



Symbolic violence and disempowerment as factors in the adverse impact of immigration detention on adult asylum seekers' mental health

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Received: 16 August 2017 / Revised: 13 April 2018 / Accepted: 22 May 2018 / Published online: 2 June 2018
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Abstract

Objectives The first objective of this qualitative component of a mixed-methods study is to provide a descriptive account of adult asylum seekers' experience of detention in Canadian immigration detention centers. The second objective is to identify the main underlying factors accounting for their reported feelings of distress.

Methods Researchers interviewed 81 adult asylum seekers held in two Canadian immigration detention centers concerning their experience of detention. Participants were drawn from a sample of 122 detained asylum seekers who had completed structured questionnaires about mental health and detention conditions.

Results Asylum seekers expressed shock and humiliation at being “treated like criminals.” Detainees felt disempowered by the experience of waiting for an indeterminate period for the outcome of a discretionary decision over which they have little control, but which will determine their freedom and their future. For trauma survivors, detention sometimes triggered retraumatization.

Conclusions Detention, even for brief periods in relatively adequate conditions, was found to be detrimental to asylum seekers' mental health. This adverse impact appears to be largely attributable to the combined effect of two factors: symbolic violence and disempowerment.

Keywords Asylum seekers · Detention · Mental health · Human rights · Migrants

Introduction

In recent years, forced migration has reached record numbers due to armed conflicts, human rights violations, impoverishment, global inequalities, and climate change

(UNHCR 2017). Destination countries are deploying increasingly stringent measures to control who may enter and remain on their territory, including administrative detention of migrants. Although immigration detention is supposed to be non-punitive, migrants are usually incarcerated in prison-like conditions. Yet, only a tiny minority of immigration detainees is even suspected of posing a potential threat to public safety. Instead, detention serves

This article is part of the special issue “Violence, Justice, and Health: Implications for a Multisectoral Collaboration”.

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primarily to keep migrants under state control pending the outcome of often lengthy administrative procedures, designed to verify identity documents and mitigate flight risk concerns pending deportation (Edwards 2011).

Citizens can generally only be incarcerated if they are charged or convicted of a criminal offense. Preventive detention is permitted only in very rare instances involving imminent threat to public safety. In the criminal context, flight risk alone cannot justify imprisonment and may only be taken into account when deciding whether to grant conditional release pending a trial. For citizens, these limits to incarceration are fundamental rights. Yet, around the world, non-citizens are routinely incarcerated in the context of administrative migratory procedures, without any allegation of criminality or dangerousness (Edwards 2011).

Immigration detention may be viewed as a form of structural violence carried out by destination countries, mostly in the Global North, against a population predominantly composed of people of color from the Global South, who are fleeing social or political violence or entrenched poverty perpetuated by global inequalities. Imprisoning non-citizens on grounds that could not justify the incarceration of citizens is arguably discriminatory, yet is generally presented as a legitimate exercise of states' sovereign right to determine who enters and remains on their territory (Bosworth 2013). The legal rationale for immigration detention is particularly contentious in the case of asylum seekers, as the Refugee Convention provides that States shall not impose penalties for illegal entry on persons applying for refugee status (UN 1951/1967).

In Canada, approximately 10% of asylum seekers are detained upon arrival, usually because of identity concerns. Upon arrest, they are handcuffed (except minors and pregnant women) and then transported in a prison van to the detention center, where personal belongings are confiscated. Men and women are held in separate wings, with a special unit for children and mothers, but no family unit. Detainees stay in common rooms during the day and in dorms or private rooms at night. Detainees are constantly monitored by cameras and security guards, frequently searched, have no freedom of movement inside the center, and must obey strict rules affecting all aspects of daily life. During transportation, they are handcuffed and sometimes shackled. First-line medical care is provided onsite, but at the time of the study, there was no access to counseling. Suicidal detainees are either placed in segregation or transferred to a maximum-security jail. Asylum seekers remain detained until immigration authorities are satisfied that their identity is established and that they do not constitute a flight risk. The average length of detention is about a month, but there is no maximum limit. An independent administrative tribunal conducts periodic detention review hearings but has limited power to review immigration

officers' decisions (Cleveland et al. 2013; Gros and van Groll 2015).

Studies from around the world have consistently shown high levels of distress among asylum seekers in immigration detention (Bosworth 2016; Filges et al. 2016; Robjant et al. 2009a). In the UK, after a median detention of 30 days, 76% of detained asylum seekers were clinically depressed compared to 26% of non-detained asylum seekers (Robjant et al. 2009b). In the USA, after a median detention of 5 months, 86% of asylum seekers showed clinical levels of depression, 77% clinical anxiety, and 50% clinical post-traumatic stress disorder (PTSD) (Keller et al. 2003).

Symptoms have been found to worsen with time in detention (Keller et al. 2003; Robjant et al. 2009b) and may persist following release. An Australian study found that, 3 years after release, asylum seekers who had been detained over 6 months were twice as likely to be clinically depressed (54 vs. 22%) and almost five times as likely to suffer from PTSD (49 vs. 10%) as otherwise comparable asylum seekers who had never been detained. Even among asylum seekers detained less than 6 months, PTSD symptoms 3 years post-release remained considerably higher compared to the never-detained (25 vs. 10%) (Steel et al. 2006).

Qualitative studies of detained asylum seekers' mental health have found that, although harsh conditions, such as segregation, were a significant source of distress, the factors most often associated with psychiatric symptoms were inherent to immigration detention: loss of liberty, criminalization, uncertainty, feeling powerless, and having little to do but remember trauma and worry about the current situation (Physicians for Human Rights 2003).

After presenting the qualitative results of our study with detained adult asylum seekers, we will seek to identify the main underlying factors accounting for the negative impact of immigration detention on adult asylum seekers' mental health, even when—as is the case in Canada—detention is in reasonably decent conditions and for a relatively short period.

Methods

The protocol was approved by the Research Ethics Boards of the McGill University Faculty of Medicine and other participating institutions. The sample comprised 122 adult asylum seekers incarcerated for over a week in immigration detention centers in Montreal and Toronto (Canada) and a comparison group of 66 non-detained asylum seekers. Structured questionnaires about previous trauma exposure, current PTSD, depression and anxiety symptoms, and detention conditions were administered to all 188 detained and non-detained participants. Of the 122 detained

asylum seekers, 81 participated in semi-structured interviews about their detention experiences (76 during detention and 5 shortly after release), while 28 were not interviewed because they spoke neither English nor French, and 13 others, because they were released shortly after completing questionnaires. Interviews lasted 60–120 min, in one or two sessions, in private settings ensuring confidentiality. Researchers also kept a field journal of their observations at the detention center.

Researchers visited the detention center 35 times in Montreal and 22 times in Toronto from July 2010 to July 2011. In Montreal, researchers were allowed to recruit in common rooms where detainees are obliged to stay during the day, so could invite all eligible detainees to participate. In Toronto, this was not permitted, so recruitment took place through a nongovernmental support organization for detainees, which agreed to inform eligible detainees about the study and to count refusals. In the entire detained group, there were 13 refusals for a response rate of 90.4%. Details concerning quantitative data analysis are presented in Cleveland and Rousseau 2013. For the qualitative data, two research assistants performed thematic content analysis (Green and Thorogood 2013) under the supervision of the first author, using Atlas.ti software (Scientific Software Development 2010). Preliminary codes were inductively generated after reading a subset of transcripts, tested and refined on another subset, and then applied to the entire corpus. Each interview was also analyzed as a case study.

Results

Shock and humiliation: being treated like a criminal

Being handcuffed was almost universally experienced as being treated “like a criminal”—a form of public shaming that came as a complete shock to asylum seekers fleeing violence in their home country. Typical comments included:

I started thinking again and again “Why? I am a refugee, I am asking for protection, why should I be handcuffed and treated like a criminal?”

My nightmares, in Afghanistan (crying)... I have seen so many strange things, and when I saw handcuffs, I was looking, my God - and they were so tight - I was looking at them and saying ‘my God, what kind of things am I going to see again?’

The sense of shock was compounded by transportation in a prison van, confiscation of personal belongings, and confinement in a prison-like environment.

Detainees requiring medical treatment were handcuffed and shackled in the hospital waiting room. Many refused to go to hospital, rather than face this public humiliation. A pro-democracy activist who had experienced severe back pain following torture in a Middle Eastern prison explained why he had refused to go to hospital rather than be chained in public:

Because I’m not criminal. (...) I was shamed to go to hospital because people are thinking ‘Who is he, has he killed somebody here? (...) You know, when I come to this country, I come for the freedom. I was shamed to go to hospital with [shackles], I refuse them.

Uncertainty and loss of agency

Constant surveillance and strict rules curtail detainees’ ability to exercise control over the most basic aspects of daily life. Participants described anxiety due to the endless wait, not knowing when they would be released, afraid that they would be unable to satisfy immigration authorities and would either remain detained or be deported. Many felt frustrated and demeaned because immigration officers accused them of lying, or opposed their release despite efforts to comply with demands. Decisions were often perceived as unpredictable, arbitrary, beyond their control. Hope peaked at each detention review, only to be dashed when detention was continued. A young African woman who was fleeing sexual exploitation in her home country said: “Yesterday I came really down, the judge say one more month for your ID card. Why keeping me here? When I come back [to detention], I swear I wish I could just end everything.”

Loss of hope

The initial reaction to detention for most participants was a mix of fear, humiliation, and indignation. An African widow who had lost her husband to police brutality said, “I couldn’t stop crying. I didn’t expect this, after what I had just been through in my country.”

Although participants generally reported feeling intense anxiety during the first weeks of detention, most were outwardly stoical, focused on complying with immigration officers’ requests. But after failing to persuade immigration authorities to release them, detainees experienced mounting exasperation and increasing loss of confidence in their ability to get out. Loss of hope occurred rapidly for some, more slowly for others, depending on multiple factors, such as preexisting depression or PTSD, faith in God, and support from NGO representatives or fellow detainees. An African widow whose husband had died in police custody said:

I control my emotions. When I start to feel angry, I pray. I try to forget, otherwise I fall into sadness (...) I have cried so much, I no longer want to cry. Before, sometimes I felt hopeless, but now there is [NGO representative] who comes and reassures us. The guards also console us, explain that others have been here with the same problems, that it's always like this. Your friends get out, you will too.

Case vignettes

Three case vignettes illustrate the multiple factors affecting mental health.

Abdi. Twenty-year-old Abdi from Somalia witnessed his father's murder by Al-Shabaab militia while trying to protect him:

It's like I see it again. I'm dreaming every day. In my mind I don't believe and I sometimes think I can see again my father. *You feel sad?* Yes, I feel sad. (*He starts to weep*). I feel angry sometimes, He's the only person who help me, he help me too much. I try to forget but it's not easy, I remember many things. (...) My father loved me. He did so much for me. (...) He's my everything.

Abdi had severe insomnia, tormented by nightmares, often waking up in a sweat. In waking hours, images of the men killing his father kept coming into his mind. He tried to push them away, but had little else to occupy his thoughts. He had attempted suicide before fleeing Somalia and continued to have thoughts of ending his life. Two months into detention, he struggled with feelings of hopelessness, exacerbated by frustration at immigration officials' demands that he produced additional identity documents, although there was virtually no functional government in Somalia and all his family had fled or been killed:

It's like someone telling me (*he picks up a form*) 'Make this yellow paper come blue.' How can I make it come blue? I am thinking it is like I am not a human being. I am trying to tell the truth and he treats you like you are lying.

Immigration authorities refused Abdi's release because the relative who offered to act as bondsperson did not personally know him. He commented:

You wait something, you don't know when it is coming. I see people here, 9 months, 1 year. I am thinking about that one, every day, sometimes I scare myself, maybe I am coming crazy.

Marie. Marie, a young African woman fleeing domestic violence, was detained shortly after being diagnosed HIV

positive and then placed in 24-h segregation for tuberculosis screening. Already distraught at her diagnosis, she found this treatment degrading:

They disinfected everything, they wore gloves. Instead of handing me my food tray, they threw it on the table, as if I was an animal. (...) They didn't respect me. I asked for help and that's how they treated me.

In the first weeks of her detention, Marie's predominant mood was anger as she fought back against a situation that she perceived as unjust and demeaning. She became increasingly exasperated because her immigration officer kept demanding additional documents, questioning Marie about minute details, accusing her of lying. Over time she represented the officer as an ever more powerful, pitiless persecutor, in almost delirious terms. As her detention wore on, Marie's outbursts of anger increasingly gave way to tears as she alternated between despair and determination to stay alive for the two young children she had left with a friend in her home country. Unable to send money for their care, Marie became increasingly frantic about their well-being: "When I eat, I wonder if my children have eaten. (...) I think about it so much, my head gets hot. (...) The last time I talked to my daughter, she didn't stop crying. It's hard for a mother to hear her daughter cry." When we last saw her, thirteen weeks into her detention, Marie appeared depressed—dejected, slowed down, her expression downcast, as if her spirit had been broken.

Harjit. Harjit, a South Asian man, was detained for a year before being granted refugee status. Six months into his detention, he felt increasing despair and contemplated suicide for the first time in his life: "At times I did not want to go on living, I want to die, there is no hope (...) I had thoughts like putting a rope around my neck to hang myself." Interviewed 2 months after release, he said:

Before, I was fearful after what happened in my country, but there, it was when I saw a cop because I was worried they would pick me up again and torture me, or when I got here, that they would send me back. But now, even when nothing is happening, I can feel fear, it is always with me now. I have heart palpitations, tension, fear all the time. (...) I know I am safe here, no cops here who will torture me. But on the other hand, since being in detention my problems are always on my mind.

Discussion

Studies from multiple countries have consistently found that immigration detention adversely impacts the mental health of asylum seekers and other migrants. In some

cases, immigration detainees' poor mental health may be primarily attributed to manifestly deplorable conditions, such as verbal or physical abuse, overcrowding, insalubrity, or very lengthy detention (Coffey et al. 2010; DeBono 2013; Fili 2013). However, even brief detention under adequate conditions has been found to worsen asylum seekers' mental health and may cause lasting harm, especially to more vulnerable individuals (Robjant et al. 2009b).

Our qualitative findings are consistent with the quantitative results of our study (Cleveland and Rousseau 2013), which showed that after a median imprisonment of only 18 days detained asylum seekers were almost twice as likely as their non-detained peers to experience clinical levels of PTSD symptoms (32 vs. 18%), and 50% more likely to have clinical levels of depression (78 vs. 52%). There was no significant difference in trauma exposure between the two groups. Detention was found to contribute significantly to post-traumatic stress, depression and anxiety symptoms, over and above the effects of trauma exposure and after controlling for demographic variables. Feeling powerless was the experience most strongly correlated with all types of mental health symptoms (Table 1). Other experiences associated with high levels of mental health symptoms included uncertainty about length of detention, having nothing to do but think about one's problems, boredom, fear of being sent back, worries about family, loneliness, and perceived unfairness of detention.

Our findings mirror those of similar studies (Bosworth 2014; Griffiths 2013, 2014; Physicians for Human Rights 2003; Turnbull 2016). Detained asylum seekers typically report feeling shocked and demeaned at being treated like criminals. For many, confinement and surveillance by uniformed guards trigger traumatic memories of previous persecution. Studies consistently indicate that over time, detainees experience increasing feelings of powerlessness and loss of hope, linked to ongoing deprivation of liberty, uncertainty as to their release, inability to ensure the well-being of family in their home country and pervasive loss of a sense of control over their lives.

Based on our own findings and the literature in the field, we suggest that the adverse impact of detention on adult asylum seekers' mental health in cases where conditions are broadly consistent with minimal international standards (UN 2015; UNHCR 2012) may be attributed to two main factors: symbolic violence and disempowerment.

Symbolic violence

Incarceration is experienced as a form of symbolic violence. Upon arrest, asylum seekers are subjected to a series of measures signaling that they are, for an indeterminate

period, stripped of many basic human rights and freedoms, including the liberty to circulate and to organize one's daily life. Orders given by guards and immigration officers must generally be obeyed and may be enforced through disciplinary action. Being subjected to a coercive authority and deprived of basic human rights tends to jeopardize people's sense of safety, especially as they can neither flee nor fight back. People who have previously been exposed to traumatic situations may feel particularly threatened (Rousseau et al. 2011).

Detainees are subjected to measures signaling social degradation: handcuffing, transportation in a prison van, searches, confiscation of personal possessions, surveillance (Gustafson 2013). Being handcuffed and shackled is particularly shameful because the person feels branded as a criminal. As racialized foreigners, asylum seekers are all the more sensitive to treatment reflecting negative stereotypes of dangerousness. For a particularly vulnerable individual like Marie, in this context even a reasonable and non-punitive precaution such as a 24-h quarantine was experienced as degrading.

Incarceration also violates expectations of fair treatment. Asylum seekers are exercising their legal right to seek protection from persecution in their home country. Participants had no objection to undergoing identity and security checks, but were shocked and indignant at being treated like criminals when they had committed no crime. They also emphasized that there was no flight risk, because it is in their interest to attend their refugee hearing.

Migrants' preexisting vulnerabilities may augment the impact of detention. For incoming asylum seekers, vulnerability is linked to having been uprooted and forced into exile, losing the material and psychological security provided by social membership—status, social networks, a sense of belonging. As our findings show, most have suffered multiple, serious traumatic events in their country of origin or in transit. For migrants facing deportation, on the other hand, detention represents the last stage of a process whereby they are stripped of membership in a society that they aspired to be a part of, marking the end of dreams of building a new life. They are dealing with loss of employment and status, as well as separation from friends and sometimes their spouse or children.

For trauma survivors, detention may trigger re-traumatization, largely because they feel subjugated and powerless. One of the main factors that makes interpersonal violence traumatic is inability to either flee or neutralize the aggressor. Even when detainees are reasonably well treated, they often feel trapped, unable to either overcome or escape from an oppressive, potentially threatening situation. This replicates aspects of previous trauma and may revive or aggravate PTSD symptoms. Detention also tends to impede recovery. During the first weeks following

Table 1 Spearman rank correlations between distress about detention experiences and levels of post-traumatic stress, depression, and anxiety symptoms in detained asylum seekers ($n = 122$)

	PTSD	Depression	Anxiety
Detention conditions	Feeling powerless (0.451)	Feeling powerless (0.595)	Feeling powerless (0.483)
	Worried about family back home (0.372)	Don't know how long I will be detained (0.496)	Don't know how long I will be detained (0.442)
	Nothing to do but think about my problems (0.360)	Bored (0.489)	Nothing to do but think about my problems (0.434)
	Don't know how long I will be detained (0.346)	Lonely (0.473)	Afraid of being sent back (0.421)
	Lonely (0.334)	Afraid of being sent back (0.436)	Lonely (0.368)
		Nothing to do but think about my problems (0.435)	Bored (0.332)
		Worried about family back home (0.432)	Worried about family back home (0.311)
	My detention is unfair (0.373)		

All correlations significant at $p < 0.05$, Bonferroni corrected. Study conducted in Canada in 2010–2011. (Reproduced with permission; modified version of a table previously published in Cleveland J, Rousseau C (2013) Psychiatric symptoms associated with brief detention of adult asylum seekers in Canada. *Can J Psychiatry* 58:409–416.)

exposure to traumatic violence, most people have PTSD-type symptoms, but the majority recover over time (even without treatment) if they are in a supportive environment and not unduly exposed to stressors. On the other hand, when people who have experienced trauma are subjected to high stress, such as detention, their symptoms are more likely to persist and may become chronic (Rousseau et al. 2011).

Disempowerment

Imprisonment institutes a process of disempowerment. First, detention strips individuals of the right to make choices and act on them, which is fundamental to their sense of identity, meaning, and agency. Detention contributes to a loss of sense of self as a competent, autonomous adult (Fiske 2016). Asylum seekers are generally resourceful, determined people who have overcome trauma and hardships, buoyed by the hope of finding safety, freedom, and a better life. The ability to actively pursue realization of these hopes—by fleeing their country and overcoming multiple obstacles to reach the destination country—plays a protective function in mental health terms. Conversely, feeling powerless was found to be the detention condition most strongly correlated with PTSD, depression, and anxiety symptoms (see Table 1).

Second, waiting for an indeterminate period for the outcome of a discretionary decision which will determine their freedom and future, based on often opaque criteria, tends to generate feelings of powerlessness. Detained asylum seekers may be subjected to intrusive and persistent questioning by immigration officers, often without

assistance from legal counsel, and generally cannot refuse to answer. Detainees may feel that they will never be able to satisfy immigration authorities' demands. In Abdi's words, it is as if he was being asked to "Make this yellow paper come blue." When treated as liars despite telling the truth, migrants feel not only disempowered but also disrespected. Some, like Marie, may even experience this process as persecutory.

Being forced to wait may be seen as an enactment of power relations, a constant reminder of subordination to a dominant other perceived as wielding potentially arbitrary power (Turnbull 2016). In a state of ongoing uncertainty, detained migrants have little to occupy their minds except to worry and ruminate about past, present, and future problems (Bosworth 2014; Griffiths 2013, 2014; Turnbull 2016). Detainees exercise their agency and affirm their dignity through their efforts to be released. When these efforts are repeatedly frustrated, many detainees lose their resilience and lapse into a state of hopelessness. Marie, for example, initially fought back despite multiple stressors: premigratory domestic violence, learning that she was HIV positive, concern for her children, and detention. Her anger played a protective function as a defense against despair. But over a relatively short period—less than 4 months—the continued experience of disempowerment wore down her resilience.

Strengths and limitations

Non-random sampling constitutes a limitation, but was unavoidable because detention authorities refused to provide lists of detainees. On the other hand, the response rate

was high and there is no indication of selection bias. Strengths include the relatively large number of respondents, especially given that studies of detained asylum seekers are very rarely authorized.

Conclusions

Immigration detention of asylum seekers, even in reasonably adequate conditions for relatively short periods, has consistently been found to be detrimental to mental health. Experienced as a form of symbolic violence, detention institutes a process of disempowerment and may cause retraumatization. Immigration detention may also be seen as a form of structural violence, primarily targeting people of color from the Global South. For citizens, incarceration is usually limited to criminals, yet it is routinely imposed on migrants who are not suspected of any criminal offense nor threat to public safety. For all these reasons, adoption of policies aimed at minimizing the use of immigration detention is essential.

Acknowledgements The study was funded by the Canadian Institutes of Health Research (Grant MOP-102499).

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Human and animal rights All procedures performed in our study involving human participants were in accordance with the ethical standards of the institutional research committees and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The protocol was approved by the Research Ethics Boards of the McGill University Faculty of Medicine, the Centre de Santé et de Services Sociaux de la Montagne, and the Mount Sinai Hospital.

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