

Experiences of Prison Detention whilst Seeking Asylum in
Aotearoa New Zealand: An Exploratory Study

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A dissertation submitted to Auckland University of Technology
In partial fulfilment of the requirements for the degree of
Master of Health Science in Counselling Psychology

2020

Department of Psychology

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ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed: Eunice Hiew

Date: 10.12.2020

ACKNOWLEDGEMENTS

Christ, who is Hope.

My intimate Jesus, closer to us than our breath.

Ocean of Unconditional Love whose waters lap our feet lovingly.

Ultimate power laid down for Ultimate Love.

Words cannot express what You have given ...

.
.
.

My Family, who are Unconditional love.

Parents. You have given me more than you ever had.

I have cried thinking of how much you love me;

I have done nothing to deserve it, I can never repay you, and yet.

I owe you two more than I owe anyone in the world.

Siblings. Your mere existence makes the world a better place.

Thank you for being wells of unconditional love (and coolness :P).

My Participants.

I wish I could express the feelings.

You have all been through so much ... So, so much ...

Yet here you are.

Holding onto hope, persevering, actively trying,
making beautiful things out of what you've been given ...

You inspire me.

Thank you so much for your generosity in sharing, and
the deep honour of hearing your stories.

Asylum Seekers Support Trust.

Lifeline, Hope-line, Helpline.

You are spreading Love, Light and Life.

You are making a tangible, meaningful difference in people's lives.

Thank you for *caring*.

Thank you so much for all your generosity with this thesis; I am indebted to you.

Dear Translators, teamwork makes the dream work. Thank you for your care and competence.

Rhoda, Wisdom-Bearer.

Your wisdom, expertise, and insight cuts through my wor(ds)k,

And makes it so much better.

Your genuine care, warmth and kindness, I appreciate so.

It's been a pleasure.

My Friends; Family.

You are also my Art Gallery, New Zealand's Finest Scenery.

Thank you for existing, and for being

Constellations that Guide my Way.

Thank you for Love,

Wells to my Being.

Ethical approval was obtained from the Auckland University of Technology Ethics Committee (AUTEC) on the 7th of July 2020, reference number 20/125.

ABSTRACT

The world is currently witnessing the highest levels of forcibly displaced people on record, as escalating regional wars and human rights violations force people to seek sanctuary in other lands. Asylum seekers have been described as one of the most “at risk” populations in the world. Yet, Eurocentric nations have been using various measures to deter people from seeking asylum in their countries. The most controversial of these involves the placement of asylum seekers in detention centres. Given that asylum seekers have frequently been subject to (often multiple) traumatic experiences, it is concerning that they are being placed into contexts where there is the risk of further harm; detention has been robustly demonstrated in the international literature to have a negative association with asylum seeker health; particularly mental health. However, there is a paucity of research on individuals’ experiences of detention in Aotearoa. This study aimed to add knowledge to that gap, by exploring the experiences of individuals formerly detained whilst seeking asylum in Aotearoa. Furthermore, in Aotearoa, there is the potential for detention in prison; over the last five years, 80 individuals seeking asylum in Aotearoa have been detained in prison for long periods of time; an average of 166 days. To this author’s knowledge, details on specifically prison (and, by extension, with persons incarcerated for crime-related reasons [PICRs]) versus other types of detainment are minimal. The little knowledge that exists of detained asylum seekers in Aotearoa suggests potential risk of harm that gives further cause for concern. This study aimed to further the knowledge around prison detention.

Interviews were conducted with six individuals who had been formerly detained whilst seeking asylum in Aotearoa. Reflexive thematic analysis was used to analyse transcripts. An overarching theme was identified: detention caused suffering. Furthermore, this study identified particular aspects of the detention experience – during detention and after release - that were related to psychological and/or physical distress. Three themes were conceptualised to understand these aspects: powerlessness (theme one), the interaction of detention experiences with the asylum seeker identity and story (theme two), and distress related to processes (theme three). Distress related to theme one was conceptualised through four sub-themes: experiences being locked up with PICRs; lack of access to the ability to support oneself (notably through a lack of work visa) after release; how the care, responsiveness and competence of people in power

had meaningful consequences on asylum seekers' lives; and experiences of coping and resilience amidst circumstances with restricted access to power. Distress related to theme two was conceptualised through two sub-themes: unfairness of treating asylum seekers like PICRs, and the compounding effect of detention on pre-migration suffering making matters worse. Distress related to theme three was conceptualised through two sub-themes: the inability to contact family, and lack of knowing.

There was variation in the overall levels of suffering during, and after, detention, suggesting that there were a variety of factors that might – negatively or positively - influence asylum seekers' health. Importantly, despite variation in experiences, suffering appeared to be a defining characteristic of portions, and/or the overall, experience of detention for participants. The findings suggest that there is a higher likelihood of experiences that cause suffering to be present in prison, with a consequent greater risk of harm, for asylum seekers during, and after, detention.

CHAPTER ONE: INTRODUCTION

Asylum Seekers

The United Nations Refugee Agency states that the world is currently witnessing the highest levels of forcibly displaced people on record (United Nations High Commissioner for Refugees [UNHCR], 2020). In the last decades of the 20th century, the world witnessed burgeoning numbers of people displaced from their homelands from escalating regional wars and human rights violations (Filges et al., 2018; Silove et al., 2007). In 2018, around 70.8 million people were displaced (UNHCR, 2019). Of those, 41.3 million people were internally displaced, 25.9 million people were refugees, and 3.5 million were asylum seekers (UNHCR, 2019).

Asylum seekers have been described as one of the most “at risk” populations in the world (Bogen & Marlowe, 2017). Asylum seekers are “individuals who have sought international protection and whose claims for refugee status have not yet been determined” (UNHCR, 2019). The internationally agreed upon definition of a refugee is someone “who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion” (United Nations General Assembly, 1951).

Asylum Seeker Detention

Eurocentric nations have been using various, increasingly strict measures to deter people from seeking asylum in their lands. The most controversial of these deterrence strategies involves the placement of asylum seekers in detention centres (Filges et al., 2018). This has ignited outcry across the globe. It is well-documented that asylum seekers have frequently been subject to various traumatic experiences before fleeing, and that these have a major impact on asylum seeker mental health (Filges et al., 2015). Traumatic experiences include torture, the murder of family and friends, imprisonment, forced isolation, combat, sexual assault, being at risk of death, and more (Cleveland et al., 2012; Filges et al., 2015; Keller et al., 2003). Given the vulnerability from having experienced such situations, the importance of the post-trauma environment, and the great hope that asylum seekers invest in seeking sanctuary, it is concerning that asylum seekers are put into detention upon arrival (Bracken & Gorst-Unsworth, 1991).

Evidence robustly demonstrates that detention is detrimental to asylum seekers' health, particularly their mental health (Filges et al., 2015; Robjant et al., 2009a). This evidence will be reviewed in Chapter Two.

The Context in Aotearoa

Aotearoa receives approximately 300 applications for asylum annually, of which around one third are approved for refugee status (Immigration New Zealand, 2013). Asylum seekers whose claims have been approved are referred to as "Convention refugees", and are afforded rights and protection under the 1951 Refugee Convention (Bloom & Udahemuka, 2014). Aotearoa also accepts 750 ($\pm 10\%$) people who have been determined to be refugees by the UNHCR under the Refugee Convention: "quota refugees". Convention refugees are not eligible for the resettlement support offered to quota refugees through Aotearoa's Refugee Quota Programme, despite the fact that the Refugee Convention does not distinguish between Convention and quota refugees (Bloom & Udahemuka, 2014).

A notable feature of asylum seeker detention in Aotearoa is how, similar to other nations that receive comparatively fewer asylum seekers, there is a lack of dedicated migrant detention infrastructure (Flynn, 2014). Instead, Aotearoa keeps detainees in police stations, prisons and Mangere Refugee Resettlement Centre (MRRC), Aotearoa's only facility devoted to housing asylum seekers and refugees (Flynn, 2014).

When asylum seekers arrive in Aotearoa, the first step in seeking asylum comprises lodging a claim for asylum. Subsequent steps depend on the extent of perceived security risks, identity uncertainty, and/or risk of absconding (Bloom et al., 2014):

- When there are no concerns pertaining to absconding or criminal offenses whilst in Aotearoa, asylum seekers are permitted to stay in the community (Immigration New Zealand, 2013, as cited in Bloom et al., 2014).
- When identity isn't fully determinable, and the immigration officer detects a level of criminal offending or absconding risk, but considers that this level does not warrant prison detention, asylum seekers are detained at MRRC. Detainees are not locked in, but

require Immigration New Zealand staff's permission to leave the centre (Immigration New Zealand, 2013, as cited in Bloom et al., 2014).

- When identity papers are absent or clearly false, or when asylum seekers are determined to present risk of absconding, criminally offending, or threatening public order and national security beyond MRRC manageability, asylum seekers might be detained in a prison (Immigration New Zealand, 2013, as cited in Bloom et al., 2014).

The law allows various possibilities for detention length (Flynn, 2014). For groups of over 30 asylum seekers, who incur the possibility of being placed under a mass arrival warrant, immigration officers can seek consecutive warrants for 28 days of detention; there does not appear to be a maximum time limit specified. For asylum seekers not under a mass arrival warrant, asylum seekers suspected of transgressing immigration laws can be held – generally in police stations - for up to 96 hours without judicial review (Flynn, 2014). Depending on evaluation (refer to above), immigration officers can apply for a warrant of commitment, allowing detention for up to 28 days; the asylum seeker is transferred to prison (Flynn, 2014). The Global Detention Project notes that the law does not detail how many times this warrant of commitment can be renewed (Flynn, 2014). However, the Global Detention Project also notes how government sources assert a general limit of six months, and that the Immigration Act stipulates specific requirements to justify detention beyond six months (Flynn, 2014). Generally, precluding some inaction or action by the asylum seeker, or exceptional circumstances, judges should order release after six months (Flynn, 2014).

Risk of harm raises human rights concerns

Over the last five years, 80 people have been detained in Aotearoa for long periods of time; an average of 166 days (T. Maurice, personal communication, March 16, 2020). Given the harm associated with detention, demonstrated by findings internationally (e.g. Robjant et al., 2009a; Filges et al., 2015, etc.; further research will be described in the literature review chapter) and nationally (e.g. Bloom et al., 2013, etc.), it is concerning that Aotearoa detains asylum seekers; the risk of harm raises fundamental human rights concerns (Bloom & Udahehuka,

2014). Specific investigation of the relationship between detention and human rights suggests rights violations in detention (Campbell & Steel, 2014).

Indeed, Australia's detention policies have birthed a tide of ardent protest, pioneered by health professionals, including voices from legal, human rights, welfare and action groups (Dudley, 2003; Green & Eager, 2010; Health Professionals Against Immigration Detention, 2016; Kronick et al., 2017; Newman et al., 2008; Silove et al., 1993; Newman et al., 2008; Silove et al., 2000; Silove et al., 2001; Silove et al., 2007; Steel & Silove, 2001).

This may be influenced by how Australia's ongoing, mandatory detention policies have been noted as some of the comparatively harshest responses (Newman et al., 2008; Filges et al., 2018). Although Aotearoa's policies may not be as harsh, research suggests that the risk of harm associated with detention remains; authors in Aotearoa have posited that this risk raises fundamental human rights concerns (Bloom & Udahehuka, 2014). The Human Rights Commission (2010, as cited in Bloom et al., 2013) and the Human Rights Foundation of Aotearoa New Zealand and Refugee Council of New Zealand Inc. (2002, as cited in Bloom et al., 2013) indicate that detention should be used only as a final resort. The Royal Australasian College of Physicians (RACP) published a position statement stating that the RACP did not condone any form of held detention, considering it to be a major breach of human rights (Paxton et al., 2015)

Aotearoa's human rights responsibilities

Aotearoa has obligations to the human rights of asylum seekers. The 1948 Universal Declaration of Human Rights (UDHR), 1951 Refugee Convention and 1967 Protocol (Nations General Assembly, 1948, 1951, 1967) uphold the right to seek and gain asylum from persecution (Bloom & Udahehuka, 2014). Although the legally binding Refugee Convention and UDHR moral guidelines do not provide assurance of gaining asylum, they imply that those undertaking the process of seeking asylum will be treated with a level of care (Bloom & Udahehuka, 2014).

Aotearoa has also ratified multiple other international human rights conventions relevant to asylum seekers (Bloom & Udahehuka, 2014, p. 71):

- 1965 International Convention on the Elimination of All Forms of Racial Discrimination.
- 1966 International Covenant on Civil and Political Rights.
- 1966 International Covenant on Economic, Social and Cultural Rights.
- 1979 Convention on the Elimination of All Forms of Discrimination Against Women.
- 1984 Convention Against Torture and Other Cruel, Inhumane, or Degrading Treatment or Punishment.
- 1989 Convention on the Rights of the Child.
- 2006 Convention on the Rights of Persons with Disabilities.

According to Bloom and Udahehuka (2014, p. 71), these conventions afford rights to asylum seekers that include, but are not limited to:

- The right to seek asylum
- The right to liberty and not to be arbitrarily detained.
- The right to security of the person.
- The right to be treated with humanity and dignity.
- Protection against discrimination.
- Protection against refoulement.

Although Aotearoa recognises asylum seekers' rights through legislation (e.g. the Human Rights Act 1993 protects the right to freedom from discrimination), legislation exists that does not embody these rights (Bloom & Udahehuka, 2014). The Human Rights Act 1993 exempts Immigration New Zealand policies. Thus, immigration-relevant complaints of discrimination are excluded from being received by the Human Rights Commission, who are the body to whom such (and other) complaints would typically go to under the Human Rights Act 1993 (Bloom & Udahehuka, 2014).

International human rights standards and law have a clear stance on detention and policies of deterrence (Bloom & Udahehuka, 2013). Several examples include how ongoing mandatory detention conflicts with international law (Campbell & Steel, 2014). The UNHCR

(1999, as cited in Bloom et al., 2013) guidelines on asylum seeker detention states that asylum seekers and convicted criminals should be accommodated separately. Asylum seekers' wellbeing is severely compromised when detained in prisons alongside convicted criminals, breaching their right to security under the UDHR (Bloom et al., 2013). UNHCR's (2012, as cited in Bloom & Udahehuka, 2014) guidelines also states that detention as a policy of deterrence contrasts with international protection principles. The 1951 Refugee Convention's Article 31 opposes punishing people based on their mode of arrival (United Nations General Assembly, 1951, as cited in Bloom & Udahehuka, 2014).

Altogether, it is posited that the detention of asylum seekers in prisons impinges on their human rights. Evidence backing the crux of this position – that detention has been widely demonstrated to be associated with harmful effects on asylum seekers health (particularly mental health) – will be reviewed in Chapter Two.

Research Aims

This research aimed to be an exploratory study into the lived experiences of individuals who have been detained in prison whilst seeking asylum in Aotearoa. Refer to Appendix A for the initial indicative interview questions. The following subtopics were explored:

- Asylum seekers' experiences of detention
- Impacts of detention on asylum seekers
- Long-term impacts of detention
- Resilience
- Opportunity to speak their mind regarding if they want alternatives, and what they would say to people in power about detention

Rationale

The significance and relevance of this research topic is justified by how, despite the fact that the research demonstrates that detention is harmful to asylum seekers, violating the human rights of one of the most at risk groups in our society, the detention of asylum seekers is a current practice in Aotearoa. Understanding if, and if so how, detention is harmful to asylum seekers in Aotearoa would be helpful knowledge for future improvement of their wellbeing.

A brief story about the origins of this research topic will be shared, in order to further substantiate this topic's importance. My desire for my master's project was that its findings be beneficial to the participants and their social group. My supervisor had suggested issues relating to people seeking refuge. My tertiary education had highlighted to me the importance of being led by communities themselves, prioritising their interests through relationship and consultation. Although asylum seekers and refugees themselves would have had the best knowledge pertaining to whether, or what, research was needed, lack of relationships with the community precluded me approaching them directly. Therefore, I contacted groups who support asylum seekers and refugees. Tim Maurice, general manager of Asylum Seekers Support Trust (ASST), sourced the idea for this topic (Appendix B). This topic's birth from consultation with someone intimately acquainted with the lives of asylum seekers supports its importance. Furthermore, subsequent consultation with an asylum seeker (through ASST) supported this topic's importance (Appendix B).

This study's findings will be shared with ASST, in the hope that it will somehow contribute to improving asylum seekers' lives.* If harm was to be found, these findings would have practical use; ASST posits that findings could be used as part of briefings to people who have the power to stop the practice (Appendix B).

Furthermore, there is a paucity of research in Aotearoa around both Convention refugees in general, and around the detention of asylum seekers, which will be demonstrated in Chapter Two's literature review (Bloom et al., 2013). This project will add to understanding the experiences of detention in a uniquely Aotearoa context. It is hoped that such knowledge might be useful for advancing the wellbeing of asylum seekers and Convention refugees (for example, perhaps by aiding future psychologists working with formerly detained Convention refugees). Moreover, a recurring characteristic of asylum seeker detention in Aotearoa is the potential for

prison detention. The prison context might pose unique challenges, such as one of its defining characteristics; detainment alongside prisoners**. To the author's knowledge, details on detention alongside PICRs specifically is limited, as will be described in Chapter Two. Thus, the present study would add to the literature about detention in Aotearoa, and prison detention.

****Bias disclaimer:*** Whilst I admit to having strong feelings against prison detention of asylum seekers, I am confident that this bias has not unduly impacted my capacity to conduct the research; if a lack of harm was to be found, this research would report it. Please refer to the method chapter's reflexivity sections for further details.

*****"PICR" instead of "prisoner":*** The term "person incarcerated for crime-related reasons", acronymised "PICR", will be used in place of "prisoner" for the remainder of this thesis. This is due to the desire to use humanising language, whilst also respecting any distress asylum seekers might feel due to PICR treatment; findings in Aotearoa (Bloom et al., 2013) have suggested the potential for harm from PICRs.

CHAPTER TWO: LITERATURE REVIEW

In Chapter One, I outlined the context, rationale and aims of this project. This chapter will review the research literature pertaining to the experiences of asylum seekers in detention. The crux of this study's rationale is formed by a key finding that is threaded throughout the literature: detention is strongly associated with harm to asylum seekers. International literature will be outlined, followed by findings in Aotearoa. As this project focuses on adult asylum seekers, findings regarding asylum seeker children and families will not be reviewed.

International Literature

The international studies found from combing research databases spanned nearly three decades, from 1991 to 2019. All articles except for one were from Eurocentric nations; six countries in total, excluding Aotearoa. A striking feature of the literature was how every study supported the notion of a negative relationship between detention and asylum seeker health, particularly their mental health. Another notable feature is that studies illuminated aspects of the detention experience that might contribute to asylum seeker distress.

This international literature section will follow this structure: sources of knowledge that have demonstrated a negative association between detention and asylum seeker mental health will be referred to (research studies, commissions of inquiry, and health professionals' vocal criticism of detention). Since there were numerous studies that demonstrated this association, such studies will merely be referenced; a few studies will be described in detail later in this section to illustrate the findings. Descriptions of psychological experiences reported as associated with detention will be described. Given the key potential confounder of pre-migration trauma, findings that illustrate that both pre-migration trauma and detention have independent adverse effects on mental health will be described. Next, a few studies will be described in detail to illustrate the negative association of mental health and detention more properly. Another notable feature of the literature; the illumination of aspects of the detention experience that might contribute to distress, will then be attended to.

Studies demonstrate a negative association between detention and asylum seeker mental health

A negative association between detention and asylum seeker mental health were demonstrated in Australian detention in the following quantitative studies: Steel et al. (2004), Mares and Jureidina (2004), Steel et al. (2006), Green and Eager (2010) and Hedrick et al. (2019); qualitative studies: Koutroulis (2003), Koopowitz and Abhary (2004) and Campbell and Steel (2014); and mixed methods studies: Sultan and O’Sullivan (2001) and Coffey et al. (2010). The following studies suggested a possible negative association between asylum seeker mental health and detention in the United Kingdom: Bracken & Gorst-Unsworth (1991), Cohen (2008), Pourgourides (1996, as cited in Pourgourides, 1997), and Robjant et al. (2009b); the United States: Keller et al. (2003); Denmark: Hallas et al. (2007); and Japan: Ichikawa et al. (2006). Reviews of the literature, comprising Robjant et al. (2009a) and Filges et al. (2015), also support this negative association.

Notably, no study refuted, nor presented neutral findings, pertaining to the concept of a negative relationship between asylum seeker detention and mental health. Although the nature of asylum seeker detention means that studies designed to establish causality would be unethical, the idea that asylum seeker detention might be associated with negative mental health was bolstered by how this relationship was found across a wide variety of methodical approaches, countries and their associated possible varieties in context, sample sizes, and participant variables (e.g. country of origin, age, gender, etc.). The various methods used have allowed different insights to be gleaned. Although the various findings should be interpreted within their methodological limitations, it could also be argued that the variety of methods to an extent assisted in mitigating some of the other studies’ limitations.

Commissions of inquiry demonstrate a negative association between detention and asylum seeker mental health

A number of United Nations committees, international non-governmental organisations and Australian statutory authorities, have released commissions of inquiries and reports about

detention (Newman et al., 2008; Silove et al., 2007). These reports supported the negative association between detention and asylum seeker health.

Health professionals criticise detention based on risk of harm to asylum seekers' mental health

As referred to in the introduction, health professionals have criticised detention for its risk of harm to asylum seekers' health; particularly their mental health (Kronick et al., 2017; Silove et al., 2007). A strength of health professionals' perspective is that their profession provides them with expertise and close contact, allowing a deeper understanding of asylum seekers' health. Health professionals have penned numerous articles in their advocacy (Kisely et al., 2002; Newman et al., 2008; Silove et al., 1993; Silove et al., 2000; Silove et al., 2001; Silove et al., 2007; Steel & Silove, 2001). Even if these are not systematic studies per se, they have been founded upon observations and research with asylum seekers, and often provide contextual knowledge, altogether providing insight into asylum seekers' experiences.

Description of psychological experiences associated with detention

Robjant et al. (2009a) reviewed the literature for detention's effects on the mental health of adult, adolescent and child asylum seeker detainees in the United Kingdom, United States of America, and Australia. The ten studies that met inclusion criteria included case series (Arnold et al., 2006; Bracken & Gorst-Unsworth, 1991), systematic studies (Keller et al., 2003; Pourgourides et al., 1996; Steel et al., 2006; Thompson et al., 1998), and studies that investigated the impact of detention on children and their families (Mares & Jureidini, 2004; Steel et al., 2004; Sultan & O'Sullivan, 2001). All ten studies observed anxiety, depression and post-traumatic symptoms associated with asylum seeker detention, whilst suicidal ideation and self-harm were frequently reported (Robjant et al., 2009a). These patterns of which psychological phenomena were most commonly reported in association with asylum seeker detention appeared consistent with what the author of the present study observed in the literature. Other mental health issues, such as psychosis, have also been reported, less frequently (Robjant et al., 2009a).

A plethora of other feelings and thoughts related to the detention experience have also been reported in the literature. These include, but are not limited to, loss of dignity, frustration, anger, demoralisation, hopelessness, and demotivation (Campbell & Steel, 2014; Coffey et al., 2010; Pourgourides, 1996, as cited in Pourgourides, 1997; Steel et al., 2006).

Independent effect of detention on mental health

Given that evidence has repeatedly highlighted how asylum seekers have frequently endured (often multiple) pre-migration traumatic experiences (Cleveland et al., 2012; Keller et al., 2003; Robjant et al., 2009b), an obvious question that arises when faced with the finding of a negative association between mental health and asylum seeker detention is this: do negative psychological impacts from pre-migration trauma confound this finding? Research suggests that whilst pre-migration trauma does contribute, detention also has an independent adverse impact (Cleveland et al., 2012; Robjant et al., 2009b). One of these studies (Filges et al., 2015) will be described to illustrate this point.

Filges et al. (2015) reviewed the research with the specific aim of investigating possible casual impacts of detention on asylum seekers' mental health. A strength of this study is how they appeared to be rigorous and focused throughout the research process towards their aim (Filges et al., 2015). For example, Filges et al. asserted that although definitive causal conclusions could not be drawn from non-randomised research, there was a difference between research that simply measured relationships, and research that controlled for key confounding factors. Accordingly, Filges et al. meticulously assessed potential studies for risk of bias based on a risk of bias model, and how studies dealt with confounding factors. Filges et al. stressed the importance of a well-defined control comparison group; they only included studies that had demonstrated equivalence to the detained group through statistical controls, matching, or evidence of equivalence in participant characteristics and key risk variables. Filges et al. identified previous trauma exposure, time since arrival to the country in which asylum is being applied, geographical/ethnic orientation, gender and age, as the most relevant observable confounding factors.

Thus, Filges et al. (2015) systematically reviewed three studies, using meta-analytic methods: Robjant et al. (2009b) (United Kingdom), Ichikawa et al. (2006) (Japan), and

Cleveland et al. (2013) (Canada). All studies used standardised measures to assess depression, anxiety and post-traumatic stress disorder (PTSD). The weighted average effect size from Cleveland et al. and Robjant et al. for anxiety (0.42, 95% CI 0.18, 0.66) and PTSD (0.45, 95% CI 0.19, 0.71) were of clinical significance. The weighted average effect size for depression was 0.68 (95% CI 0.10, 1.26). Comparisons included participants during their detention. All effects favoured the non-detained asylum seekers. However, results should be approached cautiously as they were based on only two studies, and there was inconsistency in effect size magnitude for depression (Filges et al., 2015). Furthermore, Ichikawa et al., whose participants were surveyed after approximately ten months after release, found weighted average effect sizes for PTSD (0.59, 95% CI 0.02, 1.17), anxiety (0.76, 95% CI 0.17, 1.34) and depression (0.60, 95% CI 0.02, 1.17), which all favoured non-detained asylum seekers, and whose magnitudes all signified clinical importance. These findings implied an independent harmful effect of detention on asylum seeker mental health during and after detention; the effect sizes remained in the clinical range even though comparison groups had experienced roughly equivalent pre-migration traumatic events and post-migration adversities.

As the three studies used opportunity sampling, with two also using snowball sampling, the populations may not be representative of all detained asylum seekers. For example, Ichikawa's (2006) participants had been contacted through lawyers voluntarily helping them; this might have influenced asylum seekers' mental health differently to those without lawyers voluntarily helping them. Furthermore, 18 out of the 73 asylum seekers originally contacted had not agreed to participate; response bias might have influenced the results.

Studies illustrating the negative association between detention and mental health

As stated previously, this section will now outline a few studies to illustrate the negative association found by numerous studies between mental health and asylum seeker detention.

Quantitative

Steel et al. (2004) conducted the first systematic research study into the mental health of detainees in Australia. Steel et al. reported the psychiatric status of 10 detained families (9

female and 5 male adults between 28 and 44-years-old) from the same ethnic group, who had been detained for more than two years. Through phone interviews, participants rated the severity of their difficulty with 60 key detention experiences, which had been developed from reports with detainees (Steel et al., 2004). Participants also rated the severity of nine traumatic stress symptoms, which had been developed from standard post-traumatic stress measures and based on detention experiences (Steel et al., 2004). These measures were a strength of the study, as they demonstrated that participants experienced numerous experiences (12 out of 14 participants had experienced 26 serious detention issues) and traumatic stress symptoms (at least 12 out of 14 participants had experienced all nine symptoms measured) that were directly caused the detention experience, both supporting the notion that experiences specifically linked to detention can be harmful to mental health, and suggesting the possibility that such experiences can be traumatic (Steel et al., 2004).

Adults were assessed using a structured clinical interview (Steel et al., 2004). All adults fulfilled diagnostic criteria for at least one disorder, with most (86%) fulfilling criteria for more than one disorder. Based on retrospective evaluation, Adults demonstrated a threefold increase in disorder after being detained (Steel et al., 2004). The prevalence of 26 disorders among 14 adults was higher compared to both host Australian population, and undetained general refugee populations (Steel et al., 2004). All adults, excepting one, had persistent suicidal ideation, with five having self-harmed or attempted suicide (Steel et al., 2004).

Strengths of the study include how disorder determination involved validated diagnostic instruments, and was based on consensus between three same language-speaking psychologists with experience assessing same language-speaking refugee populations (Steel et al., 2004). Furthermore, although telephone interviews remove observation in assessment, the measures used were designed to be independent of mental state observations, and have demonstrated high diagnostic agreement with face-to-face equivalents (Steel et al., 2004). Steel et al. (2004) asserted that although exaggeration of reports was possible, several indicators supported the accounts' accuracy. Although families were interviewed separately, there was consistency in public incident reports. Some families were held in separate areas, lessening inter-family discussion. Many detention experiences were regarded problematic in only the minority, undermining exaggeration bias across the dataset (Steel et al., 2004).

Mares and Jureidina (2004) recounted that the possibility of exaggeration, a limitation of cross-sectional studies, led the then Minister for Immigration, to dismiss the findings. Mares and Jureidina addressed the potential limitations of cross-sectional studies by longitudinally documenting the comprehensive clinical assessment process and outcomes over consecutive family referrals to the child and adolescent mental health service (CAMHS). Instead of phone interviews, Mares and Jureidina conducted face-to-face assessments. Participants included 10 families from Palestine, Iraq, Iran and Afghanistan, comprising seven male and nine female adults (19-60-years-old, average 35.5-years-old). At assessment, the participants had been in detention between 16-20 months (Mares & Jureidina, 2004). Although only two parents reported a history with mental illness, only two adults did not fulfil criteria for a mental illness. Of the 16 adults, 14 (86%) qualified for major depression, nine (56%) for PTSD, and four (25%) for psychosis. Five (31%) had conducted significant, often repeated, self-harm attempts. Four (25%) needed psychiatric admission; the mother in both sole-parent families were hospitalised multiple times for psychiatric treatment (Mares & Jureidina, 2004). Study strengths included the use of direct clinical assessments, and consensus between two experienced clinicians for diagnosis. Mares and Jureidina's findings corroborated with Steel et al.'s (2004) findings of high mental distress in adults, despite methodical differences. Indeed, these differences mitigated each other's limitations. Mares and Jureidina's study was potentially limited by its emphasis on safety rather than diagnosis, and lacking of standardised structured diagnostic assessment tools (which have increased accuracy for identifying multiple disorders), which may have led to underdiagnosis. However, underdiagnosis does not take away from the findings.

A limitation of these early studies was their very small samples sizes. Steel et al. (2006) studied the longer-term mental impacts of detention and subsequent temporary protection on a larger sample size of 241 Arabic-speaking Mandaean refugees in Sydney, estimated as representing 60% of the whole adult Mandaean population. Recruitment occurred through lists provided by community leaders, expanded by snowball sampling. Interviews used psychometrically tested and researcher-developed measures. A strength of this study was that analysis used multilevel modelling, which allowed controlling for the potential confounding effects of pre-migration trauma, age, gender, family clustering, and the length of residency. Thus, Steel et al. (2006) demonstrated that previous detention and ongoing temporary protection each independently contributed to the risk of ongoing depression, post-traumatic stress and

mental health-related disability. This study might be limited by how the target population's dispersal and minority status didn't allow population-wide probabilistic sampling; it is possible that respondents were those who had experienced greater suffering (Steel et al., 2006).

However, participants were identified through community links, which are known to be protective, and the PTSD and depression rates were comparable to asylum seekers and refugees in other studies (Hobbs et al., 2002; Silove et al., 2002, as cited in Steel et al., 2006).

Furthermore, Goodman (1961, as cited in Steel et al., 2006) posited that although snowball sampling is not ideal for identifying absolute prevalence, it is appropriate for comparing within-sample sub-groups, which was this study's main focus. Although the focus on a single ethnic group may limit generalisability (Steel et al., 2006), this focus strengthens the idea that detention was responsible for adverse effects found, as their other possibly confounding factors are less diverse.

The quantitative studies were able to establish not only whether there might be a relationship between detention and impacts on asylum seekers, but also ideas on extent and severity (Robjant et al., 2009a).

Mixed Methods

Sultan and O'Sullivan's (2001) participant-observer account is unique in that, to the author's knowledge, it is the only article to include a detailed, first-hand perspective of an asylum seeker himself, whilst still detained; Sultan had been detained in Sydney's Villawood Detention Centre since 1999.. Furthermore, as a medical practitioner and bilingual speaker, Sultan was confidant for many detainees. O'Sullivan treated asylum seekers 12 months at Villawood Detention Centre as a clinical psychologist. These author characteristics are a strength; their expert health knowledge and close contact with detainees likely make their perspectives uniquely suited to understanding detainees' health.

Sultan and O'Sullivan's qualitative observations facilitated possible insights into the particular experiences that detainees endured during detention, and possible impacts on their mental health. For example, Sultan and O'Sullivan reported possible themes in detainees' psychological reaction patterns, which they categorised as comprising an initial non-symptomatic, followed by three depressive, stages. Consecutive stages were marked by increased

distress and psychological disability. Sultan and O’Sullivan provided other qualitative insights into detainees’ experiences, which will be referred to throughout this chapter.

Qualitative observations were supplemented by a survey via semi-structured interview between Sultan and 33 Villawood detainees from 10 countries (85% men, 15% women, and mostly from Afghanistan, Iran, Iraq and former Yugoslavia), who had been detained for over nine months (average continuous detention was two years). All except for one exhibited symptoms of psychological distress at some point. At the time of the survey, 85% experienced chronic depressive symptoms, with 65% experiencing marked suicidal ideation. Nearly half of the sample had reached the severe tertiary depressive stage. Seven displayed psychotic symptoms. Some had been recommended for hospitalisation due to their psychological symptom severity. A strength of this study involves how Sultan was able to corroborate this information with his personal longitudinal observations. This quantitative method facilitated understanding of extent and severity of mental health distress.

Qualitative

A strength of the qualitative studies was how they allowed meaningful, contextualised insights into asylum seekers’ experiences of detention (Robjant et al., 2009a), providing ideas on what detention is like, and what might contribute to mental health. A strength of Campbell and Steel’s (2014) study was their unique purpose; they investigated detainees’ experiences through grounded theory with the specific aim of comparing Australia’s detention policies with international human rights law. They drew on observations, document analysis, and semi-structured interviews with seven asylum seekers (one female, six males, between 19-45-years-old, from countries, including Pakistan, Sri Lanka, Iraq, Iran and Afghanistan) and three health and social service workers. Campbell and Steel’s use of an established method of qualitative analysis (grounded theory) was able to both capture participant’s experiences of detention, and also to link some aspects of this with mental health impacts. Campbell and Steel found that mental distress, including feelings of depression, loss of dignity, frustration, stress, distress, hopelessness, was described by all participants, and seemed to be a crucial feature of asylum seekers’ experiences. Many participants explained that their mental distress increased during their time in detention, linking the detention centre environment with the distress. The fact that

asylum seekers themselves made this link adds credibility to the argument that detention is harmful. Campbell and Steel posited that detention contribution to mental distress through being an environment of constraint (both physically; e.g. living in restricted space with unfamiliar people, and non-physically, e.g. restricted access to necessary services, such as health services), and identified that detention centre policy contributed to these environments of constraint. More details on Campbell and Steel's findings will be referred to later in this chapter.

The fact that Campbell and Steel specifically and systematically compared detainees' experiences, described through a rigorous qualitative method (grounded theory), with specific human rights frameworks, provided robustness to their finding that asylum seekers' detention experiences violate their human rights. It allowed identification of particular ways in which their rights were being violated, and which policies were contributing to this violation (e.g. unpleasant and dirty environment violating the human right to adequate standard living).

Studies that focused on self-harm

Self-harm can signal mental distress. A couple of studies have focused specifically on the association between self-harm and asylum seeker detention (Cohen, 2008; Hedrick et al., 2019). Hedrick et al. (2019) investigated whether self-harm incidence and characteristics differed across processing arrangements (i.e. offshore detention [Manus Island $n = 1005$], offshore detention [Nauru $n = 722$], onshore detention [$n = 2176$], community detention [$n = 1184$], and community-based arrangements [$n = 23\,894$]) and gender amongst asylum seekers in Australia. This was the first study to explore self-harm incidence and characteristics throughout all Australian asylum seekers, including by processing arrangement. This study's systematic exploration of self-harm throughout the population was a strength. All self-harm incidents reported between 1 August 2014 and 31 July 2015 – 949 incidents - were analysed.

Self-harm episode rates were highest in offshore and onshore detention facilities, and lowest in community detention and community-based arrangements; rates ranged from 5 per 1000 asylum seekers in community-based arrangements, to 260 per 1000 asylum seekers in Nauru offshore detention (Hedrick et al., 2019). The prevalence of self-harm amongst detainees was exceptionally high compared to that of the general Australian population and asylum seekers in community-based facilities (Hedrick et al., 2019). The fact that this study compared between

processing arrangements is a strength; Hedrick et al.'s findings support the notion that experiences in detention facilities (e.g. rather than living in the community) is negatively associated with mental health. Even though these figures were high, it should be noted that they were likely conservative estimates; they do not include the unreported self-harm incidents, and some of the reports were lacking data, thus limiting data available for analysis (Hedrick et al., 2019).

Aspects of Detention Related to Asylum Seeker Wellbeing

An interesting feature of the literature was how health, particularly mental health, was negatively associated with detention even across different detention centre settings, such as prisons (Keller et al., 2003), immigration centres with other individuals seeking asylum (Sultan & O'Sullivan, 2001) and/or individuals detained for other reasons (Green & Eager, 2010), high security centres with other immigration-related detainees and PICRs (Robjant et al., 2009b), and even detention under widely different governments; apartheid South Africa and Australia (Koopowitz & Abhary, 2004). This might imply that there might be aspects of the context of detention, or certain similarities across detention settings, that negatively influence mental health. However, differences across settings are also likely to exist, and such differences might influence detainees' mental health in various ways.

To glean a deeper understanding of asylum seekers' experiences of detention, there is a need to understand which particular elements of detention contexts are unhelpful or helpful to asylum seeker mental health, and the various impacts that might occur, including those not limited to mental health. Furthermore, it would be helpful to understand which of these elements and impacts are more likely to occur across settings, and which are more unique to certain settings. Altogether, this information would assist future undertakings to improve asylum seeker mental health.

The research was not always consistent on certain detention aspects' relationship with asylum seeker health. These aspects will first be described, followed by aspects that relatively less studies have reported on. Subsequently, some aspects which have been found by at least a few studies will be described.

Aspects of detention where the literature has not always been consistent

There were a few aspects of detention whose relationship with asylum seeker health was not always consistent. This might indicate a more complex picture of the relationship between various factors and health.

Length of detention

Detention length did not always have a consistent relationship with asylum seeker mental health. Four studies suggested a negative association between detention length and asylum seekers' mental health during detention (Green & Eager, 2010; Hallas et al., 2007; Keller et al., 2003; Sultan & O'Sullivan, 2001).

Hallas et al. (2007) specifically investigated this relationship through examining whether mental disorder referral incidence increased with length of time. The records of a multi-ethnic group of asylum seekers in Danish asylum centres between July 2001 and December 2002 were used. Hallas et al. found that mental disorder referrals increased with the length of time in asylum centres, and this relationship was found with all the studied categories of psychiatric illness (i.e. depression, PTSD, schizophrenia/psychoses, and other disorders), and for most ethnic groups. A strength of this study was that the sample size was relatively large ($n = 4516$). Furthermore, given that records were only made for patients needing three consultations for mental disorders it is likely that these results were conservative, excluding minor disorders (Hallas et al., 2007).

Keller et al. (2003) interviewed 70 asylum seekers (14 female, 56 male, average age 28-years-old, 54 from Africa, with the rest from Eastern Europe, Asia, South America, and the Middle East) detained in American detention centres ($n = 61$) and jails ($n = 9$), using standardised self-report measures to assess symptoms of PTSD, depression and anxiety. Quantitative evaluation (Spearman correlations) demonstrated that these symptoms were all significantly associated with detention length. This finding was supplemented by how 70% of participants' subjective perceptions that their mental health had deteriorated considerably during detention.

Green and Eager (2010) investigated the health of 720 detained persons in Australia, and the impacts of time in, and reason for (unauthorised boat or air arrival: asylum seekers, breaching or overstaying one's visa, being an illegal foreign fisher), detention, through analysing their health records from 1 July 2005 to 30 June 2006. Both duration and reason for detention had significant additional effects on the incidence rates of new mental health problems (Green & Eager, 2010). Individuals detained for more than 24 months had especially poor physical and mental health, asylum seekers were found to have more health problems than other detained people (as all participants were detained, this suggests that other factors may influence health) (Green & Eager, 2010). The separation of these factors (duration and reason) was a strength, insightfully identifying that such factors might differently affect the health contexts of detainees.

However, Robjant et al.'s (2009b) study implied the existence of more complexity between mental health and detention length. Unlike the previous studies, Robjant et al. demonstrated that detention length was not always straightforwardly associated with mental health. Robjant et al. investigated detained ($n = 67$) and community ($n = 49$) asylum seekers' mental health with cross-sectional questionnaires. To investigate detention length's relationship with mental health, Robjant et al. divided participants around the median length (30 days). No main effects of length were found for anxiety or depression scores. However, notably, Robjant et al.'s also found a significant interaction effect between detention length and having experienced interpersonal trauma (attacks and/or torture) on depression scores. This interaction effect approached significance for anxiety scores. Thus, participants who had experienced interpersonal trauma and had been in detention for more than one month, were found to generally score higher for depression and anxiety than participants who had experienced interpersonal trauma and been in detention for less than one month (Robjant et al., 2009b). Altogether, Robjant et al.'s findings suggest that there might be a variety of factors that influence mental health; although the fact that multiple studies found a negative association between length and detention does imply that length may influence mental health, Robjant et al.'s findings suggest that the manifestation of length's effects may be influenced by other variables. Further investigation would benefit from understanding the mechanisms underlying how length might affect experiences.

For example, employing speculation regarding possible reasons that might contribute to the interaction effect, two of the four centres that housed participants also held many former PIRCs; it is possible that PIRCs assaulted the asylum seekers. Although nine of Keller et al.'s

(2003) were also held in jails, this is a smaller number of participants, and they were heavily guarded (although it is unclear whether this included guarding from PIRCs). Another speculative factor is that some of Robjant et al.'s (2009b) detained asylum seekers had been denied asylum, some were uncertain, and some planned on initiating claims. Given that asylum status has been implied to influence mental health (Sultan & O'Sullivan, 2001), this may have been a confounding factor in Robjant et al.'s lack of finding a main effect of length. The point of all this speculation is to demonstrate that numerous factors that may affect how detention length affects detainees' experiences.

Consistent with this notion, even relatively short detention periods have been associated with mental distress. Cleveland et al. (2012) compared the results of standardised mental health questionnaires completed by 122 detained (for at least a week) asylum seekers and 66 asylum seekers who had never been detained in Canada. Cleveland et al. found that although post-traumatic stress, depression, and anxiety symptom levels were present in both groups, symptoms were higher amongst those who had been detained compared with non-detainees. These results are pertinent as detention length was relatively short; 94% had been detained for less than two months (median length was 18 days), implying that even short detention can be associated with negative impacts on mental health (Cleveland et al., 2012). This suggests that even if the quantity of detention length may be seemingly short, the quality of that detention experience matters.

The quantitative methods employed by Green and Eager (2010), Hallas et al. (2007) and Keller et al. (2003) facilitated the understanding that length might influence mental health, with Robjant's (2009b) interaction effect suggesting a possible direction for how length does so. Qualitative observations (Sultan and O'Sullivan, 2001; Pourgourides' (1996, as cited in Pourgourides, 1997) provided understanding that asylum seekers' psychological responses might change over time. Sultan and O'Sullivan's (2001) account additionally had implication for how length might interact with other factors, such as outcomes that have meaningful consequences on their lives (i.e. possible repatriation or detention for an unknown time length, or declined asylum applications) affect health. After an initial stage of hope, Sultan and O'Sullivan reported that over time, successive depressive stages occurred after progressive setbacks in asylum seeking, suggesting the importance of these outcomes on asylum seekers' wellbeing.

After detention

Studies have suggested that detention has long-term impacts, even unto three years post-release (Ichikawa et al., 2006; Steel et al., 2006; Coffey et al., 2010). Descriptions of Steel et al. (2006) and Ichikawa et al. (2006) can be found earlier in this chapter.

However, Keller et al.'s (2003) study implies that the relationship between detention and long-term impacts may not be definitive. Keller et al. conducted baseline interviews with 70 detained asylum seekers, and follow-up interviews with 61 participants, 35 of whom were still detained. Although baseline scores of anxiety, depression and PTSD symptoms had not significantly differed between participants who would be eventually released and those who would remain detained, the 26 released participants had a significant decrease, and those still detained had an increase, in all symptoms (Keller et al., 2003). Many of the released participants had reduced to below the recommended scale cut-offs (Keller et al., 2003). These findings suggest that upon release, mental health can improve. However, whether this has to do specifically with exiting detention (although not illogical), or other factors, is hard to disentangle; 22 of the 26 released participants had also been granted asylum status. As asylum status procurement might conceivably influence mental health, this may have confounded the results (Keller et al., 2003).

Keller et al.'s (2003) study was further limited by its lack of non-detained comparison group. The fact that many released participants' scores had reduced to below the recommended scale cut-offs provides some comparison to suggest that their mental health had lowered to not unhealthy levels. However, the results regarding cut-off scores themselves suggest that their focus on their finding of initial symptomatic relief after release belies a more complex finding; just over a third of released participants were still scoring above the recommended cut-off on anxiety and depression symptoms, with three participants still scoring above the recommended cut-off for post-traumatic disorder symptoms. Although the data does not provide the details required to know if these are due to detention impacts (the study could have been improved by investigating whether any post-detention symptoms or improvement were directly due to detention and/or release; they could have asked participants' perspectives, or examined if post-traumatic symptoms were related to detention, etc.), and although this finding does not detract

from the fact that there was a marked reduction overall post-release, it does suggest that the mental health of released asylum seekers is complex, and may involve various factors.

As the details provided by Keller et al. (2003) were not clear on the time periods post-release, it is estimated that time since release might be somewhere in between two and ten months, as this was the time between initial and follow-up interviews. Ichikawa et al.'s (2006) participants had been released for approximately ten months. Thus, if any of Keller et al.'s participants had been released for roughly around the same time period, direct comparison of their findings would demonstrate a discrepancy in the literature, as Ichikawa et al. had found significantly worsened mental health attributed to detention. Coffey et al. (2010) strongly suggested that their participants were still experiencing long-term impacts due to detention. Coffey et al.'s participants had been released for between less than one year to seven years (mean 3.7 years). Although unable to be conclusive, if any of Coffey et al.'s participants who had been released for less than one year were still suffering detention's impacts, this is not incompatible with Keller et al.'s finding of at least a third of participants still experiencing mental disorder symptoms, but does differ from Keller et al.'s participants with marked symptomatic reductions, to below the recommended cut-off. Direct comparison with Steel et al. (2006) is not feasible as they only reported the mean time since release, which was nearly three years.

Altogether, the fact that three studies (Coffey et al., 2010; Ichikawa et al., 2006; Steel et al., 2006) suggested long-term impacts attributed to detention does suggest that detention can have long-term impacts. However, Keller's (2003) study suggests the potential for post-detention experiences not coloured by long-term impacts, and highlights how various factors may influence participants' post-release mental health.

Physical harm

Some studies either focused on, or mentioned, physical changes during detention. Green and Eager's (2010) study was described earlier. Individuals detained for more than 24 months had especially poor physical and mental health, and asylum seekers were found to have more health problems than other detained people. Main health problems varied depending on detention duration, but pertained to dental and musculoskeletal issues, lacerations, and mental health. Both

duration and reason for detention had a complex relationship with physical health problems; some problems increased whilst others decreased over time, and some problems varied by detention reason, whilst others did not. This suggests that duration and reason for detention in this particular setting are not necessarily major determinants of detainees' physical health, and that there might be a variety of factors that influence physical health. Notably, compared to other groups, asylum seekers had less injuries due to assault, but more from self-harm. This latter finding is consistent with, and may reflect, Green and Eager's finding that unauthorised boat arrivals had significantly higher mental health issues than other groups.

Hallas et al.'s (2007) study was also previously described. Although Hallas et al. mainly reported on their mental-health related finding, their results also indicated that referrals for a somatic diagnosis increased with detention length. The fact that records were only made for patients who needed more than five consultations for physical conditions implies that detention length has a relationship with serious physical conditions. Furthermore, Hallas et al.'s study does not give information illuminating length's possible relationship with minor conditions. Additionally, this study did not provide further details on the types of somatic conditions involved, thus precluding insight into what various factors, possibly linked to detention, might influence to asylum seekers' physical health in detention.

Filges et al. (2015) had initially aimed to include physical health in their evaluation of evidence about detention's impacts. However, none of the three studies that met their rigorous inclusion criteria described earlier (Cleveland et al., 2013; Ichikawa et al., 2006; Robjant et al., 2009b) reported on physical health. This might be a symptom of how most studies in the literature focus on mental, rather than physical, impacts of detention.

A couple of studies focusing on detention's psychological impacts have mentioned physical impacts in their reports (Pourgourides, 1996, as cited in Pourgourides, 1997; Steel et al., 2006). These mentions appeared to be manifestations of psychological suffering. Steel et al. (2006) reported physiological reactivity akin to traumatic stress symptoms; shaking, sweating, and having an increased heart beat when thinking about detention (Steel et al., 2006). Pourgourides (1996, as cited in Pourgourides, 1997) reported psychosomatic symptoms, and impacts on sleep and appetite. These make sense that detention has been associated with increased psychological suffering (Filges et al., 2015), including trauma (Cleveland et al., 2012; Steel et al., 2004).

Altogether, these studies imply that there might be some relationship between certain physical problems with certain aspects of the detention experience. For example, detention length may be associated with certain serious physical conditions in particular settings (Hallas et al., 2007). Asylum seekers may experience physical manifestations of psychological suffering, including traumatic symptoms (Steel et al., 2006; Pourgourides, 1996, as cited in Pourgourides, 1997) or self-harm (Hallas et al., 2007). However, these studies also imply that there is no clear known relationship between various physical conditions and aspects of the detention experience, and highlight how little is known about physical symptoms in detention, which may be contributed to by the lack of focus on physical health in the research. Further research would increase understanding of whether this is more descriptive (i.e. the detention experience is less coloured by physical than mental impacts) or prescriptive (i.e. we know less about physical impacts because of a lack of focus) of the detention experience.

Findings that have been found by fewer studies – gaps worth considering

There were some detention aspects that received less coverage in the literature (to the author's knowledge), demonstrating, suggesting gaps that might benefit from further investigation.

Asylum seeking process

Noferi (2015) penned a report arguing the effectiveness of humane approaches, and alternatives to detention for asylum seekers in the United States, backed by research. Noferi's (2015) report was valuable for demonstrating how, in addition to psychological and physical harm, detention can cause other kinds of harm, particularly regarding the practicalities of the asylum seeking process. The American government does not provide lawyers to asylum seekers. However, detention can hinder the ability to afford or procure a lawyer, and detention centres may restrict access to *pro bono* immigration lawyers through their remote location, or restrictive policies (Noferi, 2015). This is consequential, as research has demonstrated that lawyer representation has a substantial impact on whether an asylum seeker's claim will succeed

(Noferi, 2015; Ramji-Nogales et al., 2007). Furthermore, some asylum seekers abandon their claims due to lack of legal assistance, despite valid fear of danger (Noferi, 2015).

Noferi argues that if the US government treated asylum seekers in a humane and fair manner, by release (or alternatives), and giving legal assistance, research suggests that they are likely to turn up for proceedings. Noferi states that release, not detention, should be the norm. This would diminish both the human cost to asylum seekers, and the financial cost of detention (Noferi, 2015). It would be interesting to see if there are any parallels in the Aotearoa context.

Coping and resilience

The literature appeared to report largely on the experiences and impacts of detention, with relatively less reporting on the coping and/or resilience of asylum seekers during detention. Pourgourides' (1996, as cited in Pourgourides, 1997) qualitative observations suggested that detention restricted the resources needed for coping. It appeared that detainees coped with the initial month or two, through trying to find information and link with legal representatives. After this time, detainees appeared to experience more frustration, apathy, demotivation, and symptoms of mental disorder (Pourgourides, 1996, as cited in Pourgourides, 1997). Most of Coffey et al.'s (2010) participants regulated their mental health after detention through avoiding distressing thoughts and activity, including study, work, sport or prayer, which they indicated were helpful with depression and forgetting issues.

Given that coping and resilience are important aspects of asylum seeker wellbeing, questions pertaining to both will be included in this study. Additionally, this study wants to provide opportunity for resilience to be captured if resilience was to be found, to prevent perpetuation of any narratives portraying asylum seekers as helpless victims. This is consistent with critics who have argued that instead of being portrayed as victims passively suffering, asylum seekers' resistance, and how they interpret and respond to their experiences, should be attended to (Koopowitz & Abhary, 2004). However, care will be taken to not allow this desire to bias the findings' integrity.

Detention with PICRs

A distinctive feature about detention in Aotearoa is the potential for prison detention; detainment with PICRs might influence asylum seekers' experiences. However, to the author's knowledge, although studies have reported detainment with PICRs (Bracken & Gorst-Unsworth, 1991; Cleveland et al., 2012; Keller et al., 2003; Robjant et al., 2009b), details on detained asylum seekers' experiences with PICRs are minimal. The existing reports will now be outlined.

Bracken and Gorst-Unsworth (1991) spoke with ten detained male asylum seekers, all of whom had experienced torture in their countries of origin. Incarceration with PICRs invoked emotions of humiliation, anger and injustice. Participants who had been persecuted for socio-political ideals found it difficult to fathom why they should be included amongst PICRs. Lack of meaningful communication, contributed to by language difficulties, contributed to mutual suspicion between participants and PICRs, and prison officers.

In Keller et al.'s (2003) study, 61 participants were detained with non-criminal detainees, with nine participants in prisons with PICRs. All asylum seekers were described as heavily guarded; it is unclear as to whether this included being guarded from PICRs. Keller et al. did not report specifically on the experiences of being detained with PICRs. Details were not given on health comparisons between groups detained with PICRs and non-PICRs, and it is unknown as to where the 49 participants who perceived their mental health as deteriorating during detention were detained. However, even if these participants included all nine participants detained with PICRs, that would leave 40 participants not detained with PICRs who perceived their mental health declining. Although this by no means excludes detainment with PICRs as a potential influence on mental health, it does imply other factors contribute to asylum seeker mental health in detention.

Robjant et al.'s (2009b) participants were recruited from two high security centres with many male former PICRs, and two centres housing male and female detainees, with family wings. This is unique in that Robjant et al.'s sample included former, not current, PICRs. Experiences being detained with PICRs might differ from detainment with former PICRs. Robjant et al. did not comment specifically pertaining to the experience of being detained with former PICRs.

Altogether, there is minimal information in the international literature about detainment with PICRs. The present study will add to the knowledge.

Findings that have been identified in multiple studies

There were some aspects of the detention experience that were consistently found in multiple studies - a triangulation of sorts - implying that these studies illuminated some aspects of detention experiences representing detention-related influences or impacts on mental health. Several aspects will now be outlined.

Detention centre structures

The detention centre environment was referred to as a source of harm in some studies (Campbell & Steel, 2014). This distress appeared to be related to various aspects of the detention experience, including the detention centre itself, which will now be described. Both physical and non-physical dimensions of the detention centre appeared to contribute to asylum seekers' distress. Notably, even in non-prison settings, detention environments were often described in terms denoting resemblances with prison, including explicit comments on the prison-like nature of detention (Cleveland et al., 2012; Koutroulis, 2003; Silove et al., 2007). The idea of prison denotes various negative connotations. The prison-like nature, or in some cases actual prison setting, of detention may be suggestive of why negative mental health has been associated with detention. A few aspects related to the detention environment will be briefly outlined.

Physical structures

A strength of qualitative methods is how they allow contextual understanding through description of environments. The physical structures has been described through qualitative observations as being intimidating, and contributing to oppressive, confining, depriving, jail-like environments (Campbell & Steel, 2014; Koutroulis, 2003; Silove et al., 2007; Sultan & O'Sullivan, 2001). Inadequate facilities, unpleasantness and dirtiness, restricted movement, and overcrowding have been described (Campbell & Steel, 2014; Silove et al., 2007).

Centre processes

Centre processes (e.g. policies, procedures, etc.) have been described as contributing negatively to detention environments, such as through shaping oppressive and constraining environments (Campbell & Steel, 2014; Koutroulis, 2004). Examples of constraining processes include a lack of access to necessary (e.g. healthcare) and/or meaningful (e.g. social activities) opportunities, heavy monitoring, and reliance on routines (Campbell & Steel, 2014). The apparent arbitrariness, and sometimes cruelty and inhumanity, of rules in detention have been reported (Coffey et al., 2010; Sultan & O’Sullivan, 2001).

Lack of engagement in meaningful activity

Little opportunity to engage in meaningful activities was reported as distressing. For Sultan and O’Sullivan’s (2001) participants, the majority of the previous two years had been characterised lengthy stretches of unstructured time, due to a paucity of resources (including education) and activities, rendering asylum seekers often bored, aimless and apathetic. Relatedly, Steel et al.’s (2006) participants identified boredom as one of their most common stressors.

Campbell and Steel (2014) conceptualised detention as embodying environments of constraint, which included a lack of access to training and education, and the inability to work, volunteer or engage in social activities beyond detention. Campbell and Steel identified these as violating asylum seekers’ human rights to technical and vocational development programmes, paid employment, rest, recreation, and the ability to partake in cultural life.

Inadequacies in healthcare

Inadequacies in medical care have been observed (Silove et al., 2007; Sultan & O’Sullivan, 2001). Despite all detainees’ psychological suffering, Pourgourides (1996, as cited in Pourgourides, 1997) observed that asylum seekers’ symptoms were sometimes not identified by medical staff; mental state examination and safety screening is frequently basic, and screening for symptoms arising from torture did not always happen. There was limited access to specialist

medical and psychiatric assessment, and poor responses to treating hunger strikers. Such observations have been supported by first-hand accounts; all of Coffey et al.'s (2010) participants reported frustration at the inadequate healthcare. Participants experienced delays in accessing medication and healthcare, and perceived trivialisation of their concerns. Approximately half of the participants did not trust detention healthcare professionals.

Other detainees

Accounts suggested that other detainees contributed to the detention centre environment. It appeared that harm and/or the threat of harm, whether between detainees, or self-inflicted, might be sources of distress. Asylum seekers have described reported self-harm and/or suicidal behaviour, which have been described as distressing (Campbell & Steel, 2014; Steel et al., 2004; Steel et al., 2006). Distress from fighting between detainees has been identified (Coffey et al., 2010). Negative treatment directly from other detainees has been reported. In Steel et al.'s (2006) study, racist comments, intentional humiliation, and being sworn at, by other detainees were amongst the most frequently reported serious stressors.

However, positive interactions have also been reported. Koutroulis (2003) described a detainees' friends attempting to protect him through his emotional outburst upon receiving a visa rejection. In Sultan and O'Sullivan's (2001) observations, most asylum seekers confided about their personal lives with others (before ceasing when reaching more depressive stages).

It is likely that the particular people one is detained with might have an impact on one's wellbeing, especially given that detention contexts can provide potential for close contact (Campbell & Steel, 2014), including the possibility of overcrowding (Steel et al., 2006), for sustained periods of time, especially as some asylum seekers can be detained for long periods of time, even unto years (Sultan & O'Sullivan, 2001). In the previous paragraph, both negative and positive inter-relating were described. Further research would benefit from understanding how relationships with surrounding detainees might influence wellbeing.

Treatment by staff

The detention centre environment also appeared shaped by detention staff. Again, witnessing and/or experiencing harm has been reported as distressing. Negative treatment by detention staff have been reported, and in such instances have been identified as a negative influence on detained asylum seekers. Dehumanisation has been referred to in a few studies (Coffey et al., 2010; Koutroulis, 2003; Sultan & O'Sullivan, 2001). The way that officers have treated asylum seekers have been described as uncompassionate, harsh, and without respect (Coffey et al., 2010; Sultan & O'Sullivan, 2001).

Asylum seekers have reported threats of physical violence, deportation or influencing the application, intentional humiliation, and physical assault by officers (Steel et al. 2004). The fact that asylum seekers have identified these as serious, or very serious, problems in detention suggests that these might be a negative influence on asylum seeker wellbeing (Steel et al., 2004).

All of Coffey et al.'s (2010) participants perceived having been treated inhumanely, and described numerous examples of injustice. This unjust treatment pertained to three broad categories of experiences: apparent disregard for the required processes regarding visa applications, perceived arbitrariness, senselessness and inhumanity of rule-making, and criminalising, humiliating, punitive and behaviours and practices. All participants felt that they were treated without respect, speaking to a dehumanising detention environment. Participants perceived being addressed or treated in an insulting or impolite manner (Coffey et al, 2010). Participants had witnessed the beating of detainees by detention officers (Coffey et al., 2010).

Koutroulis (2003) observed staff inaction; she overheard that this was due to the paperwork involved. This demonstrated a strength of the observational method; interviews with staff would have been unlikely to elicit that information.

As shown, when studies commented on detention centre staff, descriptions tended to be negative. Although the possibility that authors are less likely to comment on positive treatment as this might be comparatively less remarkable may not be ruled out, it is more likely that such descriptions denote that detention centres can have an associated risk for negative treatment by staff. There could be a variety of reasons for this, which would benefit from research. Speculatively, the abuse of power with vulnerable individuals is not uncommon, and might denote psychological phenomena that allow individuals to be swayed by power, certain ways of seeing asylum seekers, and more.

Families

A few studies in Australia reported distress regarding family. All Coffey's (2010) 17 participants' accounts indicated isolation and alienation, exacerbated by the loss of significant relationships during detention. Most participants were married with children, but all excepting three were in detention without family members. Participants were distressed by the lack of opportunity to communicate with their families. When communication eventually was possible, nearly all minimised their realities' distress to protect loved ones. Separation from family, and worries about family back home, were amongst the 20 negative experiences identified as causing serious, or very serious, stress, by Steel et al.'s (2006) 241 participants. Sultan and O'Sullivan's (2001) observations demonstrated that asylum seekers experienced anxiety about families left behind.

Lack of knowledge

The literature highlighted distress stemming from not knowing, often pertaining to a lack of information provided and/or the uncertainty of outcomes, about aspects of asylum seeker and detention processes have been reported in the literature. Asylum seekers have reported lack of information about the progress of their refugee application (Steel et al., 2006), and inadequate information about their applications, (Steel et al., 2004) as seriously distressing. This demonstrates how other facets of the asylum seeker journey, such as their applications for asylum status, can impact on detainees' mental health during detention. Sultan and O'Sullivan's participants exhibited generally poor understandings of claim handling processes.

Furthermore, a lack of knowing regarding uncertainty about outcomes, combined with the possibility of a bad outcome, has been identified as a source of distress. Fears of being sent home was reported by the majority of participants in Steel et al.'s (2006) study. Pourgourides (1996, as cited in Pourgourides, 1997) found that participants were persistently stressed by the uncertain outcome of detention, and fear of deportation. Loss of freedom for an unknown length of time was cited as the most threatening aspect of detention by Sultan and O'Sullivan (2001). Pourgourides (1996, as cited in Pourgourides, 1997) reported that asylum seekers did not know

why they were detained. This, and the unknown duration of detention, hindered making sense of, and dealing with, their circumstances meaningfully.

Language

Difficulties due to language differences were identified in a few studies. Sultan O'Sullivan (2001) observed for participants who were less fluent in English, and a lack of access to interpreter services, contributed to isolation and communication difficulties. Pourgourides (1996, as cited in Pourgourides, 1997) reported that the implementation of adequate levels of care were nearly impossible due to language difficulties, and lack of sufficient interpretative services. Bracken and Gorst-Unsworth (1991) reported that asylum seekers' psychological suffering was often exacerbated by their inability to understand or speak English, and that this contribute to mutual suspicion between other incarcerated individuals and prison officers.

It is possible that language difficulties have contributed to limiting the existing knowledge about asylum seeker detention. For example, Robjant et al. (2009b) had employed snowball sampling in recruitment, and noted that non-fluent English was the main reason given by asylum seekers for not participating in their study. It is possible that participants with non-fluent English might have language-related issues in detention; their non-participation in Robjant et al.'s study may have precluded gleaning knowledge of such experiences.

Freedom and security

One aspect of the detention experience that appeared to cause distress was the lack of freedom and visa. Koutroulis (2003), a psychiatric nurse in Woomera Detention Centre, shared that asylum seekers fundamentally want two things: freedom, and a visa. Suggestions that she might be of assistance were rebuffed with questions about her ability to provide freedom and a visa. Sultan and O'Sullivan identified the most threatening element of detention to be the loss of freedom for an unknown length of time. Koopowitz and Abhary (2004) reported how antidepressants alone would not alleviate asylum seekers' feelings of hopelessness and helplessness; mitigation of these nearly entirely depended on obtaining freedom and successful visa applications.

The terms in which freedom, and visas; an instrument of freedom, were spoken of by these authors indicate that these elements might be an important determinant of asylum seeker mental health. This makes sense, as a defining characteristic of seeking asylum is the searching for freedom to live one's life, secure from danger. However, instead, prison involves being put into yet another situation where one's freedom and security are impinged upon.

Worsened by the fact had done nothing wrong

Being put into detention, when one has done nothing perceived as wrong, has been reported as a distressing aspect of detention. Bracken and Gorst-Unsworth's (1991) asylum seekers' feelings have already been described. Sultan and O'Sullivan (2001) also described how detention without a trial when one has not committed a crime is distressing for asylum seekers. Cleveland et al. (2012) highlight how detaining asylum seekers with no criminal history with PICRs is obviously problematic, and that asylum seekers often suffer distress from feeling treated like PICRs, despite having done nothing to warrant this.

Expectation of sanctuary versus reality of imprisonment

Asylum seekers have also been reported to experience distress at the clash between hope and expectations for asylum, and the reality of imprisonment. Silove et al.'s (1993) observations demonstrate how this can be highly linked to the previous point; they described asylum seekers as baffled by how, in their minds, they are being treated like PICRs when they had come to Australia with the hope of protection. In another qualitative study, Pourgourides (1996, as cited in Pourgourides, 1997) observed asylum seekers needing to reconcile the discrepancy between seeking sanctuary and their hostile environment.

Koopowitz and Abhary's (2004) method allowed for an effective illustration of how this clash between expectation and reality can be distressing. They compared the experiences of people who were detained under the migration regulations of the last apartheid South African government, and Australian government at the time. Koopowitz's and Abhary's clinical experiences with asylum seekers in Australian acute psychiatric units, and the experiences of psychiatrists in acute psychiatric units in South Africa, shared with Koopowitz through

numerous dealings with such a psychiatrist, informed the understanding of experiences. Despite similarities in psychosocial and psychological issues faced, one key difference between groups is that in South Africa, detainees had expected government-induced adversity; their imprisonment held meaning as part of a valid fight against oppression. In Australia, asylum seekers had expected support, and were generally unprepared for imprisonment and further political struggle (Koopowitz & Abhary, 2004). Although detention-induced learned helplessness appeared similar in both countries, South African detainees did not seem to have the same feelings of futility and incredulity as their Australian counterparts (Koopowitz & Abhary, 2004).

Detention as a source of trauma

A few studies suggest that detention experiences might cause trauma to asylum seekers (Cleveland et al., 2012). Steel et al. (2004) and Steel et al. (2006) demonstrated this effectively. A strength of their methods is that they used a checklist developed by Steel et al. (2004) based on both detention knowledge and standard measures of post-traumatic stress to investigate traumatic stress symptoms specifically related to detention: the Detention Symptom Checklist. Steel et al. (2004), whose participants were still in detention, showed that detained asylum seekers experienced traumatic stress symptoms related to detention. All of Steel et al.'s (2004) participants ($n = 14$) had experienced four of the symptoms, whilst 12-13 participants experienced five of the symptoms, within the prior week.

Steel et al. (2006) participants who had been released from detention experienced various traumatic stress symptoms related to past detention in the past week, implying that detention experiences might be traumatic, and that impacts can last after release (average time since release was 35.5 months). Nearly three quarters of participants who had been detained for six months or more ($n = 93$) experienced at least two such symptoms (feeling extreme sadness and hopelessness when thoughts of detention arise, and sudden and distressing memories of detention), whilst approximately one quarter who had been detained for less than six months ($n = 57$) experienced at least the same two symptoms. These same two experiences were also experienced by all of the participants in Steel et al.'s (2004) study, giving some potential qualitative insight. The fact that less proportions of Steel et al.'s (2006) sample could imply a variety of things, such as a possible alleviating effect of time and/or experiences after release,

and/or that Steel et al.'s (2006) sample size was much larger. This would benefit from investigation.

Pre-migration trauma

As mentioned, the research demonstrates that asylum seekers have often endured multiple traumatic experiences before arriving in countries where they hope to seek sanctuary (Cleveland et al., 2012; Keller et al., 2003; Robjant et al., 2009b), and is considered a major determinant of mental health for asylum seekers (Ichikawa et al., 2006). Therefore, a repeated concern in the literature is how people who are likely already highly vulnerable are placed into a detrimental environment such as detention; authors highlight how this appears to add to asylum seekers' suffering, including the potential for re-traumatisation, and the hindering of rehabilitation (Bracken & Gorst-Unsworth, 1991; Cleveland et al., 2012; Silove et al., 1993).

Bracken and Gorst-Unsworth (1991) have found that the post-trauma environment can significantly influence survivors' capacity to move forward. Their work with survivors of torture gave them unique first-hand insight, and led them to believe that supportive and positive environments can be rehabilitative to even the most severely tortured persons. Bracken and Gorst-Unsworth documented asylum seeker detention to illustrate the psychological disturbances that occurs for survivors of torture without post-trauma support, suggesting that detention is an environment not conducive to post-trauma rehabilitation.

Studies have suggested that detention poses a risk for re-traumatisation. Koopowitz and Abhary (2004) observed that unexpected detention and experiences in the detention centre triggered the memory of traumatic events for detained asylum seekers in Australia, many of whom had experienced prior trauma and torture. Cleveland et al. (2012) interviewed 21 asylum seekers, almost all of whom had been trapped between enemy forces in the Sri Lankan civil war, after their release from detention. Around 75% of participants reported symptoms suggestive of PTSD, which linked to both their pre-migration trauma (e.g. memories of war), and their time in detention (e.g. memories of detention). Participants' accounts suggested their detention experience involved re-traumatisation; all of them described their worst experience in Canada as being questioned repeatedly by Canadian Border Services Agency officers very confrontationally about the extremely painful experiences they had endured.

Aotearoa

The relevant literature in Aotearoa will now be reviewed. There is a paucity of information around asylum seekers and Convention refugees in Aotearoa, let alone asylum seekers' experiences, or experiences in detention. The Human Rights Commission (2012, as cited in Bloom et al., 2013) has reported solitary confinement, and lack of translating services and other resources, as experiences that detainees at Mount Eden Prison have endured.

The ChangeMakers Refugee Forum and the National Refugee Network conducted a qualitative study with 18 Convention refugees and service providers and key agencies, upon which two publications - Bloom et al. (2013) and Bloom & Udahemuka (2014) – were based. Bloom et al.'s (2013) study was seminal; as the first of its kind, it gave important insights into the lives of Convention refugees in Aotearoa (Bloom & Udahemuka, 2014). Bloom et al. (2013) investigated participants' experiences, and the degree to which they were able to realise their opportunities and rights to participate in Aotearoa (Bloom et al., 2013; Bloom & Udahemuka, 2014). Detention was one of the six main barriers to Convention refugees' safety and protection (Bloom & Udahemuka, 2014).

Three participants shared about their experiences of detention at Mount Eden prison and/or MRRC with Bloom et al. (2013). Detention experiences in Mount Eden prison had deeply negative effects on participants' general wellbeing and mental health (Bloom et al., 2013). Two of the three quotes about prison detention involved the risk of harm, with one of them describing gang members beating up people like the participant. This corroborates with the Human Rights Commission's (2012, as cited in Bloom et al., 2013) report of inmate assault, and the lawyer Davoud Mansouri-Rad, had reported frequent targeting and assault of asylum seekers he had represented (Checkpoint, 2019). Furthermore, Mansouri-Rad posited that detention of asylum seekers when no alternatives exist is not good enough. Mansouri-Rad shared that there was no reason for an asylum seeker who had never committed a crime to be detained in a penal institution; a refugee resettlement centre would have been reasonable. These findings highlight how being detained in prison, with PICRs, might pose unique challenges.

However, Mansouri-Rad's suggestion that a resettlement centre might be reasonable itself is challenged by the experiences of one of Bloom et al.'s (2013) participants. This participant had found his detainment at MRRC extremely difficult; his quote indicated a lack of

access to meaningful ways of using his time. It would be interesting to see if this phenomenon also occurs in prison detention. Although Bloom et al.'s study provided valuable preliminary insight into detention in Aotearoa, there was no other information about detention, and the information was based on only three participants.

Altogether, the knowledge about asylum seeker detention in Aotearoa is slim. The existing information aligns with international findings that detention is harmful to asylum seekers. However, more is needed to elucidate how detention might be harmful, especially in an Aotearoa context. For example, the little information gleaned (Bloom et al., 2013; Checkpoint, 2019) suggests that prison detention with PICRs might be influential. The present study adds to the scant existing knowledge of detention, particularly prison detention, in Aotearoa. This will also target the knowledge gap pertaining to prison detention with PICRs in the international literature.

CHAPTER THREE: METHODOLOGY AND METHODS

Methodology

Qualitative descriptive methodology is able to facilitate insight into people's lived experiences, which suits the aims of this study (Neergaard, Olesen, Anderson, & Sondergaard, 2009). Based on naturalistic inquiry, qualitative descriptive methodology will produce a descriptive summary close to participants' views. Low-inference data is useful for exploratory research, where little knowledge exists (Sandelowski, 2000). These choices facilitate an important aspiration of this study - to let asylum seekers' experiences and voices be heard, with minimal interpretation, instead of remaining marginalised and silent, as they have been.

Theoretical Approach

This study is founded on a post-positivist paradigm (Grant & Giddings, 2002). The post-positivist paradigm assumes that reality exists, but knowledge of reality is always uncertain, bound by the knower's context (Creswell & Poth, 2018; Grant & Giddings, 2002). It is assumed that participants' experiences are realities to be known, but that the researcher's understanding of participant data is subjective, mired in the researcher's sociocultural contexts and values (Grant & Giddings, 2002). Thus, reflexivity is indispensable (Braun & Clarke, 2006). This study is also informed by radical paradigm motivations, which espouse social justice (Grant & Giddings, 2002).

Reflexivity

All description, even low-inference description, involves interpretation (Sandelowski, 2000). Interpretation is inherently shaped by the researcher (Sandelowski, 2000). It is crucial that researchers are aware of their subjectivity, recognise how subjectivity might be influencing the research, and acknowledge it explicitly (Braun & Clarke, 2006).

One key aspect about myself that I had to watch carefully, was the very seed that birthed this research topic: my desire that this research – if it were to find injustice – be used in the service of supporting social justice. No research is objective; all research is value-driven; this

desire to support social justice as a value in itself is not bad. However, it was firstly essential that I was aware of this desire and how it might influence the research process. Secondly, to uphold the integrity of the research, it was essential, to the best of my ability, to try and avoid this desire unduly biasing the research to be coloured more with my subjectivity than with participants' actual meanings. I employed a variety of strategies in this effort, which will be explained in more detail in the reflexivity sections later in this chapter. The crux of these strategies was asking myself constantly, if what I was engaging in was coming more from my subjectivity, or from the participants themselves? However, I share certain similarities with a number of authors who penned articles in the literature review: I too am (training to be) in the mental health field, and I too believe that the research of human lives where human right breaches and suffering is found to carry a moral mandate. Thus, I allowed perspectives, only those that were founded upon the findings, to surface in the appropriate place: the discussion.

Other aspects of my subjectivity, and the ways I tried to mitigate them to uphold the research integrity, will be outlined in the data collection, and analysis and reporting, reflexivity sections later in this chapter.

Recruitment

Recruitment occurred through partnership with ASST, who could be trusted (by both participants and myself) to have the best interests of asylum seekers at heart, and who already had established relationships with potential participants. ASST's knowledge about potential participants allowed them to know who met eligibility criteria, and whether a translator was required, who ASST also provided.

Study and contact information were detailed in a participant information sheet (Appendix C), which were e-mailed to ASST. ASST then contacted eligible individuals. When eligible individuals replied to ASST expressing interest, ASST forwarded these potential participants' contact details to me. If ASST deemed a translator as needed, ASST also forwarded the contact details of a suitable translator. I contacted potential participants, and their translators, to arrange an interview, with a confirmatory message containing interview details afterwards; further detail is in the 'first phone contact' and 'if they wanted this information from me in an e-mail/message' sections in the interview protocol (Appendix A).

Participants

Eligibility required that individuals be adults (at least 18-years-old) who had been detained in a prison in Aotearoa New Zealand whilst seeking asylum. Six individuals agreed to participate. All were male and had come to Aotearoa New Zealand from Somalia, Iran, China, Sri Lanka, India and another country not named for anonymity purposes. Most participants were between 23 and 46-years-old. Participants had been detained for durations lasting between approximately one month to over three years. Participants had been released from prisons between roughly four months to over five years. Information on which prison detainment had occurred in was not obtained for all participants, but some participants indicated being at Waikeria Prison (remand) or Auckland Central Remand Prisons. Participant pseudonyms were: Andrew, Omid, Will, Dilshad, John and Aure.

Data Collection Procedures

As is commonplace in qualitative descriptive studies, data was collected via semi-structured, individual interviews (Sandelowski, 2000). Interviews are appropriate for the research purpose as they are powerfully able to capture individuals' perspectives (Rabionet, 2011). Having some level of structure supports focus; unstructured interviews may miss relevant information (Rabionet, 2011).

Asylum seekers are considered a very vulnerable population; detention is known to compound vulnerability (Filges et al., 2018). To ensure participant safety, ASST, who would have insight into asylum seekers' experiences and needs, and an asylum seeker, were consulted during the process of seeking ethical approval. Consultation was also sought for the interview protocol development, both for protection of participant wellbeing, but also in case they had ideas for questions towards the research aims (Appendix B). Consultant recommendations were incorporated throughout data collection, as will be described in the Research with Aroha section.

An interview protocol comprises two key components: how to introduce oneself as the researcher, and indicative interview questions (Rabionet, 2011). How researchers introduce themselves plays an important role in establishing rapport and an environment conducive to

honest and reflective sharing (Rabionet, 2011). This component included ensuring that participants were sufficiently informed of ethical considerations (described in the Research with Aroha section), followed by the giving and signing of consent forms.

Interview questions were based on the literature and consultation with an asylum seeker and ASST. The schedule of indicative questions can be found in Appendix A. Topics included introductory, brief, fact-gathering questions, and questions about participants' experiences in detention, detention's impacts on them, resilience, and what they'd like to say about detention. The open-ended nature of semi-structured interviews allowed participants freedom to steer the content, which allowed unanticipated, but relevant, information to emerge (Kayes, McPherson, Taylor, Schluter, & Kolt, 2011). This was incorporated into the schedule for subsequent interviews. Four interviews were completed face-to-face. Two interviews had to be conducted online over Zoom due to coronavirus pandemic restrictions. Two of the interviews requiring translators took place in ASST's meeting room, whilst the third was conducted via Zoom over a couple of sessions. Some questions were continued with a couple of participants over text and/or e-mail. The three interviews which did not require translators were conducted at ASST premises. On average, interviews lasted approximately two hours. Interviews were digitally audio-recorded, and transcribed verbatim. Transcripts were sent for review to ensure accuracy, except for participants who indicated not needing to be sent the transcript.

Reflexivity: Data Collection

As referred to in the first reflexivity section, I had to be aware of, and mitigate how my social justice desire might influence the data collection process. During interviews, I was aware of a desire to find examples of participant suffering, and a potential negative bias in how I wanted to ask questions and interpret answers. I mitigated this by reminding myself of what was important in the research: what the participants are actually trying to say. Accordingly, I tried to keep my mind and heart open, to listen to what participants were really saying and interpret accordingly, to be more open to positive interpretations, and to ask questions going with their flow. At times, I tried to start with more open, less leading, questions. Other strategies I employed to stay close to participants' meanings whilst interviewing included explicitly

explaining that I did not want to put words in participants' mouth; I wanted to know what they actually thought, and clarifying if parts of the interview were what they thought.

I had to mitigate the potential of other biases influencing data collection. For example, there were some things participants shared that I had not expected, or that did not initially seem (when I did not fully understand what they were saying) that distressing to me. However, I had to be self-aware of my thoughts and feelings, and intentionally remember to not be dismissive, but to attend to what the participants were saying. This allowed for unexpected findings. For example, due to my own past experiences and personality, I had thought that loneliness might be one of the hardest part, and not being handcuffed. Most participants did not voluntarily describe loneliness per se as a key stressor, and the participant describing being handcuffed as hard was meaning that it was hard to be treated like a PICR, which turned out to be one of the key sub-themes.

Furthermore, my personality, combined with inexperience, likely influenced the findings. I was sometimes unclear in the wording, or asked unnecessary questions, which may have slowed the research process (in addition to slowing due to language differences). I had a warm, friendly, soft demeanour. Although I perceived this as supporting rapport and openness with at least some participants (a couple had explicitly indicated that they were sharing personal things with me), this demeanour, combined with people-pleasing, a possible over-cautiousness due to the content matter, and not wanting to ruin rapport, possibly contributed to a lack of assertiveness, which may have allowed less effective steering of the conversation, taking up time. One of my strengths is my reflexivity, and determination to grow. Over time, I improved. I learned to evaluate which questions were more relevant, thus asking less irrelevant questions (especially due to time constraints with language).

Research with Aroha

This section's title was chosen purposefully. Although "ethical considerations" conveys similar meanings, I felt that "research with aroha" better encapsulates the essence of my journey in learning how to conduct academic research ethically. When AUT Ethics Committee's (AUTEC's) research ethics advisor Charles Grinter told one of my classes about doing our

research with love for participants, ethics became not only about morality for morality's sake, but about caring about the wellbeing of precious human beings. This resonated with me.

Research with Aroha: Practicalities

Personal reflections

Research with aroha looked like treating participants as people first, and research participants second. There were times when the conversation strayed off topic; if what was spoken about looked like something they needed to say, especially if it was painful, aroha meant listening, and communicating empathy and compassion. Aroha meant trying to be strengths-based, encouraging and affirming throughout the interview, whilst also trying to respect participants' agency and not come across as patronising. Aroha looked like checking in on how participants were feeling at times during the interview. If I had a follow-up clarification question after the interview, aroha meant thinking about how the particular participant might feel about being asked (for example, Will explicitly was very happy to be asked, whilst I ascertained that another might not be and did not contact him). Research with aroha extended to how I treated the translator. I tried to be affirming, encouraging, and to communicate my gratitude. I could feel the importance of working as a team. I did not always succeed with my aim of research with aroha, and made mistakes, but I tried my best.

Consultant recommendations

In order to be socio-culturally responsive, and sensitive to the potential particular needs and vulnerabilities of formerly detained asylum seekers, I consulted with a formerly detained asylum seeker (on AUTECH's recommendation) and ASST on how to protect participant wellbeing in the research process and with the research questions.

When I asked the asylum seeker consultant on how to ensure the research was as safe as possible (Appendix B), his answer involved treating participants with empathy, friendliness, gentleness, compassion, and being in this together. The asylum seeker consultant approved the proposed research process steps, indicative questions, suggesting a few more questions.

Regarding the questions, he suggested not going deep into participants' pre-migration story, and staying with participants' experiences in prison and New Zealand. He suggested that I contact participants afterwards to ask if they are okay, which I incorporated into practice.

See Appendix B for consultation with ASST. ASST suggested a safe space and time for debrief with someone asylum seekers trust being made available afterwards. The asylum seeker consultant liked this idea. ASST offered the names of two staff members who would be willing to debrief with participants. I had sent my potential indicative interview questions to ASST for review, and was informed that some of my questions in the first section would be traumatic for participants to relive; I removed them. The rest of the questions were not considered unsafe. ASST also confirmed that they could provide support persons if needed. On AUTECH's recommendation, ASST's role and the management of potential conflicts of interest involved was discussed. ASST shared that although they want to share asylum seekers' stories in order to support asylum seekers, the potential for asylum seekers to feel obligated to share their story, when it's not necessarily something they want to do, is something ASST deals with regularly. ASST are very protective of their clients, and want to respect their clients' choice. ASST shared that whatever the ethics committee thinks will keep participants safe, they can facilitate.

Furthermore, learnings from previous research (completion of the BHSc Honours dissertation), where I conducted research with another vulnerable population (care leavers), provided a helpful foundation.

AUTECH ethics application

Participant wellbeing was promoted by applying for AUTECH's ethical approval. Ethical approval was granted on 7 July 2020 (Appendix D).

The participant information sheet and consent forms informed participants of pertinent details they might need to know before deciding to participate, including the research's purpose, procedure, and potential benefits and risks. Copies were provided and discussed at the interview; participants were given opportunity to ask questions. The voluntary nature of participation was highlighted. It was explicitly stated that participants might feel an obligation to ASST to participate, but whether or not participants participate will neither advantage nor disadvantage them, and ASST and I want to ensure that they feel free to make the choice they want. The

information provided included how participants were allowed to withdraw at any point prior to analysis completion, without disclosing their reasons. Privacy and confidentiality rights were protected by AUT protocols, pseudonyms, and the removal of identifiable information. Only the supervisor and researcher had access to participants' securely stored data. Participants were informed of potential risks, such as emotional discomfort; something deemed highly important given their vulnerability. Participants could pause or stop the interview, and did not have to answer questions they did not want to. Two trusted ASST staff members had made themselves available for debriefing after the interviews if needed; this included weekends if needed. It was emphasized at the beginning, end, and at times during, the interview, that the participants' wellbeing came first. The contact details of support organisations, comprising three free counselling sessions from AUT Health Counselling and Wellbeing and a website where free helpline numbers could be found, were given. I told participants who could not speak English fluently that if they wanted to use the counselling sessions, to get in touch with me and the ASST staff members, to discuss translation possibilities. I sent a text a few days after each interview checking in on how participants were feeling, and giving a friendly reminder about their support options.

Data Analysis

Braun and Clarke's (2006) reflexive thematic analysis (TA) was the tool of choice for analysis. TA's capacity to identify, gain insight into, and document meaningful patterns (themes) from participants' perspectives was highly appropriate to the research question (Braun & Clarke, 2012). TA's theoretical flexibility, and yield of meaningful summary of participants' views, fits under qualitative descriptive methodology (Braun & Clarke, 2006).

Choices

In TA, choices are made that require explicit statement (Braun & Clarke, 2006). This section will state such choices. Although the number of instances of a theme is not necessarily correlated with importance (importance depends on identifying something pertinent to the question), themes do need to represent patterns across the dataset, and consistency needs to be

employed in determining what counts as a theme (Braun & Clarke, 2006; Braun & Clarke, 2012). An experience needed to be shared by at least half of the participants before it warranted a theme. This TA involved a rich description of the data set, reflecting the dataset as a whole. This TA was based on a theoretical framework that was predominantly inductive, experiential, and essentialist (Braun & Clarke, 2012).

Steps

Braun and Clarke's (2006) TA comprises six (recursive) phases.

Phase One involved familiarisation through immersion in the data (Braun & Clarke, 2006). Familiarisation began during transcription, continued through active reading of the dataset. Responses and reflections pertaining to the research question were documented, which informed the codes (Braun & Clarke, 2006).

The outcome of Phase Two was initial codes (Braun & Clarke, 2006). Codes, and related reflections, were recorded using the comment function in Microsoft Word. The whole dataset was systematically worked through; every data item was given full, equal attention (Braun & Clarke, 2006). To mitigate the recognised pitfall of losing context, coding was inclusive of meaning from neighbouring data (Braun & Clarke, 2006).

Theme construction started in Phase Three (Braun & Clarke, 2006). Codes were collated onto Microsoft Excel and Microsoft Word. Codes were analysed for how they might combine to build themes; common codes were clustered, or promoted to themes (Braun, Clarke, Hayfield, & Terry, 2018). Consideration was given to the relationships between codes, candidate themes, levels within themes, and how all of these contributed to the overall story (Braun & Clarke, 2006). Coded data extracts were continually referred to, and collated within identified candidate themes (Braun & Clarke, 2006). Efforts were taken to try avoid the common TA pitfall of misidentifying domain summaries as themes, rather than meaning-based patterns (Braun et al., 2018). Visual representation, through a sequence of developing thematic maps, supported this process (Braun & Clarke, 2006).

Phase Four involved reviewing and refining themes. Review occurred at two levels: checking that collated extracts formed a coherent pattern within a theme (tables helped), and checking that themes reflected dataset meanings as a whole (Braun & Clarke, 2006). Themes

were separated or collapsed, and discussed with the supervisor. External heterogeneity and internal homogeneity were aimed for (Braun & Clarke, 2006).

Defining and naming themes occurred in Phase Five. The essence of what each theme reflected about the dataset was identified (Braun & Clarke, 2006). A narrative was outlined for each theme, based on codes and collated extracts. These narratives supported consideration of how themes fit within the overarching story regarding the research question, how themes inter-related, and minimised overlap between themes (Braun & Clarke, 2006). Some themes were divided into further sub-themes. Theme names were refined (Braun & Clarke, 2006).

In Phase Six, a report telling an analytic story about the data was produced. As mentioned, description is intertwined with interpretation (Sandelowski, 2000). Descriptive TA goes beyond description, forming an argument pertaining the research question (Braun & Clarke, 2012). The story was illustrated with vivid examples (Braun & Clarke, 2006).

Reflexivity: data analysis

Themes do not “emerge” from the data; the researcher plays an active role in their construction (Braun & Clarke, 2006). Who the researcher is will intrinsically shape what themes are identified. Thus, self-awareness and reflexivity was crucial as I tried to preserve the integrity of the analysis process, especially with my social justice bias; I tried to understand whether what I was perceiving was an artefact of my subjectivity, or the participants’ meaning, and tried to stay as close to what I perceived to be participants’ meanings as possible, in both analysis and reporting.

Concrete examples of how I attempted this included trying to give all accounts a fair reckoning; it was important to consider the overall picture, and not to be overly skewed (this enabled me to note variations, which became a point of insight). Words or phrases often had multiple potential interpretations. I repeatedly returned to the original data all throughout analysis and reporting stages, ensuring I understood data within its surrounding context of words (including links to all other aspects of what they had shared throughout) to maximise staying close to participants’ meanings. I was careful about trying to understand nuance. I re-listened to recordings repeatedly; meanings could depend on audio cues (e.g. timing, emphasis, tone, etc.). I was attentive to other phenomena that might be occurring during the interview (e.g. if they

agreed with me because they genuinely meant something, or if it was out of politeness). When there were multiple possible interpretations, if I was uncertain, I tried to stay with the safest interpretation.

Another way I tried to mitigate my bias towards perceiving suffering was by intentionally coding down the positive and neutral experiences that participants shared, which ended up shaping the findings. In reporting, I tried to communicate if experiences were shared more across participants, or were isolated to a minority of participants. Concomitantly, I constantly checked how many participants had had particular experiences.

Trustworthiness

The Lincoln and Guba (1985) model of trustworthiness is widely used as a way to evaluate qualitative research for its worthiness of attention (Nowell, Norris, White, & Moules, 2017). Credibility, transferability, dependability, and confirmability are key aspects of trustworthiness (Nowell et al., 2017). Nowell et al. (2017) investigated how to increase trustworthiness in thematic analysis. Reflexivity was a key recommendation. Thus, reflexivity was actively engaged in throughout this research process; I recorded reflexive reflections on how I and the various aspects of the research (including participants and translators) were affecting each other, and to record internal dialogue (Nowell et al., 2017). Reflexivity is reported in sections of this thesis. Another recommendation that was reflected in this research processes included the documentation of thoughts about potential codes and themes during the transcription, familiarisation, coding stages (Nowell et al., 2017). Transcript records, reflexive reflections, code/theme notes, the notes and diagrams used in the theme-development process, notes on the thoughts relating to research decisions, and discussions with the supervisor, have been documented, thus strengthening the rationale for research decisions (Nowell et al., 2017). Additionally, I consistently checked back with the original transcripts, and checked that there was “enough information across”, when reviewing themes (Nowell et al., 2017). In efforts to enhance robustness, I referred to the Braun and Clarke (2006) 15-point checklist for good thematic analysis.

CHAPTER FOUR: FINDINGS

This chapter presents the three themes, and associated sub-themes, constructed from data analysis, in response to the research aim of exploring the experiences of individuals detained in prison whilst seeking asylum in Aotearoa. As is common in qualitative research, comparisons with the literature will be made throughout this chapter. Themes and sub-themes are summarised in Table 1.

Note: There are times when it was hard to decipher from the recording what word was said. In these cases, the possible word(s) shall be suggested with question marks, within brackets.

Themes and Sub-Themes

Table 1: Summary of Themes

Overarching Theme	Detention caused suffering	
Theme One (and subthemes):	Powerlessness	<i>Locked up with PICRs Lack of access to ability to support oneself Care, responsivity, and competence of people in power had meaningful consequences Coping and resilience amidst circumstances with limited access to power</i>
Theme Two (and subthemes):	Interaction with the asylum seeker identity and story	<i>Unfairness of treatment like PICRs Making matters worse</i>
Theme Three (and subthemes):	Distress related to processes	<i>The inability to contact family Lack of knowing</i>

Overarching Theme: Detention Caused Suffering

Suffering was a fundamental feature across all participants' accounts. All participants described aspects, and/or the overall experience, of their time in detention in deeply negative terms. Five participants included the word "torture", and four participants included the word "hell", in their descriptions.

I was just a refugee who was seeking asylum, knowing that I'm coming a safe place, but, I've been, put in a hell. They put me in a hell.

(John)

The worst time of my life was when I was in prison, and the happiest time, happiest ever, even though when I accepted by Immigration, it wasn't happier than that day I released from prison ... Each single day of being in prison is just a torture.

(Omid)

A brief overview of the reported psychological and physical distress during detention will now be presented. Psychological distress manifested in a variety of ways. These included a range of distressing emotional states (e.g. depressed mood, anxiety, fear, anger, uncertainty, boredom, pain, hopelessness, feeling stuck, etc.) and thoughts (e.g. worry, negativity, etc.). This resonated with reports in the literature (Bracken & Gorst-Unsworth, 1991; Campbell & Steel, 2014; Coffey et al., 2010; Koopowitz & Abhary, 2004; Pourgourides, 1996, as cited in Pourgourides, 1997; Steel et al., 2006; Sultan & O'Sullivan, 2001).

Every asylum seeker in the jail, each second has struggling to life- Struggling to breathe and live. Because, for asylum seeker is every minute every door is different challenge than other people.

(Dilshad)

Negative. Everything was so negative. My thoughts were so negative ... In prison you can't be positive.

(Omid)

It makes me feel less. Like I'm not human being. I've been treated different because I'm feel like, like we have nobody, in this world like, looking people like us refugees or asylum seekers, makes us feel less.

(John)

Whilst a couple of participants described no changes in the way they saw themselves, three participants reported alterations in who they were, characterised by loss, or a negative change. This echoed Coffey et al. (2010).

I was not myself ... Like water, in the bottle you put in the fridge, that froze ... It's water. Like, was me. But, it's not same. It's cold, and hard. So was me. I was cold, I was hard ... Because have to be because was in a cold place.

(Aure)

The detention experience was reported as having physical impacts, which has added to this poorly understood area of the literature (Hallas et al., 2007). The qualitative nature of this study allowed understanding that these physical impacts were caused by aspects of detention, rather than simply occurring during detention. Physical impacts were frequently attributed to psychological distress (e.g. putting on 30 kg from eating to cope with feelings, including boredom). For example, five of the participants reported difficulties sleeping, and some described this as consequence of mental distress (e.g. worry, fear, etc.), echoing previous findings (Pourgourides, 1996, as cited in Pourgourides, 1997). The existing knowledge is further increased by the finding that some physical impacts were due to other facets of the detention experience, such as violence from other prisoners, or structural prison aspects (e.g. back pain began in prison sleeping on thin mattresses). However, overall, similar to Green and Eager (2010), it appeared that the psychological impacts (including physical impacts from psychological distress) were more defining of participants' experiences than physical impacts.

I was so unsure when I can get out, so I feel hopeless. Also I cannot sleep, cannot sometimes cannot fall asleep overnight.

(Will)

Although research has suggested high levels of self-harm and suicidal behaviour amongst detained asylum seekers (Campbell & Steel, 2014; Cohen, 2008; Hedrick et al., 20120; Koutroulis, 2003; Steel et al., 2004), the present study's findings differed in that, although three participants had thought of self-harming, none of the participants reported having engaged in self-harm nor suicide attempts. Their accounts highlighted the significance of family; thinking about family preventing either behaviour or thought of self-harm for three participants, whilst one participant wanted to end his life to protect his family.

I have thought about it [harming himself], but I didn't want to do it, because I had family.

(Omid)

There were a several notable observations. It appeared that psychological and/or physical distress were tied to particular facets of the detention experience. These facets will be described in the subsequent theme and sub-theme sections. Furthermore, there appeared to be some

variation in the severity of overall suffering experienced, and/or levels of experiencing some of these facets.

Furthermore, there were differences in reports of long-term suffering due to detention. Three participants (Will, Andrew, Omid), who had been out of detention for between roughly ten to sixteen months, reported not really experiencing long-term impacts from detention, which was inconsistent with Coffey et al. (2010), but compatible with Keller et al. (2003). In contrast, the other three (Aure, John, Dilshad), who had been released for between approximately four months to over five years described post-prison realities that were deeply coloured by psychological and physical distress, which was attributed to prison. The fact that there is a variation in the findings regarding the relationship between detention and its impacts after release is consistent with the suspected variation in the literature, as described in the literature review (e.g. variation between participants within Keller et al., 2003, and possibly between Keller et al., 2003, versus Coffey et al., 2010, and Ichikawa et al., 2006). Furthermore, the experiences of participants suffered for between around four months to over five years after detention were compatible with Ichikawa et al. (2006), Coffey et al. (2010), and Steel et al. (2006), respectively. However, these latter studies had demonstrated worsened distress. This study did not elucidate with confidence whether participants' suffering had definitively worsened afterwards, although Dilshad and John spoke to the severity of the damage to themselves, and shared how they have struggled with impacts even to this day. Their overall suffering did not appear to improve after detention, which was inconsistent with Keller et al.'s (2003) study. Aure had suffered greatly for months after release, but recently had experienced great alleviation from a life-changing spiritual experience.

The three participants who experienced ongoing suffering after detention reported sleep-related impacts (e.g. dreams, difficulty sleeping, screaming in sleep). Aure described hypervigilance. John has had two psychologist reports since release, and described experiencing anxiety, depression, PTSD since prison. These symptoms are consistent with research that have described detention-related post-traumatic stress symptoms in formerly detained asylum seekers (Steel et al., 2006). Dilshad's experiences of anxiety and depressed mood had started in jail.

... A lot more hate, more hate, in my heart. Less accept things ... Sad maybe, like full of ups and downs, one week I'm good training and one week I don't wanna do nothing.

(Aure)

Dilshad and John reported that they were no longer the people they used to be; they had lost parts of themselves. Part of this was losing their health and psychological stability.

Was horrible. Was something that I will never in my life going to forget, I will never, I will never going to forgive those who put me there because ... They took something from me ... I'm talking about my mental stability, my mental health. They take me my dignity. Till today I'm dealing with the trauma, PTSD, that I went through there ... You lost yourself because you lost part of you, like you lost, you lost your mental stability because the things you went through. The depression ... everything you carry from the prison, follows you here ... No matter how long I try sometimes to let it go, it's hard, it might take years.

(John)

Moreover, it appeared that these participants' suffering was significantly contributed to by a lack of access to the ability to support themselves, notably through lack of a work visa. This will be addressed in theme one, sub-theme two.

As referred to, it appeared that psychological and/or physical distress – suffering - was tied to particular facets of the detention experience. These facets will now be described in the subsequent theme and sub-theme sections.

Theme One: Powerlessness

A distinct feature identified in participants' stories was a lack of power available to them over their circumstances, which appeared to lay groundwork for suffering. Powerlessness associated with asylum seeker detention, and the possible negative consequences, has been reported internationally (Cleveland et al., 2012; Coffey et al., 2010; Pourgourides, 1996, as cited in Pourgourides, 1997). One fundamental way that powerlessness appeared to manifest was in how the will and decisions of other people frequently had meaningful consequences on participants' lives, sometimes with weighty impacts. Echoing the literature (Coffey et al., 2010), this led to an element of dependence on other people; depending on the character of the person with more power, their actions could benefit, or harm, the asylum seeker. Some key players with comparatively more power who featured in asylum seekers' accounts included PICRs, prison, immigration and justice system staff; notably lawyers, and ASST.

Sub-theme One: Locked Up with PICRs

One core way that powerlessness manifested was in participants' relationships with PICRs, which were frequently marked by power imbalance. PICRs' power was characterised by their willingness and ability to harm others. Gang members were described as having power. A couple of participants reported added vulnerability due to lack of PICR alliances, which appeared to be a source of power, or how PICRs knew they could not fight back due to fear of deportation. A couple of participants shared that PICRs did not understand that they were asylum seekers, but they were still treated badly. Participants shared metaphors that captured the relationship between them and PICRs.

When you're asylum seeker they know you're very, very, very, very vulnerable. Why? Because you don't know nobody from that gang ... Oh, I'm not gonna bully that guy, because, he knows my boss ... Asylum seeker, because you are out of the group, you don't know nobody else ... Pitbulls, and you was a cat. A little cat.

(Aure)

This power imbalance provided the foundation for negative treatment experienced directly from PICRs, which was a significant source of suffering. This was a significant finding, as (to the author's knowledge) studies involving detainment with PICRs (Bracken & Gorst-Unsworth, 1991; Cleveland et al., 2012; Keller et al., 2003; Robjant et al., 2009b) have minimal detail pertaining to the experience of detainment with PICRs. Furthermore, this highlights a potential risk of prison detention, pertinent as prison detention is a distinctive feature about detention in Aotearoa.

There appeared to be variation in the overall severity of negative treatment experienced. Regardless of severity, every participant reported some negative treatment by PICRs, with consequent psychological suffering and/or physical suffering. PICRs' treatment of participants was characterised by disrespect and hostility. This manifested in a variety of ways across participants, including insults, bullying, threats, intimidation, shouting, humiliation, swearing, lying, stealing, going through participants' belongings, food-related bullying, and assault. This corroborates the little that is known about prison detention in Aotearoa, with reports of intimidation and bullying (Flynn 2014). A few participants shared stories that featured cellmates playing a role in their negative experiences.

The people inside the prison, the way they behaved towards us was very bad ... They have spat in my food. I've bought like phone cards to talk, and they've taken some off from me. They would intimidate me by using loud voices.

(Andrew)

A few participants did not directly experience physical altercations, whilst a few did. Dilshad reported that his eardrum was damaged by a PIRC using a water hose on him. Aure shared that he had never had so many fights in his life, and had not been raped, but had to fight twice in order to not get raped. John shared that it was torture to be forced to train. These findings corroborated the little that is known in Aotearoa, which includes reports of risk of harm, violence related to gangs, and frequent targeting and assault in prison (Bloom et al., 2013; Checkpoint, 2019).

We were forced to train ... every day. I have to kick someone's leg and someone have to kick me ... We go for a round like, circle, and everyone will come and hit you and you hit them ... Between us we need to fight, and inside the cells, or in the yard, so that was a torture for me ... Someone was banging my head on the concrete because he was two hundred, hundred and twenty pound, and I was trying to fight him, but he was so huge.

(John)

Cultural aspects pertaining to race and religion featured in a few participants' stories of maltreatment. However, a couple of participants did not perceive experiencing racism.

It was a very upsetting feeling when I came back and all of the jail, you know all of the prisoners, they were laughing at me and saying yeah, we told you you will be here for another three years.

(Omid)

All participants experienced a range of distressing feelings and thoughts from negative treatment by PICRs.

Why they detaining with the own murderer and rapist? Why they don't have small place for them, to detain them? Detain them in police station, so they will be not torture, and they will not be assaulted ... They will be not damaged from the psychology or mentally.

(Dilshad)

Asylum seekers lacked options and choice (i.e. powerlessness) in how they could respond to PICRs, which meant being forced to undergo suffering and/or danger, through forced passivity or fighting. Some participants expressed fear, being in struggle and/or survival mode, or feeling awful about being forced to fight.

It's horrible. You can't say no, because if you say no, you can get- you will get beaten ... and you can be called a snitch ... So, you have no choice ... I have to train, and my legs have to get kicked, till today I get (burned? bent?) sometimes my legs or, my muscles ... The guys who beating me, kicking my eyes are big guys ... Some guy, he was get beaten in front of me, and next day they take him to hospital. I'm a man with dignity, I cannot help him. I cannot fight on behalf of him, because those people overpower me. So, actually was hurting me inside I want to help ... the guy who's beating him up, he has no power because he was being told, "Guys. Fight."

(John)

One time that person say they will kill me when I'm sleeping ... Was so scary, I couldn't do nothing Because, even he blocked the buzzer for call the officers. He say if he see me I'm going get my hands close to that buzzer, he will stab me. So just be (quiet?) in my corner and, just pray. And that was bad, I didn't sleep that night.

(Aure)

However, this power imbalance could also be used to help asylum seekers. Aure shared an example of a high-status PICR who decided to help him. His situation changed dramatically from being persecuted by PICRs, to friendliness from PICRs. Furthermore, a couple of participants shared stories of PICRs who treated them nicely.

Some of the prisoners were nice, I have to say. They were just telling me, oh come, get married to one of those, somebody, then you will be accepted, you know, jokes.

(Omid)

Whether PICRs used their power to hurt or help asylum seekers, it appeared that asylum seekers' wellbeing were, to an extent, dependent on the will of PICRs.

Relatedly, another significant source of psychological suffering described was the environment created when PICRs are locked up in jail together. It appeared that asylum seekers were stuck in an environment that caused them suffering, and were powerless to change their circumstances. Life amongst PICRs was defined by people harming each other, and/or the threat of harm. There appeared to be some variation in the level of violence different participants were surrounded by. Participants who appeared to describe their settings in less violent terms were also the ones who did not get physically harmed, and cited prison staff presence and/or lack of gang members as protective factors in their settings. Congruently, participants whose prison descriptions were profoundly coloured by violence included descriptions of prison staff who did not help, and gangs. These participants were also the ones who appeared to experience greater harm, including physical violence. Features of participants' settings appeared to contribute to

violence levels; John was placed amongst gangs engaging in fight clubs. Regardless of violence level, five participants reported that fighting happened frequently, and most participants described feeling fear and/or feelings of unsafety.

Fighting happens very often. Almost like the, you know, fighting's everywhere. So I feel unsafe there, and ... Conflict between me and the cellmate.

(Will)

PICRs were described as engaging in money-related (e.g. gambling, trade, etc.) and drug-related activities. Will and Aure turned down invitations to get involved with these activities, to avoid issues. Participants were distressed by listening to what PICRs talked about; they reported that conversations revolved around hurting people, crime, and drugs. Participants were distressed by other forms of sounds and sights from being with PICRs, including witnessing people get hurt, and other behaviour (e.g. PICRs leaving TV volume too high, or making gunshot sounds with milk bottles).

Much of the international literature does not speak to the above phenomena regarding PICRs specifically. However, akin to the distressing nature of violence found, overseas research has reported asylum seeker distress from violence or the threat of violence in detention, whether it be witnessing physical assault (Steel et al., 2004; Steel et al., 2006) (it was unclear as to whom the assault was by), fighting between detainees (Coffey et al., 2010) (it was unclear if this was witnessed or experienced directly), or violent threats or assault from officers (Steel et al., 2004). Furthermore, just as participants suffered from PICRs' negative treatment, being intentionally humiliated and sworn at by other detainees has been reported as seriously distressing (Steel et al., 2006). The fact that these experiences were distressing regardless of whether from PICRs, officers or detainees supports how these elements (hostility in the environment and in relating) themselves cause stress in detention. However, the fact that the threat of harm, and harm, from PICRs was a defining feature of these participants' accounts, appeared to be an important difference with international findings on detainment with non-PICRs (to the author's knowledge), suggesting that the risk of harm is higher when detained with PICRs. Risk for harm was also found to come from the potential for becoming involved in PICR activities (e.g. drugs, gambling, etc.), or groups (e.g. gangs, etc.), adding to the literature.

Sub-theme Two: Lack of Access to Ability to Support Oneself

For the participants who struggled for a while after prison, a source of post-detention suffering stood out starkly in their accounts: the lack of access to the ability to support themselves, particularly through the lack of a work visa blocking their ability to work. A couple of participants also mentioned that no other governmental support was given. This inability to obtain permission to work is directly relevant to this research project's topic, and could be seen as a form of an impact of detention, as work visa denial appears to be far more likely when an asylum seeker has been detained. As T. Maurice (personal communication, September 29, 2020), general manager of ASST, shared, "Yes the lack of a work visa is related to being in detention."

People seeking asylum are more likely to get a work visa if they have not been put in detention. About 95% of those not in detention will get a work visa, about 5% of those in detention will get work visa.

(T. Maurice, 25 November, 2020)

The three participants described this work visa-less reality as another prison. John and Dilshad described this reality in very bleak terms. Although Aure said it was better than being in jail, he said that it was like an open prison; not actual freedom.

Now it's more torture than prison because prison was only short time ... Now we in open prison where we don't have nothing ... Another, outside, like, hell.

(John)

Participants shared that they, and other asylum seekers, were suffering from this lack of work visa, and/or any other governmental support. They survived through a weekly financial donation (two participants received \$40 per week) and donations (e.g. food, etc.) supplied by ASST. John and Dilshad shared descriptions of asylum seekers and himself, respectively, as skilled people, not used to receiving handouts, who can and want to work. Now, John and Dilshad, and other asylum seekers around them, were described as struggling merely to survive. John had once been homeless for a few months in his time since prison. Indeed, Dilshad shared that if not for ASST, they would be on the street.

The third [punishment], you are living like a homeless ... You already damaged and you sick, but you still don't have work permit to support yourself. You are be living like a beggar. If [ASST] will not give us food or anything, who will support us?

(Dilshad)

In addition to basic survival needs, all three participants described a reality with a dearth of options, and restriction of freedom, in terms of engaging in life. Their lack of material resources acted a block, keeping them from being able to access opportunities to engage in life, meaningful and loved activities, and the ability to exercise their full agency, will and humanity. A couple of them referenced a lack of rights. There was a sense of being stuck in life.

I think they are stopping me to be take my rights to be a human, or to work or to help other people, or to do stuff you know ... that's very disappoint- That's very, is a (break? brake?) on your life. I feel like they try to make you, not be human, to exhaust you, to make you tired and give up.

(Aure)

Till today, we living in a prison. I came out, from the prison, and still, I'm dealing another prison where I have no rights. I have not much going on my life. I can't study, I can't work. And I can't do nothing, you know, I'm losing my years here.

(John)

All of this was a source of psychological suffering. John and Dilshad referenced the people around them, and one of them, to say some asylum seekers had been waiting for years with no visa approval. They shared emphatically that asylum seekers with no ability to support themselves were really suffering.

Every person you will see here, you will see the activity, they are not normal human being. They are damage, they finished. There is not a punishment just jail ... It's just a A, not a Z. The punishment in prison is start from ABCDE, and Z is continue. It's [jail] not an end, it's just a beginning.

(Dilshad)

We lost asylum seekers who commit suicide. And one of them we know them ... He was living in [location] and he come out, he just hanged himself ... New Zealand knows ... I see asylum seeker who stripping their naked, in the hostel, going crazy, I heard asylum seekers, you know, cutting their hands, calling help. There's a lot of, under, torture here, in asylum seekers, to know the situation horrible, very horrible, like knowing these

people, how they harming themselves, how they're calling help. Who to call help? No one to call help asylum seeker because the government's not helping, they're not supporting.
(John)

John and Dilshad's accounts suggest that this work visa-less reality is a possible barrier to recovering from their suffering, and being able to move forward in life.

I need some happiness. I need work visa. So maybe it will change my life. But they will not give me the work visa, they not give to anyone, why they give me. And they knows if will give him work visa, he will become back to his life. Punishment maybe I will start, forgetting.

(Dilshad)

Altogether, this reflects a lack of freedom and security, which were reported as some of the most significant influencers on asylum seeker mental health (Koutroulis, 2003; Koopowitz & Abhary, 2004; Sultan & O'Sullivan, 2001). It is also reminiscent of Cleveland et al.' (2012) finding that detained asylum seekers had a higher probability of being depressed than non-detained asylum seekers, and their report that depression is deeply linked to feeling powerlessness, regarding both a lack of control over one's life, and deprivation of hope for a better future. Cleveland et al. stated how multiple studies have demonstrated that divestment of control over one's life and entrapment in a debilitating environment indefinitely, is a risk factor for depression.

Sub-theme Three: Care, Responsivity and Competence of People in Power Had Meaningful Consequences

The lack of power available to the participants over their situations throughout their detention journey, including after prison especially for participants without access to the ability to support themselves (theme one, sub-theme two), could be seen in how the actions of people with more power along asylum seekers' journeys frequently had meaningful consequences over their lives. Key players included staff from prison, immigration, the justice system (notably lawyers) and ASST. Participants' accounts suggested that there were differences these players (both between, and within, groups) in how they treated asylum seekers, and that these differences mattered; their actions could benefit or harm asylum seekers' wellbeing, safety or life direction.

Regarding prison staff, participants' accounts demonstrated that how staff acted, or did not act, could meaningfully influence participants' lives for the better or worse. Variations

existed in participants' perspectives of officers. Regarding overtly negative treatment, which denoted abuse of power, Omid reported that only a few prison officers treated him negatively, whilst Will reported that there was only one really unfriendly prison officer. Both Omid and Will perceived their treatment as racial discrimination. In contrast, Aure reported that 75%, and 10%, of prison officers were bad, and very bad, respectively.

They were like, making fun of me saying oh yeah, we will get a plane, direct plane, send you back home.

(Omid)

Humiliation, like humiliation all the time ... disrespected ... Some, like 10%, is very bad. Like, very bad like, even push you when you walk ... They put the feet for you trip... [After asking how he it made him feel after he shares more of how officers treat him] Ah that's hard ... make feel that I don't have rights. Make me feel I got no voice, I got nothing, I'm a piece of shit, a piece of nothing.

(Aure)

Andrew described prison guards as “okay” in their treatment of him. Whilst Will reported the majority of prison officers as “okay, and Aure described 10% of prison officers as good, these participants would explain that these officers were not bad, but not actively good either. There was a sense that prison officers did not care about them, and were simply doing their job.

They don't care what the next step, or what you going to do, they only care like you stay here, you're not going to be able to get out ... That's their job, but they don't really care about your future.

(Will)

Aure and John added that prison officers knew about what was happening in the prisons, but simply closed their eyes. This made John label prison officers as bad; did not actively hurt him, but they did not help him when he was having horrific experiences being forced into the fight clubs. Thus, inaction was seen negatively, as it did not alleviate the participants' situations. This denoted a failure to use power, to the detriment of asylum seeker wellbeing.

They didn't respect us. They don't make us in a safe, so how can I call them good people ... Yeah they didn't hurt me.

(John)

Negative treatment by staff, and the negative influence this has on detained asylum seekers, has been repeatedly identified (Coffey et al., 2010; Koutroulis, 2003; Sultan & O'Sullivan, 2001). Although no participant in the present study reported physical assault by officers, and although overt negative treatment by prison staff was in the minority overall, this study supports the literature finding that disrespectful treatment can be a source of distress for detained asylum seekers. To the author's knowledge, this action or inaction of staff has not been reported as a source of suffering in Aotearoa's literature on asylum seeker prison detention. Moreover, prison staff's power could also support asylum seekers' wellbeing. Officer responsiveness to requests for cell changing, and prison staff presence, was described in a few examples as protective against harm.

That fear was there but the people who were working there gave me a bit of confidence ... I had some confidence with the staff because they were constantly monitoring what was going on.

(Andrew)

The impacts of people in power's actions had the potential to be weighty, especially against the backdrop of the gravity of asylum seekers' circumstances. Noteworthy, there were times when even seemingly small actions had potentially weighty consequences. For example, the simple words of a deportation case manager that suggested a very bleak or dangerous future for Aure or his family, made Aure want to kill himself (Aure perceived this incident as an abuse of power). In terms of a helpful impact, after Aure shared that asking for psychology stopped him from ending his life, he described having asked for psychology many times until one day he got the "right" staff member; the simple act of responding to Aure's request for referral contributed to protecting his life.

Thus, given the consequential role that people in power, especially those in contact with asylum seekers with the power to influence their lives, the particular character of people in power; their care, competence and responsiveness, appeared to make a difference in asylum seekers' lives. Some participants attributed their situations as negatively contributed to by workers' lack of care and/or competence. Indeed, four participants reported indignantly about the lack of care and/or competence of various Immigration workers, and the consequent negative effects on their lives.

The immigration officer in airport is totally irresponsible. Because I got all those records in my cell phone, showing I have somewhere to stay, and I already communicated with the hotel or motel owner, I already paid ... If they just check ... They know I have somewhere to stay. They didn't bother to do that. Later, when I went to court, the interpreter told me that at the beginning, why I was in prison, they explained that because they worry that I have nowhere, but that's not the case ... According to what the interpreter said, the immigration seems very care about our safety ... They maybe have good intention, but they did a bad job.

(Will)

Interestingly, immigration and detention staff were also repeatedly referred to by Coffey et al.'s (2010) participants; such staff were repeatedly associated with having more power, and numerous examples were given of participants' distress due to how those staff used their power. In contrast, lawyers and ASST staff were frequently reported as people who helped to change asylum seekers' circumstances for the better. Given the severity of psychological distress that came from their situations (overarching theme), and from not knowing about what might happen next or when they would get out (theme three, sub-theme two), and the lack of power they had to be able to change their situations, lawyers made a significant difference in asylum seekers' psychological wellbeing and lives by providing an idea of what came next, giving hope for the possibility of situational change, as well as practical support and advocacy to help make situational change. ASST also significantly helped Dilshad during prison.

I was relying on that hope given by the lawyer.

(Andrew)

Theme one, sub-theme two will describe the experiences of three participants who reported not being able to access the ability to support themselves, notably through a lack of work visa. This experience was defined by a lack of power. These participants' accounts indicated dependence upon ASST for survival. ASST was a major source of necessary practical and emotional resilience for them.

These people living down the poverty line. They are not working, and they are not on any benefit from the government or any allowances most of them. These people, they're living with the food handouts ... they don't have a work visas or work permits, and they living with the assistance by ASST, like one of these organisation very, very useful, Giving them food handouts, they living with donations, they losing their dignity because we don't- these people they are professional, these people are useful people ... They are not people used to handouts.

(John)

Regarding the care of people in power, some participants had cynical perspectives of some people in power's motives, believing they were not in the best interests, or purposely to the detriment, of asylum seekers. Although a couple of participants thought that their prison detention was due to location issues, three participants felt that their detention in prison was on purpose. John and Dilshad saw prison detention as a deterrence strategy.

Because I believe they want- they are a policy from upstairs to punish people ... force them to go back, where they come from ... This is immigration policy, to give them torture, and hard time.

(Dilshad)

Three participants who reported suffering from the inability to support themselves indicated perceiving their lack of work visa as a purposeful act of people in power against them. There was a sense that people in power did not care about them. John and Dilshad characterised some people in power as lacking in compassion, and being unresponsive to asylum seekers' need or cries for help. There was a sense of disenfranchisement in the way they spoke.

They are tyrants people ... But these people are stone people. They have no mercy for you. They are appointed there, to don't mercy on any human being.

(Dilshad)

They have a system where they want to discourage people, but they don't putting people's life first. It's like, their system is just discourage people, not to seek asylum. But what they're doing is they don't looking at any (human? humane?), humanity. (They? Their?), humanity, it's gone. They don't care. That's why, they never give us our visas, they never give us allowances, they never give us benefit. We never even have anything, so how will you live, tell me how will you live? ... They don't care ... It seems that they just put ... blinded mind, you know, eyes. It's a deaf ear you know, you can't say nothing.

(John)

Dilshad and John felt that (apart from ASST) there was no one out there who cared about asylum seekers.

I'm feeling hopeless, because of system ... We are the 1% they forget. No one cares about us, or asylum seekers like me ... This guy has been refugee his whole life.

(John)

Sub-theme Four: Coping and Resilience Amidst Circumstances with Limited Access to Power

To the author's knowledge, most literature has focused on detention's experiences and impacts, with little (Coffey et al., 2010) reporting on coping or resilience. This study adds to existing knowledge by including questions on ways of coping, and resilience. Despite the lack of power available to them, participants engaged in ways of coping, and demonstrated resilience, during and after detention. It appeared that the way that participants responded to their situations was shaped by the power available to them. This was reminiscent of Pourgourides' (1996, as cited in Pourgourides, 1997) comment that detention denies asylum seekers the resources to cope with circumstances.

During prison, it appeared that the lack of power available to participants over their situations limited the amount of options of how they could respond; lack of power limited options for changing their external circumstances. Thus, participants' coping looked like doing they could with what they did have agency over; examples mainly involved regulating their own responses (thoughts, feelings, behaviours), and drawing on the support of others.

Regarding asylum seekers' own responses, several participants referenced a form of acceptance of, and dealing with, their situations, as they felt there was no other option available.

I tried my best because I had no other chance. I had to accept it. This is it. There's nothing I can do about it.

(Omid)

A couple of participants cited that they had endured terrible experiences before prison, and that these had built their strength, which helped them during prison.

[After talking about how his hardships gave him strength after prison, and then asked if this also applied during prison] *Yes, it did give me strength, but it also shows me that where I came for safety, turns me to be, I was in hell again, so actually, looking back where I was been through (?), I say okay, I'm in (a?) same situation but (in?) different now, this one is more like I was getting harm, physically harm, so actually that give me more strength.*

(John)

Furthermore, holding onto hope for the possibility of a change in their situations appeared to be a powerful source of resilience for several participants. A couple of participants mentioned that lawyers helped to give hope, whilst another described ASST as giving him hope.

[One of his answers to how he coped during prison] *another thing was, hope that I would get the visa, was the hope.*

(Aure)

Three participants coped with their spirituality.

God was my strength, just, to pray to get out of that place.

(John)

Having some sense of purpose to help navigate the experience appeared to be a source of resilience for a couple of participants.

I was very clear what I want, when I was in prison. I know I came here for a purpose. I am looking for a safe haven. I am looking for asylum seeker status. So I don't want to involve in any trouble. I can fight with other people, I can do that, but I won't want to ... Very clear what I want. That's the hope in my heart. That kept me, away from trouble. That's why I had resilience in prison.

(Will)

Behaviourally, one way participants used their agency was through actively asking other people, who had comparatively more power, to help. This included people in and out of prison. A couple of participants shared examples of asking friends for practical help.

[After feeling physically and mentally sick, and not having access to the doctor] *Then, when I talk with Maurice, I am dying, I need a doctor, then I call to my friend ... She called to the correction service inspector, and begging, and give the all explanation. Then they give me the doctor.*

(Dilshad)

A couple of participants actively avoided getting involved with activities that PICRs were engaging in, and sometimes inviting them into, seeing this as a way to avoid trouble.

[After PICRs who perceived him as of their ethnicity tried to pressure him to join their group] *I feel like I'm forced to pick a team. When you pick a team you have to do what they ask you to do, because they help you on the other stuff so I don't want to get involved*

on that ... Also, I'm not a gambling guy I don't play cards, and stuff ... I think this took me out of problems a lot, because I can see a lot of problems was about that.

(Aure)

After prison, participants' resilience appeared to involve both the way they all chose to respond to their circumstances, and helpful circumstances, including connection with support. Will felt that speaking to his family, and ASST, who provided him with practical transition support and a warm welcome, were helpful. Andrew reported that so many good things had happened since prison. Aure, who had struggled greatly after prison, had very recently experienced a life-changing spiritual experience, including a message telling him to be forgiving, which helped him to feel a lot better. Some of this was attributed to his newly increased ability to forgive. However, he still struggles sometimes.

And from that [spiritual experience], I start, I've been feeling very well, very good, I've been, I think I learn how to forgive more ... But sometimes, yes, we know what we have to do. We do have no worry about those (stuff? staff?). We have to be forgiving. But sometimes it's just too much, too much, too much, too much, too much that we forgot what we have to- how to deal with that.

(Aure)

As described in detail earlier (theme one, sub-theme two), the experiences of participants who reported lacking access to the ability to support themselves were defined by a lack of access to power. Thus, external support appeared to be vital, with examples given often demonstrating weighty stakes, helping asylum seekers to survive. ASST, family, friends, and lawyers featured as sources of practical and/or psychological support. Family was a motivator for a couple of participants.

There is no bulb. I can't buy because I don't have money. The person who was doing business and [a number over ten] employee, this person have no \$2 to buy the bulb for him. We are relying on [ASST]. If [ASST] will not give us food, and give not bed to us, we are on the street ... Tim Maurice, always visited refugees inside the jail, and he give them hope of life.

(Dilshad)

I've been homeless here for [a few] months ... someone helped me take me [location]. Give me some odd jobs, because I can't even work. So I have to go farm, and someone give me some cash, so I can survive.

(John)

Regarding participants' responses to their circumstances, the three participants who did not really experience long-term impacts from prison, and Aure, demonstrated attitudes towards what happened that involved letting go of the past. Aure and Will also spoke of looking to the present and future, respectively.

The experience in prison actually didn't cause too much like trauma or too much trouble for me at the moment, because I'm personally very optimistic. Also, I experienced some even more terrible situation before in [previous country], and I, kind of like, got used to looking forward, not backwards.

(Will)

The three participants who were impacted for months or years after detention chose to respond to their situations with attitudes that demonstrated determination to persevere through suffering, and the refusal to give up. They continued to hold hope that their situations would improve. Examples of positive self-talk were shared. John shared that all of his previous adversity had made him stronger, and that he had turned his difficulty into blessings. Spirituality was helpful for two participants.

I will not give up, I will continue suffer what they wanna give punishment.

(Dilshad)

Furthermore, all three were actively doing something about their situation. Amongst other things they have done, Dilshad and John have communicated with people with power about their plights.

Theme Two: Interaction with the Asylum Seeker Identity and Story

Participants' accounts indicated that there were aspects of who asylum seekers were, and what they had been through, that interacted with the experience of detention to cause suffering. These aspects will now be described.

Sub-theme One: Unfairness of Treating Asylum Seekers Like PICRs

Every participant asserted that they had done nothing to deserve the treatment that they received. Every participant asserted that they had done nothing wrong and/or no crime, to warrant being placed in jail, locked up with PICRs, and/or treated the same as PICRs. Participants asserted that they were not criminals. Undergirding these assertions was a sense of unfairness, and an argument that they should not have been put into prison with PICRs. As has been found in the literature (Bracken & Gorst-Unsworth, 1991; Sultan & O'Sullivan, 2001), the perceived unwarrantedness of this treatment was a source of distress. Indeed, a couple of participants asserted that their rights as asylum seekers under international law were breached.

I felt very like, how to say, very, depressing, or like, feel unfair that we were treat with other criminals, the same way ... People like me, asylum seekers, who didn't commit any crime, but we were treated in the same way ... There wasn't given any freedom or chance, that they didn't, distinguish asylum seekers with other criminals. They just treat us the same way. So that's so unfair.

(Will)

A couple of participants posed questions regarding why they were placed in prison.

We haven't done anything like crim- we're not criminals. We haven't done anything. What have we done that we deserve to be in locked up with the criminals ... Why should we be there?

(Omid)

A couple of participants spoke to the illegal things they had done (e.g. fake passport, etc.) in order to seek safety in Aotearoa. They reframed the lens through which these behaviours were seen, centring their contexts: they had acted in order to leave adverse circumstances. It appeared that they were implying that their choices were understandable (even necessary) given the limited menu of options for safety available to them due to their circumstances.

What have we done? I know I have came here with a fake passport, but that's the only way I could get out of his country.

(Omid)

Sub-theme Two: Making Matters Worse

Another source of distress was the interaction between asylum seekers' pre-Aotearoa suffering with their suffering in detention. Consistent with the literature (Cleveland et al., 2012; Keller et al., 2003), most participants shared that they had already gone through so much pre-Aotearoa hardship on their asylum seeking journeys. Some reported that this had caused great suffering already. To then be placed into prison was described as an experience that added even more burden to their pre-existing psychological burdens.

It makes me cry every day. That I couldn't live in my own country, but I came here and that's how they treated me. It wasn't fair. When they didn't know what I'd been through ... Escaping from my own country and, throughout my journey to here I already have gone through a lot, and then come here and to be treated like this, it's another heavy things to carry.

(Omid)

I've already left my home country and come as a refugee, and to come here and be treated like this and tortured, is, was ... I was disappointed, in a sense, and hurt.

(Andrew)

Consistent with the literature (Koopowitz & Abhary, 2004; Pourgourides, 1996, as cited in Pourgourides, 1997; Silove et al., 1993), three participants reported distress from experiencing a clash between their initial expectations of Aotearoa, and the reality of their experience upon arrival. They had initially believed Aotearoa would be warmly welcoming of asylum seekers, and a safe haven, and experiencing the opposite – suffering – psychologically impacted them.

The way I've been damaged in jail, I'm always fighting to recover myself. But it's very hard to recover. I'm basically damaged. And I wasn't expecting this punishment. If I know this can happen, and I see the people who was with me in the jail, other asylum seeker, they all was say one thing, if we know we never come to New Zealand. But why we come to New Zealand, because on the website of immigration and the media telling to people you welcome to home ... No. This is not home. This is the place where you will be punched and finished for your whole life.

(Dilshad)

Although the study did find an interaction between participants' pre-migration suffering and their prison suffering, in that there was an added burden, the present study did not elucidate whether participants experienced re-traumatisation by their previous experiences (Koopowitz & Abhary, 2004). However, it did appear that the detention environment was not conducive to rehabilitation, as Bracken and Gorst-Unsworth (1991) posited.

Noteworthy, Will reported that detention did not make any mental health issues from his pre-Aotearoa experience worse. Will shared that his experiences in his previous country had been far worse than his time in detention, and cited this as a possible source of resilience for himself.

I build resilience back in [previous country] ... I have been through so many difficult situations back in [previous country], I already gradually build the resilience. And as for the prison, stuff in New Zealand is not really a big thing for me, compared to what I have been through previously.

(Will)

This sub-theme highlights the vulnerability linked with being an asylum seeker, before even stepping foot in Aotearoa. Three participants voluntarily shared about the circumstances that led to them seeking asylum. In sharing their stories, it appeared that they were fore-fronting their hardship and vulnerability in the narrative of what it means to put an asylum seeker in prison.

Although different, these participants' stories were characterised by similar core elements. These will now be outlined as they will provide context for the discussion chapter. Before the asylum seeking triggering event, their lives, and/or their family's lives, were described as excellent; all three spoke of their family or themselves having either wealth and/or status. Two participants described themselves as people who had helped others. The asylum seeking triggering events for all were due to external forces out of their control, characterised by life-threatening danger. Two participants described these events as completely life-changing and world-upending. All three shared that they/their families lost and/or left everything, and were forced to run, in order to preserve their lives. A couple of them asserted that they did not want to leave, as life had been so good. A couple also asserted that no one would leave home without reason, indicating that asylum seekers' reasons were valid. Their journeys were characterised by limited options, and lack of choice, as they fought to survive, looking for a place where they could live safely. There was a sense of weighty stakes, life and death, to their stories.

Theme Three: Distress Related to Processes

Participants' accounts indicated that difficult relationships with processes in prison and/or the asylum seeker journey were a source of psychological distress.

Sub-theme One: Inability to Contact Family

All participants expressed not being able to contact family members who were overseas as a source of great psychological suffering during detention. This inability to contact family members occurred due to difficulties with the process of making international calls in prison. Participants reported the process of needing approval of international numbers as a difficulty. Approval required an application submission and wait described as lengthy (a few months). Some participants cited money difficulties as a barrier for asylum seekers, whether it be not having money, or having money that is not credited to one's account. A couple of participants described not knowing the process required, due to difficulties understanding English, and a lack of anyone explaining the process in the first place.

Two participants described not being able to contact family as the worst thing about prison. Another participant shared that as he spoke about this, he was getting emotional, and felt like crying. Another participant asked me not to ask him about his feelings regarding this, as he would start crying if he told me. Although distress related to separation from family has been recorded (Coffey et al., 2010; Steel et al., 2006; Sultan & O'Sullivan, 2001), to the author's knowledge, this study adds to the literature by providing further detail about distress regarding not contacting family. Participants were distressed by not being able to hear from their families and how they were, and worried about their families.

He is disconnected with his family. This is a stress enough to kill him ... [He then compared this to when he struggled with the events that made him seek asylum, which differed in that he could still call his family] I was facing everything. I was continue fighting with everything. Because I was access to everything to call or whatever.

(Dilshad)

Participants were also worried about their families not knowing anything about the participants, and how this might impact their families.

I was feeling like I was disappearing from this world. No one knows where I am ... After I arrived at New Zealand, I wasn't given any chance to call my mom, and let my mom know I arrived safely ... My mom was so, worrying about me, that my mother maybe

think, I already be [he mentions the event that triggered asylum seeking] ... There's so many worries.

(Will)

A few participants reported that family members had suffered health problems due to not hearing about how the participants were doing.

Really breaks me down, to know that my mom, how she's gonna cope ... She hasn't speak with her child that she loved dearly, and me saying that I'm getting emotion, you know, I'm getting like, feel like crying, think about my mom and saying these words to you ... I heard my mom after I came out, she went to coma, she went to hospital they call an ambulance on her ... Because of not knowing her favourite son ... the love she have for me she thought maybe I'm dead ... That was a torture for my mom. And it was a torture for me, knowing that, how close are my mom and not hearing from her, and not telling her mom I reach safe.

(John)

Sub-theme Two: Lack of Knowing

A lack of knowing featured prominently across participants' accounts, pertaining to the detention and asylum seeking processes, and navigating the prison experience. This lack of knowing was often a source of distress.

Lack of knowing was frequently due to participants not being informed. Regarding the detention process, five participants were not told why they were being put into prison when they were being brought to prison, with a few of them implying they still have not been told. Regarding participants' experiences in prison, participants experienced no one explaining anything, and that they initially had no idea what was going on, and/or did not know the processes required to navigate the prison experience (e.g. fingerprinting, form-filling, etc.). Several participants expressed how as asylum seekers, who were not people who had conducted crimes, they had no familiarity with the prison experience. John and Aure reported that they did not know what their rights were in prison, which they described as a difficult experience. Omid and Andrew shared that language posed a difficulty, and would have appreciated a translator. Language difficulties, and lack of translation, have been reported as difficulties with aspects of the asylum seeking process in Aotearoa (Bloom et al., 2013). Insufficient translating services has been reported regarding asylum seekers in prison in Aotearoa (Flynn, 2014).

Prison is like that, they don't give a manual. They just put you inside and that's it ... When I first arrived ... I didn't have any idea what was going on. I just- they just push, push, push, push, you go. They open your door you don't know what's going on ... They don't explain like ... Nobody's polite.

(Aure)

Lack of knowing, and the accompanying uncertainty, regarding when participants would get out of prison was a key source of distress. For a couple of participants, this uncertainty about when they would be released was mingled with the previous point of a lack of being clearly informed about the processes.

The hardest thing I felt is the waiting, it's really hard because there's no hope, I have no idea how long the waiting is going to be. I was put in prison, no one told me, what the next step, how long I'm going to be detained in prison, and also no one come to talk to me what is the future looks like, or what will be the next day. So I am just waiting without any (anticipation?), I have no idea what is going to happen, until the lawyer came, one month after I was in prison.

(Will)

Lack of knowing, combined with the possibility of a bad outcome regarding the asylum seeking process, was a source of distress for a couple of participants.

I had another, bad feeling that I was thinking even if I get out of prison they might like deport me back. That's another worst feeling I had.

(Omid)

Asylum seeker distress has been reported from lack of information about refugee applications overseas (Steel et al., 2004; Steel et al., 2006), and about the asylum claim process in Aotearoa (Bloom et al., 2013). Uncertainty about the outcome of claims or detention, and/or the fear of deportation, has been associated with negative psychological impacts (Bloom et al., 2013; Pourgourides, 1996, as cited in Pourgourides, 1997; Steel et al., 2006). Although not always pertaining to the same specifics (e.g. prison, etc.) of not knowing in this study, such studies can be seen to parallel this study's reports of not knowing, as they pinpoint that not knowing about things that may meaningfully influence asylum seekers' lives can be a source of distress. This can be especially pertinent when there is the possibility of a bleak outcome.

CHAPTER FIVE: DISCUSSION

This study explored the experiences of individuals who had been detained in prison whilst seeking asylum in Aotearoa. The rationale for investigating this topic has been outlined in the first two chapters. As an exploratory probe into a topic with scant local knowledge, thematic analysis was employed to investigate general, big picture questions: asylum seekers' detention experiences, impacts during detention, long-term impacts, coping and resilience, and the opportunity to share perspectives about detention and/or alternatives. While direct comparisons with the literature were provided in the previous findings chapter, this chapter will briefly comment on the implications of the comparisons of findings with the literature, consider the findings' implications, make recommendations, outline this study's limitations, and suggest future directions.

Comment on Comparisons with the Literature

More detail on the similarities and differences of the present study's findings with the literature can be found in the findings chapter. A brief comment on implications of the comparison of the present study with the research will be made. This study's findings add to, and support, the body of research demonstrating that asylum seeker detention is likely to be detrimental to asylum seekers' health, particularly their mental health (Filges et al., 2015; Robjant et al., 2009a). In addition to participants' words, events within the interview implied the depth of participants' emotions. Near the end of Dilshad's interview, he had to leave the room for a short while due to overwhelming emotions. John felt emotionally heightened at times during the interview, and reported feeling like crying whilst speaking about thinking about his mother suffering from not hearing from him during detention.

More than the simple demonstration of suffering, the significance of this study's findings include how they illuminate several particular aspects of asylum seeker prison detention that have the potential to cause psychological suffering during detention, in a uniquely Aotearoa context. The qualitative method was a strength as it allowed identification of aspects grounded in first-hand experiences.

A pertinent implication of comparing the findings with the literature, and indeed comparing findings within the literature, is how there were several aspects of the detention experience that caused suffering across detention contexts, regardless of whether they were in immigration centres with other asylum seekers (Sultan & O'Sullivan, 2001), individuals detained for different immigration-related reasons (Green & Eager, 2010), with PICRs as in this study, or even no longer in detention (as in this study, after release due to the inability to support oneself). As referred to in the literature review, Koopowitz and Abhary (2004) compared experiences of people detained under the migration regulations of the last apartheid South African government, and Australian government at the time. Despite vast qualitative differences between these governments, Koopowitz and Abhary suggested that the psychosocial and psychiatric problems raised by detainees were similar in many regards. Altogether, this implies that certain aspects of the human experience cause suffering (e.g. harm to self, lack of freedom, loss of connection to family, etc.), regardless of the specificities of the contexts that cause them. Relatedly, it appears that the presence and convergence of these aspects have the potential to create environments that constitute prison; non-jail immigration detention centres have been described as akin to prison (Koutroulis, 2003), and the reality created by the inability to support oneself were described by participants in the present study as another prison. Thus, several of these aspects have a greater likelihood of being present during detention, rendering detention a risk for harm.

Implications

Various factors contribute to experiences during prison detention

A key implication of the present study is how it appears that there are a variety of potential factors that may contribute – both helpfully and unhelpfully - to participants' experiences during prison. A noteworthy observation was how there appeared to be some variation in the level of overall suffering experienced between participants during their time in prison. This variation is significant as it highlights that it appears to be the experiencing of particular aspects of detention that causes suffering, and that although these elements are more likely to be experienced during detention, these aspects may be experienced in varying degrees. These suffering-inducing elements were one part of a whole interacting network of factors that

shaped participants' experiences of detention; there appeared to be a variety of factors that could influence if, and how, these suffering-inducing elements were experienced, or that could independently shape a participant's overall experience of detention. This section will discuss some factors that may influence experiences during detention.

Violence

One key source of suffering was violence. Although frequent fighting was explicitly reported in five participants' settings, there appeared to be differences in the levels of violence in participants' settings, as well as in that which was experienced directly by participants from PICRs. This may have contributed to different levels of impacts specifically from PICR-induced harm. For example, although Will, Andrew and Omid all reported hostile treatment by PICRs, these participants were not physically assaulted. Will posited possible contributors to this lower level of violence as including the absence of gang members, along with Will's strategy of avoiding conflict. The presence of gangs may have contributed to higher levels of violence reported by John and Aure; John was amongst gangs who he described as getting ready for "war." Furthermore, John and Aure appeared to experience higher impacts from PICR-induced harm; John was forcibly involved in (e.g. his head was bashed on concrete) and witness to high levels of violence. Aure had never fought so much in his life, and had to fight twice not to get raped. Other potential contributors to the experiencing of violence are suggested by Dilshad's account; he did not fight to defend himself for fear of deportation, and did not complain as this would result in him being moved to another unit, where his assaulters' alliance might assault him.

Role of prison staff

Another mitigating factor for violence levels (and by extension, detention experiences) was the role of prison staff. Andrew and Will both described prison staff's presence as protective against harm. Moreover, Will shared how, after asking an unfriendly officer if his cell could be changed due to cellmate bullying, other prison officers moved him to a room with an asylum seeker, which improved his wellbeing. In contrast, after describing a cellmate who had

threatened to kill him, Aure shared that some officers will change your cell, whilst some will give excuses not to. Aure described staff as not really caring, and pretending not to see what was happening. John lamented how prison staff did nothing to protect him, even though they knew what was happening. These findings highlights how there can be different levels of care and responsivity of prison staff, and the significance of their role; their action, or inaction (which can be perceived as a form of action, as it perpetuates suffering), can have meaningful consequences on the lives of imprisoned persons. This again emphasizes the importance of how people who wield power to influence asylum seekers' lives, use, misuse, or fail to use, their power.

People in the same vicinity

One way of conceptualising the previous two points is that the particular people in the same vicinity can influence asylum seeker wellbeing; several examples were given where the surrounding people could be protective, or harmful. For example, a couple of participants spent time with people whose background shared a commonality; this was described in positive terms. Will mentioned feeling okay because he could hang out with other PIRCs of the same ethnicity, whilst Andrew shared that he felt better having company with the other two refugees he spent time with. One possible explanation and implication of these examples is that positive social connection might be a source of wellbeing for asylum seekers.

Social support

Indeed, social connections with people outside prison also influenced participants' experiences. One participant's friend sourced him a dictionary; his case paperwork was not in his language. Another participant's friend advocated on his behalf, and helped arrange support (e.g. lawyer, doctor, etc.). This again demonstrated an element of dependence on others to be able to access one's rights and needs. This also makes one wonder what detention was like for asylum seekers who did not have social support.

Hope and hopelessness

Hope and hopelessness appeared to influence participants' experiences. As mentioned, lack of knowing and concomitant uncertainty, regarding future release, or combined with the possibility of a bad outcome with the asylum seeking process, caused distress (theme three, sub-theme two). Participants' accounts suggested that having hope helped by providing the possibility of change towards a better situation, and/or that distress stemmed from the possibility of a hopeless situation. Accordingly, Will reported the hardest part of detention was waiting because there was no hope. Aure had felt like killing himself when his deportation case manager's words suggested a possibility for two hopeless options: prison forever, or deportation back to danger. Participants described hope as a resilience source. Their descriptions also highlighted the importance of factors which boost hope, such as information and the practical possibility of practical change, through lawyers, and/or ASST. Indeed, Sultan and O'Sullivan's (2001) observed that asylum seekers initially had unwavering hope. However, after progressive setbacks in their asylum seeking process that suggested bleak future options, asylum seekers moved through severer depressive stages. It is like that these were contributed to by increased hopelessness.

Lack of engagement in meaningful activities

Another possible influence was engagement in meaningful activities and concomitant boredom, as implied by literature (Campbell & Steel, 2014; Sultan & O'Sullivan, 2001; Steel et al., 2006). A couple of participants were distressed by boredom. Aure's psychologist hypothesized that Aure's lack of engagement in activities he loved contributed to depression; engagement (e.g. learning English, helping people, etc.) contributed to his resilience. Lack of engagement in meaningful activities appeared to contribute to suffering post-detention for three participants.

Length of time in detention

As described in the literature review, detention length has been suggested by some studies to have a negative association with mental health (Hallas et al., 2007; Keller et al., 2003), although this association is not definitive (Robjant et al., 2009b), and may be influenced by other factors. This study's design was not conducive to investigating that association, but some parallels can still be drawn; the three participants detained for shorter periods appeared to experience less overall suffering during detention than those detained for longer. However, significantly, it is difficult to disentangle whether and how length, or any various possible factors, contributed to this. For example, the three participants who had been detained for longer lengths of time (between roughly two months to over three years) than the other three (between roughly one month to nearly two months), were also the participants who had experienced more violence overall, including physical altercations. This illustrates how experiences were likely contributed to by a complex combination of various factors; it is likely the quality of experience that arises from such a combination that matters. As speculated in the literature review chapter, it is possible that someone with a better quality but longer detention experience might fare better than someone with a worse quality but shorter detention experience. This might explain how even relatively short detention periods have been linked with negative psychological impacts (Cleveland et al., 2012). The fact that some studies have demonstrated length's negative association with mental health (Hallas et al., 2007; Keller et al., 2003; Sultan & O'Sullivan, 2001) do suggest that length can influence distress, but what is important is how length contributes. It is possible that length's mechanisms may manifest, or not, depending on other factors. For example, increased time in a violent setting might allow more opportunities for harm. As another example, successive setbacks in asylum seeking might increase hopelessness over time, as suggested earlier regarding Sultan and O'Sullivan's observations. At a minimum, the variations in these findings suggest the importance of future research to explicitly explore overlapping or compounding factors, rather than focusing on single aspects of detention experience.

Agency

It is important to be attentive to narratives that may exist apart from those of asylum seekers as passively suffering victims, and to attend to how they respond to their circumstances

(Koopowitz & Abhary, 2004). Participants shared ways of coping, and examples of resilience, with detention. A notable feature of how they coped during prison was that it appeared highly shaped by the lack of power available to them. Importantly, this does not mean they were lacking in personal agency, but rather lacked access to resources to influence their situations, thus limiting the options available to them for how to respond. Thus, coping in the present study appeared to look like doing what they could with what they did have agency over, which appeared to largely consist of controlling how they responded, and drawing on the support of others, rather than directly enacting change in their circumstances.

This author ascribes to a theory of resilience whereby resilience is located in the environment, individual, and interactions between both (Pooley & Cohen, 2010). Examples were shared whereby resources for increasing resilience were given by external sources, and interacted with participants' agency by increasing their repertoire of options for how to respond to their situations; these external sources empowered participants. For example, Aure's psychologist empowered him with knowledge of how to navigate his time in prison, which Aure described as a source of resilience.

Indeed, a commonly accepted psychological theory is that people's behaviour involve both internal and external factors, and frequently an interaction of both (Bronfenbrenner, 1979). Mostly external factors have been outlined thus far; individual-specific factors (e.g. biological influences on personality, temperament, coping styles, etc.) likely also influenced participants' experiences. The present study's method was not conducive to disentangling specifically individual-specific factors, all of which—and in concert—would make for valuable future research.

Importantly, despite variation, the fact remains that suffering appeared to be a defining characteristic of portions, and/or the overall, experience of detention for participants. These findings suggest that there was a distinctly higher likelihood of experiences that cause suffering to be present in prison, with a consequent greater risk of harm, for asylum seekers during prison detention.

Various factors contribute to experiences after prison detention

In parallel with the previous section, a noteworthy finding was how after release, three participants reported not really experiencing long-term impacts from prison detention, whilst the other three participants reported ongoing suffering that lasted for months or years afterwards; some of which was explicitly attributed to prison detention. This discrepancy in findings echoes the potential discrepancies in the literature, as described in Chapter Two (e.g. Keller et al., 2003 compared with Coffey et al., 2010 and Ichikawa et al., 2006). Furthermore, three participants' lack of long-term impacts differed with Coffey et al., 2010, whilst three participants' ongoing suffering were not inconsistent with Coffey et al. (2010), Ichikawa et al. (2006) and Steel et al. (2006). These differences are significant as they suggest that whether asylum seekers experience long-term impacts is more complex than a simple *yes* or *no*. The convergence of the accounts of the participants, the literature, and speculation, suggests that a variety of factors influence the experiencing of long-term impacts of prison detention, and if so, how that manifests in terms of severity, and temporality. Potential factors include, but are not limited to, individuals' quality of experiences during detention, and experiences after release. Furthermore, factors may be extra- and/or intra- individual. This section will consider a few factors that might influence the presence and/or manifestation of long-term impacts.

Impacts from experiences during detention

One potential factor might be the level of harm – physical and/or emotional - an asylum seeker experienced whilst being detained. As described previously, this itself might be influenced by other factors, such as who is around them (e.g. hostile PICRs, gangs, potential allies such as asylum seekers or friendly PICRs, prison staff influence, etc.). Compatible with this notion, although conclusions cannot be definitively drawn, is how the three participants who described their experiences in the least violent terms (and were not physically assaulted) did not really experience long-term impacts, whilst those who described their experiences in the most violent terms, and had been involved in physical altercations, suffered for months or years after detention. Signs suggest that prison detention was traumatic for John, Aure and Will, as they described post-detention experiences that resembled PTSD symptoms (American Psychiatric Association, 2013). Indeed, their detention descriptions resemble symptoms on Elliot and Briere's (1992) Trauma Symptom Checklist-40. Participants reported dreams, screaming during

sleep, intrusive thoughts, and hypervigilance, all self-attributed to detention. Other asylum seekers have reported detention-related traumatic stress symptoms (Cleveland et al., 2012; Steel et al., 2006), supporting the notion that detention can be traumatic. John, who had two psychology reports post-detention, reported dealing with PTSD until today.

Additional experiences that occur after detention have the potential to influence wellbeing

Furthermore, experiences that occur after detention have the potential to influence asylum seekers' wellbeing after release, both negatively and positively.

Lack of inability to support oneself may negatively influence wellbeing post-release

For the three participants who suffered for months or years after detention, the lack of inability to support oneself (notably through a lack of work visa) after release appeared to be a significant negative influence on their mental health. Detention appeared to play a role in this lack of work visa procurement; according to ASST (Appendix B) as detention appeared to entail exceedingly lower chances of procuring a work visa. As described in the findings chapter, this work-visa less was reported as a second prison. This reality itself appeared to cause suffering by hindering access to resources that support accessing basic needs, and opportunities for meaningful engagement with life.

Furthermore, this lack of ability to support oneself on basic and flourishing levels, and the related suffering and sense of being stuck in life that participants experienced, appeared to interact with the impacts of prison; it is possible that this reality acted as a barrier to rehabilitating from the effects of prison. Bracken and Gorst-Unsworth (1991) posit that even severely tortured people can experience some rehabilitation if their post-trauma environment is supportive and positive. In contrast, participants' post-detention work visa-less environments contributed suffering, and appeared to act like a trap; participants' accounts indicate a sense of being stuck in life. Dilshad and John themselves suggested that, if they were able to access resources to engage in life, perhaps they move forward and forget their past. Furthermore, Omid, who did not really experience post-prison impacts, spoke of letting go of his past; perhaps this letting go is hindered by being in another "prison". Indeed, Coffey et al. (2010) found that, after

release, most participants engaged in activity, and avoided distressing thoughts, to regulate their psychological health. They indicated that prayer, work, sport or study were helpful with depression, and forgetting issues. A lack of work visa meant that Aure, John and Dilshad could not work, study, nor engage in many activities (Dilshad mentioned they cannot even afford bus fare).

Experiences that occur after release may positively influence wellbeing

However, post-release experiences may contribute positively to wellbeing after release. Indeed, one participant who did not experience long-term impacts shared that so many good things had happened since prison. As described, Aure had experienced negative psychological impacts from detention for a while after release, but this had been alleviated to an extent by a recent spiritual experience. Furthermore, being released itself might contribute some mood improvement for some time at least, which is compatible with Keller et al.'s (2003) findings. A couple of this study's participants commented on feeling better when they were released.

The previous points highlight the importance of environment to wellbeing and rehabilitation. This fits with the theory of resilience that the author ascribes to, where resilience can be located within and externally to individuals, and in interactions between intra- and extra-individual factors (Pooley & Cohen, 2010). Notwithstanding the stark differences in experiences after detention, it remains that experiences from detention, and not having the ability to support oneself, appear to have potential to cause suffering post-detention, and thus are causes for concern regarding asylum seekers' wellbeing.

Deeper and wider understanding of what it means to put an asylum seeker into prison detention

In addition to highlighting elements of detention that shaped participants' experiences, participants' accounts also appeared to provide a deeper and wider understanding of what it means to put an asylum seeker into prison detention. Specifically, participants' accounts appeared to highlight particular features associated with the asylum seeker identity and story. Although these features are not prescriptive of asylum seekers, they are likely to be descriptive of many asylum seekers' identities and stories. The fore-fronting of these features appeared to

shape a certain view of asylum seekers, with implications for what it means to put an asylum seeker in detention and without the ability to support themselves, suggesting an alternative way of treating asylum seekers. This will be discussed in more detail in the following sections.

Who is the person being put into prison detention?

Underlying the act of placing an asylum seeker into prison for detention are perspectives and attitudes towards asylum seekers that permit this to occur. As participants shared their stories, including a voluntary sharing by some participants of their pre-Aotearoa asylum seeking journeys, it could be interpreted – implicitly and explicitly – that there were particular features about asylum seekers – *who they were* and *what they had been through* - that participants wanted to be highlighted and/or changed in the way that asylum seekers were viewed. By prioritizing these particular features in the lens through which asylum seekers are seen, participants shaped the narrative of what it means to place an asylum seeker into prison. An extrapolation from this is that these findings invite us to consider seriously the question: who is the person being put into detention? Intrinsically linked to this question is: who is the asylum seeker? Implications of this new narrative, and what participants wanted centred in how they were viewed, included invocation of different types of treatment towards asylum seekers.

As described, participants asserted that they had done nothing wrong, and/or no crime, to warrant the treatment of being put into prison with PICRs, and/or treated like PICRs (theme two, sub-theme one). It could be interpreted that underlying this was an argument for an alternative type of treatment: to not be put into prison (not merely extrapolated; participants explicitly recommended this). Furthermore, a couple of participants asserted seeing the illegal acts they conducted in order to survive (e.g. fake passport, etc.) through a lens where the context of their circumstances was fore-fronted; they reported having highly limited options for safety, and one participant remarked how he had not hurt anyone. He shared a metaphor whereby officials were sticking to the letter, but not the spirit, of law. Underlying these participants' assertions was the position that their acts may have been theoretically illegal, but that true fairness would not incur punishment associated with prison.

As described, being placed into prison interacted with participants' pre-Aotearoa experiences for several participants, with some describing it as adding to pre-existing burdens

(theme two, sub-theme two). A few participants shared details of their pre-Aotearoa journeys, with an emphasis on their pre-migration suffering. Altogether, participants appeared to be fore-fronting the hardship and vulnerability in the narrative of what it means to put an asylum seeker in prison. It could be extrapolated that this implies an alternative type of treatment; to not place already vulnerable asylum seekers into circumstances with potential for more harm, such as prison. Indeed, several participants explicitly recommended keeping asylum seekers separate from PICRs to protect them from harm. John said, “We have people who actually run for sexual abuse ... Men who run from tortures, you bring here (bringing to?) prison that person, what are you doing? Like, you’re actually making him more vulnerable, he was vulnerable when he came here.” Additionally, John, Dilshad and Aure indicated that asylum seekers should be given rights to work, in the context of describing distress caused by not having access to ability to support themselves. It could be extrapolated that centring suffering in the way they were viewed was an argument for alternative treatment (work visa).

During John’s and Aure’s interviews, they sometimes used language to get me/others to understand experiences from their point of view; how they saw themselves and their stories. It appeared that one purpose of this was to tap into my/others’ empathy, and sometimes to try evoking emotion and thus particular responses, such as compassion. Indeed, they appeared to try appealing not just to empathy, but also to reason. For example, participants’ stories (theme two, sub-theme two) included how they or their families had been wealthy and/or had status, until life was completely upended by forces out of their control; their preference would be to stay, but they had to run for their lives. One implication is that their reasons for coming here were perceived as valid, driven by the need to survive amongst a lack of options, and this validity should be considered in how they are treated.

Furthermore, in one of John’s recommendations, John took the fore-fronting of asylum seekers’ vulnerability even further, positing that asylum seekers’ plights warranted the alternative treatment of active provision of protection and support. In the context of perceiving apathy, lack of compassion and responsiveness to asylum seekers’ need for help from people in power, John explicitly centred suffering in the way asylum seekers were perceived, appealing to people in power’s empathy, compassion and humanity to invoke a response of compassion. Aure’s explicitly said that people in power should see asylum seekers with kindness, and to treat them more kindly.

Additionally, a few participants described themselves, and/or other asylum seekers, as people with skills, who could contribute to society. They were fore-fronting a view of asylum seekers whereby asylum seekers are not just seen as people who need help, but actually assets who might be able to help Aotearoa. It could be interpreted that this type of view was meant to invoke a response whereby Aotearoa is more inclined to support asylum seekers. Furthermore, recognising the power that asylum seekers carry when viewing them could be interpreted as, on some deeper level, a way of equalising power between asylum seekers and others. Indeed, John commented on how asylum seekers are useful people who are not used to handouts, and although appreciative, feels disrespected when he is given a handout. This indicates how, even if appreciative of help, some people might still prefer to be fully empowered agents of their own reality; true help may require not just helping, but empowering.

Perpetuation

Furthermore, participants' arrivals in Aotearoa were merely one stop on their long journeys. In voluntarily sharing about their pre-Aotearoa journeys, participants' accounts enabled a deeper and wider understanding of what the experiences of prison detention and the inability to support themselves meant in the overall narrative of asylum seekers' lives. One distinct feature of detention, and the inability to support oneself, is how they appeared to play a perpetuating, and at times compounding, role in asylum seekers' lives. It appeared as if participants had run from prison to prison to prison; from danger to danger to danger (the third prison is for those who were unable to support themselves). This was ironic as asylum seekers run from danger seeking safety. Although the specificities of these time periods - pre-Aotearoa journeys, detention, and the reality created by not being able to support oneself – differed, there were similarities in dimensions of participants' experiences. These included, but were not limited to: restricted access to rights and needs (from the most basic of survival to those of flourishing and engaging meaningfully in life), a lack of freedom, security, options, and power, with the potential for harm, suffering, and weighty stakes. Additionally, this appeared generally due to forces out of their control, often with an element of unfairness. Detention appeared to compound the risk of not being granted a work visa (T. Maurice, 25 November, 2020). Irony existed in how Aotearoa prides itself on human rights, fairness and humaneness.

Furthermore, there appeared to exist a rippling effect. Participants reported that their families suffered both from participants' plights, and also from not hearing from participants during detention (theme three, sub-theme one). A few examples that participants cited as occurring due to their family's concern about them denoted severe suffering (e.g. coma). This was a reminder that each asylum seeker is a part of a network of loved ones. This implies that when an asylum seeker suffers, not only does that one individual suffer, but so do a number of other people.

Intersection with human rights

To summarise a principle takeaway of the present study: as has been described throughout the findings and discussion chapters so far, there are particular experiences that are more likely to be found within the prison detention setting, which, when experienced by detained asylum seekers, have the potential to cause negative psychological and physical impacts on asylum seekers during detention. There is also the possibility of negative psychological and physical impacts on asylum seekers from detention lasting after release, although the experiencing of these impacts is not definite. Furthermore, the inability to support oneself post-detention appears to a source of psychological harm.

A key implication is how these potentially harm-inducing experiences appear to impinge on some of the human rights of asylum seekers. This is consistent with the voices of concern that have already been raised (Bloom & Udahehuka, 2014; Campbell & Steel, 2014), as described in the literature review. The data from the present study would support an argument that the treatment of asylum seekers (via prison detention and lack of access to the resources needed to support oneself) is a breach of their human rights. The work of Bloom and Udahehuka (2014) would suggest that participants' treatment reflects breaches in the right to security, and to be treated with humanity and dignity. Indeed, the UNHCR (1999, as cited in Bloom et al., 2013) guidelines on asylum seeker detention states that asylum seekers and convicted PICRs should be accommodated separately. It is acknowledged that the full story, and workers' perspectives, are not known, so it cannot be said with certainty that the right to liberty and not to be arbitrarily detained (Bloom & Udahehuka, 2014) was breached, but the present study does raise questions about the appropriate treatment of these asylum seekers. Further consideration of the potential

breaches of human rights would be purely speculative, and therefore, go beyond the scope of this study.

Recommendations

Altogether, the present study's findings and implications provide a foundation for recommendations about how to move forward regarding asylum seeker prison detention, in order to protect and improve asylum seekers' health - particularly their psychological health - and potentially preserve their human rights.

A significant feature of the present study's findings is how participants themselves shared their perspectives on what could be changed about their present situations and treatment. Most of these perspectives stemmed from one of the strengths of this study: participants were given the opportunity to say anything they wanted, and/or what they would change, as if speaking to people in power about asylum seekers in detention. There were some recurring themes; and the fact that they are direct recommendations from asylum seekers themselves, adds weight to their validity and relevance.

Participants' recommendations targeted many of the mitigating stressors identified in this study:

- Asylum seekers should not be put into prison.
- If asylum seekers must be detained, then:
 - Place asylum seekers in locations that are not prison.
 - If asylum seekers must be detained in prison due to issues procuring a location, then ensure that asylum seekers are kept separately within the prison.
- Asylum seekers should be kept separately from PICRs, in order to be protected from harm.
- A few participants suggested keeping asylum seekers with other asylum seekers.
- A couple of participants suggested being given access to calling people on the outside, whilst one participant suggested access also to the internet. Benefits cited included contacting family, and gathering evidence for one's case, which is difficult in prison.

- Keep asylum seekers informed.
 - This includes information about what was happening, the possibilities of what might happen in the future, the processes involved in asylum seekers' journeys, and their rights.
 - This includes access to translations and/or translators where appropriate.
- Will suggested that airport immigration officers be more responsible. [The author extends this into recommending that all persons who interact with, and/or hold power to influence asylum seekers' lives, demonstrate care, responsiveness and competence in their interactions and decisions. This includes tackling racism in staff.]

Regarding life after detention, three participants indicated that:

- Asylum seekers should be given the rights to work (i.e. the ability to support themselves).

Participants' accounts appeared to suggest not just practical changes in the treatment of asylum seekers which would improve their psychological wellbeing, but also changes in the way that asylum seekers were perceived, with implications for both relational and practical changes in how asylum seekers were treated. In this vein, this study also recommends that certain guiding principles (explained in the following paragraphs) shape the way that asylum seekers are seen and responded to by people who have influence over asylum seekers' lives, translating into tangible ways that asylum seekers are treated throughout the process of asylum seeker detention, and beyond. As there are a number of factors involved throughout and after the process of detention, specific details of these tangible ways are beyond the scope of this thesis. However, being guided by such principles would likely promote asylum seeker wellbeing.

Indeed, Bogen and Marlowe (2017) posit that Aotearoa's public have a culture of indifference regarding asylum seekers, supported by governmental practices and legislation that preclude, essentially rendering invisible, asylum seekers. Asylum seekers are further isolated and alienated by ideas that they are a "risk" to society; when asylum seekers are finally given attention, it is frequently in a negative light (Bogen and Marlowe, 2017).

Against this cultural backdrop, one recommendation is inspired by John, who, after centring the story of asylum seekers and their suffering, and frustrated by the apathy of people in

power, urged for empathy and compassion. This could be interpreted as an urge to forefront the plight of asylum seekers in how they are perceived, and to respond accordingly with empathy and compassion. Indeed, Aure's message to government included the request that they be more kind. Empathy and compassion would shape relating with asylum seekers beyond preventing harm and preserving rights, towards responding with care. Regarding detention, responses guided by empathy and compassion would translate into thinking about the reasons for detention, and then if and when detention is necessary, to detain in such a way that honours those reasons (e.g. unclear about identify is reasonable), whilst also honouring and hampering as little as possible on the rights and wellbeing of asylum seekers. Furthermore, within the realm of where Aotearoa's responsibility lies, this could include the implementation of other elements that boost wellbeing and resilience. For example, as boredom was identified as distressing, and resilience found from activity engagement; perhaps detention could include opportunities for engagement in meaningful activities. The understandable reality of resource constraints and valid governmental imperatives are acknowledged. However, it is posited that there is room for improvement within such constraints. This study recommends consideration and implementation for such improvement.

Another guiding principle involves people in power's, and asylum seekers', relationships with power. Given that asylum seekers were found to have comparatively less power during detention, and that other people's actions, including seemingly "minor" actions, could have meaningful consequences for asylum seekers, it appeared that the character of those in power really matters to asylum seekers' wellbeing. Based on examples given by participants where it appeared that lack of care, responsivity and competence were perceived to affect asylum seekers negatively, this study recommends that those in power could demonstrate greater care, responsivity, and competence, towards asylum seekers. This includes both "major" (e.g. decision to detain), and "minor" (e.g. making a referral, or the content and manner of one's speech) actions, and acting where necessary (i.e. inaction can perpetuate suffering). It is recommended that this care, responsivity and competence extends to the structures (e.g. policy) that influences asylum seekers' lives. If prison detention is indeed a policy of deterrence, this breaches their human rights, and should be revised.

Furthermore, it is recommended that, when within the Aotearoa's realm of responsibility, the relationship between asylum seekers and power be strengthened; asylum seekers should be

empowered, throughout and after detention. As referred to, this could start from a simple but important perception shift; seeing asylum seekers as people who have something to contribute. Overt ways of empowerment, should also be considered and implemented. The system should shaped (within understandable resource constraints and valid governmental imperatives) so that asylum seekers' agency has the fullest potential to be realised, with increased options for how to respond in life. For example, informing asylum seekers throughout detention empowers them emotionally and practically.

Limitations

This study had a number of limitations, some of which will now be outlined. Findings should be considered within the caveated scope. A main limitation pertains to the generalisability of the findings. This will be strongly influenced by the small number of participants ($n = 6$), which will limit the representativeness of the data. Nonetheless, the sample size has been deemed sufficient for a thesis of this scope (Braun & Clarke, 2019). Although there were many similarities across accounts, there were also variations.. For example, it is not certain whether the fight clubs that John endured were rare or common. It is also unknown as to all participants' prison placements between and within prisons; environments and staff will likely differ between and within prisons. Moreover, there might be a response bias, especially due to the potentially triggering nature of the topic.

Data collected from interviews is influenced by numerous factors within the interview, which may have limited (or enhanced) the quality and quantity of data found. Personality differences between participants are an example. Some participants were more verbose, and there were different levels of sharing (e.g. one participant did not want to answer a few questions, which indicates other possible influencing factors, which speculatively might include lack of comfort or trust, or perhaps desire to avoid pain, etc.). There is also the potential of perceptual and recall biases, and under- or over-reporting. Due to the impacts of the coronavirus pandemic, a couple of interviews had to occur over Zoom; the sound quality was poor at times. Notwithstanding those limitations, the fact that certain patterns recurred across interviews supports the validity of the findings.

Language differences was a key potential limiting factor. Mitigations occurred where possible throughout the research process. Three participants required a translator. Translation took significant time, which left less time overall for asking questions, including clarifying or nuance-exploring, questions. Thus, it is likely that that less information, detail and nuance, was able to be gleaned. I learned over time to mitigate this by improving my evaluation of questions' importance, and asking less unnecessary and/or pedantic questions. Additionally, the translator was the hinge-point of understanding between participants; the translator's subjectivity (e.g. memory, opinions, awareness of their own subjectivities, etc.) had the potential to influence the findings, and added another layer of potential for interpretative bias. Mitigating potential interpretative bias included explaining the rationale for why I asked certain questions so the translator understood my context, explicitly communicating with both translator and/or participant how I wanted to understand not what I nor the translator thought, but what the participant thought, and asking clarifying questions with that preface. Additionally, translators' memories and opinions can influence the research process. Furthermore, different languages do not always have synonymous concepts; translation was dependent on the translator's interpretation and communication. During analysis, I did not include data if I was uncertain if it was more the participant's, or translator's, view.

One limitation is that I did not ask participants about their positive experiences in prison. This was largely due to limits around time (as described in the previous paragraph), and also due to feeling at times as if it might be disrespectful and potentially invalidating, amidst participants sharing about deeply negative experiences, sometimes with emotion. I do think it would have been valuable to ask, and that there must be a respectful way; I am aware that this cautiousness might be due to my own personality and inexperience. As the findings are based only on asylum seekers' perspective, it is acknowledged that information might be missed due to not including relevant others' perspectives.

A key limitation to the findings' scope is how information was not gleaned from all participants on asylum and work visa statuses after detention, as the author did not realise the significance of this data until after a few interviews. This data might have increased understanding of post-detention realities.

Future Directions

If the study's recommendations are to be followed, future directions would not involve researching asylum seekers' experiences in prison detention, as asylum seekers would not be imprisoned. However, future directions could include investigation of the implementation of alternatives to asylum seeker prison detention. Future studies could also investigate existent non-prison detainment in Aotearoa. For example, one of Bloom et al.'s (2013) participants, who had been detained at Mangere Refugee Resettlement Centre, reported a difficult time; his quote suggested lack of access to meaningful ways to use his time. It is recommended that, given the potential for human rights breaches and asylum seekers' vulnerability, future studies include evaluations on how to prevent harm and improve wellbeing. For example, the recommended guiding principles of empathy, compassion and empowerment, keeping asylum seekers' identities and stories - and thus their particular needs - in mind, could be used as lens through which investigators evaluate the entire process that asylum seekers experience (from arrival, to detention if necessary, and afterwards). Based on investigators' evaluations, alternative processes that are compassionate and fair, honouring asylum seekers' rights and needs whilst also balancing resource constraints and governmental imperatives, could be implemented. One exercise could involve investigators imagining what it might be like to be an asylum seeker throughout the process, and how they would like to be treated throughout.

Conclusion

There are a variety of factors that influence – both helpfully and unhelpfully - asylum seekers' experiences during, and after, prison detention. Importantly, despite variation in experiences, suffering appeared to be a defining characteristic of portions, and/or the overall, experience of detention for participants. This study identified particular aspects of the detention experience that cause psychological and/or physical distress for asylum seekers detained in prison in Aotearoa. The findings suggest that there is a higher likelihood of experiences that cause suffering to be present in prison, with a consequent greater risk of harm, for asylum seekers during prison detention.

After detention, half of the participants reported not suffering long-term impacts of detention, whilst the other half experienced negative psychological and/or physical impacts for

months or years after release. This variation reflects how numerous factors, both from detention and after release, might influence asylum seekers' post-detention experiences. The inability to support oneself, particularly through not having a work visa, appeared to be a key source of psychological harm for participants who suffered for a while after prison.

Altogether, it is concerning that asylum seekers, who have been described as one of the world's most "at risk" populations (Bogen & Marlowe, 2017), are at risk of experiencing harm during and after prison detention. Furthermore, some of the harmful experiences described impinge on asylum seekers' human rights. Steps should be taken to ensure removal of harm, promotion of wellbeing, and honouring of human rights, for asylum seekers throughout the detention process, and beyond.

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APPENDICES

Appendix A: Initial Interview Protocol

This changed over time, as more information was gleaned from interviews.



Project title: *The experiences of individuals detained in prison whilst seeking asylum in Aotearoa New Zealand: an exploratory study.*
Project Supervisor: *Dr Rhoda Scherman*
Researcher: *Eunice Hiew*

First phone contact

- Thanking, really hope this will help
- Arranging time and location for interview
- Any questions
- Refreshments – any particular snack or drink you like?
- Do you need a translator?
 - If can speak English – any particular contact want me to send the participant information sheet, consent form and ideas of what likely to ask? (Should have been sent by Tim already, but in case)
- You can have a support person with you. Would you like one from ASST?

If they wanted this information from me in an e-mail/message

- Research topic, including eligibility
- Attach PIS, CS, potential interview questions
- Translator language
- Confirm time and location
- Can have support person with you
- Any questions

Before they come

- Pray my liturgy
- Orient my heart – remember Research with Aroha. Think of consultants' words:
 - “Win their hearts. Talk to them as if you are together, as if you are a part of the fight.” Empathy, friendliness, gentleness, make feel comfortable, I’m sorry what you’ve been through, etc.
- E-mail Tim, Freyja, Rhoda and translator (if needed) to let know about time and location (e.g. if using the hostel meeting room), and attach documents (consent form, translator consent form, Participant Information Sheet, Indicative Interview guide)
- Have everything ready:
 - Voucher
 - Snack

- Consent form (copy for them and me), participation information sheet (including agencies)
- Translator confidentiality agreement (copy for them and me)
- Interview guide
- Recording equipment
 - Extension cord/battery, set up and tested
- Note-taking equipment
- Code of Ethics



Interview

Whakawhanaungatanga (Remember manaakitanga & aroha)

- Warm welcome, appreciate, thank you
- Give snack and voucher
- How are you feeling today?
- Introduce myself – share a bit about myself
- Explain that I'm new-ish, if I hesitate etc. (stay authentic)
- Ask if there's anything they'd like me to be aware of, regarding their culture regarding how this interview will go? (e.g. do they have any cultural practices I should honour? For example, is there any way I should open up the space together?)

Ethics

- Participation information sheet – go through with them
 - Edit: in privacy and confidentiality section – and translator
 - I want you to be as comfortable as possible – your wellbeing comes first
- Consent form (copy for them and me) – go through with them
- Translator confidentiality agreement (copy for them and me)
- Are you comfortable with all this? Do you have any questions at all?
- I have notebooks, but still listening
- Recording machine – Test the recording
- Whilst recording:
 - Is recording this OK?
 - This is Eunice, interviewing Participant pseudonym (ask them what pseudonym they'd like to use), it's Time and Date, at Location

Prepare

- Briefly what the research question is
- Why want to do this research – what is the aim
- I have some questions based on the literature, but I am interested in *your* thoughts, so if you have something more pertinent to the research question to share, please bring that up instead, and I will follow you
- If off topic, I might have to bring it back

Potential Questions

This document contains potential questions for use in the semi-structured interviews with participants. Please note that questions are subject to change, and will be influenced by information gathered during the interview process and further literature exploration. The possible areas of inquiry (listed below) are included to either generate discussion and/or encourage elaboration:

Introductory, brief and fact-gathering questions, which also support warming up to speaking about their experiences:

- What pseudonym would you like to use?
- How old are you?
- What gender do you identify with?
- What country did you come from?
- How long have you been in New Zealand?
- How long were you in detention for?
- As you understand it, how did you come to be put into detention?
- When did you obtain asylum? How long was the process?
- How long has it been since you obtained asylum?

Questions about their experiences in detention, and the impacts that detention had on them:

Will ask broader opening question, then will be guided by what they say, and keeping in mind the below domains (not necessarily in the order presented below)

Try and get examples/specific experiences

- **Could you tell me about what it was like to be in detention?**
 - Could you paint a picture of what it's like to experience being in detention?
- Could you tell me about any **negative parts** of being in detention?
 - (What they didn't like about being in detention/what were the difficult parts about being in detention/caused suffering?)
- Were there any **positive parts** of being in detention? If so, what were they?
- **How did other people treat you?**
 - People in authority, other prisoners, other asylum seekers, anyone else

(Some prompting thoughts if not already mentioned. Consultation with former asylum seeker recommended these questions:

How was it the first night in your cell, and meeting a stranger in your cell?

Was there any abuse? (the former asylum seeker thinks this is safe to ask)

Were there any fights?

Were you asked to join a gang?)

- **(What was the detention centre environment like?)**
- **How did detention affect you?**

Keep in mind to touch base on the following dimensions as they speak:

- **Psychological – mental health**
 - Feelings
 - Thoughts
 - Behaviour
 - Self-harm
 - Suicidal thoughts/attempts (ask gently)
 - Have psychological or medical professionals ever said anything about your mental health? (e.g. diagnosis)
- **Physical**
- **Spiritual**
- **Values**
- **Relationships**
- **Behaviours**
- **Identity – how they see themselves**
- **How others see them**
- **Practical ways**
 - Their process of seeking asylum
 - If already obtained asylum, then the time after asylum/integration
- Negatively?
- Positively?
- In ways neither negative nor positive?
- **Would you say that your time in detention still has an impact on you after being released, until today? If so, how?** (keeping in mind the above domains)

Consultation with former asylum seeker recommended these questions:

What was the feeling when you came out of the prison gate? How did you cope after coming out of detention?

Questions about resilience:

- How did you cope with the challenges of being in detention?
- How did you cope with the impacts of being in detention?
- What would you say gave you strength?
(Where did their resilience come from?)

Questions about resilience:

- How did you cope with the challenges of being in detention?
- How did you cope with the impacts of being in detention?
- What would you say gave you strength?
(Where did their resilience come from?)

Space to have their say:

- Would you change anything about the process of putting asylum seekers in detention?
 - If so, what would you change?
 - If so, what do you think should be done instead?
- If you could say anything to the government/people in power about asylum detention, what would you say?



Closing:

- Thanking
- Explain what will be done with the findings
- Send to verify accuracy?
- If they know anyone else
- Anything they'd like to say or ask
- Any cultural ways of closing the interview

Remind of if need support from emotional triggers – this information in their participant information sheet – please do reach out if you need support. Your wellbeing is important - we want you to be supported.

- Debrief – safe space/time with either Tim or Freyja (this includes within weekend is fine to debrief)
 - If they have ongoing concerns arising from this they will get RASNZ involved
 - Counselling from AUT – think about how to do with translator?
 - I can call them afterwards to check up on them if they are okay
 - Helplines – if can speak English
-

Appendix B: Correspondence and Consultation

Correspondence & Consultation with Tim Maurice, general manager of ASST

Eunice to ASST, March 2020

E-mail

Kia ora Asylum Seekers Support Trust,

I hope this finds you well :)

My name is Eunice, and I am beginning a Masters thesis in AUT's Counselling Psychology programme.

I am currently trying to formulate a research topic. I am interested in social justice, and I want my research to be meaningful, and helpful. To that end, last year for my Honours thesis, I e-mailed people in the state care field in order to ask them: if they were presented with a student willing to do research for their field for a year, what research topic would they think would be helpful to state care individuals? I believed that the question should actually be helpful, and best comes from the field/community themselves. Oranga Tamariki's reply is how my research was born, and I am currently putting together a summary of my results to send to organisations that serve care youth. I interviewed 6 individuals on their experiences of stigma, and analysed their transcripts through thematic analysis. A key part of what I learned during this process was to ensure to do it ethically, seeing participants as people first, and participants second.

This year, the idea of doing research with asylum seekers has arisen. So, I was wondering, if you were presented with a student willing to do research (its scope is such that it would need to be completed by November, so a relatively small project) that has the aim of being helpful to asylum seeker wellbeing/resettlement/resilience (anything really), what research topic would you recommend?

Are there any leaders in the refugee community that you could forward this query to, cc'ing me in? Alternatively, if you know they wouldn't mind, may I please have their contacts so I can send an e-mail to them?

I am looking forward to hearing your thoughts :)

Thank you for your time.

Mauri ora,
Eunice

Tim Maurice, March 2020

E-mail

Eunice

thanks for your email, and interest in Asylum Seekers. There are 3 issues that we would love some research to be done on. They are;

- Asylum Seekers being detained in Mt Eden and the effect of this on them - 80 have been detained for an average of 166 days over last 5 years.
- Convention Refugees (successful Asylum Seekers) getting little to no support after acceptance - especially compared to Quota Refugees. Would we get better outcomes with some support.
- Some Asylum Seekers are left without work rights or access to any benefits - what effect does being left without money have.

If you would like to meet with us to discuss further let us know.

Nga Mihi

Tim Maurice

Tim Maurice to Eunice, April 2020

E-mail – some excerpts

Eunice

Please see my answers in red below;

Recruitment:

- How will recruitment occur?
 - I.e. am I correct in understanding that you'll forward the information about the study to the participants, and then they will voluntarily choose whether or not to participate? **Yes we will do it this way.**
 - Would you like participants who are interested to get back to you and then you get back to me, or for them get in contact with me directly? **We would like them to contact us first and we can then get them in contact with yourself.**

Interview:

- Would you agree with me that regardless of where NZ is at regarding CoVid/lockdown by the time I start interviewing (in a few months), that we should stick to Skype for the participants' safety (given their already vulnerable situations? Or do you think we should provide for both in-person and Skype interviews, if say we are no

longer in Lockdown by then? I think provide for both, some will prefer face to face if its possible.

- Where will the Skype (or in-person, depending on what you thought) interviews be held? We have a meeting room at our hostel that may be good as it is somewhere they know but also neutral?
- Will they be given the option of a support person (e.g. someone from the trust) with them if they want? (it's okay if not, just checking in case) Yes they can have a support person if they like

Participants:

- Would it be correct to describe the criteria used to choose participants as: the individuals seeking asylum in New Zealand who have been detained at prison? (or is it only mt eden prison? Is there any other pertinent characteristic about them in terms of criteria for choosing participants that I have missed out?) I think any prison, and the criteria is fine
- Are all the interviewees in Auckland? That we know of they all are based in Auckland
- Given the specific nature of this group of participants, is it possible that they would be identifiable from what I write in my thesis? (e.g. I would have a section describing that there are x number of males/females, certain nations, stories they tell etc.) I have to be transparent in the info I give them about the study with how much confidentiality I can give them. It is very rare for females to be detained in prison, maybe 1 in last 5 years. Nationality will make it easier to identify and stories will make it easy for anyone in the sector.

Analysis:

- It is common to send transcripts back to participants after interviews to ensure accuracy is verified. I was wondering if it would be possible with these participants? (I.e. English literacy) If not, how would you suggest that accuracy be verified? Most will be fine to read and verify
 - E.g. during my consent form process, how would they feel about me asking if they could have someone from your trust read it to them, for them to verify? if they request a translator we can organise

Safety of participants:

- There's a section on how this might be emotionally difficult for some participants, given the nature of what they would be talking about - I am e-mailing AUT counselling to see if they still provide post-interview free sessions for issues that arise.
 - Am I correct in remembering that you said that potential participants you knew wanted to talk? And that they might find this therapeutic? Yes they want to tell their story, but counselling would be great to offer
- It is important ethically to consult people (such as experts like yourself) to ensure that my interactions with the asylum seekers are as safe and wellbeing-promoting as possible, especially given their vulnerable situations. Is there anything I should know (e.g. anything that I should be careful/aware of) to respect their dignity/responsibly care for

them/be socio-culturally responsive/sensitive to them and their situations? **Make the interviews short (less than 2 hours), take breaks, and at the end have a way/time for them to debrief. We will let you know by the individual if there are things we think you should know.**

- If this question is confusing, as an example example, someone last year suggested with care leavers: "Remember that many young people with care experiences have delayed development and/or left school early, so their ability to verbally express themselves will differ. So, pause a lot - give them time to think and process and answer." Someone else suggested snacks for them. Etc.
- I would like to give them a koha, however if it is not in person (which is likely), would I be able to donate online to your trust, for you to pass on them, and you give me a GST invoice/receipt? **Yes we can pass on koha**

Purpose

- How do you think that these findings will be helpful to the asylum seekers? **They will hopefully help to end the practice**
- At this stage (of course things are subject to change) how do you think findings might be used? **As part of briefings to people who have the power to stop the practice**

If you have any thoughts or questions, don't hesitate to say.

Looking forward to hearing from you 😊

Wishing you, your team and your families all the best in this time.

Mauri ora,

Eunice

Tim to Eunice, April 2020

E-mail - excerpts

Eunice

sorry for the delay - answers below in red;

P.S. - Sorry and just to add RE: skypeing participants if it's skype, is it okay to Skypegive them the opportunity to skype wherever they want? (i.e. giving options of their home (especially if it's still during lockdown), your hostel meeting room, or anywhere they feel comfortable? -

depending on CoVid of course) **Our clients use**

Whatsapp a lot, and we have a meeting room at the hostel they could use and we can have support person with them if they request. We will give these options but it is up to the Individual how they decide to proceed.

THank you for your patience with all these Ethics questions.

Participants

- Will the participants already have attained convention refugee status, still be seeking asylum, or a mixture of both? **Participants will be a mixture of both**

Recruitment

- Sounds good about individuals who are interested contacting you first, and then you getting them in contact with me. Could you please clarify the process for getting them in contact with me?
 - I.e. would it be that after they contact you, you give them our contact details for them to get to us? Or that you would give us their contact details for us to get to them? Or would you e-mail us both at the same time? **We would give them your details and get them to agree to us passing on their details so you can contact them.**
 - If you give them our contact details, do you think that I should include my contact details in the recruitment video/participant information sheet that will be giving information about the study during recruitment, or should I keep that off the info so they have to contact you first? **Feel free to put your details in - some may feel more comfortable approaching you direct.**
 - Either way, you would give us information on if there's anything we need to know regarding being responsive to that individuals' specific vulnerability to keep them safe? **Just general empathy and understanding. These will be people who want to talk, who want to tell their story.**

Interview

- If the coronavirus situation is such that the interview is face to face, would you recommend only offering the ASST's hostel meeting room, or would you recommend suggesting that as one option, with the other option being somewhere of their own choosing? (e.g. last year I went to some participants' homes, which saved them travel money and convenience. But would you recommend that with this population?) **If possible face to face would be better because of the issues to be discussed, and we can give the participants the option - they can choose their own house or the hostel.**

Wishing you a lovely week 😊

Mauri ora,
Eunice

Eunice to Tim, April 2020
E-mail

Kia ora Tim,

I hope you are well 😊

The ethics application is due next Tuesday - nearly done!

Last year, organisations had some comments about the questions I was going to use to interview participants, I incorporated their feedback.

Below are questions I am thinking of asking the participants. Is there anything you would change (add/take away/word diff etc.) in order to be as respectful/safe with the participants as possible, or if there's any particular information you think should be gleaned? (e.g. last year the literature knew state care individuals had impacts on their identity, so it was good to have questions on that)

Note that I won't ask certain questions if they already cover them in an answer to a previous question (e.g. the broader ones).

Thank you 😊 Mauri ora,
Eunice

Introductory, brief and fact-gathering questions, which also support warming up to speaking about their experiences:

- What pseudonym would you like to use?
- How old are you?
- What gender do you identify with?
- What country did you come from?
- How long have you been in New Zealand?
- Could you give a brief outline of your process of seeking asylum?
 - (including who they sought asylum with, where is their family)
- Are you still seeking asylum?
 - If so, how long did it take to obtain asylum? How long has it been since you obtained asylum?
 - If not, how long have you been waiting for asylum?
- What were the circumstances that led you to seeking asylum? These questions can be quite traumatic to relive their experiences of home, I feel it would better just to concentrate on the detention issues rather than bring up trauma that does not seem to have any relevance for study? Maybe keep question to timeframes- how long have you been in process, where is process up to and when were you successful if so.
- How long were you in detention for?
- As you understand it, how did you come to be put into detention?

Questions about their experiences in detention, and the impacts that detention had on them:

- **Could you tell me about what it was like to be in detention? (broad opening question, and go from there)**
- How did other people treat you?
 - People in authority, other prisoners, other asylum seekers, anyone else
- Could you tell me about the negative parts of being in detention?
- Could you tell me about the positive parts of being in detention?
- **How would you say that detention has impacted you?**

Keep in mind to touch base on the following dimensions as they speak:

- Negatively?
- Positively?
- In ways neither negative nor positive?
- Psychological – mental health
 - Have psychological or medical professionals ever said anything about your mental health? (e.g. diagnosis)
- Physical
- Spiritual
- Relationships
- Behaviours
- Identity – how they see themselves
- How others see them
- Practical ways
- Their process of seeking asylum
- If already obtained asylum, then the time after asylum/integration
- Would you say that your time in detention still has an impact on you today? If so, how?

Questions about resilience:

- How did you cope with the challenges of being in detention?
- How did you cope with the impacts of being in detention?
- What would you say gave you strength?

(Where did their resilience come from?)

Space to have their say:

- Would you change anything about the process of putting asylum seekers in detention?
 - If so, what would you change?
 - If so, what do you think should be done instead?
 - If you could say anything to the government/people in power about asylum detention, what would you say?
-

Tim to Eunice, November 2020

E-mail – excerpt

People seeking asylum are more likely to get a work visa if they have not been put in detention. About 95% of those not in detention will get a work visa, about 5% of those in detention will get work visa.

Tim to Eunice, September 2020

E-mail – excerpt

yes the lack of a work visa is related to being in detention.

Consultation with an Asylum Seeker

I spoke/consulted with a former asylum seeker about how to keep participants safe in June. On the phone call setting up the meeting, they were immediately very supportive of the research and said it was very good that this research was happening, was very enthusiastic about speaking. They said they'll tell me anything I want, that life there is shit and people are going through tough times, and they hope that this will help. Upon meeting the former asylum seeker for consultation about this research, they said, "It's (the research) important because innocent people are held in prison with criminals, and they not even safe around there and that's why it's important. No one should be in a prison without no prosecution. It's important to the point where people's health – you don't know what people are suffering before you put them in the prison.

Some are in the medicines, some are in the sickness, some they are the prior mental issues, and when you put them in the prison, that will be a problem. So it's totally wrong to put people in the prison. It's very bad situation." The former asylum seeker said that they were doing this (meeting with me, and happy to talk about their experiences if the project gets approved) because it might help people. They said that "definitely" other asylum seekers will want to do this. Asylum seekers want their stories to be heard. "Most of the people are scared and terrified. They're scared, they don't want to come forward because of the system (they think when they come forward they will be subjected to more hardship instead of getting help) ... A lot of them abused in prison, a lot of them mistreated, even by lawyers ... They want their story to be heard."

Appendix C: Participant Information Sheet



Appendix F: Participant Information Sheet

DATE INFORMATION SHEET PRODUCED: 24 April 2020

PROJECT TITLE

The experiences of individuals detained in prison whilst seeking asylum in Aotearoa New Zealand: an exploratory study.

AN INVITATION

Kia ora :) My name is Eunice Hiew, and I warmly invite you to participate in this research. Your participation is greatly appreciated. This project will contribute to AUT's research requirement of my Master of Health Science degree in Counselling Psychology.

WHAT IS THE PURPOSE OF THIS RESEARCH?

This study aims to explore the lived experiences of individuals who have been detained in prison whilst seeking asylum in Aotearoa New Zealand.

Prison detention has been found to be harmful. Yet, 80 people have been detained for an average of 166 days over the last five years. This research project was birthed from consultation with Tim Maurice, general manager of the Asylum Seekers Support Trust, about what research would be helpful. It is hoped that these findings will contribute to the efforts to end the practice of detention in Aotearoa New Zealand.

HOW WAS I IDENTIFIED AND WHY AM I BEING INVITED TO PARTICIPATE?

If you are an adult (at least 18-years-old) who has been detained in a prison in Aotearoa New Zealand whilst seeking asylum, who is able to speak in English, and have had asylum already granted, you are invited to participate in this study. Recruitment has taken place through Asylum Seekers Support Trust, who have shared information about this study through this Participant Information Sheet and a recruitment video, with potential participants who might fit eligibility criteria.

HOW DO I AGREE TO PARTICIPATE?

You can respond that you are interested to participate in one of two ways. You could either:

- Contact the Asylum Support Seekers Trust first, who will then with your permission pass your details on to me. I will then contact you.
 - Or, you could contact me directly. My contact details are at the bottom.
- that you may feel an obligation to Asylum Seekers Support Trust to say yes; it is important that you know that Asylum Seekers Support Trust wants to ensure that you feel truly free to make whatever choice you want. This will not influence your relationship with the Trust, or how you are treated by the Trust. You are able to withdraw from the study at any time prior to the completion of data analysis, and you do not have to give a reason. If you choose to withdraw from the study, you will be offered the choice between having any of your contributing information (that can be identified by me) removed, or allowing it to continue to be used. However, once data analysis has been completed, removal of your contribution may not be possible.

WHAT WILL HAPPEN?

We will schedule an interview. You are welcome to have a support person you trust with you. If you wanted someone from the Asylum Seekers Support Trust, this is possible. During the interview, you will be asked to share your experiences of detention whilst seeking asylum. Interviews will occur either through Skype, or in person, depending on the nation's alert level and associated rules regarding the coronavirus pandemic at the time of the interview. If face-to-face interviews are not possible, you will be invited to an interview over Skype. If you wanted to, and if the nation's alert level allows, Asylum Seekers Support Trust has shared that you could use their meeting room as a potential location to Skype

from. If face-to-face interviews are considered safe, then both face-to-face and Skype interviews will be offered; you will be able to choose whichever you prefer. With face-to-face interviews, you will be able to choose a location you feel is convenient, comfortable and confidential enough for you, which could include where you are staying, or the Asylum Seekers Support Trust's hostel's meeting room. Interviews will be digitally audio-recorded and transcribed, with transcripts returned to you in order to confirm accuracy. At any point in the research process, if you feel that you need to have a translator, please let Asylum Seekers Support Trust know, who will try to arrange one for you. The translator will fill a confidentiality agreement.

WHAT ARE THE DISCOMFORTS AND RISKS?

There are no physical discomforts associated with this study, and no anticipated risks. However, there is always the possibility of emotional discomfort when talking about personal experiences. To mitigate this risk, you do not have to answer any questions that may cause you discomfort.

HOW WILL THESE DISCOMFORTS AND RISKS BE ALLEVIATED?

If you feel too distressed during the interview, you can pause, or stop, the process at any point. As referred to above, you can also choose not to answer any specific questions you do not want to answer.

If you are feeling distressed due to the interview, and need support, Tim and Freyja have made themselves available for debriefing. This includes if you need to reach out to them during the weekend. Please do reach out to Asylum Seekers Support Trust if you need – your wellbeing is important, and they want to support you.

AUT Health Counselling and Wellbeing is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992
- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet

You can find out more information about AUT counsellors and counselling on <http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling>.

New Zealand also has a number of helplines that you can call or text for free. You can find their numbers on the Mental Health Foundation website: <https://www.mentalhealth.org.nz/get-help/in-crisis/helplines>

WHAT ARE THE BENEFITS?

As described earlier, it is hoped that these findings will contribute to efforts to end the harmful practice of detention. Findings will be given to the Asylum Seekers Support Trust; Tim shares that findings might be used as part of briefings to people who have the power to stop the practice. Furthermore, there is little research around the experiences of asylum seekers in Aotearoa New Zealand. It is hoped that by adding to the pool of knowledge, future asylum seekers will benefit. These findings will also be shared with anyone else who we think might find the findings helpful in contributing to asylum seeker wellbeing. Altogether, this is an opportunity where you can contribute to the greater good of asylum seekers.

I deeply respect the gift of your voice, and your sharing of it; this study privileges your voice. I hope that this opportunity to share your story will personally benefit you, as it offers a safe place for you to be heard, and to express your thoughts and feelings. As you will receive a summary of the research (if you wish to), hearing the experiences of others who have also gone through detention may be comforting.

This project will also enable me to achieve my Master of Health Science in Psychology (Counselling Psychology).

HOW WILL MY PRIVACY BE PROTECTED?

AUT privacy and confidentiality protocols will be followed throughout the project. Only my supervisor and I will have access to your information, and your data will be kept securely. Self-selected pseudonyms will be used on all transcriptions. Although efforts will be taken as much as possible to minimise your identifiability in the final report and to third parties, it should be noted that nationality, and identifying as female gender, make it easier for participants to be identified, and stories make it easy for people in the sector to identify participants.

WHAT ARE THE COSTS OF PARTICIPATING IN THIS RESEARCH?

There are no financial costs for you. It is estimated that the interviews will take approximately one to two hours of your time, depending on how long you would like to speak for.

WHAT TYPES OF QUESTIONS MIGHT I BE ASKED?

The below questions are a guide. Although my questions will be based on these, questions may change depending on your, and other participants', responses, as I want to be faithful to what you share, and what best answers the research purpose.

Questions will revolve around:

- Introductory, brief, fact-gathering questions
- Experiences of detention
- Impacts of detention
- Resilience
- What would you like to say to people in power?

If you would like a detailed list of possible questions at this stage (subject to change), let me know and I can send them to you.

WHAT OPPORTUNITY DO I HAVE TO CONSIDER THIS INVITATION?

Consideration of your participation in this research project is open until 31 July, 2020. However, if you are interested after this date, please do still contact me in case there is still space for more participants.

WILL I RECEIVE FEEDBACK ON THE RESULTS OF THIS RESEARCH?

Yes. If you wish to receive a summary of the research findings, just tick the relevant "Yes" box on your *Consent Form*.

WHAT DO I DO IF I HAVE CONCERNS ABOUT THIS RESEARCH?

Any concerns regarding the nature of this research project should be directed in the first instance, to the Project Supervisor, *Dr Rhoda Scherman*, rhoda.scherman@aut.ac.nz, (+64) 9 921 9999, ext 7228.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTC, Dr Carina Meares, ethics@aut.ac.nz, 921 9999, ext 6038.

WHOM DO I CONTACT FOR FURTHER INFORMATION ABOUT THIS RESEARCH?

Below are our contact details. Please keep this *Information Sheet* for future reference, should you need to contact us.

Researcher Contact Details:

Eunice Hiew | hv3058@autuni.ac.nz | 021 026 037 20

Project Supervisor Contact Details:

Dr Rhoda Scherman | rhoda.scherman@aut.ac.nz | 09 921 9999, ext 7228

Appendix D: Approval of Ethics

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

TE WĀNANGA ARONUI
O TĀMAKI MAKAU RAU

7 July 2020

Rhoda Scherman
Faculty of Health and Environmental Sciences

Dear Rhoda

Re Ethics Application: **20/125 The experiences of individuals detained in prison whilst seeking asylum in Aotearoa New Zealand: an exploratory study**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 6 July 2023.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee