distinction between self and those people.

**18<sup>th</sup> March 2017**

Permeability and impermeability

It seems that while the institution is impermeable, the individual becomes more permeable, the recipient of ideas such as criminality. Compared to the institution, the individual's defences are weakened and depleted.

**7<sup>th</sup> March 2017**

I am thinking about the idea of not being believed and how that is delegitimising for people. It is yet another way in which people lose legitimacy. And it is like the boy who cried wolf, but in this case, one lie means many – as in the immigration system is massively disbelieving if anyone presents with false documents.

**20<sup>th</sup> February 2017**

This happens a few times: fearing death in detention but wanting to commit suicide. It is like suicide is a way of ensuring control over one thing, death.

**13<sup>th</sup> February 2017**

Not being cared for or not being seen

This could possibly be described as “disappearing” or something similar, feeling like nothing, feeling lower than a dog. Being ignored by society and locked behind a wall - forgotten.

**10<sup>th</sup> February 2017**

There are lots of situations that P cannot return to or escape from, impossible court demands, etc. Enforced liminality?

**30<sup>th</sup> January 2017**

Having an unrelatable experience - Feeling separate to others, in that the experience cannot be related to. Seems recurrent.

**28<sup>th</sup> January 2017**

Memo for model, Participant F: Wanting to escape by any means possible: death/suicide or deportation, or withdrawal into learned helplessness?

**21<sup>st</sup> December 2016**

In interview H, P talks about how he thinks they do things to psychologically torture intentionally, to wear them down. This may or may not be intentional, but could be

representative of the kind of institution that it is and how its purpose swallows the people within it.

### **10<sup>th</sup> December 2017**

Unsure if interviewee or interpreter, but the language slips into prison language here: The impression--the first impression was the shocking feeling, that I'm going to be free. So immediately I, left, I just went out, and then, I thought back again, I said "Oh no, I have to go back to my [Nationality] colleagues who are in pr--detention." [breathes in] And I told the police

In the recording, I can hear F say "police" and I cannot hear him say "detention": it is possible that he used the word "prison"

### **11th November 2017**

"If you mean I'll abscond from my house or something, that's another matter." They said, "No, if we ask you to come back, you won't come back." I said, "But you never asked me if I was going to come back or not, so how do you just made a grand conclusion"

This is a potentially important section as it highlights that the HO assumes the worst of people: they are presumed guilty and uncooperative, so that the most restrictive option is imposed.

### **5<sup>th</sup> November 2016**

#### **Transcribing interview C**

Around 32 minutes in, she talks about mental health worker coming in and never coming back to see her again. There is a sense of betrayal, which I think a few other individuals had also conveyed about specific experiences with staff at the centre.

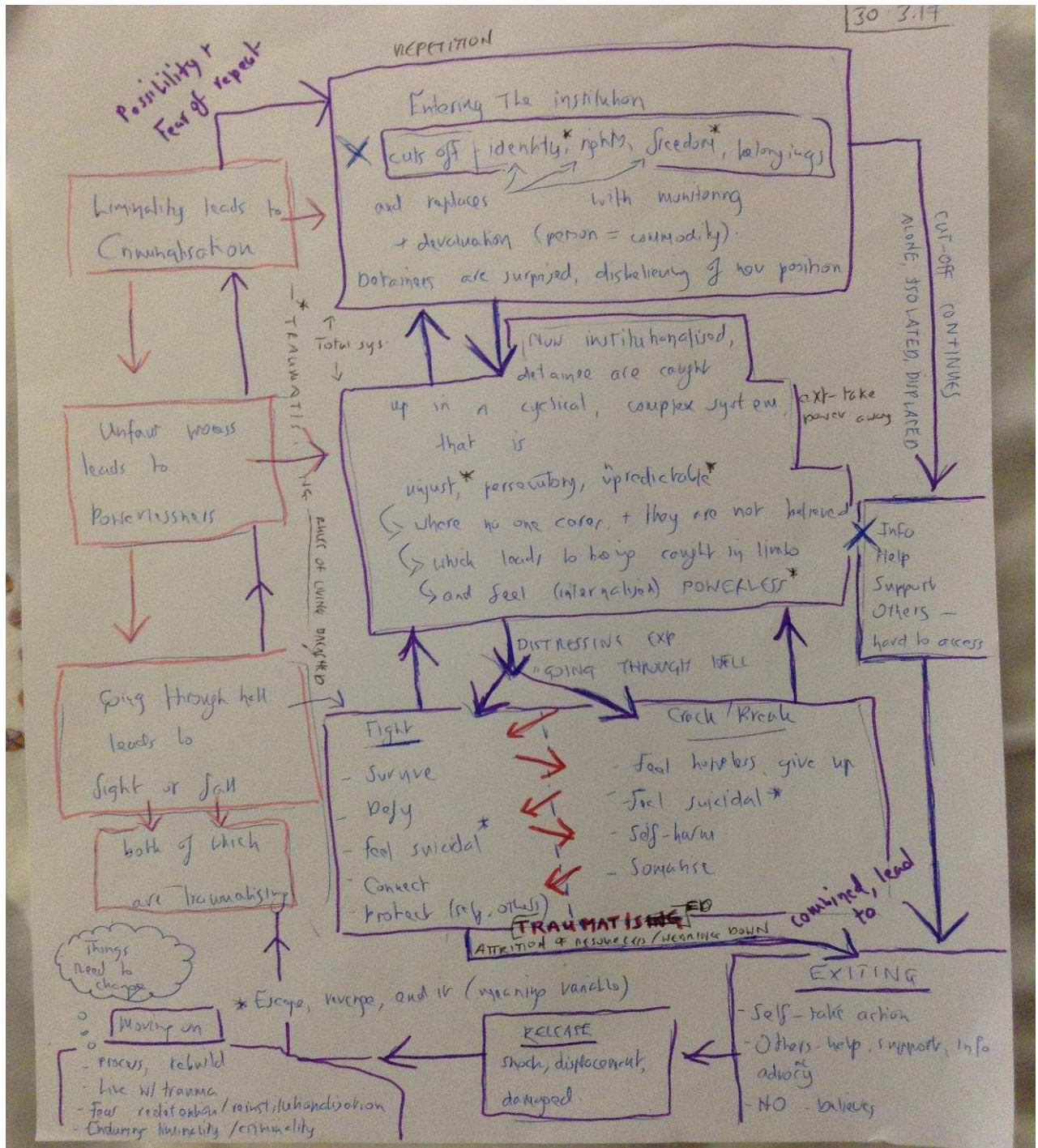
35 minutes in: talks about not wanting to be comfortable in the situation (having observed others being happy there). Perhaps this is some kind of resistance to institutionalisation? And an awareness that become comfortable means accepting one's fate and not trying hard to get out.

56 mins 30 s in: talking about requesting underwear for a [Nationality] lady. The sense I get here is one of indignation (similarly to complaining about the food) and being able to hold on to dignity and recognise disrespectful, unacceptable behaviour in any context, like making fun of the disempowered is never funny in any context.

The idea seems to be, "I will not accept this."

Note: Need to change sign-in details for Home Office. Also consider changing language, country of origin.

Appendix J: Samples of Developing Category Diagrams







**Appendix K: Table of Categories and Quotes**

Category	Subcategories	Focused codes	Descriptive codes	Quotes
Liminality Being an asylum seeker/ refugee	Being marginalised	Being alone		<p>Let me say--no, let me say that, when I was there they, made fun of me. I couldn't call anyone I didn't have access to anything, to anybody. And if I wanted to call someone to let them know, that was not possible. (Irsa, speaking about prison)</p> <p>Then that [Nationality] lady was freed to go. I, was upset, because again I was, lonely. (Irsa, speaking about prison)</p> <p>So he's the only, [sniffs] family I got, or someone I got: I don't have anyone, so, [takes tissues] I have to, [sniffs] be contact with him. (Jalil)</p>
		Being displaced		<p>After I said, I am living with my friends but I won't have it for very long so I would need support. (Chetana)</p> <p>Me, I was, being tricked, from uh, the traffickers. (Dai)</p>
		Being illegal		<p>So, I did my studies, I wanted to study again, and, em, but unfortunately, um, that college got revoked and, that's where the problem started, and I already had some problem, which I didn't, disclose. (Chetana)</p> <p>But the judge decided, or court decided that, because, our crime--ah no, because uh, we had broken so many laws, and the crime we committed is, very high, we need to go to a different court. That handcuffing, and the way they treat you, that breaks your personality. (Irsa)</p> <p>Oh, so, I--obviously been found by police and then, they gave me sentence. (Dai)</p> <p>I've broken the law which says that I'm not supposed to be in the country</p>

Category	Subcategories	Focused codes	Descriptive codes	Quotes
				<p>that, I'm not legally in the country, so that's the reason why they detained me, and then being in the country without any, legal status. You're, you're, you're--you become an illegal person or a criminal. (Hebron)</p>
	Over-coming challenges	Coming from difficult circumstances	Being persecuted in country of origin; being rejected by family; escaping a regime	<p>My family rejected me. [...] I left, my children, my ex is the one who tried to kill me. I don't think--he took everything everything that I had. I'd built my own house, made up my life, my business, everything. (Gasira)</p> <p>Cause I was forced to sell DVD. (Dai)</p> <p>So, they--he took me to the, police station, [...] and, the, officer, they--they don't ask me about me and him, because that day he beat me up: they did not ask me about, what happened.”(Jalil)</p> <p>I just stop medication because I feel it wasn't good for me, but I don't feel okay. I don't feel okay. But I--like I say, I cannot tell whether that is, due to, detention or because it's something I had before I went into deten- detention. (Hebron)</p> <p>She was in the shower as well. We, could, see the next person, and the doors of the bathrooms were open. His--her friends, kept coming and, watching me, from under the door, using the gap under the door. And eh, I was trying to, wash up quickly and leave the bathroom, but she kept telling me, "No no no, don't go; wait wait." Or perhaps she said so many other things that I didn't understand. I was so frightened, I was scared of her. (Irsa, speaking about prison)</p>
		Lacking resources		<p>And I was like, ‘How I'm going to manage it? I've got no money, I've got no friends, I don't have any contact and all of that. Uh, and haven't got it paid for, uh you know the travel, even the Home Office pays, how I'm going to relocate to another country? (Chetana)</p>

Category	Subcategories	Focused codes	Descriptive codes	Quotes
				No one explained anything to me. And I, couldn't speak English. And, with lots of difficulties, I managed to communicate with them that, I need to write a number, and send it somewhere, they confirm it. I didn't have any, sterling with me. (Irsa, talking about prison)
		Making a difficult journey		In Eritrean's experience, when he's Eritrea, goes to Sudan, and then there is a Sahara all the way to Libya, and then crossing the Mediterranean, all this, the aim was one: they want escape from the brutality of the situation there, to end up in a safe place. (Freselam)
		Wanting safety*	Saving one's life, running away	So, I just eh thinking, how can I save my life? (Emran)
Liminality to criminality	Being institutionalised	Being inducted to the regime	Being given IRC phone; learning the rules; occupation in detention	<p>For them, [breathes in, crying] it's like, it's not--they are in a normal place, some people. Or some people--for me, like me, I cannot understand that, I cannot, I cannot, I can't [sniffs]. (Jalil)</p> <p>Em, so, after that anyway, we got there to the induction centre, to induction whatever wing, and they said, "Here, your key", eh, that's it. (Brigid)</p> <p>You're illegal in this country, you get in detention and then you work for Home Office. Is it not still kind of the same thing? And they get paid one pound per hour. I was like, "This is like, uh slavery. Worse than slavery." (Chetana)</p> <p>You know and the, the worst thing was at night, because, um, tch, after--was it 8.30 or 9 o'clock?--and then they shut the doors. You cannot--you have to wait 'til the next day. And then there was that rush, you have--when it's about, about to shut. Go and make yourself a cup of tea, that, can last you forever. (Hebron)</p>



Category	Subcategories	Focused codes	Descriptive codes	Quotes
				<p>Yeah, but, somehow people work because, they get used to the system, and then also, a bit of extra--extra money, 'cause, you have people--the food is horrible. (Hebron)</p>
		Losing identity	Having belongings removed; being referred to other than by name; roles being ignored	<p>So she said, "Yeah, but not like, everything, uh, so like, you know we can't keep all of that, so you have to, get that, get rid of those, and keep only 20 kilos." I'm like, "What do you mean, get rid of it? I'm not going to get rid of any of that, because I need ev--all of, all of it, like you know." Uh so she said, "No you can't have it," and all of that, so I was like, "Oh gosh, this is, a nightmare." I was so tired, I didn't want her to have like any argument. (Chetana)</p> <p>So because of this illness, sometimes in a detention centre, I'm--so she's going in and out of hospital there, and then she, be coming back again. I just--she says, "I just don't know who I am." (Dai)</p> <p>"And he says, 'It just means that there's no evidence that you have any nationality, because they've renounced, your [nationality] citizenship.'" (Brigid)</p>
		Presenting alternative identity*	Describing roles & identities, reminding about the person	<p>I'm like, "I'm a professional [career] manager, [career] manager ." [sniffs] (Brigid)</p> <p>I've never, I started working so young, doing business and work at the same time. I've never begged. (Gasira)</p>
		Being monitored	Having presence accounted for; feeling privacy of communication is	<p>You know, because they listen to all your phone calls, you know. You can't access your email, 'cause once you do, they have your password, and they're going through all your emails. (Brigid)</p>

Category	Subcategories	Focused codes	Descriptive codes	Quotes
			<p>compromised</p>	<p>The system which was--they were operating inside when I was in detention, that things which were annoying, one that, eh control system, which is a check, which they do, and secondly, when they, during the night when they knock the doors to sh--to, check whether the person is in or outside the room, and the microphones as well, when they eh, when they speak loudly on the eh microphones. (Freselam)</p> <p>If I go to the library, I just read a newspaper and all that and then, because even when you're using like, internet or whatever, they said, your e--email is, w--monitored, but I don't know how they would, do that [unclear] so there wasn't any point? And you're like fearful of what you're saying, even on the phone, because you think you're watched. (Hebron)</p> <p>But you still have to eat because if you don't eat, you'll be in trouble. (Hebron)</p> <p>They would come and check on us in detention, but not like prison. At a, particular time, they come and checked on us, not all the time. (Irsa)</p>
	<p>Having limited rights or freedom</p>	<p>Being cut-off from the world</p>	<p>Limited communication; limited English; losing touch with family: Being locked up (shocking loss of freedom)</p>	<p>Yeah, because uh, eating has a certain time: if today you can't find your ID, tomorrow can't find your ID, you just have nothing to eat. [breathes in] (Dai)</p> <p>I don't have even mobile phone. I have mobile phone, but I don't have credit, anything. (Emran)</p> <p>Because, uh, of being isolated, so there were no contacts or communications outside the detention. (Freselam)</p> <p>So you can't see the outside, nothing can be seen and they were just like,</p>

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				<p>you know, you go straight into the car from the camp. (Adile)</p> <p>You know, the way it's so secluded, somewhere, you--the one in Dover, it's so, up there in the hills, you cannot even escape. (Hebron)</p> <p>People say, "Yeah, they feed you, they do work," but, it's--it's not the same. If you feed me, eh, and if you look after me when, you--you've tied my hands, I don't have any freedom, how am I going to be happy? (Hebron)</p> <p>In detention centre, you ha--I had some freedoms. So, um, the doors on your--the room didn't have doors, metal doors, and nobody came, to check on you all the time. (Irsa)</p>
		<p>Feeling less than human</p>	<p>Being disrespected; nobody caring; putting a value on oneself; being the only female</p>	<p>So, when you're sick, when you're ill, nobody helps you . . . nobody cares. (Dai)</p> <p>The life in there, is like, is not even, even like a dog outside here 'cause the dog, ill they take to the vet and we, ill, nobody care. (Dia)</p> <p>So I have told them "You really have no heart." (Dai)</p> <p>Um, where they first took me, I was there with a pregnant woman . . . Yeah yeah [crying] she was so young [sobs] and pregnant [sniffs] . . . So if they can do that to a pregnant woman, what--I have no chance. (Jalil)</p> <p>Now, I saw the group, they were, some people who were so old. Even over 70 80 . . . Some were, disabled, with crutches; completely, people who should be in the hospital, they were locked up there. They could not even speak, English. There were no people to help them. (Gasira)</p>

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				<p>Yeah, no respect at all. And also, to, try because they are people who live among, uh, families. They should know, we are, from different backgrounds, different cultures, different em, age. (Gasira)</p> <p>One of the, Home Office officers, who came, to see us, made fun of us. (Irsa)</p> <p>It wasn't a good feeling because the staff is, I want to say rude! It's like I don't know, they don't even look at you, with--they c--they don't even smile at you. (Chetana)</p> <p>They give you, a cup, uh that is, your, you don't share with it, or you use that cup for everything, literally, water, uh, tea, or whatever, you want to do, uh, with that cup, and, you get only one, so if you lose it, you--you lose it, like you know. (Chetana)</p> <p>They didn't care. (Brigid)</p> <p>All you want to treat someone as a human being a--even criminals are not treated like this but to them you are a criminal anyway so. (Hebron)</p> <p>[sniffs] And he couldn't, h--show--wash himself or feed himself, and I'm like, "What kind of human being can do such a thing, to [unclear] these?" (Hebron)</p>
		Losing control	Being directed; being hungry; unpleasant environment; being transferred or transported;	<p>Um, the crack of dawn, bearing in mind they didn't actually take me to the induction room 'til about 4 or 5 o'clock in the evening. (Brigid)</p> <p>Em so I said, "I need food to eat, and I need uh, some food for tomorrow morning also, because I need to fast." So she said, "Ah, well we've got uh no food, and this and that, um the kitchen is closed." "I don't care like,</p>

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			<p>experiencing sleep disruption; privacy compromised; losing control of one's body</p>	<p>I need food, like really." (Chetana)</p> <p>So, I moved in, with her, but then her room had, eh bedbugs, that she was sleeping with apparently and she got used to it or something. The very first night I was like itching. (Chetana)</p> <p>So all my face has become very very swollen. Everybody that saw me is going, "Ughhh! I'm frightened of you!" (Dai)</p> <p>You can't believe, how can you wake up in four months five months--I'm just sleeping just sleeping two hours a night, one hour a night, and but I'm, also so tired. (Emran)</p> <p>They come--as we don't like to show our bodies to anyone--they come and open the doors without knocking. And before even you say 'yes' or answer, they open the door. Somebody, I think they have keys. They will just come and, open the door, [snaps fingers] you see him in the middle of the room. (Gasira)</p> <p>And then obviously there were certain small things that were distressing: for instance, the showers. Sometimes, they would break down. They were dirty. You asked people to wash them, but nobody listen [unclear]. So, I--I think--I have--that has the biggest problem--one of the biggest problems because, I used to being in a clean environment, and then you go here, some people don't care. (Hebron)</p> <p>You know it's very, horrible room . . . So, they are smoking so much, the smoking room there. So I'm not smoking. (Emran)</p> <p>For whole region of two months, people shouting outside, so it's so much disturbance there. (Emran)</p>

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				<p>So again there is no freedom also, the--we are being under control and told to do--what to do, what not to do, and so on. (Freselam)</p> <p>So, [crying] the immigration came and took me. I don't where I was going. I was crying from, the [town] to, Yarl's Wood, because I don't know where I'm going [crying throughout]. (Jalil)</p>
		Obtaining information about detention*	Learning and understanding detention; gaining information from detainees	<p>And I asked the other people in the blocks, nobody was taken through such a lengthy, [breathes in] interview. (Gasira)</p> <p>They just gave me a form and said, "Okay, we're detaining you because we think you might abscond, em, because you are refusing to go back to your country" and then, in brackets it's got [Country]. (Brigid)</p> <p>And I met some [Nationality] people, at detention centre. It was them who explained, what the deten--detention centre was. (Irsa)</p>
	"This unfair system"	Applying for asylum	Feeling judged; having claimed rejected; having interview; having negative interview experiences	<p>So the--the person who took the interview, she was really rude and racist. She kept on saying, "Do you need an interpreter?" And I'm like, "No, I speak English, and I understand English, as long as you use your mic." So that wasn't very pleasant, but I was, trying to be very calm and patient because I thought like, you know, 'This is important Interviewer.' and that, em, I don't get upset and all of that." (Chetana)</p> <p>Yeah, she did took some details and, she was eating also while she was taking the interview I was like, "This is, great!" [laughs] And uh, she, made lots of mistakes during that interview. (Chetana)</p> <p>Maybe that time, is recently I've sat through my interviews, so much interviews about this. (Emran)</p>

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				<p>And this--we started, in the morning, around, ten, until, with a very short break. I couldn't--I was completely traumatised. (Gasira)</p> <p>Yeah, breaking the trust, and I've given the person all my information. I kept thinking because, I come from a high profile family in Kenya, 'Where is that lady going to take my information?' (Gasira)</p> <p>Okay. S--which when you're, when you're feeling, "I haven't done something wrong," it feels really unjust, or unjust. (Irsa)</p> <p>"They just want to take you, back. They--they don't believe anything you say [sniffs]. [crying] You will hear them say, '[unclear] she is lying.'" (Jalil)</p>
		Experiencing injustice	Being misinformed or duped; not being believed; knowing about malpractice in detention	<p>I said, 'That's not possible, because I know for a fact, if you wanted, you would a) go to my house, and b) do electronic searches from addresses, to working, to tax, to, to whatever you want.'" (Brigid)</p> <p>I was like, "[Solicitor's name], I've got some bad news for you. My roommate's pregnant." She was like, "Oh you mean she came in pregnant?" "No. She's been my roommate for more than seven months and when she came in, she was not pregnant. She's probably about two months' pregnant." She was like, "How?" I'm like, "She's pregnant, believe me you, she's pregnant. (Brigid)</p> <p>So, she signs it. It actually says, "I withdraw my complaint." and that "nothing in my statement is true." And so when I'm reading, I'm going, "So you changed your mind? That's really quick." She was like, "No, they told me it's to investigate." I said, "No darling, this is to say that you--y--you lied." She says, "But I did not lie." I said, "I know you didn't</p>

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				<p>lie." (Brigid)</p> <p>Because my case owner, the person who took my interview, he never even said that, "This is your transcript, go through the asylum interview, "now I'm giving it to you. If I've made any mistakes, or you think that uh I haven't, em, explained it correctly, "let me know, because you've got seven days." She was told this. I was like, and that time, it was too late for me. I was like, "What? I wa--I wasn't told this." (Chetana)</p> <p>Um [clears throat] and then uh there was um, uh on one occasion, [clears throat] [...] oh yeah, and then I don't know, probably some of the women, would have raised--or they would raise like you know how they, lot's of women, were uh being, raped, in detention centre. I had a roommate for some time. She, told me, [laughs] and when she told me, I was like really shocked, and I was like, "What?" She gave me the name of this officer that is uh like you know having sex with a couple of the detainees, and where they go, uh the hide-outs, and because he's a staff he knows where, uh, they don't have a camera, and uh, l--and all of that. Em, and I was really shocked. I was like, "But why do women they do it?" So, I was sh--because, when I was in there, lots of things were new, not clear, and uh, I didn't understand that it was, like you know uh, why and what circumstances, like the women were agreeing. . . (Chetana)</p> <p>But then when it's already become very very acute, she want them to quickly help her. They just says, "Everybody in here, they are all pretending to be ill." (Dai)</p> <p>Yeah, so, my illness is because, inside detention centre, it's being delayed and delayed and delayed until it's just totally not [unclear] (Dai)</p> <p>Where you, you are given the interview and you've got only, like two</p>



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				<p>weeks, to be in the country for--if they make the decision, you don't have a chance to prepare yourself to a lawyer, or anything. So it is her word, against mine. There was nobody, only two of us. She was typing, asking me questions and typing. (Gasira)</p> <p>How well can I hide? I went to them; they did not look for me. And then they grabbed me and lock me. It is... And also that eh, fast-track, not giving people, enough time to, to be listened to, to be offered, eh, um, help for courts. (Gasira)</p> <p>I'm not saying anybody should be in that place, but, um, they say, they'll put you there because, there's nothing to show that you're--you're-you're allowed to be in the country, but if i've told you, that I've got an application, in, in, in--with you, and then, I've got a med--medical history and all of that, why wouldn't you listen to someone? (Hebron)</p> <p>I said, "Okay." So, I told the officer, I said that, "I want to claim asylum." [.] The officer, um, [.] the officer said that, "No, you think that you will come to the country, and stay here, until now, you want to claim asylum. It's not going to happen." (Jalil)</p> <p>[sniffs] For me, I know that I'm--if someone ever overstay, it's not right. But, I think it's good to listen to them, if they need help, at that stage, for me the way I see it, if you listen some--someone, and, when someone told--tell you you're--don't don't just saying that they are lying, because they want to stay in the country, . . . (Jalil)</p> <p>Yeah one of the things which I remember, um, because you don't have information, what they do is, Home Office people came pretending to be solicitors, and that--she was a lady, and ah, she said, that she was a solicitor but she was, Home Office person. . . . So, when she came for,</p>

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				<p>she said that she want me to come interview as a solicitor, and uh, I have my own solicitor, so I didn't want to, be her, the interview, I didn't want to answer to her questions. (Freselam)</p> <p>And they denied it; and they denied it. And that was getting me so angry, but, like sometimes you're talking to people, the wall, and nobody's listening to you. (Hebron)</p> <p>Okay, she, hasn't worked in her life, and that's why the fingers are not thick enough, to get a print out of them. Still they didn't let me go. (Irsa)</p> <p>I told the immigration department there that, "I always thought, you respect females more than the males, "You let him go, but I'm still here." (Irsa)</p>
		Experiencing unpredictability	Being moved unexpectedly; facing deportation; waiting or experiencing timeless	<p>Uhh, a week later, they take me back to the airport, they tell me I'm going on a flight, and if I don't go, today, they're going to arrest me. (Brigid)</p> <p>There is something called, uh one of the most stressful times is like when they have chartered flights. They just round up--oh! All--they have lots of chartered flights to [Country]. (Brigid)</p> <p>Em, then, I can't remember exactly when uh, someone from Home Office came to see me, but uh, the whole day went by, and then, the following, night, the next day, the next, morning when I woke up there was a girl in my room. (Chetana)</p> <p>Also, you don't know when you're going to get out whether it's going to be within weeks, months, years, because you seed lots of women, there. Some they get out very quickly. Some they get re-detained also.</p>

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				<p>(Chetana)</p> <p>At one point, it was near about five o'clock in the morning and they were banging on the door, like, 'Get up! You're going--all going to the— (Adile)</p> <p>So, in the ah, prison, there is, ah, how many months you can serve but in a detention centre, there is, it's like, life-time. Is--there's no end. They don't give you how long—(Dai?)</p> <p>So, every day, every day like this, so when it's uh, day-break, uh, you thinking, "When is daylight?" You think, "When is day going to end?" When--when it--when it's dark, you go, "Oh, when is the day going to, bright again?" (Dai)</p> <p>I will tell him, so much time, eh, what about my case [unclear], still I'm waiting waiting waiting, but, he didn't write to Home Office some updates, he didn't give me update. (Emran)</p> <p>Of course there is it, like a, prison, a kind of prison in there, and we are, thinking about future so, so they will deport us because, every days, two three persons, deported and, new person comes. (Emran)</p> <p>The first part--the first part of psychological torture I call it is that, you be--you remain waiting, what's going to happen. (Freselam)</p> <p>And because ah it happened ah, I was taken ah, at night, among other, you know girls. We--I was not even told, they did not even prepare me, where they were taking me, whether they were deported me, whether they were taking me to the centre, or what they were to do with me. That really, is, very very--I think that is where my problems started. (Gasira)</p>

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				<p>I felt, like I had nothing to live for. Yeah, but--then um, when the transfer--eh--the whole system is so bad because y--you--they transfer you to this place, but they drive you around. Probably you get to--to the place around four in the morning. (Hebron)</p> <p>Because what they do sometimes is they bring in different people, different people. You get used to this person and then they change and they bring another person. (Hebron)</p> <p>Then as I was walking into that room, where, this and I watch, they gave me the papers, I was shattered. I was shattered. (Hebron)</p> <p>When they took me to the last place, I was sure that they, that I'm staying there for good because those people who were there, were there for long time. (Irsa)</p> <p>Days were too long. Clock didn't move. Four months to me was four years. (Irsa, talking about prison)</p>
		Lacking resources	Having no support or advocate; lacking information; Having no monetary resources	<p>She said, "Well, ask some of the other girls you know, they might be able to give you a lawyer or something." (Brigid)</p> <p>No chance. Nope, no no no no. You don't need cash, because it's a luxury, and they're meeting all your human rights. They're feeding you. (Brigid)</p> <p>I feel, even though she didn't do, much in terms of getting me bail, or with my asylum, or she didn't explain, lots of thing, but she had not charged me. (Chetana)</p>

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				<p>What they won't tell you, is, how to get out of, detention, how to get a legal aid solicitor, whether you are, ah, entitled for a legal aid solicitor or not. Because I think these are the thing, that would help, the most to any detainee, but they don't give any of that information. Not at least during that induction. We didn't get any of that. Em, they don't tell you about the charities that they come in the detention, uh, to visit and if you want to book in an appointment with them, what to do. (Chetana)</p> <p>Although, um, they have, [Language] there and English there but, because I've never had any education so I don't understand a thing. (Dai)</p> <p>More than two years, nobody ever come to see me. (Dai)</p> <p>And there was nothing written on that letter. So she sent that letter--the original one--which was not signed by me, to say that eh, "You had a solicitor before". I thought that I had no solicitor. (Freselam)</p> <p>I asked them, "I came through, that door, and you're taking me through a different door. Can somebody explain to me something?" They said, "You will know when you get there." (Gasira)</p> <p>Yeah. It--it w--and matters [breathes out] became worse 'cause my solicitor after that bail, hear--after he failed he said, "No I cannot represent you any more," so at one point I didn't have any, any legal representative. Th--was--a--so, I had to find someone, yeah, that was really tough. (Hebron)</p> <p>Co--she knew that the, asylum seekers should not be imprisoned and she was wondering why, that solicitor never told me. (Irsa)</p>

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				<p>I told him that, because, [takes tissue] there is no way, [sniffs] there is no way, at that time, because I don't know all these, I don't know that there are people who can help me. (Jalil)</p>
		<p>Engaging with the legal system</p>	<p>Attending court; dealing with police; dealing with the judge; encountering hurdles; positive outcomes</p>	<p>You know, she said, "This is not serious enough for you not to get bail. You should get bail on--this type of case. I don't understand." (Brigid)</p> <p>Like the judge was blaming my barrister for the short-comings of the police. (Brigid)</p> <p>He says, "It's going to be very hard," he says, "You're definitely going to get through it, but they're going to make your life miserable in the meantime," you know. (Brigid)</p> <p>So judge came and, as soon as judge enters, the Home Office officer says, "You know your judicial review was refused, yeah?" I was like, "What?" So she was like, "Yeah." So, um, and then by then, I was like by the time I had my address and uh got the hearing, I have seen [Solicitor's Firm] But it wasn't sure whether they will take on my case or not. (Chetana)</p> <p>So I was like, "Oh my god." So I told judge, that that's what has happened, she's just handed me she's just handed me my judicial review refusal, which I never received it, and I don't know what to do. And he didn't had my Section 4 address, so he didn't know whether I had uh, anywhere to live. So I said, "I've got in my room. Can I go and pick it up?" So I was like, "This is the time I can also go and make loads of calls." (Chetana)</p> <p>[coughs] At that time, [Nationality] cases were in the High Court.. (Freselam)</p>

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		Having faith in the system	Believing things will work out; appealing to rationality	<p>I was like, "Okay, maybe this is all going to be finished soon "once I have my interview, I'll be able to tell them like, why I'm claiming asylum and they will grant me leave to remain and this is it, and it probably has a happy ending". (Chetana)</p> <p>You know, they realised that I clearly live here, and this, I didn't just arrive from nowhere. (Brigid)</p>
	Expressing and internalising the system	Expressing disbelief	Expressing surprise; panicking	<p>So, when they arrest me, um, because the shock, [...] for me I think that I'm in a dream. (Jalil)</p> <p>But, after the interview, they just surprised me, and that, really really affected me a lot, because, I remember, um, I was escorted to the, car, and I fainted. (Gasira)</p>
		Feeling criminalised	Being treated like a criminal; feeling guilty or bad; being "illegal"	<p>Because I'm a high-risk criminal! Oh, I'm thinking [whispered], "Oh god", I said, "This is what my life has become." I was like, "All right." (Brigid)</p> <p>They have put me in prison because, [breathes in] there must be something I've done wrong uh, and I wanted to, like you know, know, what is happening, why am I being em, detained. (Chetana)</p> <p>And, em, and everything else around you, like the doors and everything, is locked, and you--they tell you where to sit that you can't even like sit wherever you want, and everything is locked and you got like, really limited and space, to sit sooo, em, I actually felt, like, a prisoner, and I, had never, like, done, anything, in my life, like you know, I have never committed any crime and I felt like, I don't know, it was like, weird feeling, I was like, crying constantly. (Chetana)</p>

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				<p>She started feeling like guilty and thinking, "What have I done wrong? Is it because I'm like guilty of just being a human being?" (Adile)</p> <p>So, I--I just thought, "No, I'm a bad person, I'm a bad person," so a bad person need to die, so I--i just trying to, suicide. (Dai)</p> <p>Nothing I think is different in detention than in jail. (Emran)</p> <p>Sometimes you want feels that eh, in detention, as if, it looks like it is, a prison. (Freselam)</p> <p>Rather than: you are locked there, without trial indefinitely, you don't know whether you are going to be taken home, how long you are going to be there, and then they are telling you it's not a jail; it is just a place. (Gasira)</p> <p>So it was--I couldn't believe what was happening to me at the time because, like I said, I'd never experienced anything like that, I just felt I was--I was in prison. (Hebron)</p> <p>So, this was our argument: if someone goes, and commits a crime, and you imprison them, why would you try and mix them up with people who are like, seeking asylum, who haven't committed any crime? In your eyes, they've committed a crime because they, they don't have papers, but, can't you really isolate them, put them somewhere else and then--because some of these people, you can tell they're proper criminals, the way they're behaving inside there . . .(Hebron)</p> <p>And then, when we went to see the optician, [.] they don't take off the handcuffs. (Hebron)</p>



Category	Subcategories	Focused codes	Descriptive codes	Quotes
				<p>But even the, if you, want tablets, they will not give to you until the doctor, [sniffs] accept it. Then you will stand there and take it--it's just like prison! [sniffs] (Jalil)</p>
		<p>Feeling persecuted: "The world, is against you"</p>	<p>Experiencing detention as punitive; feeling targeted or disliked; shattered trust</p>	<p>Because I thought, "I--They've done this on purpose. This is just a complete set-up, not to go to my house." (Brigid)</p> <p>And they continued to bully me the whole time I was there because my lawyer complained and won the complaint. (Brigid)</p> <p>So he was like, "Yeah, they do that, isn't it? And, that's what they're going to do with you because you keep complaining," and this and that. So I was like, "Oh I see, I get your point now. So you're actually trying to scare me, that you know if I don't listen to you guys, uh you're going to start like um, uh harassing me, bullying me, and uh torture me, eh, so that I start listening to you." (Chetana)</p> <p>So it [protest] was really exciting, and uh, and that was great and next day I had my first bail hearing. Uh, so, and I kind of like felt like probably my judicial review was refused for that reason itself. Chetana</p> <p>And then, if you want to die, they just shut you in a even smaller room. They just don't want to show that you wan--they--they don't want people to think that you want to die. They--just--just watch us, just so that you're not uh, commit suicide in there. (Dai)</p> <p>And--but when I'm not very clear, I will keep on asking myself, "Who am I? Why? Why they're doing this, to me?" (Dai)</p> <p>Yeah, but ah, even if you have a good solicitor, if the immigration want</p>

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				<p>to punish me, and I think they punish me because of that document, because they think if you once a liar, they can't believe in me, and I'm telling you, I know, that it happens like that. (Gasira)</p> <p>Once you see is, the planes from Heathrow flying by: I think that that's intentional, because, someone said to me that the Home Office, everything they do with detention, is just to psychologically torture someone, because, they believe that if, if they can't get you to leave, v--voluntarily, they will use these methods to get you, out. (Hebron)</p> <p>And all they were trying to do to break your personality. (Irsa)</p> <p>Of course, they were just, playing with their, psychological state, by, like, mocking deportation, taking them to the airport, and c--bringing them back. (Irsa)</p>
		Feeling powerless	Experiencing power imbalance; having no agency; helplessness	<p>There's nothing I can do. (Brigid)</p> <p>But then, I had to be very careful, when I um, like uh you know, saying things like that, because that could go against me. (Chetana)</p> <p>It's been like, "How dare you complain about us? We can do whatever, but you cannot complain." (Chetana)</p> <p>I want to be, safe, with my husband, and I want--I want to be able to choose where I want to live. And eh, you know and, I want to be able to make decisions, of my life, rather than someone else making that, decision. And I feel very, uh, powerless, when it comes to, my life, my protection, my safety. (Chetana)</p> <p>It felt like very like weak, like, you know be--not being able to do</p>

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				<p>anything. (Adile)</p> <p>They forced us even to go the airport. We're saying, "We don't want to go", but they force you to go. (Adile)</p> <p>Uh, there is it, the officers who were work there and they control us. (Emran)</p> <p>I wanted to help people [living] there because it's within me, and I felt helpless, and annoyed. I couldn't take any more--I couldn't cope. [quietly] (Gasira)</p> <p>I don't know why they do that, because most people say it's just to um, psychologically torture you, because, they want you to get fed up and say, "Oh I need to go." (Hebron)</p>
		Feeling threatened	Feeling unsafe; fearing death	<p>They're going to kill me in this place [detention]. They can literally kill me, and no one will be to blame. (Brigid)</p> <p>Here, whenever I'm sleeping then I'm thinking, someone kill me. (Emran)</p> <p>So they don't, when I will go in airport, they will catch me there. Tch. That one is next, they hang up me [sniffs]. (Emran)</p> <p>I just, I--I saw them to be, a danger to me. (Gasira)</p> <p>So, for us to meet people who are as dangerous as where we left, that kills you. It's like you have met people who tormented you why you came here. So, I say, "This is phase two of my, struggle." (Gasira)</p>

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				<p>And um, you're in constant fear that um, because all of us have our reasons why [laughs] we left the country, and, for it to be--you're always in the fear that, "I'm going to be thrown out, just like that, without even, my stuff and everything," so you're worried. (Hebron)</p> <p>No they, didn't like get to--they were screaming at each other, because they know the guards were there and then, it was really hard for them to fight, 'cause then they would be, apprehended quickly. (Hebron)</p> <p>It was was on one occasion I went to, buy some, charge for my mobile and, the person who was standing, behind me, was touching my, behind, and I thought, just that was an accident. Then, she, did it again, and, uh, I decided not to buy that charge and I left the queue, didn't want just any, another ugly incident. (Irsa)</p> <p>Um, because I, I think that, um, they going to remove me and, if they remove me, I'm going to die. (Jalil)</p>
	<p>Responding: I went to hell and back</p>	<p>Defying: "You have to fight"*</p>	<p>Asserting oneself; being persistent; challenging authority; resisting acculturation</p>	<p>“And I'm not going to cooperate with you to take me somewhere that I'm not going to, you know, abscond.” (Brigid)</p> <p>“Cause I know for a fact if you do a blood test--Take my blood! You will see that I'm telling the truth.” "No need for a blood test." "No! You're calling me a liar--I'm tell--I'm offering to give you--you do a blood test!" "No no no no no." I'm like, "You're refusing because you know I'm right." And he was like, "Let me see." (Brigid)</p> <p>He said, "No no no, this is normal. It will"--I said, "This is not normal: you don't sleep with bedbugs and you don't get, that, rashes on your body every day. And eh, you must give me something." So he said, "Uhh, the</p>

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				<p>officer said we ah will move to you to another room, where you can sleep for the night" (Chetana)</p> <p>I think uh, I [...] went like you know, I was bit kind of bit like you know, wanted to carry on, uh, to fight. (Chetana)</p> <p>Okay, there were others who--whom I met in Italy, the four months maybe, who are we were together in detention, they just extended their stay in detention by refusing and then they came, removed by force. (Freselam)</p> <p>Yeah, and when uh, she finished the interview, she told me to sign, and I told her, I did not feel comfortable to sign, things that I don't know what she was typing. (Gasira)</p> <p>I said, "I'm not doing this, because, if I do this, it's like I'm--I'm happy with system." (Hebron, talking about working in detention)</p> <p>But sometimes you think about it, distress you're going to cause your family and everyone, and you say, "I'll try and fight harder and harder." (Hebron)</p>
		<p>"I felt something crack"</p>	<p>Trauma responses; somatising; feeling hopeless and giving up (expressing suicidality; not seeking</p>	<p>My thoughts like, is like, the--my life had ended. (Adile)</p> <p>I just wanted to die. (Adile)</p> <p>"I can't deal with this, at all. it's just too much. It's over-whelming for me." (Brigid)</p> <p>Yeah, it's not normal she's cut everywhere, I mean, all her neck, h--she's cut everywhere, and I'm like, "Oh my god, I can't deal with this."</p>

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			help; not caring for self); losing faith in the system; cognitive responses; expressing distressing emotions; being driven crazy	<p>(Brigid)</p> <p>And despite what people think when they see me, [sniffing, crying], they always think maybe I'm feeling like upbeat all the time", I said, "I hurt inside just like everybody else, and it's so difficult for me, sometimes to cope and even sometimes to speak about things. (Brigid)</p> <p>"What has helped or hindered you since leaving detention?" I have no ID I, live on food vouchers, it's, a terrible, existence, and, it can be classed as torture, you can only live on vouchers for so long before, it begins to affect you. (Brigid)</p> <p>When she came--when she came back, they didn't check her, so she came with the medication, and she was like, "Aha! They didn't check me, I've got all these pills!" She went to sleep and I took all of them. (Brigid)</p> <p>I went on hunger strike, and they didn't even know, until I was like an itty-bitty little, thing. (Brigid)</p> <p>I tried to hang myself, you know, just to just end that pain, because, not just what I was feeling. (Brigid)</p> <p>I'm feeling like, I don't know how, I'm going to get over, this, or whether I will be able to, get over, this, em, torture. (Chetana)</p> <p>Because, you know, these problems can make you, like that because I never thought I'd be very sad and depressed, but I am, you know. (Chetana)</p> <p>Em, uh, so, that day passed by, I didn't leave room. I was in detention for, less than, three months. (Chetana)</p>

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				<p>I think that's really bad because lots of people when they, try to like you know commit suicide or do something, how--they--they tr--they've been treated even badly because they get sent to this, don't remember what it's called, there is one place in detention centre, this--they send people there if you don't behave, that's what they say, 'when you don't behave'. (Chetana)</p> <p>At least two and a half months, I cannot eat anything. Sometimes I could just eat and [makes vomiting motion/noise], just all out. She couldn't eat anything. (Dai)</p> <p>Gradually gradually, then the whole body, starting to deteriorate . . . Eh, cannot go to the loo, neither, uh, you know faeces or urine (Dai)</p> <p>So, one day, that eh, the eh, staff tell me that, "[Dai], there are some people coming to see you!" And then she go, "Oh! Somebody see me! Oh! Oh!" I was so happy! But then, I walk halfway and then I, I come back and think, "Do I have any hope?" (Dai)</p> <p>It's worse than dead. I don't know what I'm doing there. I--I'm not living the life and I'm not dying. (Dai)</p> <p>I could be inside, uh washing myself, se--seven times, six times, a day. "Am I really that dirty? Am I really smelly?" She asking herself. (Dai, with interpreter)</p> <p>So, in the end, I couldn't think, uh, I cannot eh, the head just, cannot uh, come around. So, cannot go to sleep, and then, just starting to, sleep walk. (Dai)</p>

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				<p>I keep on thinking, "Where--or here--who am I? Where is this?" Of course, then I will be, very unpolite, impolite, I would uh, throw things, because she doesn't know who she is . I cannot control, she--mental-health wise. She cannot control at all. (Dai and interpreter)</p> <p>Because, it my experience is a very hard experience in detention centre. (Emran)</p> <p>Yeah, so that's why I, I have uh, more depression, more depressions. (Emran)</p> <p>But, this is--I'm not sure, what's happened, and secondly, there's so many things I lost, I don't remember some, thing, is there. (Emran)</p> <p>I talked with him, "It's very [hard?] for myself here. If I'm here, I will die." (Emran)</p> <p>[sniffs] The toughest part is ah, um the, psychological effect on that. (Freselam)</p> <p>The brain remains limit--eh remains limited in thinking only about what, day night, what's going to happen. (Freselam)</p> <p>Yeah, the--the, effect of being in detention still remains with me is that, even when I hear the word 'detention', that, takes me back to detention, the experience there. (Freselam)</p> <p>I can't believe it. Those, eleve--I've never felt like that in my life. It's like I went to hell and back. (Gasira)</p> <p>Yourself also, you are in an environment, em, not safe, so, your head is</p>



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				<p>not eh, working properly. You can't even gather your, story nicely, to know what you're talking about. (Gasira)</p> <p>We've been--I could have died at an--from an age of below ten, because of the suffering I've gone through, and I've come all the way to my 50: now you come and kill me. You know, it's sad. (Gasira)</p> <p>Generally they were traumatised, those girls. They would come and eh, [laughs] fall together like a heap and all they did was cry, all day! It was total chaos, for us to see you know that: it's a helpless place. (Gasira)</p> <p>Others would jump. There was a window, they would jump and, hurt themselves. Anything, people are looking how they can injure themselves. It's to tell you those are people who are s--not supposed to be there. They should eh, put a system where they pick, eh, on people who are really critical now and, they're--they're ill, or they cannot cope, rather than start learning about when someone's dead. (Gasira)</p> <p>Actually, even when I left the detention, my breasts were in pain. I went--they checked me for cancer, every disease--I failed it. I've never felt, so sick in my life. (Gasira)</p> <p>I had all these big interviews where you have to, you're like, in school writing something and then trying to remember, you're just trying to remember that. Remember you're distressed, you're stressed and everything, and then you have to use your brain to remember all these things. (Hebron)</p> <p>But with this, you don't know what's coming tomorrow; you don't know, what to expect. And then um, because of what I'd gone through um, I wasn't thinking straight. I'd done stuff to myself and everything and so,</p>

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				<p>they put me in um, in a, in--in um, kind of dormitories--I don't remember the names they call them, whereby you're watched, 24/7, all your movements, because there's a TV monitor there and that, somebody's watching your movements and everything, so in case you do something to yourself, um... If it--it was um, it wasn't good; it wasn't good at all. (Hebron)</p> <p>But obviously they're not going to listen [sniffs] so--and, because em, because of my anxiety and depression, made it worse for me, because I couldn't, I couldn't think straight, I couldn't sleep. Even sometimes I'd fee like I don't want to eat and all that. (Hebron)</p> <p>Iif I'd a way, at that time, I was like, "I wish I could just, end it." (Hebron)</p> <p>I was in like, no I didn't get any physical problems 'cause the thing is am, it's not like they do anything to you or, it's sort of like, it's just, men--ment--everything is, in the head. (Hebron)</p> <p>And when they gave me that letter for, it was like, a shock to me that I was bleeding for, fifteen to twenty days. (Irsa)</p> <p>People who were in detention centre were happier, than the people in prison. But eh, their own problems, they over-dosed, and they're trying to commit suicide. When they told me that, that people told me, what the detention centre is for, I thought, "I'm staying there for good." (Irsa)</p> <p>They said it's something, usual. It's not unusual . . . So they do that--do that, to avoid being deported . . . They kind of, harm themselves, and stop, the deportation. (Irsa)</p>

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				<p>Yes, I do, I do worry, because, [sniffs, crying] it's just like you, y--you cannot explain it. Some people don't, don't have problem, but some people are there who have problem [sobs] (Jalil)</p> <p>I was just scared and I want to die. (Jalil)</p> <p>It's horrible. It's horrible, because [crying] it's like someone, [sniffs] you put on the death sentence, "Saying that you're going to die." (Jalil)</p> <p>Yes, when I took the overdose, I was in, intensive care for nearly a week, I cannot remember what happened. (Jalil)</p> <p>I start, having pains. (Jalil)</p>
		Receiving or providing support*	Communicating with friends or family; detainees helping each other; having an advocate (solicitor)	<p>She said, "Yeah, I'm writing everything you're saying but please [Participant's name] don't do anything, please please please, I'm going to get you out of there, I promise, if it's the last thing I do." (Brigid)</p> <p>She says, "When I come to see you, on Saturday--" "Saturday? You work on Saturday?!" She says, "No, I don't, but I'm coming to see you." (Brigid)</p> <p>And she gets it and on the phone she's saying to me, "[Brigid], are you okay?" (Brigid)</p> <p>So I told my friend, I borrowed from him and he then paid, um I paid from my account, but he gave it to me so I transferred, and then she made the judicial review application. (Chetana)</p> <p>I filled in for her, and I said, "Give it to them and they will, well you know, they should be able to give it to you." (Chetana)</p>

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				<p>I had a barrister who was repping me, and they did my personal statement, ah, and things got moving so fast! (Chetana)</p> <p>Ah he keep on looking on at him, and he says, "Come, look at me. Your--your name is [Dai]. You're not crazy, you're not mad." (Dai)</p> <p>So, uh, she says eh, in the detention centre I met [befriender], that's a good person, and then, uh, [Charity]. There are people always with me, they take me to physio, take me to hospital, um, you know, on wheel, on crutches, they just--there was always one person that was with me to all the appointments. (Dai)</p> <p>Trying to, yeah, to avoid, being always under that pressure and stress, we created that kind of environment that eh, talking about troubles, the church, religion. And eh, people sometimes send books, volunteers come some time and lecture. (Freselam)</p> <p>I received l--ah, recently a letter from my, from my, solicitor, and she got back the contacts, all the, solicitors which, said that, "We want to represent you". Yeah my family c--not fam--just friends came to bring me some clothes [voice shaky] [breathes in] some, a few times, because I not there for long. (Gasira)</p> <p>I was talking to people, from outside. Uh, they were giving hope that, "Oh you will come out," and then people came to see me and all that. (Hebron)</p> <p>You get angry with people, like your relatives, because they haven't called you, in one two days. When they call, you don't--you ignore their</p>

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				<p>calls. It's absurd. (Hebron)</p> <p>It was uh--it's, it depends on your circumstances and who is representing you. That's really all that matters. Yeah. [sniffs] (Hebron)</p> <p>And eh, she was just, the only one I found very nice and helpful . . . I ask her if all the immigration officers were as nice as her. (Irsa)</p> <p>It's because of [The Charity], that I'm still here [sniffs, crying] (Jalil)</p> <p>I cannot remember but, he said that, "I'm coming, in this day," so he said, "I will get you h--get you out of there." (Jalil)</p> <p>my roommate who helped me, [takes tissue] she said that, "You have to be strong,"</p>
		Taking action or showing agency*	Making a complaint; requesting help; taking charge; protesting	<p>Right, em for me, because it was--when I saw those kinds of situations, inside the detention, I decided myself, "I want to go back to Italy". (Freselam)</p> <p>You start making friends there, and because he was released, em, he was released, the person, the--the solicitor that helped him, so he connected me and so I called him. (Hebron)</p>
		Surviving detention*	Coping; resilience; respect; maintaining values and religion;	<p>So I spoke to one of the ladies who was a befriender. She used to come and visit me. (Brigid)</p> <p>There were a couple of officers very nice, uh very like, you know, helpful, or like you know they would uh, like smile at you, or, greet you, or if you need anything, they will like, you know uh tell you or guide</p>

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			<p>connecting to outside world; engaging in activities in detention</p>	<p>you, or, like you know. So you felt like, they actually, treat you, like a person. (Chetana)</p> <p>I was in such a bad state, the only way I could sleep and cope was like to take antidepressants and take sleeping tablets. (Adile)</p> <p>Mmm so then my spirit is up every day is--is eh looking forward to this person, this organisation, this eh young man to come and see me. . . . He is really my comfort, yeah. (Dai)</p> <p>He said eh, "So you are, full day, in bed, and you don't go out, anywhere, so, I ask you come with me, I will join in library." I will go there in library and eh I'm using--there is I think, we are in library, some person there, and I ask him, "I want to learn something," (Emran)</p> <p>In the first detention, we tried, to create some different circumstance or situation, by, coming together, like a church. (Freselam)</p> <p>Tch. It is helpful in a sense that, um, it keeps starting questions, asking questions, the meaning of life itself, and uh, you g--go out at least for some time, not being in detention, and remaining in the same routine then, just to try to go out and to think differently. (Freselam)</p> <p>Um, and the other thing is um, for instance, in Dover, I--I got a room to myself, so being clean means that I could clean my toilet. (Hebron)</p> <p>And yet other people are saying that, "If you show these people that you're, you're broken, then they'll break you more. So you have to play tough." I said, "I'm not going to do that, because, I can't pretend to be happy." (Hebron)</p>

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				<p>But also um, the people that like, people encouraged me like, "You know, don't be ill, don't keep yourself, to yourself. Try and mix with people, talk to people, because without, the time goes, you don't sit down and think: when you think you too much, that's when you get all the problems. Engage yourself--" (Hebron)</p> <p>Em, [breathes out] no um, tch, the thing is, eh, apart from a few of them, some of them are real--especially, the ones I liked were in Dover, 'cause, Dover we had these kind of people that, you know, be old and very understanding; when you ask for something, they actually go out and get it for you and do something for you. (Hebron)</p> <p>Then I pray in the the room, mmhmm, [sniffs] (Jalil)</p>
Exiting the system	**Positive experiences of release	Being believed		<p>But after interview they said, "You don't need to come, for sign." They give me a letter, one letter. (Emran)</p> <p>And the other thing is, is, because [The Charity] had am, also, accepted to see me. Yeah, so once you get, once they give you an appointment, em, the Home Office can't keep you any longer 'cause the appointments are quite long, so, they had to release me as well so. (Hebron)</p>
		Reconnecting with family or friends		<p>If I can get my citizenship, I will be able to be inviting them. (Gasira)</p>
		Experiencing freedom	Feeling excited; enjoying freedom	<p>I was really like happy and excited and I was like so I told even the few people I used to speak and everybody, "I'm going to get out." (Chetana)</p> <p>At that moment I felt happy of course, for some time, but later on, ah, the real situation came back to me. (Freselam)</p>
	Challenges of	Shock and stress		<p>I couldn't, I literally called [Solicitor's name] and said, "Can't stay here</p>

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	being released			<p>one more day. You don't understand, I've been awake all night, like sitting by my door, scared, shitless. (Brigid)</p> <p>Uh, but, as soon as they dropped me at the station, I broke down. I was like, "Oh my god. They actually detained me." And, I--I was locked up, like a prisoner. It just hit me so bad. (Chetana)</p> <p>And, I wasn't used to seeing all these new faces. And I even forgot how to use the ticket, and it's just like you know how sometimes you're just standing and everything's moving around you and uh, you kind of like, the, the sound and everything, starts shading, and uh the people, like you know but the voices goes l--small, like you know, down because you are just trying to, uh, realise like, what's happening around you, or what you're trying to do. And eh, people are looking at me as if, I've arrived from like another planet, and I was like, "Shit, like," you know I was like, "They actually put me in detention." And I didn't know if I would be able to cope with it like, you know, I didn't know how to look for the direction and the ticket." (Chetana)</p> <p>I tried so many different medicines, and Chinese, or, you know Western medicine. I'm just not getting rid of this problem because it's too long I've shut in there. (Dai)</p> <p>The impression--the first impression I had was the shocking feeling, that I'm going to be free. (Freselam)</p> <p>I was very ill, I was like, oh, lose my brain, [breathes in] 'cause immediately I left, I was missed by, two buses to be knocked down in town. I was not c--I lost it! (Gasira)</p> <p>I was very happy. At the same time, very upset. (Irsa)</p>



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		Continuing to experience impact of detention	Trauma symptoms	<p>Eh, yeah, there's been a long-lasting impact of my detention and, it's affected my mental health you know, and just the way I trust people or I just see things. (Brigid)</p> <p>Including detention, or this long waiting or separation from my husband. And um, the way, they uh have treated me here, or the staff have treated me. And good thing like you know, I will always remember that they put me through this. Um, so yeah, I'm feeling like, I don't know how, I'm going to get over, this, or whether I will be able to. (Chetana)</p> <p>Even now, I go to sleep, I, very very often have the dream of, that my tummy just, exploded. (Dai)</p> <p>I can't remember things. They all have this common eh things, because it's just too--it's still too hard to process things. (Dai, with interpreter)</p> <p>So the hospital has already, prove, that uh, my uh, bladder, is no use any more. (Dai)</p> <p>I have not been there for five years now, even if someone very close to me pass away in that area, I prefer not to go to [Town where he signed on] at all. (Freselam)</p> <p>You're always going to have this, em, you--there's a word I keep, I keep trying to use, um, y--the one's that like, playing back, a--all those thoughts and everything. (Hebron)</p> <p>So if you think, you're being punished for, something you didn't do, I think it's, it's--it sticks in your head longer because you're thinking, "Why are they doing this to me when I haven't done anything wrong?" (Hebron)</p>

Category	Subcategories	Focused codes	Descriptive codes	Quotes
				<p>So that word, 'detention', every time you look at it, it just reminds you of, those two places you've been to. [sniffs] And, and it is--it is bad. (Hebron)</p>
		<p>Feeling different or marginalised</p>	<p>Having limited rights; being tagged, having limited resources; feeling beyond understanding or help; feeling broken or damaged</p>	<p>Now, my tag conditions, were that I needed to be in between seven and ten o'clock in the evening. (Brigid)</p> <p>And eh, when I couldn't get into college because of, being, stateless. (Brigid)</p> <p>I mean, I feel like, it's like, two worlds, one in detention, and that asylum and procedure, and the one that doesn't know anything, and are busy in their day-to-day life. (Chetana)</p> <p>And I think you can only do it when, you're, strong. But I think, [.] but, so many times it has like you know it has happened with me, I feel like a very, broken, or very like, hopeless. (Chetana)</p> <p>You can't understand--nobody understands me! (Dai)</p> <p>This is--you know, at the moment, I will give interview, after interview, just keep quiet, silence is full house. (Emran)</p> <p>Additional to that, we're not allowed to work here until, decision has been made, so this is an additional pressure on one's thinking. (Freselam)</p> <p>And released you to walk. When they released me, they had already damaged me. Where was I walking to? I was gone! Tch. [crying, takes tissue] (Gasira)</p>

Category	Subcategories	Focused codes	Descriptive codes	Quotes
				<p>Because, trust me, [sniffs] most people that come out of detention, there's something about them that changes, and that, I believe it, it stays there forever. (Hebron)</p> <p>There's a part of you that you lose when you go into that detention, especially if you've never been in this kind of circumstances, it's--it's going to happen. (Hebron)</p> <p>When they release you, it's not like they will you give any--um your stay to stay--to remain in the country. You still have to fight for that. (Hebron)</p> <p>They just let me go without giving me any ID or anything . . . And I think they never gave me that ID, the one they have given everybody else. (Irsa)</p> <p>Yeah, yeah, yeah, because, I don't have no one. [sniffs, crying] He is the only one I have. [crying] (Jalil)</p>
		Living in fear	Planning and worrying about redetention; feeling unsafe	<p>Every day, every day I'm threatened with detention. (Brigid)</p> <p>So I'm like, on edge, constantly, you know, and like when I had to go and sign, I would like pack all my things in a hurry. (Brigid)</p> <p>But every time I go there, I have this fear, that, what if they detain me? (Chetana)</p> <p>She says that she felt bad because she hasn't done anything and why she's got that tag and she had that fright in her that the Home Office will come and take her away. (Adile)</p>

Category	Subcategories	Focused codes	Descriptive codes	Quotes
				<p>I was really really afraid that one day I still will be taken away by them, because her case is not yet resolved. (Dai)</p> <p>Although I live where I am, in [Town], but I, really afraid there. Every day, I didn't want to stay there, I'd go out. (Dai)</p> <p>I said, "Tch, where after a b--big struggle I'm came here, and uh, they will send me back, there, here detention, everywhere detentions". Because my life is in detained, future. (Emran)</p> <p>In, I lost my trust in everyone. And after that couldn't trust anyone. I'm still scared of, police. I see a police, and I change my direction. It has affected me badly. It has, affected my life badly. That I'm scared of everything, everyone because I was there, for no reason. I shouldn't have been there. (Irsa, talking about prison)</p>
	Moving on from detention	Having resources*	Having family; being helped	<p>Sometimes I cannot take it, so that is what happening to my life and, [breathes in] here they're helping me. (Jalil)</p> <p>Yes, now, but before where I was, c--staying before, it's horrible. But now, [breathes in] when um they help me here, and the Home Office change my accommodation and, I have good people, very very good people." (Jalil)</p> <p>Yeah, so, when he now phone up and say, "Do you have time, we're going to have a c--coffee together?" And I would always say, "Please, bring your girlfriend," [laughs] and he would and we got out together [laughing] (Dai)</p> <p>She also had a lot of help from [Charity], they are wonderful too. She often, got lost, doesn't know where she is, they came out with taxi and so</p>

Category	Subcategories	Focused codes	Descriptive codes	Quotes
				<p>will find her: they are fantastic. (interpreter for Dai)</p> <p>And the questions that come is that, "Am I going to be, again detained and sent back to that detention, and live that experience again?" And that why, just I thought, "No." (Freselam)</p>
		<p>Processing experiences*</p>	<p>Processing through therapy; having a safe place; gaining distance</p>	<p>But I'm trying my best, I have therapy here, at least once a week. (Brigid)</p> <p>Now I have realised, after like you know, uh, since I got released and then I was like--because it's always there with me, the whole experience so I'm like, "Oh, so they did this probably for this this reason." (Chetana)</p> <p>I've learned so much. I don't know if I needed that, [laughs] that learning, but eh. (Chetana)</p> <p>To start with, I remember she came in the first time, to tell [other psychologist], "Please help me, please help me!" [laughs] "I need, I need eh psychotherapy!" (interpreter for Dai)</p> <p>She come here [to the charity] she feel like it's come home. (interpreter for Dai)</p> <p>There's a friend who lives, near there. One time I said, "I want to drive, near the centre and look at it from outside." (Gasira)</p> <p>Before I used to feel very bitter, but now bitterness is just going to mess me up. I'm not bitter: I'm thinking, um my experiences have a good reason, and I'm going to take it. (Gasira)</p> <p>I've been coming here to see--in the past I saw [name of someone from charity], then seen [Psychologist's name]. But at the same time the</p>

Category	Subcategories	Focused codes	Descriptive codes	Quotes
				effects are still, present. (Irsa)
		Re-establishing self*	Gaining acceptance; developing skills; empowerment through activism	<p>Actually, I've just started studying, thanks to [The Charity]. (Brigid)</p> <p>I like to go to demonstration because I feel like, I want to be part of something, that I believe is right, and I want to see that thing closing down. (Chetana)</p> <p>She comes Thursdays to have her English lesson. There's another refugee come, help her with her English because she doesn't read [Language] either, so she's there as h--her interpreter. (Dai, with interpreter)</p> <p>Because, I live with family where there's childrens, they don't know, language, so they are as a [Nationality] very close people, but they don't know, all they know is English. They talk--they speak with me English, so that's why I learn English quickly. (Emran)</p> <p>But she has a, a room, and because I help her she said, "You stay in this room. I help her and show her how, to live and keep her company." People are kind if you are kind. So me, I've really been helped. (Gasira)</p> <p>And now they understand because in [Africa], things are changing a bit, you know. The other generation, [breathes out] they are, campaigning. (Gasira)</p>
	Things needing to change in detention	Suggesting changes	Time limit; alternative to detention; better medical care; better	<p>Medical, staff training. (Brigid)</p> <p>I just hate that place. I hope to see that place, shutting down for good like really, and I hope that day, will come soon. (Chetana)</p>

Category	Subcategories	Focused codes	Descriptive codes	Quotes
			staff training; better communication; respect for privacy; being listened to; advocacy	<p>So she says that if this person has the, eh, the--the country's condition is okay, to send them back, then quickly let them go home, otherwise, just give them, eh half a year or, one year, don't let them just be there, no end, of eh, eh, deten—detaining. (Dai)</p> <p>I will--I thinking, whoever you doing is quick process, but the people don't stay there this long time, in detention centre. (Emran)</p> <p>I would say the biggest, are change that can, have an implication on detainees, would be the ability of communication. (Freselam)</p> <p>They should identify other people, not befrienders. People who are, like, independent and em, they--volunteers, like, people who have eh, some knowledge. (Gasira)</p> <p>Somebody should say something. Knock, say "Roll-call," or why are you there. Because we are scared. Sometimes--some people can have a heart attack. (Gasira)</p> <p>These problems should be handled in communities and centres in away, there should be put a system where people, can respond to, unless you abscond or you--you understand? (Gasira)</p> <p>You don't know when, you know, what is happening. They did--they don't have people--there is no information! Needs proper information. (Gasira)</p> <p>The immigration department, should have decided for us, to go to prison or to detention centre . . . For, four months, that eh I was in prison, they didn't know that I needed to see, someone from immigration. (Irsa)</p>

Category	Subcategories	Focused codes	Descriptive codes	Quotes
				Em, probably what I said that, it's better to listen to people. If they need help, let them, take them to, the person who knows what they're talking about. (Jalil)

\* Strengths, resilient aspects.



**Appendix L: Interview Transcript with Coding Annotations**

This has been removed from the electronic copy.

**Appendix M: Research Timeline**

<b>Time</b>	<b>Activity</b>
28 <sup>th</sup> November 2014	Research fair
December 2014 – January 2015	Obtaining supervisors
January – May 2015	Contacting relevant professionals and developing project ideas with supervisors
29 <sup>th</sup> May 2015	Proposal submission
17 <sup>th</sup> June 2015	Proposal review meeting
14 <sup>th</sup> August 2015	Updated proposal submission
26 <sup>th</sup> August 2015	Approval received for proposal
8 <sup>th</sup> January 2016	Ethics form submission
10 <sup>th</sup> February 2016	Ethics: approved in principle
16 <sup>th</sup> June 2016	Ethics issues addressed and submitted
20 <sup>th</sup> June 2016	Ethics: approval in full
July – October 2016	Recruitment, conducting interviews, transcribing
November – December 2017	Last interviews; transcribing, coding, writing up
January – March	Coding, writing up
April	Writing up
20 <sup>th</sup> April 2017	Submission

**Appendix N: End of Study Notification for Ethics Panel**

Salomons Centre for Applied Psychology  
Canterbury Christ Church University  
Runcie Court  
Broomhill Road  
Tunbridge Wells  
TN3 0TF

19<sup>th</sup> April 2017

Dear Professor Margie Callanan and Ethics Panel Colleagues,

**End of study notification for Salomons Ethics Panel**

I am writing to inform you about the completion of my research project, “I went to hell and back”: Investigating how psychosocial processes of immigration detention affect ex-detainees’ mental health.

**Report**

I conducted ten detailed interviews with a group of adults who have previously been detained in Immigration Removal Centres in the UK. I analysed the content of these interviews using grounded theory and subsequently produced a representative theoretical model based on my coding of the interviews. My model describes the process of being detained, how this affected people, and they responded, from prior to detention to being released.

**Findings**

This study investigated processes by which immigration detention was experienced, internalised, endured, and survived by a group of ex-detainees, from prior to detention to release from detention. Most interviewees escaped difficulties in their countries of origin. Throughout, from being in a liminal status pre-detention to release from detention, interviewees described marginalisation and limited access to financial, social, informational, and supportive resources, over-shadowed with a threat of deportation. In detention, detainees were entangled in an institution that further limited rights, monitored them, and compounded their ostracisation from society. They were disadvantaged by an unjust, unpredictable legal and immigration system that was inescapable because they lacked the correct information and were not believed by authorities and medical and immigration personnel. When they engaged with the system, it required resources such as good quality legal aid. Many ex-detainees internalised feelings of powerlessness and persecution, and felt threatened and criminalised by the system. Detention was managed or survived through support, defiance, agency, information, and advocacy, which were derived from one’s own resources or from relationships with people inside and outside of detention. Ex-detainees described experiences of “breaking”: hopelessness (including suicidality and self-harm), distress, cognitive

difficulties, and somatisation. Some ex-detainees thought the experience of detention would remain with them forever and some felt forever changed by detention. Interviewees described how they were recuperating from detention, such as rebuilding lives in society and utilising therapy. This seemed to enable re-establishment of self and of societal roles. The threat of re-detention and on-going lack of status impeded this, so ex-detainees were not fully disentangled from the immigration system, particularly if they were required to regularly register with immigration officials.

The findings relate to psychological concepts such as learned helplessness, in the context of social power relationships, and individual resilience, which is experienced in the wake of and despite adversity. The enduring symptoms of distress described by ex-detainees are similar to the concept of complex trauma. However, this is considered an illness model and minimises the “illness” of the wider immigration system. There are effective treatments available for traumatised individuals that support growth and re-integration, but treating the system needs to be considered.

### **Recommendations**

The results highlight the impact of disempowerment. Development of resilience, personal efficacy, and hope could be achieved through re-empowering detainees and ex-detainees. However, stability and safety, which require practical and legal interventions, are also essential for survival and recovery. Professional support from legal professionals, charities, and volunteer crucial, as they provide access to practical and emotional support and create links to the outside world. Access to voluntary services and medicolegal services is important for vulnerable individuals, who may be socially isolated and or limited in other ways, such as reading, writing, and/or communicating in English.

It is cruel that detained people are denied information about the duration of their detention. A time limit should be introduced. Living in fear of deportation and feeling sentenced without a trial reinforces this culture of unpredictability and is associated with distress for detainees. Clear information about administrative processes and resources should be provided in a format that is understandable to detainees. Immigration detention should be condemned as a costly, harmful process imposed upon vulnerable individuals, particularly when alternatives are available.

Research that looks beyond illness models and considers resilience and other aspects of mental health could be informative. Although the current research has documented mental health “disorders” and therefore provides a measure of the impact of detention, this inadvertently excludes idiosyncratic or culture-bound ways in which mental health is expressed or experienced, and discounts the ways in which people manage in detention. Reducing assumptions and attending to participants’ experiences could facilitate client- and data-led ways of describing mental health, which could inform how to prevent and “treat” these experiences.

I have attached the feedback provided to participants and the relevant charity with this letter.

Thank you for your support of and guidance during this project, which was much appreciated.

With best wishes,

Alanna Gallagher  
Trainee Clinical Psychologist

**Appendix O: Brief Service Report**

19<sup>th</sup> April 2016

Dear Charity and Clients,

I am writing to you to provide you with an end-of-study update about my research project, which I conducted with your help. I completed this project as part of my training as a clinical psychologist.

My project was called “I went to hell and back”: Investigating how psychosocial processes of immigration detention affect ex-detainees’ mental health. I interviewed people who had been detained in Immigration Removal Centres in the UK and asked them about their experiences before, during, and after detention. I made these interviewed anonymous and used the information from them to write the following findings.

**Findings**

Lots of people described experiencing difficulties before they were detained, such as escaping difficult situations or persecution in their countries of origin. Some people were imprisoned prior to being detained. Being detained in a prison-like setting with limited rights was shocking for many people, who expected that Britain would be a fair and just society. Being monitored and controlled by detention affected identity and people felt uncared for. Within the immigration and legal systems, things felt unpredictable and people felt they were treated unjustly and that they had been sentenced without trial. Lots of people described “not being believed” by authorities and by detention staff. Deportation was a terrifying prospect for many people. People were unsettled and disorientated by the experience.

Understandably, these experiences left people feeling disempowered, criminalised, persecuted, and threatened. People expressed shock and distress. People responded in different ways to detention, such as withdrawing, feeling hopeless, and becoming suicidal. Some people tried to challenge and fight back against the system. Some people described mental health problems, physical health problems, and thinking or memory problems as a result of detention, some of which endured even when people were released from detention.

Some people in detention managed to take charge by making complaints, protesting, checking information that was written about them, and asking for help from charities and legal aid. People who were detained managed to support each other and share information about detention and the legal system, even when there were language differences and unexpected deportations and room changes. People described helpful solicitors and volunteers who provided professional and emotional support, which was really important. Being released could be an intense experience, with mixed emotions. Most people were released into Home Office (NASS) accommodation and some people were tagged, which could be distressing. They often found that they were still limited by being unable to work and by lack of money.

At the same time, people who were released described hopes about reconnecting with family. Recovery was a slow process, but many people used helpful therapy and group to gain perspective about and make sense of their experiences. Despite challenges, people were finding ways to move on with life, finding employment, or courses, or engaging in activism.

### **Recommendations**

There were lots of suggestions about how detention should change. First of all, alternatives to detention should be considered, as it is unnecessary and harmful. As long as detention is used, there should be a time limit. Not have a time limit is distressing. Professionals who work with detainees, ex-detainees, and in Immigration Removal Centres need to consider their ethical duty of care to clients and should use their skills and knowledge to talk about detention.

Therapeutic interventions that could be useful should help people to gain back power, to process and make sense of difficult experiences, develop people's pre-existing resilience and strengths, re-integrate and feel safer in society.

This was an initial study to look at the effects of detention. Doing more research in Immigration Removal Centres with detainees and ex-detainees could continue to help us understand the effects of detention better, so that we can advise professionals and politicians about the effects.

### **What next?**

If you have any feedback or comments about this research project, please feel welcome to get in touch. Once this project has been examined by my university, I hope to prepare it for publication.

I was struck by the strength and wisdom of the people I spoke to, both in interviews and in groups. You were welcoming, kind, and open. I thank you for sharing your experiences and I hope that this project is helpful in some way, as I know that many of you felt that it was important that more people learn about what happens in immigration detention.

Thank you for hosting me at the charity: for the conversations, the food, the support, and the information.

With warm wishes,

Alanna Gallagher

Trainee Clinical Psychologist



## **Appendix P: Journal Publication Guidelines I**

### **Journal of Immigrant and Refugee Studies (Taylor and Francis)**

#### **Instructions for authors**

Thank you for choosing to submit your paper to us. These instructions will ensure we have everything required so your paper can move through peer review, production and publication smoothly. Please take the time to read and follow them as closely as possible, as doing so will ensure your paper matches the journal's requirements. For general guidance on the publication process at Taylor & Francis please visit our [Author Services website](#).

This journal uses ScholarOne Manuscripts (previously Manuscript Central) to peer review manuscript submissions. Please read the [guide for ScholarOne authors](#) before making a submission. Complete guidelines for preparing and submitting your manuscript to this journal are provided below.

#### **Aims and Scopes**

The ease of migration has brought global change and a multitude of new issues and opportunities for nations and immigrants. The Journal of Immigrant & Refugee Studies is a double-blinded peer review publication that is interdisciplinary and international in scope exploring issues such as immigration policy, health and mental health of immigrants, sociological and/or economic implications of immigration/emigration, business practices in serving immigrants and refugees, present and future programs and services, and other related topics.

The Journal of Immigrant & Refugee Studies explores the effects of worldwide migration. The range of opportunities offered across the globe as well as traumas caused by war, famine, terrorism, and economic difficulties, have seen the movements of thousands of people who have left their homes, migrating either across regions or across borders. Nations are faced with the task of developing policies and programs to accommodate these waves of migration, particularly in the face of increasing displacement of large groups of people. Countries losing citizens must adapt to the drain on their workforce. On the other hand, movements of people also provide unanticipated opportunities to the nations that accept newcomers, many of whom bring substantial human, social and financial capital.

Migration, then, has benefits and difficulties for both those migrating and the nations affected. Resources entering countries can enhance and strengthen them; however, xenophobia, cross-cultural conflicts, and adaption difficulties can be particularly troubling. This Journal explores the experiences of migration, its social, economic, and political impact on receiving nations and regions, and the effects of emigration on home territories. It provides a forum for quality knowledge and research in an area that is expected to continue to grow substantially.

The Journal of Immigrant & Refugee Studies is international in scope, with full length theoretical, empirical, and programmatic articles from national and international authorities discussing the pressing concerns of those who migrate into, through, or out of a country and those nations affected by them. While case studies focusing on individuals or single families are precluded, meta-analyses are appropriate.

Please note that the Journal of Immigrant & Refugee Studies uses CrossCheck™ software to screen papers for unoriginal material. By submitting your paper to the Journal of Immigrant & Refugee Studies you are agreeing to any necessary originality checks your paper may have to undergo during the peer review and production processes.

### Submissions

The Journal of Immigrant & Refugee Studies receives all manuscript submissions electronically via its ScholarOne Manuscripts site located at <http://mc.manuscriptcentral.com/wimm>. ScholarOne Manuscripts allows for rapid submission of original and revised manuscripts, and facilitates the review process and internal communication between authors, editors, and reviewers via a web-based platform. ScholarOne technical support can be accessed at <http://scholarone.com/services/support>. If you have any other requests, please contact the journal's Associate Editor, Dr. Irina Isaakyan, at [jirs@eui.eu](mailto:jirs@eui.eu).

Each manuscript must be accompanied by a statement that it has not been published elsewhere and that it has not been submitted simultaneously for publication elsewhere. Authors are responsible for obtaining permission to reproduce copyrighted material from other sources and are required to sign an agreement for the transfer of copyright to the publisher. All accepted manuscripts, artwork, and photographs become the property of the publisher. Please send a title page and include all authors' names, affiliation, addresses, phone and fax numbers, and email addresses. Remove ALL identifying information from the manuscript and include abstract, key words, header, main text of the article, appendices, references, tables and figures.

### Manuscript style

All parts of the manuscript should be typewritten, double-spaced with margins of at least one inch on all sides. The manuscript must be 7,000 to 8,000 words, including references, tables, figures and the abstract. Either English or American spelling may be used (although American is preferred), but please follow spelling style consistently throughout your manuscript. Number manuscript pages consecutively throughout the paper. Authors should supply a shortened version of the title suitable for the running head, not exceeding 50 character spaces. Each article should be summarized in an abstract of no more than 100 words. Additionally, provide 5-8 key words below the abstract for indexing purposes. Avoid abbreviations, diagrams, and reference to the text in the abstract. Considering limitations of space, figures/graphics/tables will be limited to 3. Please consult our guidance on keywords [here](#).

### References

The reference page should be limited to a **maximum of 30 references**. If your manuscript has more than 30 references you will be asked to revise the manuscript before it is sent to peer review. All foreign references should be followed by the translation in English in brackets. References, citations, and general style of manuscripts should be prepared in accordance with the APA Publication Manual, 6th ed. Cite in the text by author and date (Smith, 1983) and include an alphabetical list at the end of the article. Examples:

Journal: Tsai, M., & Wagner, N. N. (1978). Therapy groups for women sexually molested as children. *Archives of Sexual Behaviour*, 7(6), 417–427.

Book: Millman, M. (1980). *Such a pretty face*. New York: W. W. Norton.

Contribution to a Book: Hartley, J. T., & Walsh, D. A. (1980). Contemporary issues in adult development of learning. In L. W. Poon (ed.), *Ageing in the 1980s* (pp. 239–252). Washington, DC: American Psychological Association.

### **Illustrations**

Illustrations submitted (line drawings, halftones, photos, photomicrographs, etc.) should be clean originals or digital files. Digital files are recommended for highest quality reproduction and should follow these guidelines:

- 300 dpi or higher
- Sized to fit on journal page
- EPS, TIFF, or PSD format only
- Submitted as separate files, not embedded in text files

### **Color Reproduction**

Color art will be reproduced in the online production at no additional cost to the author. Color illustrations will also be considered for the print publication; however, the author will bear the full cost involved in color art reproduction. Please note that color reprints can only be ordered if the print reproduction costs are paid. Print Rates: \$900 for the first page of color; \$450 for the next 3 pages of color. A custom quote will be provided for authors with more than 4 pages of color. Art not supplied at a minimum of 300 dpi will not be considered for print.

### **Tables and Figures**

Tables and figures (illustrations) should not be embedded in the text, but should be included as separate sheets or files. Please insert "indicators" for where the tables and figures are to be placed; example - [Table 1 Here]. A short descriptive title should appear above each table with a clear legend and any footnotes suitably identified below. All units must be included. Figures should be completely labeled, taking into account necessary size reduction. Captions should be typed, double-spaced, on a separate sheet.

### **Proofs**

Page proofs are sent to the designated author using Taylor & Francis' Central Article Tracking System (CATS). They must be carefully checked and returned within 48 hours of receipt.

### **Reprints and Issues**

Authors from whom we receive a valid email address will be given an opportunity to purchase reprints of individual articles, or copies of the complete print issue. These authors will also be given complimentary access to their final article on Taylor & Francis Online. In

addition, each corresponding author will receive 1 complete issue in which the article publishes.

### **Open Access**

Taylor & Francis Open Select provides authors or their research sponsors and funders with the option of paying a publishing fee and thereby making an article fully and permanently available for free online access – open access – immediately on publication to anyone, anywhere, at any time. This option is made available once an article has been accepted in peer review. [Full details of our Open Access program.](#)

## Appendix Q: Journal Publication Guidelines II

### Journal of Refugee Studies (Oxford Journals)

#### Information for Authors

**Please note that the journal now encourages authors to complete their copyright licence to publish form online**

#### OPEN ACCESS OPTIONS FOR AUTHORS

##### 1. SUBMISSION OF ARTICLES

Articles must be in English and should be sent by email to: [jrs.editorialoffice@oup.com](mailto:jrs.editorialoffice@oup.com).

Authors may not submit articles under consideration for publication elsewhere. The preferred maximum length is 8000 words. Shorter articles may be considered, e.g. for the Field Reports section of the journal. Authors will normally be notified of the editors' decision within three to six months.

##### 2. PREPARATION OF ARTICLES

Please note the following requirements:

1. Your manuscript should be in Word or RTF format.
2. Figures and tables should be submitted as separate files (please see 4. Tables and Figures for more information).
3. A separate file should be submitted as your title page, containing the manuscript title, names and affiliations of all contributing authors, and contact details for the Corresponding Author.
4. Include an abstract of approximately 150 words as part of your manuscript main document.
5. The journal does not accept PDF files.
6. Pages must be numbered.
7. For the purposes of double-blind review, we request that you suitably anonymize your manuscript and remove any self-identifying information (this can be inserted/adapted at a post-review stage). You should also check the properties of the files you are submitting to ensure that your name does not appear in them. Failure to do so will not affect the processing of your paper, but it does mean that the journal will be unable to guarantee you a double-blind review.
8. Avoid footnotes.
9. Two levels of subheadings are used: the first in bold and the second in italic. Subheadings are not numbered or lettered.
10. In order to meet your funding requirements authors are required to name their funding sources in the manuscript. For further information on this process or to find out more about the CHORUS initiative please click [here](#).
11. References should conform to the journal's style (please see 5. References below).

12. Provide a cover letter (in Word/PDF format) to accompany your manuscript submission. Your covering letter should include the following statements:
  1. I confirm that the attached manuscript is suitably anonymized and includes no references to my own previous works.
  2. I confirm that I have read the Instructions to Authors and that my manuscript complies to the journal's submission guidelines.
  3. I confirm that the manuscript has been submitted solely to this journal and neither the whole manuscript nor any significant part of it is published, in press, or submitted elsewhere in any form, including as a working paper, online, in a journal or a book.
13. Once you have ensured that you have met all of the above requirements, please submit your article by email to [jrs.editorialoffice@oup.com](mailto:jrs.editorialoffice@oup.com), for the attention of the Editors.

### 3. DATES

Because of the dynamic nature of many refugee situations, authors are requested, when relevant, to indicate clearly in the text when fieldwork was carried out. At the end of the paper, note the approximate dates when it was written.

### 4. TABLES AND FIGURES

These should be comprehensible without reference to the text. They should be submitted as separate electronic files, one for tables and one for figures, with the desired position of each table and figure indicated in the text. For the style of tables and captions to figures, see papers in the journal's current issue. A resolution of 600dpi is necessary for electronic versions of figures.

If colour figures are provided, they will only appear in colour in the online version; if different colours are used to make distinctions, these distinctions may not show up in the black and white printed version.

### 5. REFERENCES

The Harvard System is used (see papers in an issue and examples below). All references must be listed alphabetically at the end of the paper.

Please note: A great deal of editorial time is spent correcting references when these are not prepared in the style of the Journal. The correct format is:

- Author's name (in capitals)
- initials
- date in brackets
- title
- place
- publisher
- website and last accessed date for online references.

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**LEONG, F. T. L.** and **LAU, A. S. L.** (2001) 'Barriers to Providing Effective Mental Health Services to Asian Americans'. *Mental Health Services Research* 3(4): 201-214.

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