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Seeking asylum: An adversarial system and culture of disbelief

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This thesis is submitted in partial fulfilment of the requirements for the degree of
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List of Abbreviations

BPS   British Psychological Society

DA   Discourse Analysis

DP   Discursive Psychology

IP   Interpersonal

PRISMA   Preferred Reporting Items for Systematic Review and Meta-analysis

PTSD   Post-traumatic stress disorder

TPV   Temporary protection visa

UASC   Unaccompanied Asylum Seeking Children

UK   United Kingdom

USA   United States of America

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Acknowledgements

Declaration

This thesis has not been submitted for any other degree or to any other institution. This thesis was carried out under the academic and clinical supervision of Dr Helen Liebling (Senior Lecturer-Practitioner in Clinical Psychology, Coventry University), Dr Simon Goodman (Research Fellow), Professor Heaven Crawley (Chair in International Migration) and Robert Bircumshaw (solicitor), all of whom were involved in the development of the research design and provided support and advice throughout the process. Apart from the collaborations stated, all the material presented in this thesis is my own work. The literature review is written for submission to the British Journal of Psychology and the empirical paper is written for submission to the Journal of Ethnic and Migration Studies.

Summary

Seeking asylum is an arduous process, and linked to psychological distress and mental health issues in both adults and children. Existing research argues that a culture of disbelief permeates the asylum system, with individuals required to navigate this complex process, to prove their credibility and receive protection. Recent conflicts have led to rising numbers of individuals seeking asylum, however, some Western countries have introduced increasingly stringent asylum policies. This thesis explores the process and impact of current asylum procedures at this significant time.

Chapter one is a critical review of quantitative and qualitative research exploring the impact of immigration detention on asylum seekers' mental health. Following database and manual searches, twelve studies were reviewed. The findings revealed the significant negative impact of detention on individuals' mental health, which deteriorated over time and persisted following release. The review highlights the importance of policy change and consideration of alternative community-based management of asylum seekers to protect their mental health and foster resilience.

Chapter two is a qualitative research study that explored the 'function of talk' used within the substantive asylum interview with unaccompanied asylum seeking children. Using discourse analysis, three distinct yet overlapping strategies were identified, which functioned to discredit the child's account and construct the children as dishonest. Suggestions for future research, methodological limitations and clinical implications are discussed.

Chapter three is a reflective account, exploring the impact of power and control throughout the researcher's clinical and research journey. It explores the researcher's values, experiences and assumptions and the importance of reflection and reflexivity to manage their influence throughout the research process.

Overall word count: 19,350

Chapter 1: Literature Review

The impact of detention on asylum seekers' mental health: A

systematic review

Written in preparation for submission to the *British Journal of Psychology.* (See

Appendix A for author guidelines)

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1.0 Abstract

Purpose: Emerging evidence indicates the detrimental effect of immigration detention on asylum seekers' mental health. A previously conducted review found high levels of mental health problems amongst detained asylum seekers, but identified a paucity of high quality research. By presenting and critically evaluating the updated literature, this review intends to further elucidate the impact of detention on this vulnerable population, addressing the gaps highlighted by previous research.

Methods: A systematic literature search of relevant databases, following 'Preferred Reporting Items for Systemic Review and Meta-Analyses' (PRISMA) guidelines was conducted between August and November 2016.

Results: A sequential, explanatory, mixed-methods review integrated findings from twelve published articles including nine quantitative, two qualitative and one mixed-methods study. The results indicated high levels of mental health difficulties amongst detained asylum seekers, which deteriorated over time and persisted following release. Qualitative themes included: exposure to traumatic events, powerlessness and the negative detention environment, and offered explanations for the negative impact of detention on mental health.

Conclusion: Research indicates that immigration detention has significant and long-lasting effects on the mental health of asylum seekers, in both adults and children. These findings have key clinical implications, and highlight the importance of adopting alternative strategies, to limit the distress caused to this population.

Keywords: *detention, asylum seekers, refugees, mental health, immigration*

1.1 Introduction

1.1.1 The asylum-seeking population

An asylum seeker refers to a person who is unable or unwilling to return to their country of origin, due to a well-founded fear of persecution, whose claims for asylum are still pending (Refugee Council, 2016). A person officially becomes a refugee, when the government accepts their claim (Refugee Council, 2016).

At the end of 2015, there were approximately 65.3 million forcibly displaced individuals worldwide; 21.3 million of whom were refugees, and 3.2 million of whom submitted applications for asylum; the highest levels on record (UNHCR, 2015). In contrast to rising numbers of individuals seeking asylum, several Western countries have introduced increasingly stringent policies to deter the influx of refugees (Momartin et al., 2006; Robjant, Hassan & Katona, 2009a), with detention being one of these factors (Storm & Engberg, 2013).

1.1.2 Immigration detention

The European Parliament and the Council of the European Union (2013) defines immigration detention as: "confinement of an applicant by a Member State within a particular place, where the applicant is deprived of his or her freedom of movement" (Article 2, para. H).

The practice of detaining asylum seekers without visas has become established in many Western countries, including the United States of America (USA), United Kingdom (UK), Canada, Australia, and much of Europe (Coffey, Kaplan, Sampson & Tucci, 2010). A rise in its use however, has been deemed both controversial

(Coffey et al., 2010) and discriminatory (Campbell & Steel, 2015). The stated intention of restricting living conditions amongst asylum seekers is to manage security and health risks, and allow orderly processing of migration (Campbell & Steel, 2015). The conditions of detention facilities, the restrictions they impose on freedom and movement, and indications that such policy responses have breached international law (Campbell & Steel, 2015; Coffey et al., 2010) however, each contribute to significant criticism of their use.

The environment of and processes in detention centres have been described as stressful by detainees (Robjant, Robbins & Senior, 2009b); with factors including loss of liberty, social isolation and abuse from staff, cited as some of the associated adverse factors (Fazel & Silove, 2006; Pourgourides, Sashidharan & Bracken, 1996). Conditions are often described as 'prison-like', with high levels of restriction and security, including ubiquitous guards, surveillance cameras and rigid rules (Cleveland & Rousseau, 2013).

1.1.3 Mental health and detention

Many asylum seekers will have experienced significant traumatic experiences, fled persecution and survived a long and difficult journey, prior to arriving in their host country (UNHCR, 2015). Literature indicates high rates of pre-migration traumatic effects amongst asylum seekers (Sinnerbrink, Silove, Field, Steel & Manicavasagar, 1997), and high levels of mental health difficulties including depression, anxiety and post-traumatic stress disorder (PTSD), in comparison to the general population (Porter & Haslam, 2005). Despite prior exposure to elevated levels of trauma, on arrival to the host country many individuals are subjected to stressful legal processes, including immigration detention (Robjant, Hassan & Katona, 2009a).

There is emerging evidence that detention causes asylum seekers, who have often already had traumatic experiences, additional psychological harm (Coffey et al., 2010); Audits of health records indicate a positive correlation between time in detention as an asylum seeker and the development of additional mental health problems (Green & Eager, 2010; Hallas, Hansen, Staehr, Munk-Anderson & Jorgensen, 2007). Other audits have found high levels of self-harm and suicide by detained asylum seekers, even compared with detained offenders (Cohen, 2008), and a high prevalence of unmet health needs and psychiatric morbidity (Deans et al., 2013). Accordingly, health professionals have repeatedly raised concerns regarding the mental health implications and re-traumatising nature of prolonged detention (Silove, Steel & Watters, 2000).

Confounding factors, including high rates of pre-migration trauma and post-migration stresses (Sinnerbrink et al., 1997) make it somewhat difficult to determine a causal link between mental health difficulties and immigration detention. Nonetheless, empirical research in recent decades has attempted to investigate this complex relationship. Findings indicate a drastic and detrimental effect of detention on asylum seekers' mental health, with isolation and abuse by staff of notable concern (Robjant et al., 2009a). Nevertheless, the use of detention continues to be widespread in a number of recipient countries (Storm & Enberg, 2013).

1.1.4 Aims and rationale

This review aims to critique literature reporting the impact of detention on the mental health of the asylum-seeking population. A review of the research published prior to and including April 2007 found high levels of mental health difficulties

amongst detained asylum seekers (Robjant et al., 2009a), however it also highlighted the paucity of available literature. A quality assessment of the literature included in Robjant and colleagues' (2009a) review, using the Kmet, Lee and Cook (2004) quality assessment framework, indicated that forty per cent of included studies achieved quality assessment scores below the liberal cut-off of 0.55 (Table 1.1). The researchers were unable to retrieve a further study by Pourgourides and colleagues (1996), which was not peer-reviewed, preventing quality assessment of the article.

The poor quality of forty per cent of the included articles raises questions regarding the conclusions drawn from Robjant and colleagues' (2009a) paper, and indicates the need for an updated review. By presenting and critically evaluating data subject to quality assessment, and deemed of sufficient quality, the current chapter presents an updated review of the literature; and aims to further elucidate the impact of detention on this vulnerable population, addressing the omissions highlighted in the original review (Robjant et al., 2009a).

A further literature review was published in 2015, exploring the health impact of immigration detention (Filges, Montgomery & Kastrup, 2016). The review was restricted to quantitative studies however, and its stringent exclusion criteria confined data synthesis to just three studies. The current review instead intends to integrate findings using a mixed methods approach including quantitative and qualitative research studies to further increase understanding in this area (Pluye & Hong, 2014); a particularly beneficial method when addressing policy and practice implications (Harden, 2010).

Table 1.1 Quality assessment: Studies from Robjant et al. (2009a) review

Study	QA score	Key problems
Bracken & Gorst-Unsworth (1991)	0.3	Case series; no discussion of subject selection or data collection processes; only 1/10 case examples presented; objectives, design, subject characteristics vaguely reported
Thompson et al. (1998)	0.32	Objectives, subject selection and characteristics, justification of analytic methods and reporting of estimates of variance insufficiently described
Sultan & O'Sullivan (2001)	0.2	Objectives, theoretical framework, sampling strategy, data collection methods, data analysis, verification methods insufficiently described; design, context, results vague
Arnold et al. (2006)	0.3	Editorial; limited discussion of sampling, data collection, analysis or results; objectives, design, subject characteristics insufficiently described

The current review critically analysed quantitative and qualitative peer-reviewed literature, which investigated the mental health of detained children, adolescents and adults, and addressed the following questions:

- Does immigration detention have a negative impact on the mental health of asylum seekers?

- If so, what factors impacted on mental health, and how were these manifested in asylum seekers?

- What could be done to (further) improve the mental health of asylum seekers in detention?

1.2 Methods

1.2.1 Review process

To minimise bias and allow replication, the current review followed the 'Preferred Reporting Items for Systemic Review and Meta-Analyses' (PRISMA) flow diagram (Moher, Liberati, Tetzlaff & Altman, 2009). A sequential explanatory mixed-methods systematic review was conducted, to enable the qualitative results to assist interpretation of quantitative findings (Harden, 2010; Pluye &Hong, 2014).

1.2.2 Search strategy

Databases that allowed access to peer reviewed journals within the psychology, humanities and nursing professions, were selected. These included EBSCO (Academic Search Complete; PsycARTICLES, PsycINFO, CINAHL; Business Source Complete), Web of Science, Scopus, PubMed and ProQuest (ASSIA; Arts and Humanities Database; Humanities Index; Nursing and Allied Health Database; PILOTS; ProQuest Central; ProQuest Dissertations and Theses: UK and Ireland). Cochrane Database of Systematic Reviews was also searched to ensure that the

current study was an original contribution to the literature. In order to uncover unpublished doctoral theses, the British Library Electronic Theses Online Service (EThOS) was also searched. Lastly, manual searches of reference lists were carried out, to identify any further relevant studies.

A systematic search of the relevant databases was conducted between August and November 2016, with a supplementary search carried out in February 2017. The search terms were informed by the research question and included the main concepts (e.g. "mental health") and common synonyms (e.g. depression). Searches of abstracts and titles were conducted, rather than further confining the location of the search term, to aid consideration of all relevant studies.

The following search terms were therefore applied: ("asylum seeker*" OR refugee*) AND (detention OR incarceration OR imprisonment OR confinement OR custody OR prison OR jail) AND ("mental health" OR "mental illness" OR 'mental disorder" OR depression OR anxiety OR post-traumatic stress disorder OR PTSD OR psycholog* OR psychiatr*).

1.2.3 Eligibility criteria

The inclusion and exclusion criteria for this review are highlighted in Table 1.2. There was no age or gender exclusion, due to research evidence that detention has a negative impact on mental health for men and women, throughout the lifespan (Robjant et al., 2009a). Unlike the original review, studies were not confined to the United Kingdom (UK), Australia and the United States of America (USA), as the lack of applicability to asylum seekers' experiences in other host countries was cited as a limitation (Robjant et al. 2009a).

Existing literature indicates the high rates of mental health difficulties amongst the asylum-seeking population (Porter & Haslam, 2005). Within the current review, it was decided therefore that selected studies could further the knowledge base through exploring the mental health consequences of immigration detention, rather than the general mental health of asylum seekers. In order to ensure the integrity of the research question, included studies required a focus on mental health concepts such as depression, anxiety or post-traumatic stress disorder, PTSD, rather than broader notions including quality of life.

The studies included in the current review spanned 1990 to November 2016, to ensure inclusion of relevant high quality studies discussed in the original review, whilst acknowledging the increase in available literature. Inclusion of both quantitative and qualitative empirical studies allowed the opportunity to maximise findings and better inform policy and practice (Harden, 2010). Whilst case studies were included in the original study (Robjant et al., 2009a), the authors cited problems related to validity, reliability and generalisability; and were thus excluded from the current review.

Table 1.2 Systematic review inclusion and exclusion criteria

Criteria	Inclusion	Exclusion
Gender	Males; females; transgender	N/A
Age	Children; adolescents; adults	N/A
Population	Formerly/ currently detained asylum seekers	Non asylum-seeking detainees, e.g. offenders; political detainees
Country detained	All host countries	N/A
Mental health	Specific exploration of the mental health consequences of immigration detention; a focus on mental health concepts such as depression, anxiety, or post-traumatic stress	Mental health or detention explored exclusively, without discussion of connection/ causality; general measures of well-being not specifically related to mental health, e.g. quality of life
Study date	1990- November 2016	<1990 and >November 2016
Study type	Peer reviewed qualitative, quantitative and mixed methods empirical studies; studies meeting inclusion criteria from manual reference list search	Not peer reviewed; policy documents; service-evaluation reports; case series; audits; editorials; commentaries; letters; review papers
Language	English	Not English
Accessibility	Full-text access (including those requiring ArticleReach or document supply service)	Title or abstract only

1.2.4 Systematic study selection

1.2.4.1 Phase 1

A search of studies in accordance with PRISMA recommendations (Moher et al., 2009) was conducted (Figure 1.1). A search of the included databases, limited to peer-reviewed articles and dissertations written in English, returned 692 results. Articles were downloaded into Ref-works and duplicates were removed. Initial screening of abstracts and titles of the remaining 261 studies then led to exclusion of irrelevant articles. All 236 excluded texts were highlighted in a database, and their reason for exclusion explained. The remaining 25 articles were retrieved in full-length format and read to assess for eligibility, according to the stated inclusion and exclusion criteria. Screening of the remaining 25 articles found 14 research papers, which met the inclusion criteria.

1.2.4.2 Phase 2

A search of the reference lists of included studies was subsequently conducted. Five relevant studies were identified; however further screening determined that they did not meet the inclusion criteria. The 14 eligible studies were subject to a quality assessment review to assess for suitability, following which a further two articles were excluded. A total of 12 studies were, therefore, included in the systematic review. The entire search procedure is illustrated in Figure 1.1.
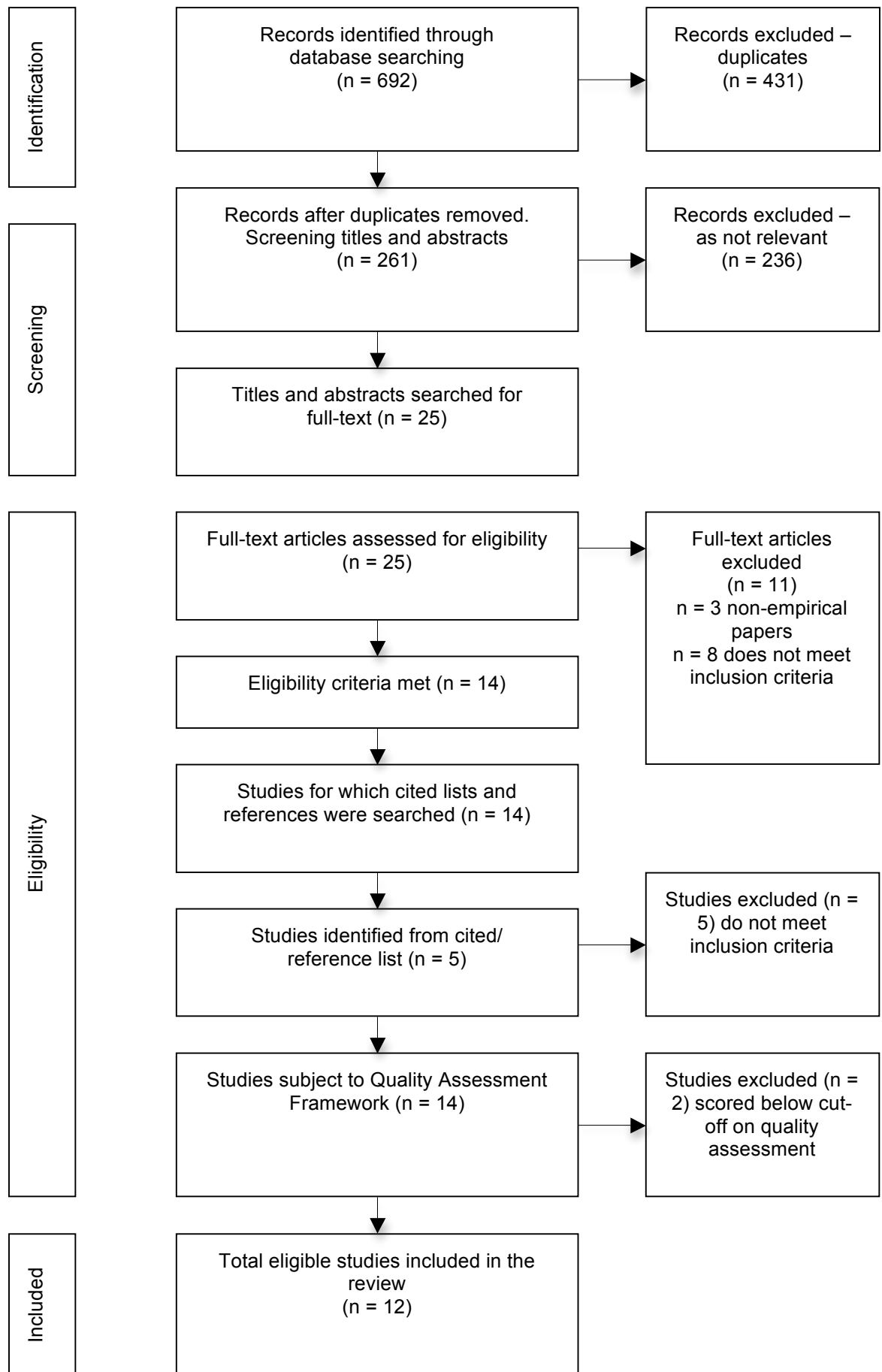
Figure 1.1 PRISMA flow diagram of the study selection procedure

1.2.5 Quality assessment

A crucial stage of any systematic review is to assess the quality of each study, to minimise bias and the possibility of drawing incorrect conclusions (Harden, 2010). On completion of the systematic search, the quality of studies was assessed using a Quality Assessment Framework (QAF) (Kmet, Lee & Cook, 2004). This was considered suitable, as it could be applied to both quantitative and qualitative methodologies. The studies were assessed separately and rated according to a 14- or 10- item checklist for quantitative (Appendix B) and qualitative studies (Appendix C) respectively. The results of the assessment provided a summary score of 0-1, with the existence of quality indicators yielding higher scores; providing a record of strengths and weaknesses of the published literature. The more liberal cut-point of 0.55 was chosen (Kmet et al., 2004) to ensure the consideration of as much relevant literature as possible and to provide a more comprehensive review of the literature.

1.2.5.1 Quality assessment results

A quality assessment process was applied to the studies identified. Of the studies selected, seven used quantitative methods (Cleveland & Rousseau, 2013; Ichikawa, Nakahara & Wakai, 2006; Keller et al., 2003; Momartin et al., 2006; Robjant, Robbins & Senior, 2009b; Steel et al., 2006; Steel et al., 2011), and were rated using the 14-item checklist. Two of the publications used exclusively qualitative methods (Campbell & Steel, 2015; Kronick, Rousseau & Cleveland, 2015) and were rated using the 10-item checklist. Three studies reported descriptive data and were assessed using the 14-item checklist (Lorek et al., 2009; Mares & Jureidini, 2004; Steel, Momartin, Bateman, Hafshejani & Silove, 2004). The final two studies used qualitative designs, with a brief quantitative addendum (Coffey, Kaplan, Sampson & Tucci, 2010; Sultan & O'Sullivan, 2001); thus the 10-item checklist was employed.

Two of the studies achieved scores of 0.2 (Sultan & O'Sullivan, 2001) and 0.38 (Lorek et al., 2009) and were excluded from the final results. The remaining studies scored between 0.59 and 0.91 ($M = 0.75$), and 0.7 and 0.85 ($M = 0.77$), for quantitative and qualitative methodologies, respectively. Inter-rater reliability tests were carried out on five papers. No coefficient score was below k = 0.6 with an overall coefficient reliability value of k = 0.824 (p < .0005) which, according to Altman (1999) represents a consistently strong pattern of inter-rater reliability. Quality ratings and Kappa reliability coefficients are detailed in Table 1.3.

1.2.6 Data extraction and synthesis

Due to variation in study design, methodology and outcome measures, a meta-analysis was not deemed appropriate for the present review. Studies also measured different time periods in detention, affecting the comparability of results. In order to synthesise the results in a meaningful way, quantitative studies were therefore collated into different time frames, to indicate the progressive impact of immigration detention on mental health. Qualitative papers were reviewed, pooled together, and emerging themes prevalent across the articles were noted and synthesised.

1.3 Results

1.3.1 Summary of the reviewed studies

An overview of the 12 included studies is outlined in Table 1.3, as well as the quality assessment scores and Kappa reliability coefficients. The quality assessment framework highlighted a number of methodological limitations of the studies included. These are highlighted within the discussion, to ensure that synthesis of data is not disrupted by a comprehensive critique of the studies. Only the measures and findings associated with the research aims are discussed in the present review.

Table 1.3 Characteristics of the reviewed studies

Author, date and quality rating (QR)	Place of study	Sample size	Sampling technique	Geographical/ ethnic origin of sample	Detention status	Legal status	Design	Analysis	Main findings
Campbell & Steel (2015) QR = 0.75	Australia	*n* = 10 (7 adult asylum seekers; 3 key informants)	Purposive sampling	Sri Lanka, Iran, Iraq, Afghanistan, Pakistan	Retrospective	Asylum seekers	Ethnographic observations, key-informant interview, semi-structured formal interview, document data analysis	Grounded theory	Asylum seekers in Australia experience mental distress due to detention centre conditions and aspects of detention centre policy, which contribute to environments of constraint

Authors	Country	n	Sampling	Countries of origin	Study type	Participants	Method	Analysis	Findings
Cleveland & Rousseau (2013) QR = 0.86 (K=0.792)	Canada	n = 188 (122 adult detained and 66 non-detained)	Consecutive (detained); targeted (non-detained)	Europe; South Asia; Sub-Saharan, Middle East and North Africa; Latin America; Caribbean	Current	Asylum seekers	Self- or oral-administration of questionnaires (HSCL-25; HTQ; DEC)	t-test; ANOVA; Hierarchical multiple regression	Depression, anxiety and PTSD symptoms significantly higher in detained than non-detained group; even brief detention leads to increased symptoms.
Coffey et al. (2010) QR = 0.85 (K=0.778)	Australia	n = 17 adult refugees	Targeted sampling	Afghanistan, Iraq, Iran and neighbouring Middle Eastern Countries	Retrospective	Asylum seekers during detention, refugees at point of recruitment	Individual semi-structured interviews and standardised quantitative questionnaires (HSCL-25; HTQ PTSD; WHOQOL-Bref)	Thematic analysis and DSM-IV derived algorithm analysis	Ongoing sense of insecurity, injustice, relationship issues, low quality of life, poor concentration and memory, clinically significant levels of depression (76%), anxiety and PTSD (65%)

Study	Country	Sample	Sampling	Country of origin	Timeframe	Population	Design	Analysis	Findings
Ichikawa, Nakawara & Wakai (2006) QR = 0.82	Japan	$n = 55$ adult asylum seekers (18 detained, 37 non-detained)	Case referrals	Afghanistan	Retrospective	Asylum seekers	Cross sectional study: oral-administration of questionnaires (HSCL-25; HTQ)	t-test, Pearson's chi-squared test, regression and multiple linear regression analyses	Post migration detention significantly related to higher symptom scores for anxiety, PTSD and depression, even after adjusting for trauma exposure
Keller et al. (2003) QR = 0.59 (K=1.0)	USA	$n = 70$ adult asylum seekers	Opportunity sampling	Africa, Eastern Europe, Asia, Middle East, South America	Current and retrospective	Asylum seekers	Cohort study: self-report questionnaires (HSCL-25; HTQ; DEC)	Spearman correlation coefficients; t-tests	After median 5-month detention, 86% met criteria for depression, 77% for anxiety and 50% for PTSD; symptoms significantly correlated with length of detention

Study	Country	Sample	Sampling	Origin	Design	Population	Method	Analysis	Findings
Kronick, Rousseau & Cleveland (2015) QR = 0.7	Canada	n = 20 families	Opportunity sampling	Europe; Southwest and South Asia; West, East, and Central Africa; North and Latin America; Middle East	Retrospective	Asylum seekers (65%); failed refugee claimants (35%)	Semi-structured interviews, play-based interviews and ethnographic participant observation	Thematic analysis	Detention is a stressful, traumatic experience for children, even when brief. High rates of emotional distress, anxiety, selective mutism, mood and PTSD symptoms were evident
Mares & Judeidini (2004) QR= 0.65	Australia	n = 36 (16 adults and 20 children)	Opportunity sampling	Iran, Iraq, Afghanistan and Palestine	Current and retrospective	Asylum seekers	Mixed: comprehensive clinical assessment, multiple interviews	Descriptive statistics	High levels of mood disturbance and PTSD symptoms in child and adult asylum seekers. Much attributable to traumatic detention experiences

Study	Country	n	Sampling	Origin	Design	Population	Study type	Statistics	Findings
Momartin et al. (2006) QR = 0.73 (K=0.814)	Australia	n = 116 (49 TPV, 67 PPV)	Consecutive sampling	Afghanistan and Iran	Retrospective	Asylum seekers during detention, refugees at point of recruitment	Cross-sectional questionnaire study (HTQ, HSCL-25, GHQ-30, SF-12, Post Migration Living Difficulties Checklist and DEC)	t-tests, Pearson chi-squared tests, step-wise multiple linear regression analyses	For TPV holders, past experience of detention and ongoing living difficulties after release contributed to adverse psychiatric outcomes
Robjant, Robbins & Senior (2009) 0.73 (K=0.814)	UK	n = 146 adults (67 detained asylum seekers, 30 former prisoners, 49 asylum seekers in community)	Opportunity sampling	Not reported	Current and retrospective	Asylum seekers	Cross-sectional questionnaire study (HADS; IES-R; PDS)	t-test and ANOVA (or equivalent non-parametric tests)	High levels of anxiety, depression and PTSD reported by all groups. Detained asylum seekers reported higher depression, anxiety and PTSD scores than those in the community

Study	Country	n	Sampling	Country of origin	Status	Design/Measures	Analysis	Findings
Steel et al. (2004) QR = 0.64	Australia	n = 10 families (14 adults and 22 children)	Case referrals	Nigeria, Central African Republic, Uganda, Congo-Brazzaville, Jamaica, DRC, Ghana, Pakistan	Current Asylum seekers	Descriptive: structured psychiatric interview; general measures (demographic, DEC); child-specific measures (K-SADS-PL); adult specific measures (SCID-IV; parenting questionnaire)	Descriptive statistics	All adults and children met diagnostic criteria for at least one current psychiatric disorder. Adults displayed a threefold and children a ten-fold increase in psychiatric disorder subsequent to detention
Steel et al. (2006) QR = 0.91	Australia	n = 241 adult refugees (124 TPV, 30 PPV and 87 non-	Case referrals and snowball Sampling	Iran and Iraq	Retrospective Asylum seekers during detention, refugees at point of recruitment	Cross-section study: oral administration of questionnaires (HTQ; HSCL-25, SF-12; PMLD, DEC. DSC)	Chi-squared, ANOVA, Multilevel modelling	Past immigration detention and TPV status contribute independently to mental health difficulties. Length of detention

Steel et al. (2011) QR = 0.86 (K=0.621)	Australia	n = 104 (47 TPVs and 57 PPVs)	Consecutive referrals	Afghanistan and Iran	Retrospective	Asylum seekers during detention, refugees at point of recruitment	Longitudinal cohort study (HTQ; HSCL; GHQ-30; PSWQ)	t-test, chi-squared analysis, Mann-Whitney Independent Sample test, ANCOVA	Results indicated an increase in anxiety, depression and overall distress for TPV holders, whereas PPV holders showed improvement over time
									associated with greater difficulties, which persisted following detention

* Detention Experience Checklist, DEC Detention Symptom Checklist, DSC; General Health Questionnaire, GHQ-30; Hopkins Symptoms Checklist HSCL-25; Harvard Trauma Questionnaire HTQ; Impact of Events Scale-Revised IES-R; Schedule for Affective Disorders and Schizophrenia for School-Age Children – Present and Lifetime Version, K-SADS-PL; Post-Traumatic diagnostic scale PDS; Post-migration Living difficulties Checklist, PMLD; Penn State Worry Questionnaire, PSWQ; Spence Children's Anxiety Scale SCAS; Structured Clinical Interview for DSM-IV Axis I Disorders, SCID-IV; The Medical Outcomes Study. SF-12; World Health Organisation Quality of Life assessment short version – WHOQOL-Bref

1.3.2 Synthesis 1: Quantitative results

Ten of the articles reviewed statistically analysed the impact of immigration detention on the prevalence of mental health amongst the detained asylum-seeking population. This was typically discussed in terms of diagnosable disorders and symptoms of mental health difficulties, drawing on the concepts of anxiety, depression and PTSD. The papers have been collated in terms of shorter (0 to 5 months) and longer-term detention (greater than 6 months), and persistent effects following release, in order to outline the progressive deterioration of mental health noted throughout individuals' time incarcerated.

1.3.2.1 Brief detention

Three studies explored the mental health implications of shorter detention (0-5 months; Steel et al., 2006). Asylum seekers in studies carried out by Cleveland and Rousseau (2013), Robjant et al. (2009b) and Keller et al. (2003) had been detained for a median of 17.5 days, 30 days and 5 months, respectively. Despite the large range in median detention, each of the studies exploring currently detained individuals reported high levels of mental health symptoms, with the number of individuals scoring above the established cut-off scores ranging from 63-77% for anxiety, 76-86% for depression, and 32-50% for post-traumatic stress. Keller et al. (2003) additionally reported rates of suicidal ideation at 26%. This is in comparison to estimated prevalence rates of 2.6%, 4.7%, 3% and 17% for major depression, generalised anxiety, PTSD and suicidal thoughts, respectively, in the general adult population in England (The Health & Social Care Information Centre, 2009).

Robjant et al. (2009b) and Cleveland and Rousseau (2013) further explored the impact of brief detention through comparison with a group of community-based

asylum seekers. Robjant et al. (2009b) found that currently detained asylum seekers in the United Kingdom (UK), had significantly higher levels of depression (t (106) = 5.04, $p < .001$); anxiety (mean difference 2.96 [$SE = 1.09$], $p = .02$); and PTSD (mean difference 13.67 [$SE = 5.64$], $p < .05$) than a community comparison group. The authors acknowledged, however, that heterogeneous migration status, and different levels of previous trauma between groups was likely to confound results.

Using hierarchical multiple regression models, Cleveland and Rousseau (2013) controlled for demographics (sex and origin) and trauma exposure, and found the proportion of asylum seekers who scored above clinical cut-points in the detained group for posttraumatic stress ($\chi^2 = 4.117$, $df = 1$, $p = 0.04$), depression ($\chi^2 = 13.813$, $df = 1$, $p < 0.001$) and anxiety ($\chi^2 = 4.567$, $df = 1$, $p = 0.03$) remained significantly higher than in the non-detained group; thus indicating the prevalence and severity of mental health conditions amongst detained asylum seekers. Further exploration of this difference identified that feeling powerless was the detention experience most strongly correlated with PTSD, depression and anxiety symptoms; predominantly resulting from deprivation of liberty and agency.

1.3.2.2 Progressive deterioration

Five of the reviewed studies offered an insight into whether increased time in detention was associated with more severe mental distress (Keller et al., 2003; Mares & Jureidini, 2004; Robjant et al, 2009b; Steel et al., 2004; Steel et al., 2006). Four studies indicated a clear progressive deterioration in mental health problems. Robjant et al., (2009b) reported a more complicated picture, with deterioration found only in those who had experienced prior interpersonal trauma, specifically.

Two studies (Keller et al., 2003; Robjant et al., 2009b) analysed data from currently detained adult asylum seekers, contributing to higher levels of ecological validity; and one recruited adults retrospectively (Steel et al., 2006). In Keller et al.'s (2003) longitudinal study, following an initial interview conducted at a median 5-month detention, the authors conducted additional interviews a median 101 days later. They found that length of detention was directly related to increasing rates of anxiety (*r.*=0.34, p=0.004), depression (*r.*=0.28, p=0.017) and PTSD (*r.*=0.28, p=0.019).

Steel et al., (2006) similarly found that length of detention was associated with increased depression, PTSD and mental health-related disability, although the lack of reported statistics prevented detailed interpretation of these findings. Mean numbers of negative detention experiences were also reported as significantly greater for those detained over 6 months, compared with those detained 0-5 months (p < 0.0001). The retrospective nature of the study, however, potentially impacted participants' recollection of events.

Robjant et al., (2009b) conducted the first UK study investigating the relationship between length of detention and mental health outcome. Time in detention was first split into two groups of under, or over, 30 days. Individuals who had experienced interpersonal (IP) trauma were then compared with individuals who had experienced trauma other than IP. The only significant interaction found was between length of detention and levels of depressive symptoms (F (1,86) = 5.97, p = 0.017), for individuals who had experienced IP trauma (sexual and non-sexual attack by either a known assailant or stranger, or previous experience of torture) specifically. An approaching significant interaction was found with respect to anxiety symptoms (F (1,85) = 3.74, p = 0.056). The authors noted a number of limitations, which may

have affected the reliability and validity of the findings however, including missing data and sampling bias due to the exclusive use of English language questionnaires.

Two studies explored the mental health implications of longer-term detention, in currently detained families and children (Mares & Jureidini, 2004; Steel et al., 2004). After an average detention of 15 months, Mares and Jureidini (2004) found that 87% and 56% of adults fulfilled criteria for depression and PTSD respectively, and 31% had made significant attempts at deliberate self-harm. After an average duration of two years and four months in detention, Steel et al. (2004) found that 100% of adults met the criteria for depression and 86% for PTSD. 93% of adults in the latter study also reported suicidal ideation and 36% had self-harmed; significantly higher rates than those reported in studies of shorter-term detention (0-5 months; Steel et al., 2006). Both studies also reported rates of psychotic illness, ranging from 14-25%.

For children, rates of major depressive disorder, PTSD, anxiety disorder, enuresis and deliberate self-harm ranged from 95-100% and 50-100%, 50-70%, 20-30% and 25-80%, respectively. All of the children in the study by Steel and colleagues (2004) and all those children over the age of six in the study by Mares and Jureidini (2004) fulfilled the criteria for at least one current psychiatric disorder. 80 percent of children, under six years of age in the latter study, were identified with developmental delay or emotional disturbance due to detention experiences. Both authors found that exposure to traumatic events within detention was commonplace, and distressing for both adults and children; and iterated that the prevalence rates found were substantially higher than those found in the general refugee population. Whilst the small, clinical samples, and non-standardised diagnostic tool used by

Mares and Jureidini (2004) limits the generalisability of the findings, the high ecological validity of the studies provides authentic evidence to highlight the progressive detrimental effect of detention on mental health, across the lifespan.

1.3.2.3 Persistent detrimental effects

Six studies systematically explored whether detrimental mental health effects persisted following release. Studies addressed this question following varying reported lengths in detention; including median lengths of 7 months (Ichikawa, Nakahara & Wakai, 2006; Keller et al., 2003), 6 months (Steel et al., 2006), and 8 months (Steel et al., 2011); or average lengths of 12 months (Momartin et al. 2006) and three years and 2 months (Coffey et al., 2010). Three of these studies (Momartin et al., 2006; Steel et al., 2006; Steel et al., 2011) included participants specifically subject to temporary protection visas, following detention.

Keller et al. (2003) found that the harmful effects of brief detention subsided over time, with significantly reduced levels of depression, anxiety and PTSD observed several months after release (p < 0.0001). The lack of a non-detained comparison group however, increases the potential of confounding factors affecting the validity of results. For example, 85% of participants obtained permanent status; the security and certainty of which is pivotal in decreasing distress (Momartin et al. 2006).

Using a comparison group, therefore, Ichikawa et al. (2006) found that approximately 10 months after release from detention, asylum seekers reported higher symptom scores of anxiety, (2.91; cut-off > 1.75), depression (2.75; cut-off > 1.75) and PTSD (2.90, cut-off > 2.5) than asylum seekers who had not been detained (2.30, 2.41, 2.34, respectively). Coffey and colleagues (2010) also found

that asylum seekers who experienced, on average, three years and two months in immigration detention, continued to present with mean symptom scores of 2.27 (cut-off > 1.75), 2.74 (cut-off > 1.75) and 2.71 (cut-off > 2.5) for anxiety, depression and PTSD symptoms respectively, several years following release; despite being granted permanent visa status.

1.3.2.3.1 Temporary protection visas

The Australian policy of temporary protection visas (TPVs) is imposed on asylum seekers who arrive in Australia without valid travel documents, but have been recognised as refugees after rigorous assessment. Despite gaining refugee status, holders of TPVs are required to re-establish their need for protection under the Refugee Convention every 3 or 5 years, and are restricted in their access to services including employment assistance and education; potentially creating continued uncertainty, and compounding the effects of detention (Momartin et al., 2006).

Momartin and colleagues (2006) found that TPV holders, whom experienced an average 12 months detention and had been released for an average of 3.6 months, scored significantly higher on psychiatric outcome measures of anxiety ($M = 2.47$, cut-off > 1.75), depression ($M = 2.61$; cut-off > 1.75) and PTSD ($M = 2.94$, cut-off > 2.5) than their non-detained counterparts (p $= < 0.001$). Multivariate analyses indicated that past detention stresses emerged as an independent predictor, significantly associated with both PTSD (ß $= 0.47$, $p < 0.001$) and poor mental health functioning (ß $= 0.30$, $p < 0.001$). Key items, endorsed as causing serious stress, included exposure to traumatic events and poor detention conditions. Steel et al. (2011) later documented two-year follow-up data of Momartin et al.'s (2006) findings; examining the trajectory of psychological symptoms in the original cohort.

TPV holders showed significant increases in depression, anxiety and overall distress ($p < 0.001$) compared with PPV holders, who showed improvement over time.

Steel and colleagues (2006) also found that time in detention and TPV residency status each made an equal, substantial and independent contribution to the risk of ongoing PTSD, depression and mental health related disability ($p < 0.05$) post-release. The authors noted that those detained for longer periods (> 6 months) also reported significantly greater numbers of traumatic stress symptoms ($p < 0.0001$), for example feeling extremely sad and hopeless, and experiencing intrusive images and nightmares; with symptoms persisting three years following release. The findings of these studies indicate that the migration trajectory experienced by TPV holders, including their experiences within detention and post-migration living difficulties including unemployment and isolation, contributes to persisting and complex mental health difficulties, several years following release.

1.3.3 Synthesis 2: Qualitative findings

The critique and review of qualitative studies supported the findings of the empirical quantitative research, indicating a detrimental effect of immigration detention on asylum seekers' mental health. The studies provided a rich picture of participants' experiences and offered an understanding into the factors contributing to individuals' emotional distress. Three themes emerged including: exposure to traumatic events, powerlessness and environment.

1.3.3.1 Exposure to traumatic events

Several of the quantitative studies documented that exposure to traumatic events in detention was commonplace and caused considerable distress. Participants in each of

the qualitative studies reviewed described how experiences of mental distress often resulted from witnessing or being subject to traumatic events. In Campbell and Steel's (2015) study, participants described observing suicidal and self-harming behaviours whilst in detention. One asylum seeker stated:

> They tried to kill themselves and try to hurt themselves, and getting, hitting his head on the floor and blood's coming from their faces and their hands. When I see those people I felt sadness, and very depressed and anxious. (Campbell & Steel, 2015, p. 47)

In their qualitative study of Canadian detention, Kronick, Rousseau and Cleveland (2015) also found that both children and adults were exposed to distressing events. Several children witnessed their parents being shackled and handcuffed, an experience described by the adults as 'humiliating', with one 11-year-old child commenting, "[it's] because they think we are terrorists". For parents detained alone, they noted how frightening and upsetting it was for their non-detained family members to visit. One detained father, for example, noted how distressing it was to observe his child being "searched like a criminal" even at the young age of 3 years.

All participants in the Australian study by Coffey et al., (2010), which explored the mental health impact of long-term detention of two years or more, referred to the disturbing effects of witnessing upsetting events. These included detainees being beaten by staff, self-harm, fighting and suicide attempts. Individuals also spoke about being subject to unjust, humiliating and traumatic events; for example being handcuffed, experiencing racism including being called names, being strip-searched, beaten, as well as the use of tear gas, batons and water cannons.

1.3.3.2 Powerlessness

In accordance with the quantitative findings of Cleveland and Rousseau (2013), each of the qualitative papers highlighted the powerlessness and loss of agency experienced by detained asylum seekers.

Coffey et al. (2010) spoke about the powerlessness and lack of agency apparent in each participant's account, during and following detention. Participants felt vulnerable to the 'whims' of officers, particularly with respect to the visa application process. A majority also felt officers had complete power over them, due to arbitrary, inhumane and changeable rules, and being denied access to activities, including socialisation, and reading and writing materials for no reason. This restriction of liberty and uncertainty resulted in a sense of powerlessness, bitterness, hopelessness and demoralisation, which persisted following release.

Campbell and Steel (2015) also spoke about the limited 'independence, choice and self-organisation for everyday meaningful activities' experienced by those detained. Asylum seekers in their study expressed frustration with reduced self-determination and independence as a result of imposed routines. Professionals, who were interviewed to substantiate asylum seekers' accounts, verified these findings. One case manager explained that the freedom for detainees to make choices regarding their routine was limited, with policy conditions taking away power and control, rather than promoting independence.

Kronick, Cleveland and Rousseau (2015) reported feelings of powerlessness that resulted from the constant surveillance and strict rules and routines imposed on

detainees. Participants reported, for example, needing to ask permission and seek accompaniment by a guard, should they wish to move around the building. One father who had been detained for three months felt that the strict schedule was purposefully imposed to disrupt sleep, and gradually 'break' the detainees. He stated:

> They have a system. I compare it to Africa. Because in Africa they hit prisoners. But here they cannot hit prisoners. They have a system to break all system… So you cannot sleep well… They try to break your rhythm. They break you. (Kronick, Cleveland & Rousseau, 2015, pg. 289)

Parents also reported feeling humiliated, powerless and frightened by the lack of information received regarding detention. One parent stated, "[…]when you come nobody gives you any explanation or nothing on what is going on […] You just have to be there in your room like a scared animal" (Kronick, Cleveland & Rousseau, 2015, pg. 289).

1.3.3.3 The negative impact of the detention environment

Each qualitative study discussed the impact of the detention environment on participants' mental health. Participants in Campbell and Steel's (2015) study for example, discussed an increase in mental distress due to the living environments of the detention centres. One asylum seeker stated, "You imagine yourself, you live in detention centre for only two days – you will see how much you will suffer" (Campbell & Steel, 2015, pg. 47).

The negative impact of the environment was discussed both within the context of being deprived of activities and resources, and being constrained by its prison-like nature. The theme is therefore discussed both within the subthemes of environments of deprivation and environments of constraint.

1.3.3.3.1 Environments of deprivation

Each study reported the lack of activities and resources on offer. For example, Coffey et al. (2010) described the starkness and deprivation of the detention environment, including a dearth of meaningful activities and inadequate healthcare. A majority experienced delays with receiving healthcare appointments and medication and around half described feeling their health was trivialised by staff. Participants also drew on being deprived of significant relationships, described as a calculated measure to isolate detainees and alienate them from friends and family. Similarly, Campbell and Steel (2015) reported the lack of access to education, employment and health services and inability to socialise beyond detention.

Families in the study by Kronick, Rousseau and Cleveland (2015) reported that there were often not enough beds and they would often have to share rooms with other families. The environment was also deemed as under-stimulating, with boredom appearing pervasive and education both restricted and limited.

1.3.3.3.2 Environments of constraint

Campbell and Steel (2015) specifically drew on the notion of 'environments of constraint' and noted a number of conditions of the 'prison-like' environment, which resulted in considerable distress. These included restriction of movement and resources; as well as a feeling of constraint resulting from more concrete factors,

such as large fences and barbed wire. Observation of the environment by the authors highlighted this. They noted for example, that security measures acted as visual reminders of the constraining nature of the asylum seekers' environment. One asylum seeker explained his distress related to the conditions of the centres stating, "It's like a prison, it is like this square (drawing on table with finger), and they put you in one of the rooms and that's the only area you can move around" (Campbell & Steel, 2015, pg. 47).

The controlling nature of the environment was also deemed stressful for participants interviewed in Kronick, Rousseau and Cleveland's (2015) study. Both children and their parents experienced the constant surveillance as invasive, frightening and criminalising with one child expressing that the environment made her feel like a "caged animal". Whilst some staff did attempt to challenge institutional rules in order to provide better conditions and care, parents stated that their children found the presence of constantly rotating strangers and incessant monitoring as frightening.

Finally, Coffey et al., (2010) referred to the prison-like atmosphere and the physical features of the centre. This included extensive security measures and omnipresent surveillance features, including high wire fences and constant observation by cameras and guards. Participants described the experience as unnerving with one adult asylum seeker stating:

> It is like you are a big criminal, you are there even though you never did any
> crime, or you never did anything wrong […] Wherever you go they are
> watching… that started a negative effect on my mind. (Coffey et al., 2010, p.
> 2073)

1.4 Discussion

This review aimed to determine whether immigration detention had a negative impact on asylum seekers' mental health; and establish the particular factors that led to mental health difficulties, how these were manifested, and what could be done to improve detainees' mental health. Analysis of the literature reviewed found a significant negative impact of immigration detention on the mental health of asylum seekers across the lifespan. The psychological impact increased as the length of detention increased, and persisted following release.

Whilst harmful to most, it is important to acknowledge the variation in levels of mental health symptoms, reported across the different studies. In offering an explanation for this, Coffey et al. (2010) highlighted literature indicating that individual attributions and reactions often shape the psychological impact of the objective conditions of detention (Mahoney & Friedberg, 1996). Research reveals that not all individuals react to potentially disturbing events in the same way, with many individuals able to endure extreme trauma (Bonanno, 2004). Studies exploring resilience-promoting factors indicate a highly complex picture, with multiple factors including hardiness and repressive coping contributing to variation in symptomology (Bonanno, 2004).

A further anomaly in the findings related to the progressive deterioration in mental health, as the length of detention increased. Whilst the findings of the literature typically supported this notion, Robjant et al. (2009b) found that this picture only applied to a small number of participants. They highlighted research by Sultan and O'Sullivan (2001) to explain why some participants' mental health did not deteriorate as time in detention increased.

Based on their observations of a detention centre in Australia, Sultan and O'Sullivan (2001) hypothesised that a series of successive stages interrelated with legal asylum processes, and had a cumulative effect on psychological disability, as detention length increased. The authors posited that, during the early months of detention, the shock and dismay of being detained were alleviated by hope that claims would be resolved and detention short-lived, contributing to a non-symptomatic stage. As time progressed and hope subsided, detainees were hypothesised to pass through primary- secondary- and finally tertiary-depressive stages, resulting in progressively more severe psychological disability. Robjant et al., (2009b) noted that there was a more complex relationship between stages of asylum claim and length of UK immigration detention, thus detainees are perhaps not subject to the same psychological process.

Although potentially unrelated to UK immigration detention, Sultan and O'Sullivan (2001) nonetheless offer an interesting theory. Their findings however, provide only a hypothesis of the successive stages of immigration detention based on ethnographic observation. Future empirical research adopting a grounded theory approach (Glaser & Strauss, 1967) may enable researchers to progress these findings and construct a theory regarding the psychological trajectory for detained asylum seekers, based on a systematic analysis of data.

The critique of literature included in this review indicated that the length of detention had an impact on persistent effects following release. Whilst Keller et al. (2003) found that individuals were able to somewhat recover from shorter-term detention, in combination with the certainty acquired through obtaining permanent visa status, studies indicated that the distress and impairment resulting from longer-

term detention may persist for months, or even years, following release. Coffey et al. (2010), for example, found that psychological difficulties persisted over three years after a detention-length of two years or more, with participants struggling to rebuild their lives following release. Participants discussed changes in self-perception, their values and their ability to relate to others (Coffey et al., 2010). Based on the findings of their research, the authors hypothesised that the adverse impact of long-term detention may result in an internalised loss of agency, poor self-worth, a sense of failure and attitudes of distrust. These factors, recognised in the wider field of psychological literature, potentially act to maintain the negative psychological effects of trauma (Herman, 1997); ultimately leading to changes in core belief systems, and pervasive psychological difficulties. This indicates therefore, the need for any further use of immigration detention to be maintained as a brief intervention, in order to protect the psychological health of this vulnerable population.

1.4.1 Limitations

More than half the studies included retrospective, rather than contemporaneous accounts of detainees' experiences, potentially resulting in distorted recollection. The five studies that recruited currently detained participants corroborated reports of high levels of mental distress however, indicating the reliability of the retrospective findings. Furthermore, literature indicates that recollection of traumatic life events is generally reliable, (Herlihy, Scragg & Turner, 2002) with recall bias attributable to both over- and -under-reporting (Southwick, Morgan, Nicolaou & Charney, 1997).

A further limitation related to the potential for transcultural measurement error; the possibility that the performance of psychometric measures might be affected when applied across cultures or languages, due to the lack of cultural validation. Steps

were taken to control for this, including use of native-language speaking interviewers, experienced in transcultural research (Momartin et al., 2006; Steel et al., 2011) and research to ascertain that measures employed were not notably affected by cultural differences (Robjant et al., 2009b). Nonetheless, it is important to note the potential impact on the validity of measures, particularly given the cultural diversity of the study sample; as well as the specific contextual environment from which they were recruited (Robjant et al., 2009b).

Many of the studies highlighted the potential limitation of participants exaggerating mental distress, believing it may assist their refugee claim, despite being informed that this was not the case (Cleveland & Rousseau, 2013; Robjant et al., 2009b). This limitation could be alleviated, however, by the fact that the same motivation, if this were found to be the case, would apply to both detained and non-detained asylum seekers in studies that compared these groups; yet rates of mental health difficulties remained significantly higher in the detained groups (Cleveland & Rousseau, 2013).

Numerous studies (Cleveland and Rousseau, 2013; Keller et al. 2006; Robjant et al., 2009b) noted the limitation of relying on self-report questionnaires rather than diagnostic interviews, particularly as the former typically returns higher prevalence rates than structured diagnostic instruments (Cleveland & Rousseau, 2013). Studies employing diagnostic interviews however (Mares & Jureidini, 2004; Steel et al., 2004), confirmed the high rates of mental health disorders present in the detained asylum-seeking population, signifying the validity of the results.

The results of the quality assessment framework highlight further limitations of the studies. Firstly, the sampling strategy was typically affected by restrictions placed on

researchers, in gaining access to participants within detention centres and the use of convenience sampling to recruit a hard-to-reach population. This impacted predominantly on the assessment of quantitative studies, with a lack of random sampling and blinding of subjects and investigators leading to these measures being excluded from the quality assessment. The need for interpreters and, at times, oral administration of questionnaires due to language barriers may have also impacted on the robustness and reliability of data collection. The extent to which the measures are valid amongst this culturally diverse population is also unclear (Robjant et al., 2009b).

With regard to qualitative studies, whilst possible sources of influence on the data were mentioned in each of the studies, comprehensive discussion regarding the reflexivity of authors' accounts was missing in each of the studies. Hermeneutic phenomenology posits that, particularly within qualitative research, the position of the researcher can significantly influence the findings. Thus, the lack of discussion regarding how this was managed within the assessed studies could impact on the overall quality of the research and the conclusions drawn.

Despite the limitations cited however, each of the papers critiqued in this review offer significant support for the notion that immigration detention is damaging to asylum seekers' mental health; the only discrepancy appears to be in exactly how serious this effect is and for how many individuals.

1.4.2 Clinical implications

The literature highlights the severe detrimental impact of detention experiences on the mental health of asylum seekers, as well as a mismatch between human rights obligations and asylum seekers' experiences. Campbell and Steel (2015), note the

importance of reflection on immigration detention policy and its implementation to improve conditions for this vulnerable population. Cleveland and Rousseau (2013) emphasise that governments should always consider viable alternatives to incarceration, particularly as positive post-migration environment has been shown to foster resiliency and mitigate the impact of trauma.

Conditions provided for asylum seekers vary worldwide, depending on factors including the current socioeconomic status or political climate of the country (Nielsen et al., 2008). They thus offer suggestions of alternative strategies to effectively manage the arrival of asylum seekers, whilst providing more humane and health promoting options (Campbell & Steel, 2015).

Based on the qualitative results of the studies reviewed, one might expect that providing environments, with greater control and flexibility for asylum seekers, would lead to improved outcomes. Existing literature indicates however, that less stringent forms of detention continue to impact on individuals' mental health. Nielsen et al. (2008) for example, studied mental health amongst children in Danish asylum centres, where children attend school and leisure activities. They found that, despite the more relaxed nature of their residency, children experienced an increased risk of mental health problems, which amplified with duration of stay and number of relocations. They concluded that a complex interplay of broader environmental factors including isolation, transitions, stressful exposures, and language problems continued to create a negative experience of the asylum process. This suggests that, beyond reduced use of detention, recipient countries with control over the conditions offered to asylum seekers should further seek to minimise environmental risk factors, to meet their ethical responsibility to this vulnerable population.

A further alterative strategy exists in the form of community-based management of asylum seekers. Research indicates that, should community arrangements be instated, factors including health care, working permission and accommodation support are vital in ensuring positive mental health outcomes (Campbell & Steel, 2015; Momartin et al., 2006; Steel et al., 2006). The Ugandan government offers a novel and compassionate example of how their policies welcome asylum seekers into their host country. The third-largest refugee hosting country, Ugandan policy provides refugees free movement, land, education and a chance to work, with the aim of allowing individuals the opportunity to build a new life in a new country (Kaiser, 2006). The policy is associated with its own problems, including pressures on resources as numbers of refugees continue to settle, and reports that individuals may therefore live at a subsistence level (Kaiser, 2006). Despite this, the positive anecdotal reports highlight the beneficial impact of such policies. Other countries, including Spain, have used community arrangements. Not only are they more closely aligned with international human rights law, they are often cheaper and offer much more humane treatment of people seeking protection (Australian Human Rights Commission, 2012). Through expanding similar ideas to other host countries, and thus alleviating the strain on limited resources, the policy may offer an interesting and favourable alternative to immigration detention.

1.4.3 Future research

Only three of the studies included in the present review utilised a qualitative design. The results of these studies provided a rich overview of the problems inherent to detention centres and an overview of the lived experiences of detained asylum seekers. Whilst robust qualitative research with this population requires time and

sensitivity (Campbell & Steel, 2015), further exploration may deepen our understanding of the intrinsic difficulties asylum seekers face whilst being detained; and their views regarding provision of more humane approaches to social, mental health, justice and well-being support alongside potential alternatives to detention.

It was beyond the scope of this study to investigate underlying reasons for the variation in mental health difficulties observed amongst the detained asylum-seeking population. Studies exploring resilience-promoting factors offer one explanation (Bonanno, 2004), however the research remains in its infancy. Further research is needed therefore, to reliably determine the factors that delineate why some asylum seekers develop mental health difficulties, and why others do not. This might include a focus on factors that promote resilience and thus protect individuals from mental health difficulties. Research to address the processes and factors that might assist formerly detained individuals to overcome the harm caused by detention is also of central importance.

Given the overwhelming evidence indicating the severe detrimental impact of immigration detention on asylum seekers' mental health, research into viable alternatives to detention is imperative. Whilst anecdotal evidence indicates the benefits of community-based options, for example Ugandan strategies, peer-reviewed literature in this area is limited. Statistical analysis of the mental health outcomes of such alternatives, as well as qualitative research exploring the lived experiences of individuals, may provide important empirical support to enable expansion of similar arrangements.

1.5 Conclusion

The results of the review indicate that, for asylum seekers, detention is a serious stressor, which negatively impacts on their mental health, manifested in terms of psychological difficulties, self-harm and suicidal ideation, both in adults and children. Furthermore, the review found that progressive mental health deterioration occurs with increased time in detention. Whilst, for some, effects subsided following short-term detention, the impact of longer-term detention was typically persistent, even following release. A combination of long-term detention followed by temporary protection appears particularly harmful to the mental health of individuals, exacerbating feelings of uncertainty and loss of agency. The review highlights that the harmful effects of detention are underpinned by specific adverse experiences in detention, notably disempowerment, exposure to traumatic events and environments defined by deprivation and restriction of liberty; each of which exacerbated symptoms of depression, anxiety and post-traumatic stress. The review highlights the urgent need for immigration policy review and implementation of alternatives to detention.

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Chapter 2: Empirical Paper

A culture of disbelief: Discursive exploration of the use of talk,

during asylum interviews with unaccompanied minors

Written in preparation for submission to the *Journal of Ethnic and Migration*

Studies. (See Appendix E for author guidelines)

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2.0 Abstract

Purpose: Existing research highlights the distressing nature of asylum interviews for unaccompanied minors. This study offers further insight into their experiences, by analysing the discourse used during interviews. The study investigates whether the interview adheres to policy, intended to safeguard children and allow them to comfortably narrate their experiences, or whether it confirms reports of an adversarial process and 'culture of disbelief'.

Methods: Following consent, five asylum interview transcripts conducted between Home Office staff and unaccompanied minors were obtained through collaboration with their legal representatives, and analysed using Discourse Analysis.

Findings: Three discursive devices are discussed, which functioned in distinct and overlapping ways to interrogate and discredit the child's account. These included speculation by interviewers about the child's fear ('fear versus fact'); highlighting inconsistencies in accounts ('you didn't say that before'); and use of unanswerable and unverifiable questions ('tell me *exactly* what happened').

Conclusions: In-depth analysis of interviews revealed that, contrary to safeguarding policy, children are often exposed to an adversarial system, which inhibits narration of their story in a safe and comfortable way. The study provides important information for policy reform and to improve future experiences for unaccompanied minors.

Keywords: *unaccompanied minors; asylum interview; discourse analysis; asylum seekers; discursive psychology*

2.1 Introduction

2.1.1 Seeking asylum as a child

An Unaccompanied Asylum Seeking Child (UASC) is defined as:

> An individual, who is under 18, has arrived in the UK without a responsible
> adult, is not being cared for by an adult who by law or custom has
> responsibility to do so, is separated from both parents and has applied for
> asylum in his/her own right (Home Office, 2015a, p. 2).

Annually, over 3000 children arrive in the United Kingdom (UK) to claim asylum (The Children's Society, 2012), many of whom are UASC (Home Office, 2015b). In recent years the trend has been a steady increase, with 3,175 applications made by UASC in 2016, a sizeable rise from 1,265 in 2013 (Home Office, 2016). In 2016, the majority of UASC applicants originated from Afghanistan, Albania, Eritrea, Iran and Iraq; with 89% assessed as being between 14 and 17 years of age; and 86% male (Refugee Council, 2017).

Many UASC have undertaken exhausting, dangerous journeys to reach the UK, frequently experiencing abuse, exploitation and confinement (Groark, Sclare and Raval, 2010). The experience is often traumatising, yet they face further practical and emotional difficulties, adjusting to life in a new country (Fazel and Stein, 2002). These factors affect the development, mental and physical health of UASC (Groark, Sclare and Raval, 2010). The additional trauma of separation from caregivers, and negotiating the asylum system without support, places UASC at a significant risk of psychological difficulties (Lustig et al., 2004).

Despite this, UASC undergo the same process as other asylum seekers, and must demonstrate to Home Office decision-makers their eligibility for refugee status according to set criteria (UNHCR, 1951). Individuals must prove a well-founded fear of persecution, show the state cannot protect them; and thus they cannot return to their country of origin (Vine, 2013). The process involves a number of stages as detailed in the New Asylum Model (Refugee Council, 2007) including an initial screening interview, first reporting event and completion of a statement of evidence form; during which time information regarding a child's claim is accumulated (Home Office, 2016). Finally, a substantive interview is conducted, whereby the child must elucidate the basis for their application and convince Home Office caseworkers, regarding the legitimacy of their claim. The purpose of the interview is to gather sufficient evidence to properly consider and determine the validity of the child's motivation for international protection. This therefore enables regulation of migration in line with government policy, and ensures compliance with immigration law (Home Office, 2016),

The interview is a key determinant in whether refugee status is granted (Keselman et al. 2010). Many UASC are conscious that if refused, they must return to a country from which they have fled; and therefore wish to correctly state their claim (The Children's Society, 2012). Since 2015, these interviews have taken place within an increasingly complex socio-political climate. The 'migration crisis' saw an influx of asylum seekers fleeing civil war and significant migrant deaths resulting from hazardous journeys (IOM, 2015); alongside a pervasive representation of UK asylum seekers as 'unwanted invaders' (Parker, 2015). Subsequently, in June 2016, Britain became the first member state to leave the European Union; with support for

Brexit strongly correlated with anti-immigrant prejudice (Meleady, Seger and Vermue, 2017). The recent decision to abandon the Dubs scheme, after the Government accepted just 350 of the pledged 3,000 refugees into the UK (BBC, 2017), perhaps indicates further the prejudice and opposition of child refugees.

Within this context, critics have argued the system is adversarial, and does not adequately allow UASC to make their case for protection (The Children's Society, 2007). Home Office data reveals that most UASC applicants are refused international protection status; and are granted refugee status at a noticeably lower rate than overall applicants (The Children's Society, 2012). Failed claims and uncertainty about the future are significantly linked to mental health problems in UASC (Bronstein and Montgomery, 2011). It is thus vital, that the system supports children's ability to successfully narrate their reasons for coming to the UK.

2.1.2 Best interests of the child

Although subjected to the same procedures as adult asylum seekers, UASC are among the most sensitive cases managed by the Home Office (Vine, 2013); and require special protection in immigration and status determination procedures (Law Centres Network, 2015). Consequently, specific procedural and legal obligations exist, intended to safeguard their welfare (Appendix F). These requirements should be applied throughout the asylum process, from when the child is encountered, until a durable solution has been reached (UK Visas and Immigration, 2013). The Home Office (2016) for example, states the importance of acknowledging children's tendencies to provide fewer details than adults in recalling experiences, and the need to sensitively allow children to explain inconsistencies in their accounts.

Despite legislation intended to protect UASC, contemporary migrations of UASC nonetheless occur within a complex legal and administrative framework. Children are seldom equipped to deal with the required processes, and numerous barriers hinder children's ability to comfortably narrate their claim (Law Centres Network, 2015). Children are often afraid to disclose information that may negatively impact on their families, and traumatic events are often too painful or shameful to recount (Law Centres Network, 2015). Despite this, their ability to remember, sequence and narrate events is often essential in determining their futures (UNHCR, 2013). Consequently, recent literature has highlighted the need for UASC to be perceived by Home Office staff as legitimate and trustworthy, to allow children to feel safe in comfortably narrating their claim (UNHCR, 2012a).

2.1.3 Problematic experiences of the substantive interview

Although significant legislative measures have been taken to safeguard children, the asylum process has been described as 'very complicated…frightening and bewildering' by UASC (The Children's Society, 2012, p. 1). Recent research suggests that the process is adversarial, indicative of a 'culture of disbelief' (The Children's Society, 2012), undermining children's ability to fully articulate their need for asylum (Crawley, 2010). Crawley's (2010) exploration of children's experiences highlighted a process that 'just makes me feel bad' (Crawley, 2010, p. 164), where 'no-one listens to you' and 'no-one gives you a chance to say what you're thinking' (Crawley, 2010, p. 166).

Whilst a report by the Independent Chief Inspector of Borders and Immigration found overall good interview practice, inconsistencies were found across regions (Vine, 2013). One stakeholder described interviews as inappropriately conducted;

failing to adhere to Home Office duties of care or make children feel at ease (Vine, 2013). A recent study by the Law Centres Network (2015) found that whilst lawyers representing UASC found many interviewers 'friendly and reassuring', others were described as 'aggressive, hostile and challenging'. They further noted that the interviewing style was often inflexible and prevented elaboration on previously stated accounts, with questions asked in a brisk and hurried way. Furthermore, in a recent study by Matthews (2014), interviews with UASC were described as:

> Stressful, adversarial and sometimes pervaded by an attitude of disbelief from the interviewing officer, [who lacked] empathy and made assumptions about the culture that they came from. (Matthews, 2014, p. 12)

The literature thus suggests an adversarial and stressful process, which undermines children's ability to fully make their claim for asylum (Crawley, 2010), offers insufficient protection (Bhabha and Finch, 2006), and inconsistently adheres to legislation (Vine, 2013). Despite expectations that Home Office staff will adopt a position of 'children first, asylum seekers second' (Hek, 2005), negative reports of interviews are frequent, and indicate a requirement for change, to protect the best interests of this vulnerable population. Given its significance in determining children's futures and the negative impact failed claims can have on individuals' wellbeing (Bronstein and Montgomery, 2011), it is imperative to increase understanding of children's lived experiences.

2.1.4 Discursive literature and asylum seeking

Whilst research indicates that UASC and related professionals often experience asylum interviews as an adversarial and stressful process, there is a scarcity of

research exploring exactly how the substantive interview is conducted. Analysis of the language used offers an innovative method of validating existing evidence.

The methodology and theoretical position (Edwards, 2005) of Discursive Psychology (Edwards and Potter, 1992), offers a novel approach to address what happens in the interaction of asylum interviews. Discursive psychology (DP) offers a focused and comprehensive exploration of how psychological business including prejudices and intentions, is managed within interaction (Edwards, 2005). Fundamentally, it allows a functional, deictic and critical analysis of language; and investigates what social actions take place within the discourse (Edwards, 2005).

DP has been extensively employed in refugee literature, to analyse how talk functions to justify the treatment and exclusion of asylum seekers (Goodman et al. 2014). In asylum interviews, how children's claims are supported or discredited and how children manage the high stake of their accounts, takes place within the interaction as discursive accomplishments. The discursive psychological approach (Edwards and Potter, 1992) offers a pertinent method of better understanding children's experiences of the interview and what is accomplished during this interaction.

2.1.5 Aims of the study

By analysing the discourse of interviews, this novel research investigates subjective accounts of 'disbelief and mistreatment', exploring what is accomplished through the language used by Home Office officials and UASC. The study explores whether the discourse represents an adherence to policy documents intended to safeguard UASC; whether it allows them to comfortably disclose valid information required

for fully informed high-stake decisions by the judicial system; or whether it confirms anecdotal reports of an adversarial process and culture of disbelief.

2.2 Methods

2.2.1 Research design

To achieve the aim of exploring the function of talk used within asylum interviews, a discursive analytic approach was selected as an appropriate method of inquiry. Critical of the way that psychologists might infer cognition from language, this approach instead focuses on the social action of talk and how it is situated sequentially, institutionally and rhetorically to manage stake, interest and accountability within interactions (Potter, 2012). Adopting this approach enabled a comprehensive and focused exploration of the discourse between interviewer and child, and what was accomplished within this interaction.

2.2.2 Participants

In line with recommendations for conducting DA (Potter, 2012), five male UASC were recruited through a law centre in the Midlands, amounting to 8.9 hours of material. Eligibility criteria are outlined in Table 2.1. Participant characteristics are detailed in Table 2.2. Each participant was assigned a number for anonymity.

2.2.3 Procedure

2.2.3.1 Ethical procedures

The research was designed and conducted in line with the British Psychological Society's ethics guidelines (BPS, 2009). Ethical approval was granted by Coventry University Ethics Committee (Appendix G).

2.2.3.2 Materials

Secondary source material in the form of interview transcripts and associated audio recordings was utilised. Data was anonymised prior to release to the researchers, with only demographic information provided. Since the most appropriate forms of data for DA involve interactions (Edwards, 2005) as they unfold in real-time in everyday or institutional settings (Potter, 1997; 2012), the transcripts provided a suitable dataset. The high stake of the interactions, given their influence in determining children's right to remain in the UK, reinforced the benefits of the data.

2.2.3.3 *Recruitment*

Participants were recruited through a law centre, with approval from management (Appendix H). Participants were recruited solely to gain consent to analyse their existing interview transcripts. A purposive sample (Vogt, Gardner and Haeffele, 2012) of interviews that met the inclusion criteria was selected from the law centre's caseload. Interviews adhering to the legislation outlined in Appendix F to varying degrees were selected, to minimise researcher bias.

Potential participants were sent an information sheet (Appendix K), contacted by telephone one week later and offered the opportunity to meet with the researchers to ask further questions, prior to consenting. Participants declined further contact and verbally consented to their transcripts and audio recordings being analysed (Appendix L).

Table 2.1 Participant inclusion and exclusion criteria

Inclusion criteria	i) Between 12 and 18 years old at interview
	ii) Came to the UK as an UASC
	iii) Asylum interview conducted between January 2015 and January 2017
	iv) Signed law centre data protection form, consenting to transcripts being used for research purposes
	v) Be able, willing and comfortable, to consent to their asylum interview transcript being read and analysed
Exclusion criteria	i) originated from a 'safe' country of origin (Nationality, Immigration and Asylum Act, 2002 s.94)

Table 2.2 Participant (p) characteristics

Participant (p)	Gender	Age at interview	Ethnicity
1	M	15	Afghani
2	M	17	Iraqi Kurd
3	M	15	Afghani
4	M	17	Eritrean
5	M	16	Eritrean

2.2.4 Analysis

In line with DA, the analysis focused on what was accomplished in the discourse; rather than inferences made about hypothesised cognition (Potter, 2012). Analysis of the data followed core methodological stages of DA (Appendix M; Potter, 2012) and adhered to the Jeffersonian convention (Atkinson and Hertiage, 1984). Excerpts from transcript 1 demonstrate the analytic process (Appendix N).

2.2.4.1 Quality assurance and self-reflexivity

Throughout the research process, the researcher had supervision and consultation meetings with a trainee psychologist support group, research team and an impartial advisor to manage subjective influences on the research process. The researcher kept a research diary, which facilitated reflection on the process and management of potential sources of bias.

During analysis, research meetings were held with a team of discourse analysts, including two lecturers and three doctoral students, where a selection of transcripts were jointly analysed, to increase validity of the analysis. Where possible, the researcher drew on similar actions commented on in existing DA literature, to highlight the validity of strategies chosen.

2.3 Results

Analysis of the data identified three discursive strategies, used to discredit the children's accounts in distinct but overlapping ways. The strategies included interviewers speculating on the rationality of children's fears; highlighting inconsistencies in their accounts; and presenting them with the impossible task of

trying to establish the credibility of their claim by answering intrinsically unreasonable questions.

2.3.1 Discursive device 1: 'Fear' versus 'fact'

The first discursive strategy highlighted how interviewers' speculation about the children's 'fear' functioned to discredit their accounts. Rather than investigating fear as a genuine consequence of deportation and being curious regarding the details, 'fear' was used rhetorically, to challenge the integrity of children's claims. This was met with strong counter-arguments from children, as they attempted to use their talk to justify credibility of their claims.

In extract 1, the child attempts to counter the interviewer's speculation about the plausibility of their fear by presenting claims of definitive fact. The extract follows an introductory statement from the interviewer ('I am now going to talk about your reasons for leaving Afghanistan and why you have claimed asylum in the UK'); and a comprehensive explanation from the child, regarding the Taliban destroying his village, prior to his journey to the UK.

Extract 1: Participant 1

1   *Interviewer*: And what do you, what do you fear <u>could</u> happen if you did

2   return to Afghanistan?

3   *Child*: I will be killed↑. My mother, she left Afghanistan and she could not

4   live there. And my elder brother, he could not live there. I have no one there

5   to return. My father could not defend or protect us or build our life, how we

6   can go there and live

7   *Interviewer*: And (2) if you returned to Afghanistan (.) where: and when in

8   the country do you fear that you <u>could</u> be targeted↑?

9   *Child*: Whenever and wherever I go to Afghanistan I will be targeted

In lines 1 and 7-8, the interviewer speculates on hypothesised situations ('what do you fear <u>could</u> happen' and 'where: and when…do you fear that you <u>could</u> be targeted'), the nature of which prevents the child from answering definitively. This strategy is reinforced, with the interviewer drawing on the emotion of 'fear', to highlight the hypothetical nature of the child's claim. Edwards (1999) highlights how 'emotion discourse' provides a flexible rather than fixed resource, with potential for rhetorical opposites and contrasts, which can act to undermine the sensibility of an individual's actions. Used in combination with 'could', the emotion is formulated as a belief, ungrounded in fact; thus the interviewer poses the child's fear as a phobic possibility rather than statement of fact.

The child, contrastingly, uses talk to legitimise his account. The phrases 'I will be killed' (Line 3) and 'I will be targeted' (Line 9) highlight the factual nature of his claims, remove doubt; and undermine counter-arguments that the interviewer might present. The phrases operate to challenge the presumption that this is only a fear, rather than a definitive consequence of deportation. The legitimacy of his account is further emphasised in line 9, whereby the child's extreme case formulation (Whitehead, 2015) of 'whenever and wherever' encompasses all scenarios and thus obstructs any possible challenge to legitimacy. In lines 3-5 the child makes comparisons with his elders, to highlight and justify his vulnerability. This is further emphasised by the rhetorical question, 'how can we go there and live' (Lines 5-6), which draws attention to the suggestion of returning to Afghanistan as impossible and unfair (Goodman et al. 2014).

Extract 1 therefore highlights a conflict between dilemmas of stake, as the child attempts to establish his account as factual and stable, and deconstruct the interviewer's account as inaccurate; and the interviewer discredits the account through use of speculation on the rationality of his fear (Potter, 1997).

This use of 'fear' as a potential or hypothetical state rather than a definitive outcome of deportation is further highlighted in Extract 2. Unlike extract 1, the interviewer's questioning regarding the child's fear is not explicitly introduced. The questioning is disconnected from previous discourse, which involves repeated questioning about the child's knowledge of the Tigre language.

Extract 2: Participant 4

1   *Interviewer:* Okay, who↑ do you <u>fear</u>↑ in Eritrea?

2   *Child:* The police and the government

3   *Interviewer:* And what do you <u>fear</u> happening to you if you go back?

4   *Child:* I don't know what they're gonna do: Either they will kill me or put me

5   in prison or they send me to the army

6   *Interviewer:* Wh=why do you fe=why do you <u>think</u> these things will happen

7   to you (.) if you go back?

8   *Child:* I left my country illegally

9   *Interviewer:* And if you <u>did</u> go back to Eritrea (.) <u>where</u> in that country would

10   you be at risk?

11   *Child:* At any place. At airport, at house, on the street

In lines 1 and 3, the interviewer begins questioning the child's claim in a similar vain, with the use of the word 'fear'. In line 6 however, the interviewer uses self-initiation self-repair, an automatic process performed by a speaker resulting from delicate monitoring and error-detection of their faulty discourse (Levelt, 1983). The cut-off and word replacement functions as a self-righting mechanism for language used in social interaction, which intrinsically deals with inherent sources of trouble (Schegloff, Jefferson and Sacks, 1977); and remedies mistakes in conversations, often due to acceptability problems (Levelt, 1983). In this example, the interviewer interrupts his flow of speech and corrects the emotional descriptive of 'fear' with the self-repair of 'think'. This further indicates a formulation of the emotion discourse as opinion, or ungrounded speculation, rather than fact (Edwards, 1999).

In order to counter the speculation posed by the interviewer, participant 4 uses his talk to highlight the definitive nature of his account. In line 8, he uses claims of factual events to justify and highlight the rational accountability of his fear. Parallel to participant 1, in lines 4-5 and 11, the child uses his talk to encompass all possible situations ('Either they will kill me or put me in prison or they send me to the army' and 'At any place. At airport, at house, on the street'). His use of three-part lists emphasises the extent of his vulnerability. Furthermore, the strategy is used to counter speculation and doubt cast by the interviewer in his fluid use of 'fear' and 'think'. This is achieved by offering a scenario that prevents any opposition to his claim.

This fluidity between 'fear' and 'think' for the interviewer, and the child's high stake and interest in defending his claim is further highlighted in Extract 3. The extract follows a period of confusion between interviewer and child; the child's

discussion of being 'interviewed' by police, is incorrectly heard as 'interrogated' by the interviewer. After remedying the miscommunication, she proceeds to question him about his fears of deportation.

Extract 3: Participant 3

1   *Interviewer:* Who do you <u>fear:</u> on return to Afghanistan?

2   *Child:* I fear from my paternal uncle, also from the Taliban

3   *Interviewer:* <u>Why</u> d'you fear them?

4   *Child:* My uncle there, he will not spare me, he will not spare me

5   *Interviewer:* Okay

6   *Child:* He will kill me

7   *Interviewer:* When do you think this will happen?

8   *Interpreter*: After he return

9   *Interviewer*: Sorry

10   *Interpreter*: [After]

11   *Interviewer*: [No]. The question is <u>when,</u> when do you think this will happen

12   *Interpreter*: After he returns back to Afghanistan, yeah?

13   *Interviewer*: No, no, no. So he's saying "my uncle, he will not spare me, he

14   will kill me" >When do you think this will happen<?

15   *Child*: If I return

16   *Interviewer*: <u>Where</u> do think this will happen?

17   *Child*: Anywhere. If I am there, he will not spare me he will kill me

In this extract, despite the interviewer initially questioning the child's 'fear' in lines 1 and 3, this has been explicitly replaced with 'think' by line 7, continuing through lines 11, 14 and 16. This again highlights the interchangeable use of 'fear' and

'think', indicating that the child's fear is discussed in terms of ungrounded speculation, and functions to cast doubt on the legitimacy of his claim. The shift places the onus on the child, to justify his 'beliefs' about deportation; to which the child again responds with explicit statements of fact that his uncle 'will not spare me' (Lines 4 and 17) and 'will kill me' (Lines 6 and 17).

In this extract, the reader can observe a return to hypothetical questioning, the nature of which cannot be definitively answered, including 'when do you think this will happen' (Line 7) and 'where do you think this will happen' (Line 16). The perplexing nature of this questioning can be seen in the discourse between interviewer and interpreter in lines 7-14. The interpreter repeats his reply (Lines 8, 10 and 12), serving to clarify his response. His concluding remark of, 'After he returns back to Afghanistan, yeah?' and the shift from acting as interpreter to interviewee further acts to indicate the problematic nature of the questioning.

In summary, the first discursive device involves the rhetorical use of fear to highlight speculation on the part of the interviewers, and children then responding to demonstrate the legitimacy of their claims. Whilst interviewers would be somewhat required to challenge the child to check the credibility of their accounts, the problem is inherent in how this challenge is carried out. The extracts demonstrate the interviewers achieving challenge by essentially arguing the extent to which the child's fear is rational. The self-repair in extract 2 is of particular interest, showing that even the interviewer demonstrates difficulty in asking what appears to be a standard form of questioning.

2.3.2 Discursive device 2: 'That's not what you said before'

Whilst this initial discursive strategy offers a subtle approach to discredit the child's account, the formulation of their claim as inaccurate is accomplished in more explicit ways. The following extracts demonstrate interviewers highlighting inconsistencies in children's accounts to challenge credibility of their claims. In each transcript, the process is initiated with the interviewer establishing agreed accountability with previous case evidence, by ensuring the child declares the honesty and accuracy of previous accounts. The child's requests for flexibility in the opening minutes of the interviews are typically ignored, inhibiting their ability to amend previous accounts. This process further functions to affirm the power relationship, and highlights that the interviewer is in control of the interview format and questioning.

In the following extract, the interviewer uses this agreed accountability to discredit the child's claims and construct him as dishonest, by highlighting inconsistencies between current and previous accounts. Conversely, the child attempts to manage his legitimacy by using denials and contrasts. Immediately prior to the extract, the child had attempted to ask a question and was reminded that he must answer, rather than ask, questions; thus reinforcing the power dynamic in the relationship.

Extract 4: Participant 2

1   *Interviewer*: >Did you have a passport<?

2   *Child*: No

3   *Interviewer:* Right, in your screening interview you stated that you <u>did</u> have a

4   passport=can you explain

5   *Child*: I didn't say that

6   *Interviewer*: Okay I'm just going to take the time to remi:nd you (.) that you

7   confirmed that what was stated in the screening interview (.) was true and

8   accurate, okay

9   *Child*: Yes I did say <u>that</u> but I never said I had a passport

The extract begins with an option-posing prompt, 'Did you have a passport?' (Line 1). These are typically used to focus attention on details that have not yet been mentioned, to imply the response is unknown, and that no particular response is expected other than confirmation or negation of the question (Keselman et al. 2010). In line 3 however, the interviewer uses the prompt to highlight his response as inconsistent, rather than unknown, and begins her implication that the child is lying. She first directs the child to existing evidence, the concrete nature of which highlights the accuracy of her account and limits the possibility of counter-argument. The use of 'you stated' holds the child to account and places the onus on the child to explain the identified inconsistency. The strategy works to challenge the child and question the legitimacy of his account.

The child responds to the request for explanation ('can you explain', Line 4) with a definitive denial, to uphold the credibility of his account. In lines 6-8 however, the interviewer contradicts the child's presented image of honesty and legitimacy. Line 6 commences with use of a minimising marker 'just' (Line 6; Beeching, 2016), which acts to lessen the force of her proceeding face-threatening act, FTA (Brown and Levinson, 1987). This FTA works to remind the child of his previous account; places onus on him to explain the inconsistency; and restricts his ability to freely present a counter-argument (Brown and Levinson, 1987).

In line 9, the child further attempts to manage his accountability by using a contrast. This technique functions to manage the legitimacy of his claim and strengthen his argument by emphasising the difference between factual ('Yes I did say <u>that</u>') and inaccurate accounts ('but I never said I had a passport'). As no consensus is reached regarding the truthfulness of either interviewer or child, the interviewer ceases her inquiry and progresses to questions related to residency. The extract therefore highlights the conflict between interviewer and child as they attempt to manage the credibility of their conflicting accounts; and the high stake for the child and need to establish his credibility, even when confronted with concrete opposing evidence.

This process of interviewers highlighting inconsistencies in accounts, to construct children as 'dishonest', whilst children manage the legitimacy of their accounts, is observed throughout each transcript. The importance for both parties to have their account deemed accurate is demonstrated in the lack of flexibility and movement in the narratives. Extract 5 follows a section of questioning about the child leaving Afghanistan, after his uncle murdered his father. The interviewer uses specificity to highlight inconsistencies and discredit legitimacy, whilst the child uses vagueness and personal account to maintain his credibility:

Extract 5: Participant 3

1   *Interviewer:* What <u>ti:me</u> did your brother-in-law take you?

2   *Child:* It was (.) midday time

3   *Interviewer:* Sorry?

4   *Child:* Around midday

5   *Interviewer:* Around midday

6   *Interviewer:* In your: witness statement paragraph seventee:n (.) it sta:tes it

7   was <u>evening</u> time (.) can you explain?

8   *Child:* Around evening time he handed me over to another person (3) but he

9   took me around midday

10   *Interviewer:* Sorry (.) around evening time he handed me to another person?

11   *Child:* =My brother in law took me (.) around midday (4) so when he take me

12   to the other person it was evening when (2) By the time we got there it was

13   evening when he handed me to the other person, to that person

14   *Interviewer:* In your↑: witness statement it states the journey took 3 or 4|

15   hours↑ (.) so if you left at midday it would still be daytime (.) when you (.)

16   arrived. >Can you explain<

17   *Child:* It was=as I said, the darkness had spread, it was evening time

In this extract, the child responds to the interviewer's specific question (Line 1) with a vague response (Line 4). The strategy of vagueness functions to provide flexibility and minimise the possibility of being 'wrong'. The interviewer replies with greater specificity ('in your witness statement paragraph seventee:n'; Line 6), which acts to emphasise the 'truth' of the highlighted inconsistency, thus constructing the child as dishonest. Similar to participant 2, the child attempts to retain the credibility of his account by using a contrast (Lines 8-9). This technique enables the child to corroborate the interviewer's account ('around evening time he handed me over') whilst maintaining the legitimacy of his claim ('but he took me around midday').

In response to the interviewer's subsequent questioning of his claim (Line 10), the child recounts a lengthy narrative, threading together the inconsistent accounts (Lines 11-13). Use of pronouns including 'me' and 'we' highlight his private knowledge of the event, versus the interviewer's lack of direct knowledge, adding

credibility to his claim (Goodman et al. 2014). In response, the interviewer manages her accountability, referring to existing evidence to highlight another inconsistency and further target the legitimacy of his account (Line 14). The interviewer uses an, 'if *x* then *y*' formulation (Reisigl and Wodok, 2001), to connect and justify transition from the argument ('if you left at midday'; Line 15) to the conclusion ('[then] it would still be daytime when you arrived'; Line 15-16). This functions to validate her argument, and further construct the child's account as inaccurate. Despite this, the child reiterates his narrative ('as I said'; Line 17). The disregard for the interviewer's accusations, and consistency in his account, function as an assertive response to re-establish agency, and demonstrate the legitimacy of his claim.

In accordance with interrogation literature, the second discursive device thus demonstrates interviewers using accusatory questioning, to hold the children to account and highlight conflicting narratives (Leo, 2008). This functions to deny the legitimacy of their claims and construct them as dishonest (Parker, 2015). The high stake of deportation is revealed in the children's responses, as they attempt to manage their accountability in spite of this. A repertoire of contrasts, vagueness, definitive denials, and personal accounts each function to advocate credibility.

2.3.3 Discursive device 3: 'Tell me exactly what happened'

A final device used to discredit the legitimacy of the child's claim involves requests for specificity, when recollecting past events. The interviewer's use of 'exactly' creates a requirement for precise and accurate recall. Not only does this increase the chance of error for the child, the precise and personal nature of the questions means they can neither be adequately answered nor verified. This presents the child with

the impossible task of trying to establish the credibility of their claim by answering questions that are intrinsically unreasonable.

Extract 6 follows a lengthy section whereby the interviewer questions the credibility of the child's claim by referring to his witness statement. The interviewer's use of 'exactly' functions to establish precision and detail, whilst the child both highlights the strategy as problematic and attempts to manage his account and maintain credibility.

Extract 6: Participant 1

1   *Interviewer*: And in your statement you say that you:: you hid (.) you hid in a

2   well (.) to avoid the \<Taliban\>. How exactly did you, did you hide in the

3   well?

4   *Child*: You mean how I get into the well?

5   *Interviewer*: Yes

6   *Child*: That well was dry (.) no water in there, and there was something, by

7   which we were collecting water before. I was sitting in that and my mum was

8   using the handle to get me down the well

The interviewer begins (Lines 1-2), by orienting to the witness statement. As discussed in the previous device, demonstrating the overlapping nature of the strategies, this functions to hold the child to account and prevent digression from case evidence. The interviewer proceeds to glean specific details of the child's claim by asking, 'how exactly did you, did you hide in the well?' (Lines 2-3). A cross-examination interrogation technique (Leo, 2008), the use of 'exactly' functions to pin down vague answers and seeks to demand a precise response.

The format of the enquiry is, however, inherently problematic. As 'hide' functions as the sentence descriptor, the question is self-explanatory and needs no further justification; contrary to the precise detail requested by the interviewer. Furthermore, the question requires a response that can only be verified by those present at the scene, leaving the child with an impossible task. Both elements of the question prevent the child from providing useful, verifiable detail that may support the credibility of his claim.

The problematic nature of the question is highlighted in the child's response, 'You mean how I get into the well?' (Line 4). The child orients to the question as problematic and unreasonable, by attempting to reframe the inquiry. The strategy enables him to provide a detailed response, as observed in lines 6-8, therefore creating the opportunity to present his account as accurate and believable. The child is able to use the unverifiable nature of the question to his advantage in this passage. The use of first person pronouns ('we' and 'I'), exemplifies his private knowledge of the scenario, and therefore prevents his account being disputed (Goodman et al. 2014). Following this, the interviewer proceeds to ask unrelated questions, rather than pursuing the credibility of the child's narrative. This demonstrates that 'exactly' is not used to glean specific details and build a verifiable picture of the child's narrative; instead it functions to challenge the child's truthfulness by asking intrinsically unreasonable questions, which cause a problem for the child in attempting to establish the credibility of their claim.

Extract 7 further demonstrates the problem created by the requirement for specificity. This time however, the reader can observe the interviewer *himself*

orienting to his questioning as potentially problematic. The extract follows a series of questions inquiring how the child was able to leave Eritrea to seek asylum, in an attempt to verify the truthfulness of his claim.

Extract 7: Participant 4

1   *Interviewer:* Okay, I'm going to ask you some questions <u>no:w</u> about Eritrea

2   (.) which I'd like you to try and answer for me please

3   *Child:* Okay

4   *Interviewer:* Did your pa↑rents ever <u>ta:lk</u> to you about Eritrea

5   *Child:* A little

6   *Interviewer:* What did they tell you about Eritrea?

7   *Child:* Whatever I heard it wasn't good about Eritrea (8) just problems and

8   catastrophe

9   *Interviewer:* Can you tell me exactly what they told↑ you

10   *Child:* The last things we've heard is that they've confiscated our house

The interviewer sets up his inquiry with a request (Lines 1-2), as indicated by the use of 'please', rather than a command; which initially appears to provide agency and choice to the child. The use of 'try' also orients to the question as potentially problematic, and provides an allowance to the fact that the questions may be unanswerable.

The interviewer then proceeds to ask increasingly specific questions to hone and question the details of the child's account. The initial question (Line 4) is framed as an option-posing prompt, which requests the child to simply confirm or negate the question. The child responds however, with vagueness (Line 5). This creates

opportunity for flexibility in future responses and enables him to maintain control over managing his account. In response to the vagueness, line 6 is framed as an invitation to the child, "what did they tell you". This requires further detail and functions to indicate that the interviewer's desired response actually required greater specificity. The child again responds with a vague answer (Lines 7-8). Whilst imprecise ('whatever I heard it wasn't good'), the response functions to present Eritrea as ultimately unsafe ('just problems and catastrophe'); and thus serves to highlight the credibility of his claim.

Despite the initial allowance afforded to the child in line 2 ('try'), the interviewer finally responds to the child's vagueness with specificity, 'Can you tell me exactly what they told you?' (Line 9). The use of 'exactly' functions to request entirely accurate recall of a past conversation, yet in doing so creates a question that is both unanswerable and unverifiable. As the answer cannot sufficiently adhere to the request, the question does not serve in the interests of the child to build up a verifiable account of his claim. The potentially problematic nature of the question can again be observed with the words 'can you' (Line 9), which indicates that the child may not be able to accurately respond.

In response to the specificity, the child shifts from use of the first person singular pronoun 'I' (Line 7) to the first person plural pronouns, 'we' and 'our' (Line 10). This strategy functions to orient to the event being mutually understood and shifts the onus of justifying his account from an individual to a shared responsibility with his parents (Wiggins, 2016). The unanswerable nature of the question is demonstrated in the child's response, which does not provide a verbatim account of a prior conversation. Instead, the child manages the problematic questioning by

providing a response that is sufficiently personal and detailed, to indicate truthfulness and warrant his claim for asylum but vague enough to avoid dispute.

Again, the interviewer does not pursue further detail following the extract, demonstrating there is little interest in pinning down the specifics of the child's account or verifying facts. Rather, the strategy works to challenge the child's credibility, through asking questions that cannot be sufficiently answered or proven. The specificity used creates a pressured environment and deducts agency from the child, preventing the opportunity to build a verifiable account.

2.4 Discussion

The discursive analysis of asylum interviews with UASC, carried out in the research, revealed an interrogatory and adversarial process. Interviewers' discourse functioned to inhibit and discredit expression of children's accounts and construct them as dishonest, whilst children's talk demonstrated the high stake and interest of presenting their claim as sincere and accurate.

2.4.1 Discussion of findings

2.4.1.1 An interrogatory and adversarial process

While policy guidance recommends that interviews should be non-adversarial and child-friendly (Crawley, 2010) the current research found this was not the case. In the data analysed, the language was accusatory, and facilitated construction of children as dishonest. Rather than working collaboratively to empathetically establish an accurate narrative, the analysis demonstrated interviewers employing interrogation techniques, which challenged children's accounts.

A commonly used interrogation strategy used throughout the data involves highlighting inconsistencies with existing evidence (Leo, 2008). This strategy functions to make an accusation of lying and elicit an incriminating statement. It exerts pressure and breaks down resistance, leading to resignation, fear and powerlessness (Leo, 2008).

In extracts 4 and 5, interviewers' talk explicitly functioned to hold children to account, and highlight conflicting narratives. Rather than considering the normality of autobiographical events varying on repeated telling (Crawley, 2010), this strategy functioned to challenge truthfulness in children's accounts. Whilst interviewers are required to establish the accuracy of claims, this was achieved from a position of challenge rather than enquiry and interest. By using this strategy in combination with the cross-examination technique of pinning down (Leo, 2008), within a context of disbelief, interviewers created opportunities to highlight claims as false. Inconsistent accounts are often used by decision makers to evidence false claims (Herlihy, Scragg and Turner, 2010); thus this strategy has significant clinical and policy implications.

2.4.1.2 A culture of disbelief

Within asylum literature, a 'culture of disbelief' is argued to permeate the system, the aim of which is to reduce the rate of refugee recognition (Anderson, Hollaus, Lindsay and Williamson, 2014). This forestalls protection of those who need it, as asylum seekers must prove their credibility prior to receiving safety and support. UK policy recognises the particular vulnerability of UASC, and guidance clearly indicates that, *the benefit of the doubt will need to be applied more generously when dealing with a child*" (UK Visas and Immigration, 2013, para. 16.4). Research

has further emphasised the need for children to be considered trustworthy (Law Centres Network, 2015), as disbelief can cause considerable distress and anxiety (European Union Agency for Fundamental Rights, 2010), impeding narration of accounts (Law Centres Network, 2015). Despite this, literature has indicated that children's claims are often disbelieved (The Children's Society, 2012).

The present study provided concrete evidence of how a 'culture of disbelief' operates within the discourse of interviews. Each of the strategies functioned to challenge the legitimacy of children's claims and construct them as dishonest; substantiating claims of previous research (Bevelander and Petersson, 2014; The Children's Society, 2012). The fluidity between 'fear' and 'think' demonstrated a construction of children's fears as ungrounded rather than factual; and accusations of lying indicated interviewers' distrust.

The construction of children as dishonest indicates interviewers' alignment with the notion of 'bogus asylum seekers'. Research has associated this term with a perception of asylum seekers as undeserving of sympathy and support, and receiving unequal treatment (Goodman and Speer, 2007); potentially impacting on interviewer's ability to remain impartial and provide UASC with the benefit of the doubt. Creating an environment that enables children to safely narrate their experiences is critical in determining their futures (Law Centres Network, 2015). Thus, the use of language to speculate and discredit children's claims is of significant concern.

2.4.1.3 Removing children's agency

Policy guidance indicates that children should be able to express themselves in their own way, at their own speed (UK Visas and Immigration, 2013). Research indicates however, that the structure of interviews is often heavily pre-determined, causing children to feel powerless (The Children's Society, 2012) and constrained by questions asked (Crawley, 2010).

The extracts discussed corroborated findings that UASC are acted *upon* and assumed to have no agency (Crawley, 2010). Rather than a collaborative and equal process, the discourse shared features of a courtroom trial; where the institutional representative holds power, and imposes restrictions on the format of the event (Atkinson and Drew, 1979). Questions are 'weapons' to challenge claims and 'vehicles' used to make accusations; with only precise, concise and specifically requested information deemed satisfactory (Luchjenbroers, 1991).

The discourse of the extracts indicated interviewers' authority. They heavily determined the interview format, prevented children from asking questions, and expected them to verify rather than add details. The process established UASC as passive recipients in a system controlled by Home Office officials, creating a dynamic, which undermined children's ability to fully articulate their experience. This established power relationship is particularly problematic in the cultural context of UASC. Many UASC grow up in cultures where they are expected to respect and obey their elders, and be submissive to authority figures (The Children's Society, 2012), potentially preventing elaboration of their account and inhibiting narration of important details. This unequal dynamic offers a further challenge for UASC, demonstrating the interview as a trial where children must argue their innocence to

an institutional representative; rather than the child-friendly, fact-finding interview indicated by policy guidance.

2.4.1.4 Strategic recollection by UASC

The function of the children's talk offered important insight into the high stake of the asylum interview for UASC. Keselman et al. (2010) note that asylum seekers often act tactically by deliberately emphasising or diminishing certain aspects of their experiences. A tendency to be economical with the truth about their flight is suggested to function as a survival strategy, allowing them to retain some level of power and control in managing their account (Kholi, 2006).

In this study, the contrasting strategies of vagueness and claims of definitive fact functioned to prevent counter-argument and argue the honesty and accuracy of their narrative. The unwavering nature of their claims highlighted the high stake and interest for each child, as they attempted to align themselves with a 'genuine refugee' identity (Goodman and Speer, 2007; Lynn and Lea, 2003); and emphasised the potentially drastic consequences of deportation.

2.4.2 Clinical implications

Incredulous language and questioning style can affect the completeness and accuracy of children's narratives (Keselman et al., 2010; Law Centres Network, 2015). Yet throughout the transcripts, interviewers' talk functioned to speculate and challenge children's accounts. The findings emphasise the need to reject unanswerable, speculative, hypothetical and accusatory questions, to allow children the ability to safely narrate their claims.

Addressing the power dynamic of the relationship would enhance this process. By denying the child's agency and voice, interviewers are prevented from hearing children's unique perspectives on the circumstances that compelled them to seek asylum. As Crawley (2010) argues, these can often only truly be understood within the child's personal and cultural context. Thus, providing children agency in recounting their experiences, allowing them to ask questions and speak about their journey without interruption, may facilitate more accurate narration.

Bertrand (2000) highlights the benefits of non-directive autobiographical methods in interviewing UASC, employing empathy, unconditional acceptance and neutrality, to give power to the child and facilitate narration of their account (Bertrand, 2000). Broader invitations have been found to yield more accurate information and help develop a comprehensive understanding of the child's experiences (Bertrand, 2000; Keselman et al. 2008). The method requires interviewers to put themselves in the point of view of the child, who is seen as the expert of their experiences, and respect the child's intimate knowledge through active listening, understanding and gentle reminders about the topic of conversation (Bertrand, 2000). Allowing children to provide their own narrative version of events through free recall has been found to facilitate the most accurate account, which is coherent, and grounded in lived experience (Rozell, 1985); thus may provide a helpful alternative to aid narration.

The study demonstrates that the current use of a rigid script, comprising option-posing prompts based on previously submitted case evidence, inhibits narration of children's claims. Training interviewers to adopt a more curious and interested approach, using open questions and empathic continuers ('uh huh' and 'mmhmm') to prompt narration and demonstrate the interviewer is listening, would assist

officials in discovering the truth; and allow UASC to express themselves in their own way (UK Visas and Immigration, 2013), without fear of retribution.

Alternatively, the use of clinical psychologists within asylum interviews may provide a novel method of facilitating accurate narration of children's claims. Clinical psychologists hold expertise in offering high quality assessments, drawing on a range of scientific theory and evidenced-based practice to inform their understanding of an interviewee's narrative; and are experienced in working compassionately with trauma, throughout the lifespan (Taylor, 2015). Their skills in reflective and reflexive practice (Dallos and Stedmon, 2009) would further contribute to important understanding regarding the impact of child development and differences in language and culture on the process of interviewing, and the resulting narratives. Whilst beyond the scope of this paper to fully explore the potential role of clinical psychology within this field, the complexity of interviews with UASC and the potentially re-traumatising nature of interrogatory procedures lends support to the introduction of staff, who hold specialist knowledge in both child development and trauma.

2.4.3 Methodological limitations

Vine (2013) highlighted inconsistencies in interview approaches across regions. In the current study, participants were recruited from one law centre in the UK; thus the transcripts analysed were limited to a specific region. It is possible that findings in this region were biased towards a more interrogatory approach, than might be found in other areas across the UK. The sample was also a relatively homogenous group, notably teenage, male asylum seekers. The specific features of this sample may have led to interviews being conducted in a particular way, which might not apply to

unaccompanied minors with other characteristics, such as females or younger children. Replication of this study in other counties, with a more heterogeneous group, would help ascertain whether similar discursive strategies are used in other regions and contexts, and with different demographic groups.

Whilst interview transcripts provide a suitable dataset for discursive analysis, the presence of an interpreter may have affected the findings. When mediated by an interpreter, interviews become a triadic exchange, adding complexity to the strategies of interaction (Schaffner, 2015). Keselman et al. (2010) found that whilst UASC's responses in interpreter-mediated interviews are typically accurate, mistranslations do occur. This can include interpreters ignoring or 'improving' responses. It is unknown how much of the interaction was lost in translation in this study, and to what extent this may have impeded accurate analysis.

2.4.4 Future research

In addition to the strategies discussed, additional features of the interviews warrant further analysis. This included asking multiple questions on sequences of events, and making erroneous assumptions about children's ability to infer others' motives. Some examples of good practice were also observed, although these were limited to participants one and three. In transcript three for example, the interviewer attempted to manage the dilemma of interviewing both an asylum seeker and a child by interchangeably asking repeated questions followed by enquiring about the child's comfort. As this was not the case across all interviews, it was beyond the scope of this paper to comprehensively discuss these features. Analysis through further research however, may provide further enlightenment regarding the experiences of UASC within asylum interviews, and further contribute to required service changes.

2.5 Conclusion

Extensive policy guidance recognises specific difficulties for UASC in narrating their claims for asylum, and the need for special protection and care in immigration procedures. The current study offers an innovative and novel exploration of this process. The authors argue that it lends support to how an interrogatory and adversarial system is materialised within the discourse of asylum interviews, and demonstrates how a 'culture of disbelief' operates. The study highlights the urgent need for a shift in the discourse of Home Office interviewers, away from interrogatory strategies to empathic, non-directive language. Creating an environment, which allows children to safely narrate claims is imperative, and critical in determining the future of this vulnerable population.

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Chapter 3: Reflective Paper

A struggle for power and control: A reflective account of the

Doctorate Process

Overall chapter word count (excluded tables, figures and references): 2,920

3.1 Introduction

Reflection is a critical element of self-understanding and learning (Bennett-Levy, 2003), which enables the development of insight. For psychologists, the ability to reflect on the self, on our experiences and on dynamic processes, is a vital aspect of our continuing professional development. As therapists, it allows us to achieve moments of meeting, imperative to practice in an authentic, engaged and highly skilled manner (Coughlin, 2016). As a qualitative researcher, self-reflexivity is a necessary component to ensure one adopts a critical stance and challenges biases and assumptions (Sullivan, 2015). It encourages the imperative stage of turning the lens onto oneself (Berger, 2015), enabling us to become aware of our subjectivities and epistemological position throughout the research process. This allows us to remain authentic in representing the data analysed, without the influence of biases and preconceived ideas.

The purpose of this chapter is to provide a reflective account of my journey of carrying out my Doctoral thesis; and reflects both on the challenges it evoked and its impact on me personally, as a clinician, academic and researcher.

3.2 Developing an idea: Reflecting on values, challenging assumptions

The process of choosing a research topic came naturally, and was interwoven with my beliefs, previous experiences and principles. My core values have always motivated me to advocate for others. This innate desire to help marginalised individuals, who have been placed in devalued positions, from where it is difficult for them to voice their opinions and needs, has both led me into a therapeutic career and informed my research choices as an academic.

A talk by a local refugee centre manager in the first year of the Doctorate course inspired me to reflect specifically on struggles faced by the asylum-seeking population. Despite their resilience, he described the marginalisation of young asylum seekers by society, and their vulnerability within a context of austere times; often preventing them from feeling empowered and having their voices heard. His passion and commitment to help young asylum seekers and challenge negative representations, rife throughout the media, was infectious; and solidified my fervour to provide a voice to unaccompanied asylum seeking children.

Considering the underlying reasons for this choice of topic led me to reflect on certain reciprocal roles, present throughout my life. I recognise often placing myself in a 'powerless' position and seeing others as powerful 'persecutors' or 'rescuers' (Karpman, 1968). The discomfort caused by this vulnerable position has typically triggered a tendency to transform into a 'rescuer', in order to feel valued. Given my tendency to take on this 'rescuer' role, it was perhaps unsurprising that I selected a topic that involved marginalised individuals often perceived in society as 'vulnerable' and 'requiring assistance' (Department for Education 2016; The Children's Society, 2012).

Reflecting on this dynamic, I became aware that this 'rescuer' position could potentially lead me to, unhelpfully, place others into the 'rescued' or 'victim' position, with a tendency to discount their agency and sense of control (Ryle & Kerr, 2002). It was important in developing my research and considering the analytic process, therefore, to be mindful of these tendencies as possible influences on the research process. Specifically, it was imperative to be aware that this victim-rescuer dynamic might be present in my role as researcher; potentially impacting on my

interpretation of the data, inadvertently placing participants in a powerless, rescued position. Being aware of this dynamic allowed me to sensitively manage this as a potential source of bias, through actively employing analyst triangulation. This process was enabled through peer supervision, consultation with research supervisors, and analysing the data with other discourse analysts; each of which helped me to recognise and reflect on my biases, and minimise the impact of my personal values and assumptions on the interpretation of the data.

3.2.1 The 'missing' position

My growing awareness of these different roles led me to reflect on Karpman's drama triangle, a model of human interaction that maps destructive interaction during times of conflict (Karpman, 1968). The triangle indicates that individuals automatically rotate through three positions: 'persecutor', as well as my more familiar roles of 'victim' and 'rescuer'. Thus I became mindful of this missing 'persecutor' position within my own narrative, the potential impact of entering this blaming, critical and rigid hidden position, and how this could influence my analysis of the data.

In training to become clinical psychologists, we are encouraged to frequently reflect on ourselves and the impact of our experiences, assumptions, biases and values on our clinical practice; as well as seek personal therapy in order to uncover our subconscious thoughts and feelings. Engaging with each of these processes during the Doctorate provided a helpful foundation, which facilitated my ability to remain mindful of my conscious and hidden tendencies and biases. It also taught me however, the need to seek external support in order to become aware of my blind spots, which may subconsciously bias interpretation of the data. Throughout the

research therefore, I discussed my thoughts and feelings about the research with my colleagues and supervisors and encouraged their reflections on the process, in order to challenge my biases and assumptions. Early on in this process however, I became aware that many of my colleagues held similar views and assumptions. I recognised therefore, the need for impartial advice, to ensure that my analysis would be grounded in the data and reflect the realities of participants' discourse.

3.2.2 An important meeting

During the process of developing my project I sought an opportunity to meet with an impartial advisor, an expert in the field of refugee research. The meeting encouraged me to think further about my biases and assumptions and their potential impact on my analysis. Prior to the meeting, I presumed that my advisor would confirm my assumptions and disclose an absolute lack of adherence to Home Office policy. The media portrayal of asylum seekers living in 'jungle camps' and being turned away from host countries, in conjunction with my own biases, led me to believe that an insider view of the situation would simply confirm my negative assumptions of the process of seeking asylum.

One of my assumptions, perhaps originating from my hidden persecutor position as well as the existing literature (The Children's Society, 2012), involved a critical perception of Home Office officials as distrusting of and mistreating young asylum seekers. I was surprised, therefore, to learn about the numerous accounts of good practice my advisor had witnessed, in their time researching interviews of asylum seeking children. This led to a discussion about the complexities of interviewers' jobs and the constraints placed on them by the Home Office and by the wider societal context; and challenged my presumptions about the level of power and

control held by individual officers. This enabled me to adopt a more compassionate stance towards interviewers and thus better manage my own biases and assumptions throughout the research process.

3.3 Choosing a methodology: Unleashing my inner philosopher

As an undergraduate student studying philosophy and psychology, Wittgenstein's Philosophical Investigations captivated me. As a developing psychologist, I was both conflicted and intrigued with regard to the dilemmas his theory posed to my ability to infer others' cognitions, feelings and thoughts from their use of language. Wittgenstein was critical of the interpretation of words, and the idea that they might be seen as descriptions of inner phenomena. This encouraged stimulating reflection regarding whether or not I could more fully understand my clients' minds based on their narratives, and what this would mean in trying to develop a shared understanding of their difficulties. It was perhaps unsurprising, therefore, that an opportunity to further explore language within a psychological framework for my data analysis, appealed.

In choosing my research topic, I was aware of my passion for the subject and the importance of giving credence to my participants' situations. My previous uncertainties regarding inferring cognition from language returned and created doubt that I would be able to adequately capture their situation by drawing inferences about thoughts, feelings and emotions from the words they used. Adopting an approach, which concentrated instead on the social use of language felt intriguing, and inspired me to further explore discourse analysis as a potential methodology.

In Wittgenstein's later work (Wittgenstein & Anscombe, 1997), he argued that it is a mistake to take a word as a sign for anything other than itself, potentially removing ambiguity in the analysis of language, through preventing inferences based on indefinite interpretations of other's internal worlds. Rather, he argued that words could only be understood by clarifying how they are used, socially, in a particular instance. Wittgensteinian ideas created a 'linguistic turn', representative of a major shift away from viewing the world as an objective entity, to a language-mediated process (Chouliaraki, 2008).

Later Wittgensteinian philosophy and discourse analysis have common points of interest, with regard to meaning and understanding. The premises of discourse analysis, in particular, draw upon Wittgenstein's concepts of language games (Chouliaraki, 2008), which view the social world as consisting of a variety of language activities, governed by particular context-specific rules. Discourse analysis thus offered an appealing alternative methodology, based on a concrete object of investigation (Chouliaraki, 2008); and a shift in the way the data might be analysed and interpreted.

3.3.1 Developing the methodology: A return to the concept of power

Developing the methodology for my research led me to Foucault's theory of discourse, which establishes a relationship between meaning and power in society, as expressed through language and practices (Chouliaraki, 2008). Foucauldian discourse analysis posits that the social world is affected through various sources of power and shaped by language. The approach acknowledges the political implications of discourse, and examines how discursive fields might contain competing discourses dependent on levels of power within the social context; for

example exploring how figures in authority use language to express their dominance and demand respect from those subordinate to them.

The theoretical basis felt apt, given the nature of my study. Within asylum interviews, interviewers represent an inevitable and significant institutional power, with children's futures dependent on Home Office decisions. Furthermore, interviews currently take place within a political climate of mistrust and disbelief (The Children's Society, 2012), and literature has highlighted that children are often denied agency during interviews (Crawley, 2010). Yet, they are in the unusual position of having to manage this power dynamic and assertively defend their high-stake claims to ensure their safety and protection.

I was intrigued therefore, by how this power differential would impact on the contradictory discourses and competing interests within the asylum interview. My reflections drew me back to notions of power and control and the disempowered positions of unaccompanied minors as a parallel to my own prior experiences. It highlighted to me the struggles for children, having to manage a complex adult world during a time of intense uncertainty; and accentuated my motivation to disentangle this complex power dynamic and provide a voice and agency to those navigating the system in the future.

3.4 The challenge of data collection: Letting go of control

The process of data collection is rarely as orderly as it initially seems, with important reflections on the challenges faced typically omitted from published articles (Rubinstein-Avila, 2009). Unsurprisingly, perhaps, the process of data collection in my own experience was a long and difficult journey.

A key difficulty in data collection resulted from my reliance on another, to gain participants. Whilst handing over the burden of responsibility might, for some feel a relief, this was a personally difficult stage of my research. In reflecting on the discomfort evoked by this process, I reflected on the significant negative personal connotations of sometimes needing to let go of power and control.

Reflecting on the past, I am aware that my necessity for a sense of control and certainty results from an intrinsic sense of distrust. My core beliefs about others and the world have created pessimism in their ability to care for my needs and a belief that they cannot be trusted. Handing over control thus activated feelings of powerlessness, creating a sense of intense discomfort.

In order to manage the discomfort this evoked, I was surprised by my struggle to employ coping strategies. The tools I have time and time again discussed with my clients, triggered feelings of frustration rather than comfort. This realisation as a researcher began to lead me to reflections in my role as clinician. The process increased my empathy for clients, in their struggle to sit with the unknown and deal with uncertainty. As a clinician, I have often discussed with clients the benefits of mindfulness and acceptance, encouraging them to try to sit with feelings of discomfort and simply not let things they cannot control impact on their life. This process highlighted to me the enormous fear this could create in clients, and the importance of acknowledging this difficulty in order to remain empathic and maintain a more equal power dynamic within the relationship.

The process further taught me about the strength that comes with feeling empowered and in control. My tendency to rescue and guide clients through the process of recovery has, at times, limited their self-efficacy. Experiencing the powerlessness arising from a loss of control taught me the importance of handing back agency, in order to encourage my clients' own self-belief and motivation. Evidence indeed indicates that a key factor of effective therapies involves empowering clients to develop skills, encouraging them to independently engage in helpful behaviours and take control of their own thoughts and feelings (McGinn & Sanderson, 2001). The experience demonstrated the benefits of reflecting on my own experiences in order to increase empathy for and connection with my clients; as well as the advantages of combining knowledge and reflections from my roles, both as researcher and clinician, to facilitate personal learning and growth.

3.5 Bringing it together: A reflection on the course as a whole

The dominant narrative of my life over the last three years has been one of hard work and exhaustion; my key role has been a 'trainee clinical psychologist', with my roles as 'partner', 'sister' and 'daughter' acting as secondary positions. Given the central function the course has held, I reflected on the process with hope that it had shaped me into an improved, happier individual.

On the one hand, I was pleased to be able to list the benefits of the doctoral process and its impact on my personal and professional development. Acquisition of practical skills have been in abundance, including time management, the ability to multi-task and organise myself to meet deadlines. Another key factor also seemed to be its impact on my resilience. Having experienced significant life changes over the course of the doctorate initially I felt proud of myself for 'coping so well', 'being

strong' and 'just getting on with it'. On reflection however, I experienced a great deal of sadness that I had felt the need to struggle through the course, without time to process loss, anger, and change. It led me to consider the strong neglecting, and critical super-ego I held; and I began to think that my missing persecutor position was directed internally. In turn, helpfully I recognised both that avoidance is not resilience, as well as the need to show myself the compassion and kindness I aim to provide others.

Over the course of the Doctorate training, I have significantly increased my knowledge and understanding in the area of attachment and the importance of truly connected emotional expression. The ideas of containment and attunement have become vital aspects of my therapeutic work. In reflecting on my personal journey over the last three years however, I began to acknowledge that the self-neglect of my thoughts and emotions has been unhelpful both to my clients, and myself; and at times prevented emotional closeness. Coughlin (2016) notes the importance of therapists being able to recognise, soothe and regulate their own emotions and anxiety, in order to be emotionally present and available for intimacy, and thus experience profound moments of meeting with clients and maximise therapeutic effectiveness. It was difficult for me to acknowledge my emotional avoidance at times, and the potential impact on my therapeutic work; triggering a desire for a new journey of emotional discovery following completion of the doctorate.

I was also left with feelings of sadness and loss about the time invested into the course and some of the more negative aspects of the process. On commencing the doctorate I was excited to join what I hoped would be an exciting learning opportunity that provided the skills and confidence to engage in effective therapy

with clients. I was delighted to attend a lecture in the first weeks of the course, reflecting on trainees' learning styles. It generated hope that the doctorate would provide a personalised, varied and experiential style of learning that would suit each trainee's needs. Over time, however, I became disillusioned by some of the didactic teaching styles, which provided a theoretical understanding of topics, yet lacked the practical relevance I desired to ensure the material made sense to me. Some of the teaching methods were not enabling of my learning and did not channel my passion to develop into a highly skilled, effective practitioner. Furthermore, research suggests I am not alone, as Orlinsky and RonnestaD (2005) argue that fewer than 47% of therapists report a sense of mastery as a clinician. Recognition of this factor, however, has ignited my passion to embark on a new learning journey following completion of the course. I am aware that my suitcase is not fully packed and I still have a long, yet exciting, journey ahead.

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Appendix A

Author instructions for the *British Journal of Psychology*

The Editorial Board of the British Journal of Psychology is prepared to consider for publication:

(a) Reports of empirical studies likely to further our understanding of psychology

(b) Critical reviews of the literature

(c) Theoretical contributions. Papers will be evaluated by the Editorial Board and referees in terms of scientific merit, readability, and interest to a general readership.

1. Circulation

The circulation of the Journal is worldwide. Papers are invited and encouraged from authors throughout the world.

2. Length

Papers should normally be no more than 8000 words (excluding the abstract, reference list, tables and figures), although the Editor retains discretion to publish papers beyond this length in cases where the clear and concise expression of the scientific content requires greater length.

3. Submission and reviewing

All manuscripts must be submitted via http://www.editorialmanager.com/bjp/. The Journal operates a policy of anonymous peer review. Before submitting, please read the terms and conditions of submission and the declaration of competing interests.

4. Manuscript requirements

• Contributions must be typed in double spacing with wide margins. All sheets must be numbered.

• Manuscripts should be preceded by a title page which includes a full list of authors and their affiliations, as well as the corresponding author's contact details. A template can be downloaded from here.

• Tables should be typed in double-spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript with their approximate locations indicated in the text.

• Figures can be included at the end of the document or attached as separate files, carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate sheet. The resolution of digital images must be at least 300 dpi.

• All articles should be preceded by an Abstract of between 100 and 200 words, giving a concise statement of the intention, results or conclusions of the article.

• For reference citations, please use APA style. Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full and provide DOI numbers where possible for journal articles.

• SI units must be used for all measurements, rounded off to practical values if appropriate, with the imperial equivalent in parentheses.

• In normal circumstances, effect size should be incorporated.

• Authors are requested to avoid the use of sexist language.

• Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations, etc. for which they do not own copyright. For guidelines on editorial style, please consult the APA Publication Manual published by the American Psychological Association.

Quality Assessment Framework - Quantitative

(Kmet, Lee & Cook, 2004)

Yes = 2 points. Partial = 1 point. No = 0 points.

1. Question or objective sufficiently described?

- **Yes:** Is easily identified in the introductory section (or first paragraph of methods section). Specifies (where applicable, depending on study design) *all* of the following: purpose, subjects/target population, and the *specific* intervention(s) /association(s)/descriptive parameter(s) under investigation. A study purpose that only becomes apparent after studying other parts of the paper is *not* considered sufficiently described.

- **Partial:** Vaguely/incompletely reported (e.g. "describe the effect of " or "examine the role of " or "assess opinion on many issues" or "explore the general attitudes"...); *or* some information has to be gathered from parts of the paper other than the introduction/background/objective section.

- **No:** Question or objective is not reported, or is incomprehensible. **N/A:** Should not be checked for this question.

2. Design evident and appropriate to answer study question?

(If the study question is not given, infer from the conclusions).

- **Yes:** Design is easily identified and is appropriate to address the study question / objective.

- **Partial:** Design and /or study question not clearly identified, but gross inappropriateness is not evident; *or* design is easily identified but only partially addresses the study question.

- **No:** Design used does not answer study question (e.g., a comparison group is required to answer the study question, but none was used); *or* design cannot be identified.

- **N/A:** Should not be checked for this question.

3. Method of subject selection (and comparison group selection, if applicable) or source of information/input variables (e.g., for decision analysis) is described and appropriate.

- **Yes:** Described and appropriate. Selection strategy *designed* (i.e., consider sampling frame and strategy) to obtain an unbiased sample of the relevant target population or the entire target population of interest (e.g., consecutive patients for clinical trials, population-based random sample for case-control studies or surveys). Where applicable, inclusion/exclusion criteria are described and de ned (e.g., "cancer" -- ICD code or equivalent should be provided). *Studies of volunteers:* methods and setting of recruitment reported. *Surveys:* sampling frame/ strategy clearly described and appropriate.

- **Partial:** Selection methods (and inclusion/exclusion criteria, where applicable) are not completely described, but no obvious inappropriateness. Or selection strategy is not ideal (i.e., likely introduced bias) but did not likely seriously distort the results (e.g., telephone survey sampled from listed phone numbers only; hospital based case-control study identified all cases admitted during the study period, but recruited controls admitted during the day/evening only). Any study describing participants only as "volunteers" or "healthy volunteers". *Surveys:* target population mentioned but sampling strategy unclear.

- **No:** No information provided. *Or* obviously inappropriate selection procedures (e.g., inappropriate comparison group if intervention in women is compared to intervention in men). *Or* presence of selection bias which likely seriously distorted the results (e.g., obvious selection on "exposure" in a case-control study).

- **N/A:** Descriptive case series/reports.

4. Subject (and comparison group, if applicable) characteristics or input variables/information (e.g., for decision analyses) sufficiently described?

- **Yes:** Sufficient relevant baseline/demographic information clearly characterizing the participants is provided (or reference to previously published baseline data is provided). Where applicable, reproducible criteria used to describe/categorize the participants are clearly defined (e.g., ever-smokers, depression scores, systolic blood pressure > 140). If "healthy volunteers" are used, age and sex must be reported (at minimum). *Decision analyses:* baseline estimates for input variables are clearly specified.

- **Partial:** Poorly defined criteria (e.g. "hypertension", "healthy volunteers", "smoking"). *Or* incomplete relevant baseline / demographic information (e.g., information on likely confounders not reported). *Decision analyses:* incomplete reporting of baseline estimates for input variables.
- **No:** No baseline / demographic information provided.
  Decision analyses: baseline estimates of input variables not given.
- **N/A:** Should not be checked for this question.

5. If random allocation to treatment group was possible, is it described?

- **Yes:** True randomization done - requires a description of the method used (e.g., use of random numbers).
- **Partial:** Randomization mentioned, but method is not (i.e. it may have been possible that randomization was not true).
- **No:** Random allocation not mentioned although it would have been feasible and appropriate (and was possibly done).
- **N/A:** Observational analytic studies. Uncontrolled experimental studies. Surveys. Descriptive case series / reports. Decision analyses.

6. If interventional and blinding of investigators to intervention was possible, is it reported?

- **Yes:** Blinding reported.
- **Partial:** Blinding reported but it is not clear who was blinded.
- **No:** Blinding would have been possible (and was possibly done) but is not reported.
- **N/A:** Observational analytic studies. Uncontrolled experimental studies. Surveys. Descriptive case series / reports. Decision analyses.

7. If interventional and blinding of subjects to intervention was possible, is it reported?

- **Yes:** Blinding reported.
- **Partial:** Blinding reported but it is not clear who was blinded.
- **No:** Blinding would have been possible (and was possibly done) but is not reported.
- **N/A:** Observational studies. Uncontrolled experimental studies. Surveys. Descriptive case series / reports.

8. Outcome and (if applicable) exposure measure(s) well defined and robust to measurement / misclassification bias?

Means of assessment reported?

- **Yes:** Defined (or reference to complete definitions is provided) and measured according to reproducible, "objective" criteria (e.g., death, test completion – yes/no, clinical scores). Little or minimal potential for measurement / misclassification errors. *Surveys:* clear description (or reference to clear description) of questionnaire/interview content and response options. *Decision analyses:* sources of uncertainty are de ned for all input variables.

- **Partial:** Definition of measures leaves room for subjectivity, *or* not sure (i.e., not reported in detail, but probably acceptable). *Or* precise definition(s) are missing, but no evidence or problems in the paper that would lead one to assume major problems. *Or* instrument/mode of assessment(s) not reported. Or misclassification errors may have occurred, but they did not likely seriously distort the results (e.g., slight difficulty with recall of long-ago events; exposure is measured only at baseline in a long cohort study). *Surveys:* description of questionnaire/interview content incomplete; response options unclear. *Decision analyses:* sources of uncertainty are defined only for some input variables.

- **No:** Measures not defined, or are inconsistent throughout the paper. *Or* measures employ only ill-defined, subjective assessments, e.g. "anxiety" or "pain." *Or* obvious misclassification errors/measurement bias likely seriously distorted the results (e.g., a prospective cohort relies on self-reported outcomes among the "unexposed" but requires clinical assessment of the "exposed"). *Surveys:* no description of questionnaire/interview content or response options. *Decision analyses:* sources of uncertainty are not defined for input variables.

- **N/A:** Descriptive case series / reports.

9. Sample size appropriate?

- **Yes:** Seems reasonable with respect to the outcome under study and the study design. When statistically significant results are achieved for major outcomes, appropriate sample size can usually be assumed, unless large standard errors (SE > effect size) and/or problems with multiple testing are evident. *Decision analyses:* size of modelled cohort / number of iterations specified and justified.

- **Partial:** Insufficient data to assess sample size (e.g., sample seems "small" and there is no mention of power/sample size/effect size of interest and/or variance estimates aren't provided). *Or* some statistically significant results with standard errors > effect size (i.e., imprecise results). *Or* some statistically significant results in the absence of variance estimates. *Decision analyses:* incomplete description or justification of size of modelled cohort / number of iterations.
- **No:** Obviously inadequate (e.g., statistically non-significant results and standard errors > effect size; or standard deviations > _ of effect size; or statistically non-significant results with no variance estimates and obviously inadequate sample size). *Decision analyses:* size of modelled cohort / number of iterations not specified.
- **N/A:** Most surveys (except surveys comparing responses between groups or change over time). Descriptive case series / reports.

10. Analysis described and appropriate?
- **Yes:** Analytic methods are described (e.g. "chi square"/ "t-tests"/"Kaplan-Meier with log rank tests", etc.) and appropriate.
- **Partial:** Analytic methods are not reported and have to be guessed at, but are probably appropriate. *Or* minor flaws or some tests appropriate, some not (e.g., parametric tests used, but unsure whether appropriate; control group exists but is not used for statistical analysis). *Or* multiple testing problems not addressed.
- **No:** Analysis methods not described and cannot be determined. *Or* obviously inappropriate analysis methods (e.g., chi-square tests for continuous data, SE given where normality is highly unlikely, etc.). *Or* a study with a descriptive goal / objective is over-analyzed.
- **N/A:** Descriptive case series / reports.

11. Some estimate of variance (e.g., confidence intervals, standard errors) is reported for the main results/outcomes (i.e., those directly addressing the study question/ objective upon which the conclusions are based)?
- **Yes:** Appropriate variances estimate(s) is/are provided (e.g., range, distribution, confidence intervals, etc.). *Decision analyses:* sensitivity analysis includes all variables in the model.
- **Partial:** Undefined "+/-" expressions. *Or* no specific data given, but insufficient power acknowledged as a problem. *Or* variance estimates not provided for all main results/outcomes. *Or* inappropriate variance estimates (e.g., a study

examining change over time provides a variance around the parameter of interest at "time 1" or "time 2", but does not provide an estimate of the variance around the difference). *Decision analyses:* sensitivity analysis is limited, including only some variables in the model.

- **No:** No information regarding uncertainty of the estimates. *Decision analyses:* No sensitivity analysis.
- **N/A**: Descriptive case series / reports. Descriptive surveys collecting information using open-ended questions.

12. Controlled for confounding?

- **Yes:** Randomized study, with comparability of baseline characteristics reported (or non-comparability controlled for in the analysis). *Or* appropriate control at the design or analysis stage (e.g., matching, subgroup analysis, multivariate models, etc). *Decision analyses:* dependencies between variables fully accounted for (e.g., joint variables are considered).
- **Partial:** Incomplete control of confounding. *Or* control of confounding reportedly done but not completely described. *Or* randomized study without report of comparability of baseline characteristics. *Or* confounding not considered, but not likely to have seriously distorted the results. *Decision analyses:* incomplete consideration of dependencies between variables.
- **No:** Confounding not considered, and may have seriously distorted the results. *Decision analyses:* dependencies between variables not considered.
- **N/A:** Cross-sectional surveys of a single group (i.e., surveys examining change over time or surveys comparing different groups should address the potential for confounding). Descriptive studies. Studies explicitly stating the analysis is strictly descriptive/exploratory in nature.

13. Results reported in sufficient detail?

- **Yes:** Results include major outcomes and all mentioned secondary outcomes.
- **Partial:** Quantitative results reported only for some outcomes. *Or* dif cult to assess as study question/objective not fully described (and is not made clear in the methods section), but results seem appropriate.
- **No:** Quantitative results are reported for a subsample only, or "n" changes continually across the denominator (e.g., reported proportions do not account for the entire study sample, but are reported only for those with complete data -- i.e.,

the category of "unknown" is not used where needed). *Or* results for some major or mentioned secondary outcomes are only qualitatively reported when quantitative reporting would have been possible (e.g., results include vague comments such as "more likely" without quantitative report of actual numbers).

- **N/A:** Should not be checked for this question.

14. Do the results support the conclusions?

- **Yes:** All the conclusions are supported by the data (even if analysis was inappropriate). Conclusions are based on all results relevant to the study question, negative as well as positive ones (e.g., they aren't based on the sole significant finding while ignoring the negative results). Part of the conclusions may expand beyond the results, if made *in addition to* rather than instead of those strictly supported by data, and if including indicators of their interpretative nature (e.g., "suggesting," "possibly").

- **Partial:** Some of the major conclusions are supported by the data, some are not. *Or* speculative interpretations are not indicated as such. *Or* low (or unreported) response rates call into question the validity of generalizing the results to the target population of interest (i.e., the population defined by the sampling frame/strategy).

- **No:** None or a very small minority of the major conclusions are supported by the data. *Or* negative findings clearly due to low power are reported as definitive evidence against the alternate hypothesis. *Or* conclusions are missing. *Or* extremely low response rates invalidate generalizing the results to the target population of interest (i.e., the population defined by the sampling frame/ strategy).

- **N/A:** Should not be checked for this question.

Quality Assessment Framework - Qualitative

(Kmet, Lee & Cook, 2004)

Yes = 2 points. Partial = 1 point. No = 0 points.

1. Question / objective clearly described?

· Yes: Research question or objective is clear by the end of the research process (if not at the outset).

· Partial: Research question or objective is vaguely/incompletely reported.

· No: Question or objective is not reported, or is incomprehensible.

2. Design evident and appropriate to answer study question? (If the study question is not clearly identified, infer appropriateness from results/conclusion).

· Yes: Design is easily identified and is appropriate to address the study question.

· Partial: Design is not clearly identified, but gross inappropriateness is not evident; or design is easily identified but a different method would have been more appropriate.

· No: Design used is not appropriate to the study question (e.g. a casual hypothesis is tested using qualitative methods); or design cannot be identified.

3. Context for the study is clear?

· Yes: The context/setting is adequately described, permitting the reader to relate the findings to other settings.

· Partial: The context/setting is partially described.

· No: The context/setting is not described.

4. Connection to a theoretical framework/wider body of knowledge?

· Yes: The theoretical framework/wider body of knowledge informing the study and the methods used is sufficiently described and justified.

· Partial: The theoretical framework/wider body of knowledge is not well described or justified; link to the study methods is not clear.

· No: Theoretical framework/wider body of knowledge is not discussed.

5. Sampling strategy described, relevant and justified?

· Yes: The sampling strategy is clearly described and justified. The sample includes

the full range of relevant, possible cases/settings (i.e. more than simple convenience sampling), permitting conceptual (rather than statistical) generalisations.

· Partial: The sampling strategy is not completely described, or is not fully justified. Or the sample does not include the full range of relevant, possible cases/settings (i.e. includes a convenience sample only).

· No: Sampling strategy is not described.

6. Data collection methods clearly described and systematic?

· Yes: The data collection procedures are systematic, and clearly described, permitting an "audit trail" such that the procedures could be replicated.

· Partial: Data collection procedures are not clearly described; difficult to determine if systematic or replicable.

· No: Data collection procedures are not described.

7. Data analysis clearly described, completed and systematic?

· Yes: Systematic analytic methods are clearly described, permitting an "audit trail" such that the procedures could be replicated. The iteration between the data and the explanations for the data (i.e. the theory) is clear – it is apparent how early, simple classifications evolved into more sophisticated coding structures which then evolved into clearly defined concepts/explanations for the data). Sufficient data is provided to allow the reader to judge whether the interpretation offered is adequately supported by the data.

· Partial: Analytic methods are not fully described. Or the iterative link between data and theory is not clear.

· No: The analytic methods are not described. Or it is not apparent that a link to theory informs the analysis.

8. Use of verification procedure(s) to establish credibility of the study?

· Yes: One or more verification procedures were used to help establish credibility/trustworthiness of the study (e.g. prolonged engagement in the field, triangulation, peer review or debriefing, negative case analysis, member checks, external audits/inter-rater reliability, "batch" analysis).

· No: Verification procedure(s) not evident.

9. Conclusions supported by the results?

· Yes: Sufficient original evidence supports the conclusions. A link to theory informs any claims of generalisability.

· Partial: The conclusions are only partly supported by the data. Or claims of generalisability are not supported.

· No: The conclusions are not supported by the data. Or conclusions are absent.

10. Reflexivity of the account?

· Yes: The researcher explicitly assessed the likely impact of their own personal characteristics (such as age, sex and professional status) and the methods used on the data obtained.

· Partial: Possible sources of influence on the data obtained were mentioned, but the likely impact of the influence or influences as not discussed.

· No: There is no evidence of reflexivity in the study report.

Appendix D

Coventry University ethics approval: Literature review

REGISTRY RESEARCH UNIT
ETHICS REVIEW FEEDBACK FORM
(Review feedback should be completed within 10 working days)

Name of applicant: Kayleigh Brown ....

Faculty/School/Department: [Faculty of Health and Life Sciences] School of Psychological, Social and Behavioural Sciences...

Research project title: The impact of detention on asylum seekers' mental health: a systematic review

Comments by the reviewer

1. Evaluation of the ethics of the proposal: No ethical issues is such a piece of research.	
2. Evaluation of the participant information sheet and consent form: N/A - this is a literature review.	
3. Recommendation: (Please indicate as appropriate and advise on any conditions. If there any conditions, the applicant will be required to resubmit his/her application and this will be sent to the same reviewer).	

X	Approved - no conditions attached
	Approved with minor conditions (no need to re-submit)
	Conditional upon the following – please use additional sheets if necessary (please re-submit application)
	Rejected for the following reason(s) – please use other side if necessary
	Not required

Name of reviewer: Anonymous...

Date: 22/01/2016...

Author Instructions for the *Journal of Ethics and Migration Studies*

General Submission Guidelines

Preparing your paper

Word limits

- Please include a word count for your paper.

- A typical paper for this journal should be no more than 9000 words; this limit does not include tables; figure captions; this limit includes references; endnotes; abstract.

Style guidelines

- **Font:** Times New Roman, 12 point, double-line spaced. Use margins of at least 2.5 cm (or 1 inch)

- **Title:** Use bold for your article title, with an initial capital letter for any proper nouns

- **Spelling:** Please use British -ise spelling consistently throughout your manuscript

- **Quotations:** Please use single quotation marks, except where 'a quotation is "within" a quotation'. Please note that long quotations should be indented without quotation marks

- **Headings:** Please indicate the level of the section headings in your article:

1.   First-level headings (e.g. Introduction, Conclusion) should be in bold, with an initial capital letter for any proper nouns

2.   Second-level headings should be in bold italics, with an initial capital letter for any proper nouns

3.   Third-level headings should be in italics, with an initial capital letter for any proper nouns

4.   Fourth-level headings should be in bold italics, at the beginning of a paragraph. The text follows immediately after a full stop (full point) or other punctuation mark

5.   Fifth-level headings should be in italics, at the beginning of a paragraph. The text follows immediately after a full stop (full point) or other punctuation mark.

• **Tables and figures:** Indicate in the text where the tables and figures should appear, for example by inserting [Table 1 near here]. The actual tables should be supplied either at the end of the text or in a separate file. The actual figures should be supplied as separate files. The journal Editor's preference will be detailed in the Instructions for Authors or in the guidance on the submission system. Ensure you have permission to use any tables or figures you are reproducing from another source.

References

• Follow *The Chicago Manual of Style* (16th ed.) referencing guidelines

Checklist: what to include

- **Author details**. Please include all authors' full names, affiliations, postal addresses, telephone numbers and email addresses on the cover page. One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article

- Authors' affiliations: the affiliations where the research was conducted

- A non-structured **abstract** of no more than 200 words

- Up to 5 **keywords**

- **Funding details**. Please supply all details required by your funding and grant-awarding bodies

- **Disclosure statement**. This is to acknowledge any financial interest or benefit that has arisen from the direct applications of your research.

- **Biographical note.** Please supply a short biographical note for each author. This could be adapted from your departmental website or academic networking profile and should be relatively brief

- **Geolocation information.** A geolocation information section, as a separate paragraph before your acknowledgements

Submitting your paper

This journal uses ScholarOne Manuscripts to manage the peer-review process. If you haven't submitted a paper to this journal before, you will need to create an account in the submission centre. Please read the guidelines above and then submit your paper in the relevant Author Centre, where you will find user guides and a helpdesk.

Appendix F

Sample legislation requirements

Legislation reference	Requirement
United Nations Convention of the Rights of a Child (UNCRC); Article 3 (2010, p. 2)	The best interests of the child must be a primary consideration in all actions concerning children (UNCRC, 2010, pp. 2)
Section 55 of the Borders, Citizen and Immigration Act (2009)	The Secretary of State must make arrangements to ensure the safeguarding and welfare of children in the UK, in any function related to immigration or asylum
Processing an asylum application from a child, instruction (UK Visas and Immigration, 2013, pp. 9)	The interviewer should have specialist training in the interviewing of children and have particular regard to the possibility that the child feels inhibited or alarmed
Processing children's asylum claims (Home Office, 2016, p. 34)	In collecting information, the interview must take into account that children do not often provide as much detail as adults in recalling experiences and may often express their fears differently from adults
Processing an asylum application from a child, instruction (UK Visas and Immigration, 2013, p. 32-33)	At the beginning of the interview, the interviewer must ensure the Responsible Adult is present. Throughout, they should check the child is comfortable and acknowledge and address any specific physical or emotional needs
Processing an asylum application from a child, instruction (UK Visas	The child should be allowed to express themselves in their own way, at their own

and Immigration, 2013, p. 9)	speed. If they appear tired or distressed, the interview should be suspended and the interviewer should consider when it is appropriate to resume the interview
Processing an asylum application from a child, instruction (UK Visas and Immigration, 2013, p. 33)	Interviewers should clearly explain the asylum process at the start of the interview
Processing children's asylum claims (Home Office, 2016, p. 35)	All inconsistencies in the child's subjective evidence or between the subjective and objective evidence must be put sensitively to the child during the interview to allow them an opportunity to explain further.
Processing an asylum application from a child, instruction (UK Visas and Immigration, 2013, p. 33)	Interviewers should make children aware that they can speak to their Responsible Adult; take a break; and say where they don't understand a question at any time
Processing an asylum application from a child, instruction (UK Visas and Immigration, 2013, p. 33)	Interviewers should interview in a sensitive manner, using appropriate tone, body language and eye contact and use language appropriate to the child's age, levels of understanding and personal situation
Processing an asylum application from a child, instruction (UK Visas and Immigration, 2013, p. 33)	Interviewers should be aware of cultural sensitivity issues, that children are giving information in an alien environment and may fear or distrust authority
Processing an asylum application from a child, instruction (UK Visas and Immigration, 2013, p. 33)	Interviewers should take time to establish a rapport with the child prior to beginning the substantive interview

| Processing an asylum application from a child, instruction (UK Visas and Immigration, 2013, p. 13) | At the conclusion of the interview, the interviewer should confirm that the child has understood all questions asked and give the opportunity for the child to add any further reformation |

Appendix G

Coventry University ethics approval: Research paper

REGISTRY RESEARCH UNIT
ETHICS REVIEW FEEDBACK FORM
(Review feedback should be completed within 10 working days)

Name of applicant: Kayleigh Brown..............................

Faculty/School/Department: [Faculty of Health and Life Sciences] School of Psychological, Social and Behavioural Sciences ....

Research project title: Children first; asylum seekers second? A discursive exploration of the use of talk, during asylum interviews with unaccompanied minors

Comments by the reviewer

1. Evaluation of the ethics of the proposal:
This appears to be a very contemporary and challenging area of practice to research and the application considers ethical aspects of this proposal well. The use of secondary data (recorded interviews) for discourse analysis is noted but adequate protection to the rights of the children via consent processes including both child and adult representative appears good practice given the sensitive nature of the interviews.   This appears an innovative and ethical research design on the whole.
2. Evaluation of the participant information sheet and consent form:
Gatekeeper approval is noted. All participant information appears clear and relevant.

3. Recommendation:
(Please indicate as appropriate and advise on any conditions. If there any conditions, the applicant will be required to resubmit his/her application and this will be sent to the same reviewer).

X	Approved - no conditions attached
	Approved with minor conditions (no need to re-submit)
	Conditional upon the following – please use additional sheets if necessary (please re-submit application)
	Rejected for the following reason[s] – please use other side if necessary
	Not required

Name of reviewer: Anonymous ....

Date: 25/02/2016...

Appendix H

Gatekeeper approval letter

Community Care
Debt
Discrimination
Employment
Family
Housing
Immigration
Public Law
Welfare Benefits

coventry
law centre

Oakwood House
St Patricks Road Entrance
Coventry
CV1 2HL
enquiries@covlaw.org.uk
tel: 024 7622 3053

26 November 2015

To Whom it may concern:

Re: Children first; asylum seekers second? A discursive exploration of the use of talk, during asylum interviews with unaccompanied minors

Coventry Law Centre offers its full consent to conducting the above research project in partnership with Coventry University.

As a key partner in this research project, Coventry Law Centre will offer support in identifying potential participants, and help in disseminating the research findings.

If you have any queries or further questions about the role of Coventry Law Centre within this process please do not hesitate to get in touch.

Yours faithfully,

Robert Bircumshaw
Solicitor & Immigration Supervisor
Coventry Law Centre

Appendix I

Amendment request form

Amendment request form for HLS undergraduate and postgraduate students online

Project reference	Ref P37754
Applicant name	Kayleigh Brown
Submission date of module	05/05/2017
Please outline what you would like to amend to your application. Be specific.	Information sheets have been sent out to the participants and verbal consent has been gained over the telephone from participants, by their legal representative, to analyse their asylum interview transcripts using discourse analysis. Participants were offered the opportunity to meet with the researcher to answer further questions but all participants declined. It was difficult to arrange a time to meet and sign the consent forms, thus these were posted out to participants with stamped addressed envelopes for return. However, we have not yet received these back from all participants and the deadline for the project submission is now only 2 months away. The lawyer has provided an Affidavit to confirm that consent has been gained. All participants also previously provided written consent for their transcripts to be used for general research purposes by signing a consent form following their asylum interviews. The research team are therefore requesting that this written consent, in combination with the Affidavit, can be used as confirmation of consent to avoid unnecessary hassling of participants.
What stage of your project are you currently at?	Started data collecting If *other*, please specify below.
Will the participants be affected in any way by this amendment?	No If *yes*, please specify below.
Will any of your documents be changed due to this amendment?	No If *yes*, please specify below.
Do you require a date extension?	No If *yes*, please provide a clear rationale as to why and the end date below.

Please complete the below form and send as an attachment, with any other relevant documents or e-mails, to ethics.hls@coventry.ac.uk

Appendix J

Approval of ethics amendments

Amend Req 22/03/17: Lawyer has provided an Affidavit to confirm consent has been gained from participants, all participants previously provided written consent for their transcripts to be used for general research purposes by signing a consent form following their asylum interviews. Research team request that this written consent, in combination with the Affidavit, can be used as confirmation of consent. Amendment form and Affidavit uploaded to application.

Independent reviewer and Chair of the committee have approved this amendment.

Sophie Krumins - 22 Mar 2017 09:16 AM

Amend Req 11/04/17: Title change from "Children first; asylum seekers second? A discursive exploration of the use of talk, during asylum interviews with unaccompanied minors" to "A culture of disbelief: discursive exploration of the use of talk, during asylum interviews with unaccompanied minors". Supervisory team have approved change to better suit findings.

Sophie Krumins - 11 Apr 2017 10:23 AM

Appendix K

Participant information sheet

Coventry University
Priory Street, Coventry CV1 5FB
Telephone 024 7688 8328
Fax 024 7688 8702

Programme Director
Doctorate Course in Clinical Psychology
Dr Eve Knight
BSc Cln.Psy.D, CPsychol

THE UNIVERSITY OF WARWICK   Coventry University

PARTICIPANT INFORMATION SHEET

- **This is an information sheet to help you understand why we are talking to you**

- **You can ask us any questions you have**

- **It is up to you if you would like to take part**

What is the study called?

- Children first; asylum seekers second? A discursive exploration of the use of talk during asylum interviews with unaccompanied minors

Who is doing the study?

- Kayleigh Brown, Trainee Clinical Psychologist
- Dr Helen Liebling, Coventry University
- Dr Simon Goodman, Coventry University

Why are we doing this research?

- Children who come into the UK without a mum or a dad are sometimes called 'unaccompanied minors'

- These children often have an interview, to see why they have come to the UK and whether or not they can stay full-time

- Sometimes these interviews feel okay and children are treated well, but sometimes children are not treated very well

- We want to see how you were spoken to during the interview, to see whether the interview was okay or not

- This will help us have a think about what is good and bad about the interviews and hopefully mean we can have a think about helping other children who are interviewed in the future

Why are you asking me to take part?

- We want to find out more about the words used within the interviews

- To do this, we will need to have a look at some interviews and have a look at the words that were used

- Because you came to the UK as a child and have already had your interview, we are asking to see if it is okay to have a look at the words they used with you

What do I need to do?

- If you are interested in letting us look at your asylum interview, we will telephone or meet with you, so we can answer any questions you have

- You can choose whether you would like to speak on the telephone or meet us in person

- If you are under 16 years old, we will also talk to the adult looking after you. This is to keep you safe and make sure you understand our research

- If you decide that we can look at your asylum interview, we will ask you (and the adult looking after you if you are under 16) to sign a form, to say you agree to take part

- You can either sign the form at home and send it back to us, or come to meet us in Coventry, to sign it. After this, you do not need to talk to us or meet with us again

- If you want to have a copy of our finished report, you can give us your name and address so we can send it to you. This is up to you

What will we do?

- Firstly, we will take your name and other private details off the interview so it is kept secret and we will go away and have a look at the words used during your interview

- We will have a look at the transcript of your interview. A transcript just means a copy of the interview that is written down on paper

- We will also listen to the recording of the interview to make sure we've looked at all the words and the way they are said, such as in an angry voice or happy voice

- Then we will have a think about the words used and see what it all means

- If you change your mind and don't want to take part, just let us know as soon as possible. You can change your mind within one month of consenting. This is fine

- Choosing to take part will not affect your asylum application in any way

Are there any bad bits about taking part?

- We understand the things you talked about during the interview might have been quite personal and upsetting

- Therefore, we want to make sure you know it is completely your choice to take part or not

- To make sure you are as safe and supported as possible, we will give you our contact details, so you can talk to us if you are feeling sad or distressed

- We can then help you to find the right support if you would like

Are there any good bits about taking part?

- If you chose to come and meet us in Coventry to talk to us and sign the form, we will give you a £5 voucher for your travel and time

- If you would like, we can give you a copy of our report when it is finished, which you might find interesting

- We hope that our study will help us learn more about the way children are treated during interviews, so we can help make things better in the future

Will my information be kept private?

- Yes. We will take your name and other private details off the interview so it is kept secret

- If you give us your name and address so that we can send you the finished report, this will be stored safely and we will get rid of it as soon as the study is finished

- Only the researchers will be able to see the information and this will be kept in a locked filing cabinet

Ethical approval

- The study has ethical approval from the University of Coventry

In case you need to contact us:

Primary Researcher:
Kayleigh Brown   email brownk34@uni.coventry.ac.uk
Clinical Psychology Doctorate Programme, Coventry University, Faculty of Health and Life Sciences, James Starley Building, Priory Street, Coventry, CV1 5FB.

Supervisors:
Dr Helen Liebling   email Helen.Liebling@coventry.ac.uk
Clinical Psychology Doctorate Programme, Coventry University, Faculty of Health and Life Sciences, James Starley Building, Priory Street, Coventry, CV1 5FB.

Dr Simon Goodman   email   aa4592@coventry.ac.uk
Department of Psychology, Coventry University, Faculty of Health and Life Sciences, James Starley Building, Priory Street, Coventry, CV1 5FB.

Appendix L

Affidavit: Confirmation of consent

Community Care
Debt
Discrimination
Employment
Family
Housing
Immigration
Public Law
Welfare Benefits

covenꞇry
law centre

Oakwood House
St Patricks Road Entrance
Coventry
CV1 2HL
enquiries@covlaw.org.uk
tel: 024 7622 3053

9th March 2017

To whom it may concern,

Re: Children first, asylum seekers second: A discursive exploration of the use of talk, during asylum interviews with unaccompanied minors

I confirm that verbal consent has been gained from each of the participants involved in study ref P37754, to allow their transcripts to be analysed through use of discourse analysis. Furthermore, following their asylum interview, each participant signed a form, consenting to their transcripts being used for research purposes; thus providing indirect written consent for the aforementioned study.

If you have any queries or further question, please do not hesitate to get in touch.

Yours faithfully,

Robert Bircumshaw
Solicitor and Immigration Supervisor
Coventry Law Centre

Appendix M

Summary of stages of discursive research

Table 2.3 Summary of stages in the execution of discursive research (Potter, 2012)

Obtaining access and consent	Discursive research works primarily with audio or video recording of interaction that occur in natural settings, which can make obtaining access and consent a challenge. Seek initial contact through a key institutional member and make time to discuss any anxieties participants may have about the research process.
Data collection	Develop an archive of records of interaction in the setting of study. There are no rigid rules regarding the size of required material.
Data management	Much of this stage is focused on generating systems of folders that collect together recordings in different forms, different forms of transcripts and analytic notes. The stage further involves systematic building of a corpus of data that is small enough to be easily worked with but large enough to make appropriate generalisations.
Transcription	It is common to use two forms of transcripts. A basic 'first pass' transcript has just words and allows familiarisation with the data. The second transcript should attempt to capture on the page features of the discourse that are relevant in understanding the activities that are taking place.

Developing research questions	During this stage, the researcher should attempt to explicate the workings of a social practice that is operating in the setting, perhaps to make broader sense of the setting as a whole. Questions may be continually refined throughout the course of the study.
Analysis	DA uses an initial systematic, inclusive trawl through the material to build a corpus of examples. The researcher should then proceed to increasingly precise attempts to specify what is going on in the data and how practices are unfolding. The researcher may identify a number of features including 'discursive devices', strategies that serve to accomplish something in the interaction and 'subject positions' (how individuals construct themselves and others). The most relevant examples that best describe the data and are attentive to the details of the material should be selected and discussed. The stage is akin to hypothesis testing and should involve continuous refinement of the corpus.
Validation	Whilst there is no clear-cut distinction between analysis and validation, researcher should: pay close attention to turn-by-turn displays of interaction, which are central to building the analysis; consider deviant cases as often analytically and theoretically informative; consider the level of coherence with previous research; consider that the claims of the research should be accountable to the detail of the empirical materials, and presented in a form that allows readers to make their own checks and judgements.

Excerpt from data analysis: Participant 1

Preparing for next section

217 I: I'm now going to talk about, about your reasons for leaving AFG and why you

218 have claimed asylum in the UK

219 I: Who is it in AFG that you're, that you're afraid of? *Checking validity of his fear. Special use of 'who' not when*

220 P: From Taliban and from Pashtun *considers reply*

221 I: Why do you fear the Taliban? *Checking credibility*

222 P: Because the Taliban were in our area, they were visiting our villages. They were *pronoun - personal pronoun*

223 taking away the boys with them. They were burning the houses and we could not *explanation of his fear*

224 do anything against them *intense case formulation* *pronoun - personal*

225 I: Why do you, why do you fear Pashtun? *Checking credibility of fear - third time*

226 P: Taliban are Pashtuns and the checkpoint in our village, they were Pashtuns, *wope, describe breaker the question*

227 working for the Government. But they were not defending us, they were not saying

Notes/subjects 228 anything to the Taliban *action term* *explanation of fear* *pronoun* *could you only verify dont it if it's not definite*

-by a speculation of fear. 229 I: And what do you, what do you fear could happen if you did return to AFG? *pronouns - personal* *freedom of speculation*

Managing account scared vs well 230 P: I will be killed. My mother, she left AFG and she could not live there. And my *pronoun* *comparison to his does to highlight his vulnerability.*

231 elder brother, he could not live there. I have no one there to return. My father could

232 not defend or protect us or build our life. How we can go there and live? *scratch possibility & desperation* *rhetorical question*

Speculation to discredit vs definite to policy 233 I: And [2] if you returned to AFG, where and when in the country do you fear you *speculation on Taliban's intentions.*

234 could be targeted? *extreme case formulation* *definite - portraying claim/credibility, states it any place fear to definite action*

Will - tends to be painted as possible to high state 235 P: Whenever and wherever I go to AFG I will be targeted

236 I: Could you relocate to a different part of AFG such as Kabul? *Checking possibilities.*

237 P: If Kabul is a safe place, why my brother who was a solider with the army, he left

238 there and escaped *Rhetorical question to highlight impossibility of interviewer's question + comparison to others to justify his claim/highlight vulnerability*

239 I: Could you seek help or protection from the police, yeah the police in AFG if you

240 felt in danger? *Checking possibilities + credibility of his fear.*

drawing on cultural terms (Pashtun cultural discourse). 241 P: Pashtuns they are a majority in AFG. They will not help or protect me and if there *portrays his fear* *depiction - 'I am alone if I return'. Pronoun - depictive*

242 is a Hazara, he might help me. Pashtuns they are helping Pashtuns, Hazaras helping *Hazara - major well attempting to magnify his security heightened need for protection*

243 Hazaras. And if I refer to Pashtuns for help, he will say let him go and he will not

244 help or protect me

245 I: So before you left AFG to come, to come to the UK, had you ever lived in or had *Change of topic.*

246 you ever visited any other country before? *vagueness*

247 P: Before entering the UK, I was in two other countries but I do not know which *denies responsibility*

248 countries I was in. I was told here in the UK that I was in those two countries. I was *denies agency*

249 not in my own control, I was under the control of the agent, and he took me there *'It wasn't my fault. I was controlled by another.' another's responsibility*

Explanation Hypotheticised based on emotion. Phobic rather than actual fear.

Fear as indicator of depression.

(i) Future speculation on hypotheticised situations, drawing on emotions vs (ii) assault of debit, misuse of facts, justification.

250 I: Okay (.30) Okay but before you left AFG and went to those countries, had you

251 ever left AFG before?

252 P: You mean inside AFG? *Clarifies question*

253 I: Had you ever left the country – *Stick manner of putting – describe answer/ child's question. just restates his own original question.*

254 P: No (.10) I was taken to different places but nobody has ever told me where I am.

255 And whenever I asked them where I am and what the name of this place they were *info-not given.*

256 telling me it is nothing to do with you, you are just a passenger and you will be *no responsibility – passive recipient of the process*

257 leaving. You do not need to know.

258 I: Did you ever, um, did you ever speak with the Taliban in AFG yourself?

259 P: No I could not face them. Whenever they were coming to our village and we – *Definition* *pronoun – pronoun: this is what happened to me: putty credibility*

260 could see their cars coming we were hiding. *tell me exactly, I need specifics*

261 I: How did you know that these people were specifically from the Taliban?

262 P: When I was very young I saw them coming to our village and they were taking

263 the boys aware with them. When I became a bit older, I was hiding from them *vague response but personal, pronouns* *repetition*

264 I: So you say in your statement that you saw, you saw children being taken away.

265 Did you, did you see this happening? *Questions his account, doubts, accuses of lying?*

267 P: Yes I have seen *Definitive response, however vague*

268 I: Do you know where these children would be taken to? *Request for more detail*

269 P: I don't know where they were taking them but they were taking those boys with *vagueness,* *Agency and responsibility given to another*

270 them. And I have heard that boys were taken from our village and the people were *avoids responsibility*

271 saying... they have taken the boys with them to train them, and to use them for their

272 own secret purposes *alias vagueness – it's a secret.*

273 I: Can you tell me, um, the names of any of these children? *Request for more specificity.*

274 P: The boys? – *Request for clarification*

275 I: Yeah

276 P: Do you mean the names of the boys taken, those boys? – *Describe understand question – request for clarification.*

277 I: Yes

278 P: I know only that Qasim was taken away

279 I: You also mention people being kidnapped and held to ransom by the Taliban, can *pin down – again already said this*

280 you tell me who this happened to? – *request for further detail – building a picture.*

281 P: I didn't understand the question, can you repeat the question? – *highlighting questioning as problematic.*

282 I: You also mention people being kidnapped and held to ransom by the Taliban, can

283 you tell me who this happened to?

Appendix O

Transcription notation

(.)	A full stop inside brackets denotes a micro pause, a notable pause but of no significant length.
(0.2)	A number inside brackets denotes a timed pause. This is a pause long enough to time and subsequently show in transcription.
[ ]	Square brackets denote a point where overlapping speech occurs.
> <	Arrows surrounding talk like these show that the pace of the speech has quickened
< >	Arrows in this direction show that the pace of the speech has slowed down
( )	Where there is space between brackets denotes that the words spoken here were too unclear to transcribe
(( ))	Where double brackets appear with a description inserted denotes some contextual information where no symbol of representation was available.
<u>Under</u>	When a word or part of a word is underlines it denotes a raise in volume or emphasis
↑	When an upward arrow appears it means there is a rise in intonation
↓	When a downward arrow appears it means there is a drop in intonation
=	The equal sign represents latched speech, a continuation of talk
::	Colons appear to represent elongated speech, a stretched sound

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