

**Staff and Volunteer Accounts of the Experiences of Mothers Detained in  
British Immigration Removal Centres**

**Samantha Harrison**

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## **ABSTRACT**

Existing research highlights the negative consequences of immigration detention on psychological wellbeing for women and children. Moreover, prison literature documents how mother-child separation through incarceration influences how women relate to themselves as mothers. No research focuses explicitly on the experiences of mothers that have been detained in British Immigration Removal Centres (IRCs). This research explores staff and volunteers' accounts of mothers' experiences of being detained in IRCs. A human rights framework, alongside psychological theories of mother-child separation, underpinned this exploration.

Semi-structured interviews were undertaken with nine participants; interviews were analysed using Thematic Analysis (TA), within a critical realist epistemological framework.

Three themes were identified. Theme One 'Continuations of Violations and Suffering' discusses participants' accounts of the ongoing violence that is experienced by women throughout the UK asylum process, from experiences of suffering within detention to a lack of support post-detention. Theme Two 'Consequences of Separation' encompasses participants' perspectives of the psychological harm of immigration detention on women, their children, and the mother-child relationship. Theme Three 'Learning Lessons' describes participants' recommendations for future professionals working with mothers that have previously been detained in IRCs.

The findings of the analysis are discussed in relation to the empirical and theoretical literature. Within this, various factors of the immigration process that are reported to affect mother-child relationships are discussed, alongside the ethical dilemma of psychologising suffering. In considering the reported negative consequences on wellbeing for women and children, this research argues against the use of indefinite detention. Implications for future research, clinical practice and policy are considered.

## TABLE OF CONTENTS

|   |    |
|---|----|
| <b>ABSTRACT</b>   | 1  |
| <b>ACKNOWLEDGEMENTS</b>                                     | 6  |
| <b>1. INTRODUCTION</b>                                      | 7  |
| <b>1.1. Researcher Reflexivity</b>                          | 7  |
| <b>1.2. Literature Search Strategy</b>                      | 9  |
| <b>1.3. Definitions and Contextualising Language</b>        | 9  |
| <b>1.4. Relevant Legal Frameworks</b>                       | 11 |
| 1.4.1. Geneva Convention relating to the Status of Refugees | 11 |
| 1.4.2. Additional International Legislation                 | 11 |
| 1.4.3. Human Rights Act                                     | 12 |
| 1.4.4. Human Rights Principles                              | 15 |
| 1.4.5. Immigration Act                                      | 16 |
| 1.4.6. Children Act   | 16 |
| <b>1.5. The UK Asylum Process</b>                           | 17 |
| 1.5.1. Current Context                                      | 17 |
| 1.5.2. Current Procedures                                   | 18 |
| 1.5.3. Immigration Removal Centres                          | 19 |
| <b>1.6. Relevance to Clinical Psychology</b>                | 21 |
| 1.6.1. Gender-Based Violence and Migration                  | 21 |
| 1.6.2. Psychological Health and Detention                   | 23 |
| 1.6.3. Consequences of Mother-Child Separation              | 26 |
| 1.6.4. Application to Clinical Psychology                   | 30 |
| <b>1.7. Literature Search</b>                               | 32 |
| 1.7.1. Impact on Children                                   | 33 |
| 1.7.2. Impact on Parents                                    | 34 |
| 1.7.3. Mothers in UK Detention                              | 35 |
| 1.7.4. Frontline Staff and Volunteer Perspectives           | 36 |
| <b>1.8. Summary and Rationale</b>                           | 37 |
| <b>1.9. Research Aims and Questions</b>                     | 38 |
| <b>2. METHODS</b>   | 39 |
| <b>2.1. Research Philosophy</b>                             | 39 |
| <b>2.2. Methodology</b>                                     | 40 |
| <b>2.3. Method</b>  | 41 |
| 2.3.1. The Planning of Research                             | 41 |

|             |  |           |
|-------------|--|-----------|
| 2.3.2.      | Recruitment .....  | 42        |
| 2.3.3.      | Data Collection.....   | 44        |
| 2.3.4.      | Transcription .....  | 45        |
| 2.3.5.      | Ethical Issues.....  | 46        |
| 2.3.6.      | Data Analysis .....  | 47        |
| 2.3.7.      | Reflective Section .....   | 49        |
| <b>3.</b>   | <b>ANALYSIS</b> .....  | <b>50</b> |
| <b>3.1.</b> | <b>Themes</b> .....  | <b>50</b> |
| <b>3.2.</b> | <b>Theme A: Continuations of Violations and Suffering</b> .....  | <b>51</b> |
| 3.2.1.      | Dehumanisation and Criminalisation.....  | 52        |
| 3.2.2.      | “Deeply Traumatizing”: Experiences of Current Detention.....   | 55        |
| 3.2.3.      | “Totally Inadequate”: Support Within Detention .....   | 57        |
| 3.2.4.      | “A Prisoner to the Home Office”: Post-Detention Experiences...   | 59        |
| <b>3.3.</b> | <b>Theme B: Consequences of Separation</b> .....   | <b>60</b> |
| 3.3.1.      | Psychological Consequences for Mothers and their Children ....   | 60        |
| 3.3.2.      | Consequences on Mother-Child Relationships .....   | 66        |
| <b>3.4.</b> | <b>Theme C: Learning Lessons</b> .....   | <b>72</b> |
| 3.4.1.      | Risks of Relationship Building.....  | 72        |
| 3.4.2.      | Moving Forward .....   | 75        |
| <b>4.</b>   | <b>DISCUSSION</b> .....  | <b>78</b> |
| <b>4.1.</b> | <b>What are frontline staff understandings of women who have been detained in Immigration Removal Centres and separated from their children?</b> .....                   | <b>78</b> |
| 4.1.1.      | A Journey of Torturous Experiences.....  | 78        |
| 4.1.2.      | The Psychologisation of Suffering.....   | 81        |
| <b>4.2.</b> | <b>What are frontline staff and volunteer understandings of which factors of the immigration process have affected mothers’ relationships with their children?</b> ..... | <b>83</b> |
| 4.2.1.      | The Criminalisation of Refugee People.....   | 83        |
| 4.2.2.      | Immigration Detention.....   | 84        |
| 4.2.3.      | Uncertainty of the Asylum Process .....  | 87        |
| 4.2.4.      | Women’s Sense of Being a ‘Mother’ .....  | 88        |
| 4.2.5.      | Ethics of Relationship Building .....  | 89        |
| <b>4.3.</b> | <b>Evaluating the Study</b> .....  | <b>90</b> |
| 4.3.1.      | Reflexivity .....  | 90        |
| 4.3.2.      | Ethical Concerns.....  | 94        |

|             |  |            |
|-------------|--|------------|
| 4.3.3.      | Participant Limitations .....  | 95         |
| 4.3.4.      | Methodological Limitations.....  | 96         |
| 4.3.5.      | Epistemological Limitations.....                                       | 96         |
| 4.3.6.      | Quality in Qualitative Research.....                                   | 97         |
| 4.3.7.      | Generalisability .....   | 99         |
| <b>4.4.</b> | <b>Implications .....</b>  | <b>100</b> |
| 4.4.1.      | Considerations for Future Research .....                               | 100        |
| 4.4.2.      | Considerations for Service Development.....                            | 102        |
| 4.4.3.      | Considerations for Clinical Practice .....                             | 104        |
| 4.4.4.      | Considerations for Policy Level.....                                   | 105        |
| <b>4.5.</b> | <b>Concluding Reflections .....</b>                                    | <b>105</b> |
| <b>5.</b>   | <b>REFERENCES .....</b>  | <b>107</b> |
| <b>6.</b>   | <b>APPENDICES.....</b>   | <b>133</b> |
|             | <b>Appendix A: Scoping Review Chart .....</b>                          | <b>134</b> |
|             | <b>Appendix B: Information Sheet.....</b>                              | <b>135</b> |
|             | <b>Appendix C: Interview Schedule .....</b>                            | <b>138</b> |
|             | <b>Appendix D: Consent Form .....</b>                                  | <b>141</b> |
|             | <b>Appendix E: Debrief Form .....</b>                                  | <b>143</b> |
|             | <b>Appendix F: Transcription Guidelines .....</b>                      | <b>146</b> |
|             | <b>Appendix G: Ethics Committee Decision Letter .....</b>              | <b>147</b> |
|             | <b>Appendix H: UEL Ethics Application.....</b>                         | <b>151</b> |
|             | <b>Appendix G: Ethical Application Amendment .....</b>                 | <b>164</b> |
|             | <b>Appendix J: UEL Data Management Plan .....</b>                      | <b>167</b> |
|             | <b>Appendix K: Example Annotated Transcript (Initial Coding) .....</b> | <b>174</b> |
|             | <b>Appendix L: Example Annotated Transcript (Further Coding) .....</b> | <b>175</b> |
|             | <b>Appendix M: Sorting Codes .....</b>                                 | <b>176</b> |
|             | <b>Appendix N: Example of Quotes Associated with Codes.....</b>        | <b>177</b> |
|             | <b>Appendix O: Initial Thematic Map.....</b>                           | <b>178</b> |
|             | <b>Appendix P: Final Thematic Map .....</b>                            | <b>179</b> |
|             | <b>Appendix Q: Table of Themes.....</b>                                | <b>180</b> |
|             | <b>Appendix R: Example Reflective Log .....</b>                        | <b>181</b> |
|             | <b>Appendix S: Draft Summary of Findings for Participants .....</b>    | <b>182</b> |
|             | <b>Appendix T: Change of Title Request Form.....</b>                   | <b>185</b> |

## **LIST OF ABBREVIATIONS**

|             |                                     |
|-------------|-------------------------------------|
| <b>UK</b>   | United Kingdom                      |
| <b>IRC</b>  | Immigration Removal Centre          |
| <b>UN</b>   | United Nations                      |
| <b>HRA</b>  | Human Rights Act                    |
| <b>ECHR</b> | European Convention on Human Rights |
| <b>EU</b>   | European Union                      |
| <b>BPS</b>  | British Psychological Society       |
| <b>PTSD</b> | Post-Traumatic Stress Disorder      |
| <b>US</b>   | United States                       |
| <b>UEL</b>  | University of East London           |
| <b>NHS</b>  | National Health Service             |
| <b>TA</b>   | Thematic Analysis                   |

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## **1. INTRODUCTION**

The United Kingdom's (UK) use of indefinite immigration detention continues to be controversial and of increasing political attention (Sturge et al., 2018). This chapter will consider the available literature and how this topic relates to clinical psychology. It will begin by outlining the literature search strategy and discussing pertinent definitions. Relevant international and domestic legal frameworks will be explored, along with discussion around the implementation of these policies into the UK asylum process. Psychological theory and research relevant to experiences of gender-based violence, immigration detention and separation from children will be considered in relation to detained women's psychological wellbeing. Current literature related to staff understandings of mothers' experiences of immigration detention and being separated from their children will be outlined and gaps to knowledge highlighted, which will support the justification for the current research. It will be argued that, as a profession, we need to stand against human rights violations, including the indefinite detention of women, to act preventatively against a deterioration in psychological health.

### **1.1. Researcher Reflexivity**

Owning one's perspective is key for achieving good quality qualitative research (Elliot et al., 1999). Reflexivity involves an awareness from the researcher of their contribution to the meaning-making and knowledge produced from the research (Willig, 2013). Reflexivity has been an essential part of this research. Throughout this process, I have kept a reflective journal and had regular supervision. Through these, I have been able to consider the personal impact that the research has had on me and the assumptions or beliefs that I have brought to it.

My desire to do this research derives from professional experience and personal values. Within my NHS work, I met several people who had been detained in Immigration Removal Centres (IRCs). As someone who has lived



in a country outside of the UK and has enjoyed freely travelling, I was appalled by the treatment that these people had endured through the UK's asylum process. My feminist values motivated me to focus the research on the experiences of women. Additionally, my choice to focus on mothers was influenced by the strong mother-figures in my life (my mother, aunties, nana) and the pain I could only imagine through being separated from them. I continue to reflect on my position as a White British, able-bodied, young female who does not have children. This would likely impact on my relationship to the topic and the way I interpreted the research. I will never fully understand the experiences that refugee women have been through. I can only hope that I am able to use my position to attempt to represent their experiences and make a difference to future women and children.

Conducting this research during COVID-19 restrictions added an extra layer of complexity to the project; interviews took place at a time where policies restricted face-to-face contact and travel outside of one's local area, therefore, in-person interviews were unable to occur. Women in IRCs have particularly suffered through the pandemic; during the early months, Yarl's Wood IRC continued to detain women, despite there being cases of COVID-19 (Ailes, 2020). Moreover, COVID-19 restrictions would have made it harder for mothers to have access to visits from their children. Many detained women were released from Yarl's Wood in August 2020; however, their future remains unclear.

There are multiple ways to investigate mothers' experiences of IRCs. Ideally, interviews with mothers who had been detained in IRCs would have been conducted. However, due to the COVID-19 pandemic, this was not a feasible option. Interviewing frontline staff and volunteers is still helpful, as it provides insight into mothers' experiences, alongside enabling consideration of how future professionals can best support previously detained women and their children. The research was conducted in an exploratory manner, underpinned by a human rights framework and by psychological understandings of mother-child separation.

## **1.2. Literature Search Strategy**

The literature search was undertaken in two stages. First, a broad search was done to identify the grey literature, legal documentation and related academic literature that explored women's experiences of UK IRCs. Literature recommended by the researcher's academic supervisor and relevant third sector organisations was also read. Further literature was identified through searching reference lists of relevant articles. It is acknowledged that the quality of grey literature can be ambiguous (Adams et al., 2016), thus, the source and possible agenda of the literature was considered for each article to try to ensure reputability. For example, the political agendas behind reports by anti-detention charities and how these agendas may influence their research findings was borne in mind when using this literature.

Second, a literature search of relevant academic databases was conducted using the search terms 'immigration detention' and 'women'. A brief overview of this literature demonstrated that most research on UK IRCs has been focused on men's experiences. Some literature detailed the negative impact of IRCs on women's mental health, and some was available on staff experiences of working within an IRC; however, no research looked at frontline staff or volunteer understandings of women who had been detained and separated from their children. It was, therefore, decided that the formal literature search and research would focus on mothers' experiences of IRCs, acknowledging any relevant research looking at staff perspectives.

## **1.3. Definitions and Contextualising Language**

Several terms have been constructed to label people moving from one country to another. There is no universally agreed definition for the term 'migrant', however, it has broadly been defined as someone who has moved across an international border, regardless of their legal status (International

Organisation for Migration, 2019). The legal term for 'refugee', as defined in the 1951 Geneva Convention, refers to someone who has left a country due to risk of harm, for reasons relating to race, nationality, membership of a particular group or political opinion. The term 'asylum seeker' is not defined within international law, however, within the UK, the term refers to someone who has fled to a new country and applied for asylum, but not yet been given 'refugee' status (Amnesty International, 2020). The use of the legal terms, such as 'refugee' and 'asylum seeker', can compartmentalise and dehumanise people who have been forcibly displaced; Patel (2003) argues for the term 'refugee people' to be used instead, in order to humanise and re-focus on people's experiences, linked with their legal status. Throughout this research, the term 'refugee people' will be used when referring to all people that have fled from a country due to risk of harm, including those who are in the process of seeking asylum. Nevertheless, it is essential to remember that these terms are constructs and do not reflect the whole identities of each person who may be referenced in this research (Amnesty International, 2020).

Immigration detention can be defined as the holding of people who are not considered to be national citizens for immigration control purposes (Silverman, 2014; Silverman & Griffiths, 2019). Immigration detention in the UK is indefinite, meaning that there is no limit on the length of time one can be detained (Bosworth, 2014); this is despite policy stating that it should be used sparingly and for the minimum duration necessary (Home Office, 2013). The UK is the only EU member state without a legal limit on the length of detention (Bosworth, 2014), something that has been heavily criticised by human rights organisations, such as, the UN Human Rights Committee (2015) and UN Committee against Torture (2013).

Human rights can be understood as moral claims, situated within international legal standards, that guide governments on decision-making (Patel, 2019). They are considered to be the minimum amount of protection for all human beings. They are always universal and apply to all people, including refugee people in detention. This research will draw upon a human rights framework, alongside psychological theories, in exploring the implications of mother-child separation because of UK immigration detention.

## **1.4. Relevant Legal Frameworks**

There are several relevant legal frameworks relating to this research, which will be outlined below.

### **1.4.1. Geneva Convention relating to the Status of Refugees**

The 1951 Geneva Convention outlines the rights of refugee people and the international legal obligations of States to protect them. This includes a key principle of 'non-refoulement', which details that a refugee person should not be sent to their country of origin if their life or freedom will be at significant risk. Additionally, it details that refugee people should not be penalised for arriving 'illegally' to a country. The labelling of refugee people as 'illegal' has been argued to be legally inaccurate and dehumanising; thus, human rights advocates argue for the use of the terms 'undocumented' or 'irregular' migrants instead (UNHCR, 2018). Despite the details outlined in the Geneva Convention, refugee people are frequently detained in centres internationally, with the view of deportation, even when they may face significant risk if they were deported (Goodwin-Gill, 2001).

### **1.4.2. Additional International Legislation**

Further international frameworks have been designed to protect the lives of refugee women. The UK has signed up to the United Nations Convention on the Elimination of Discrimination against Women (1979) and the Declaration on the Elimination of Violence against Women (1993). Within these, migrant women are listed as a particularly vulnerable group and violence against women is contended to be a human rights issue. More recently, the UK signed the Council of Europe's 'Convention on Preventing and Combatting

Violence Against Women and Domestic Violence' (2011). This convention condemns all forms of violence, including ongoing human rights violations during conflict and migration, and emphasises asylum applications being viewed from a gender-sensitive lens. However, the UK has not yet ratified the convention (Council of Europe, 2020), meaning that there is no legal requirement to implement the policy.

#### 1.4.3. Human Rights Act

The Human Rights Act (HRA, 1998) is a legal framework in the UK that was translated from the European Convention on Human Rights (ECHR, 1950). Although the notion of human rights has been criticised for being context-bound and diminishing collective suffering through the construction of humans as individuals (Patel, 2019), human rights have also been argued to be useful tools for upholding moral standards and unifying humanity (Tibi, 1994). There are three key human rights within the HRA that are relevant to this research; these are outlined below.

##### 1.4.3.1. *Article 3: Prohibition of Torture*

This Article details the right of all people to protection from degrading treatment, physical and psychological torture. Additionally, it condemns against deportation if there is a risk of torture in the country one is being deported to. The term torture is defined as “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining third party information or a confession, punishing him...intimidating or coercing him...or for any reason based on discrimination” (United Nations, 1984).

Traditionally, legislation was written from and viewed through a male-centric gaze. One example of this is the definition of ‘torture’; the Convention Against Torture defines torture as suffering deliberately inflicted to “punish *him* for an

act *he* committed” (United Nations, 1984). However, one must acknowledge that the law, as written, is context-bound to a point in time when its gendered nature remained largely uncontested. Torture from a male-centric lens has often been linked with state-level abuse (Canning, 2010, 2011), thus, lessening the attention given to the interpersonal violence more frequently experienced by women. Nonetheless, it has been argued that, in some cases, rape can amount to torture (Patel, 2008).

Persecution and migration have been argued to be highly gendered (Crawley et al., 2011). Refugee women have disproportionate experiences of violence, often in the form of human rights violations (Refugee Council, 2012). These violations frequently continue, commonly as sexual violence, throughout migration and during the asylum process (Canning, 2017). Women with children may be more susceptible to being attacked or forced to have “transactional sex” on their journeys to the UK (Freedman, 2016; UNHCR, 2009). Often, the violence experienced by refugee women occurs on a social continuum (Kelly, 1988), with experiences spread over a lifespan rather than one-off episodes (Arcel, 2003; Bastia, 2014). However, it has been argued that the UK asylum process overlooks this continuum through making often basic interpretations of violence, and through its definition of what constitutes as ‘torture’. Moreover, the use of detention has been further argued to further overlook this continuum, through acting as an extension of this violence (Canning, 2011, 2016).

It has been suggested that the adverse effects resulting from detaining vulnerable people, such as ongoing pain and suffering, may meet the threshold of psychological torture (SOAS, 2019). This seems particularly pertinent in cases where the detention is indefinite and those detained have already experienced trauma, frequently resulting in secondary trauma (Canning, 2011, 2016). It is likely that the uncertain and prolonged nature of detention, alongside feelings of powerlessness, may act as triggers to exacerbate any existing psychological suffering. Despite this, Freedom from Torture (2019) found that torture survivors in the UK have been regularly detained for immigration reasons, breaching their protected rights under Article 3 and government policy.

#### *1.4.3.2. Article 5: Right to Liberty and Security*

Article 5 details the right to freedom and to not to be detained without good reason. Immigration detention is a deprivation of one's liberty (Edwards, 2011). In the UK, Article 5 is understood as a 'limited' right, meaning it has exceptions. One of these exceptions is the use of detention for immigration purposes, which has been debated within the human rights literature. Unlike other European countries, the UK has not signed up to the 'EU Return Directive', which states that detention should be for a maximum limit of six months; instead, the UK has no limit on the length of time one can be detained (Bosworth, 2014). It has been argued that holding someone for an indefinite length of time may violate this human right, as the duration of detention should be considered when restricting one's liberty (International Justice Resource Centre, 2019).

Nonetheless, this argument has been disputed by the European Court of Human Rights, which has ruled that there is no maximum time limit in the convention, thus, indefinite detention complies with Article 5 (ECHR, 2016); although this remains contested. A recent report by the United Nations (2020) has highlighted their concern over indefinite detention, particularly when family members are separated. It is crucial to bear in mind the impact that depriving the liberty of refugee women, who will have already had experiences leading to extensive suffering, will have on their psychological wellbeing.

#### *1.4.3.3. Article 8: Right to Respect for Private and Family Life*

Article 8 details that everyone has a right to live privately and enjoy family relationships without interference from the government. Although there is no set definition of a family within the HRA, the Home Office usually focuses on family life as a 'partner' or a 'parent' (Home Office, 2021). Alongside Article 8 of the HRA, family unity is protected under international refugee law, international humanitarian law and international human rights law (Nicholson,

2018). Although human rights are frequently focused on individuals, it has been contended that it is important for them to be seen within the family context that one exists, particularly if one is seeking asylum (Jastram & Newland, 2003). The separation of families through imprisonment has been argued to be a human rights violation (Hoffman, 2010); this same argument can be applied to the separation of families through immigration detention. The right to family unity is a qualified right within international legislation, with the child's best interests often acting as the qualifier (Jastram & Newland, 2003). This must be seen alongside the Conventions on the Rights of the Child, which outlines how any action involving children, including separation, must have the child's best interests as the primary consideration (UN General Assembly, 1989). Despite this, the Home Office have been criticised for rarely considering the child's views within their assessments (UNHCR, 2019). The separation of families by immigration detention threatens the unity of a family, thus, could be argued to violate the right to respect for private and family life.

#### 1.4.4. Human Rights Principles

Human rights are based on numerous important principles, such as, respect, dignity, proportionality, and equality. They include ensuring the physical and mental integrity of all people and are important to consider within psychological practice (Patel, 2019). A cross-cutting principle is that human rights are interdependent, indivisible and inter-related (Vienna Declaration and Programme of Action, 1993), meaning that rights should be considered together; for example, considering how one's right to private and family life may be threatened when they are deprived of their liberty through detention. It is important that these principles are considered within the implementation of the UK asylum process when understanding the implications of using immigration detention.



#### 1.4.5. Immigration Act

The Immigration Act (2014; 2016) provides legal provisions about the services that migrants have access to and the protection to which they are entitled. The Act has been used to create stricter conditions for 'illegal' migrants, in order to enable easier removal from the country. The 2014 Act extended the 'deport first, appeal later' scheme to all migrants, meaning that any migrant that has submitted an asylum claim could be removed to a place regarded as their 'country of origin', unless doing so would cause "serious, irreversible harm" (Home Office, 2013). Although this scheme was deemed to be unlawful in 2017 for breaching protections of one's family and private life, thus, can no longer be used, its legacy likely contributes to the hostile climate refugee people face in the UK. Positively, following campaigning from advocate organisations, the Immigration Act (2016) introduced the restriction that pregnant women should only be detained in an IRC for up to 72 hours and that the UK should support in relocating unaccompanied refugee children from countries in Europe with their families in the UK. However, no changes relating to non-pregnant mothers and children are mentioned in the Act. Conversely, more recently, Home Secretary Priti Patel has outlined plans for increasingly stringent immigration measures, which include limiting family reunion rights and potentially using 'offshore' immigration detention (Home Office, 2021).

#### 1.4.6. Children Act

The Children Act (1989; 2004) is the primary legislation that is designed to protect children and ensure that children's human rights are met to a high standard. The duties within the Children Act apply to all children in the UK, including refugee children. The Children Act references the importance of having the best interests of the child at the forefront in all decision making, therefore, this should be a key consideration when making decisions about women with children within the asylum process.

Overall, it is important to hold in mind how the application of legal frameworks has the potential to impact the lives of refugee women, particularly when considering the Geneva Convention relating to the Status of Refugees (1951) and the Human Rights Act (1998). Together, these detail how the UK is legally bound to protect and uphold the rights of all refugee people. Bearing in mind the levels of violence often experienced by refugee women, one must acknowledge how the current UK asylum system and use of immigration detention may interfere with their rights and/or the rights of their children.

## **1.5. The UK Asylum Process**

### **1.5.1. Current Context**

There has been an increase in people seeking asylum in the UK recently, with one-third of applicants identifying as women (Home Office, 2018; Refugee Council, 2018). From March 2019 to March 2020, there were 35,099 asylum applications; 85 percent of these were non-EU nationals (Home Office, 2020). It has been argued that, although migration policy is no longer explicitly racialised or gendered, these social inequalities are evoked without needing to be explicitly stated (Goldberg, 2015). Moreover, Fox et al., (2012, p681) argue that asylum policies work to exclude those racialised as non-White “on the basis of shared Whiteness”.

It has been contended that immigration in the UK has been heavily politicised, with political parties using changes to immigration policy as key points within election campaigns (Donmez & Sutton, 2020). The demonisation of refugee people was particularly demonstrated in the lead up to the EU Referendum, where a key argument presented for leaving the UK was to ‘regain’ border control to prevent further immigration (Canning, 2017). Further to this, in 2012, Home Secretary Theresa May, stated that the Home Office wanted to create a “hostile environment” for ‘illegal’ immigrants in the UK (Kirkup & Winnett, 2012); this was enforced via the 2014 Immigration Act. These policies have not only criminalised and punished undocumented migrants,

they have also created a generally “hostile” climate for migrants and resulted in severely damaging consequences, such as the Windrush scandal (Wardle & Obermuller, 2019).

#### 1.5.2. Current Procedures

The UK asylum process includes the following steps: submitting a visa application, having an initial meeting and subsequent ‘asylum interview’ with an immigration officer and regular ‘reporting meetings’ with a caseworker (UK Government, 2019). Within the ‘Violence Against Women and Girls strategy’, the Government contends that a gender-sensitive asylum process is important for ending violence against women (Home Office, 2018). During the ‘asylum interview’, any historical incidents of violence are expected to be disclosed, as this is meant to impact on decisions around asylum applications and immigration detention. The ‘Adults at Risk’ policy details that people who are at risk of harm through detention should not be detained; this includes people who have experienced torture, pregnant women and those diagnosed with mental health difficulties (Home Office, 2019). However, it has been argued that this is not an effective system at protecting those that are most vulnerable (Home Affairs Committee, 2019).

Research has found that many women in detention have experienced sexual violence and have diagnoses of mental health difficulties (Girma et al., 2014). One reason for this may be because of barriers to women reporting traumatic experiences during interviews. The Home Office have gender guidelines that are meant to be followed throughout the asylum process, however, research suggests that these are not always applied (Baillot & Connelly, 2018). The asylum process has been criticised for lacking gender sensitivity, with women frequently not having access to female interviewers and interpreters (Refugee Council, 2012). Canning (2017) highlighted three barriers to refugee women receiving proper support: gender blindness, where interviewers do not consider female-specific needs or intersectional experiences of violence; silencing, where survivors of violence do not feel comfortable disclosing their

experiences; and interviewer reluctance to asking about experiences of violence. Moreover, there appears to be an emphasis on people having to provide evidence of 'vulnerability' during the asylum interview, which is likely distressing and often not possible (Singer, 2014).

To ensure the implementation of the human right to family life, the Home Office has guidance on the separation of families within the asylum process. This states that, although parents' asylum status cannot be dependent on their child's asylum status, families should be kept together as much as possible (Home Office, 2017, 2018). It also details that the separation of families should be "lawful, necessary and appropriate" and families must be informed in advance when reunification will occur. Nonetheless, given that one can be held in an IRC indefinitely, it is unclear how any accurate dates of reunification can be or are offered.

Canning (2017) contended that the British asylum system is structurally violent, in that it often results in harmful effects which otherwise could have been avoided. This includes the process of someone having to re-tell their trauma in order to prove their suffering, to avoid being placed in detention (Bloch & Schuster, 2005; Fekete, 2001; Weber & Pickering, 2011), and having a detention system with no time limit, consequently worsening their psychological health.

### 1.5.3. Immigration Removal Centres

During the asylum process, the Home Office has the power to stop proceedings at any point and place people in immigration detention using the Immigration Act (2016). In the UK, this detention takes place within one of seven IRCs. These are residential centres where refugee people can be placed to reside, either before deportation or during the time taken to establish one's identity (Hughes, 2016). In physicality, the IRCs are detailed to have adequate provision of showers, laundry facilities, kitchens, gyms, libraries and outdoor space; however, access to these spaces is time-limited and the standards of cleanliness vary (Refugee Council, 2020). Some of the

centres have been converted from prison complexes and continue to be managed by Her Majesty's Prison Service; others are managed by various private bodies, such as Serco or G4S Custodial and Detention Services (Shaw, 2016). Elements of IRCs have been compared to prisons due to the removal of freedom and prison-like practices, such as the use of guards, roll calls<sup>1</sup>, and restraints (Girma et al., 2014).

It has been suggested that, although the Home Office has legal authority over immigration processes, the privatisation of IRCs may be an attempt to separate themselves from potential human rights' breaches (Amnesty International UK, 2011). The detention of people in IRCs has faced much criticism, not only due to imprisoning people, but also because of reports of incidents of verbal abuse (Bhatia & Canning, 2017), sexual violence (Canning, 2014, Townsend, 2013), deaths in detention (Institute of Race Relations, 2017) and the detention of children (United Nations, 2020). These issues have resulted in various reports, including the Shaw Review, commissioned by the UK Government. This report reviewed how Home Office policies and procedures were impacting on the welfare of detainees and included 64 recommendations for change, such as not detaining people who have experienced sexual or gender-based violence (Shaw, 2016).

Yarl's Wood is the main IRC for females and is "one of the largest concentrations of women deprived of their liberty anywhere in Western Europe", holding up to 410 women (Independent Monitoring Board, 2019; Shaw, 2016, p60). Yarl's Wood IRC has been heavily criticised for the way it has been managed by the company Serco (Shaw, 2016). Research has found that the problems within Yarl's Wood range from women having difficulties accessing necessary sanitary products, to women's dignity being disrespected through male guards entering their rooms without permission (Canning, 2019). There have also been accusations of sexual and physical abuse by male guards from women detained in Yarl's Wood (BBC News, 2016; Townsend, 2013); the follow up from this remains unclear. Furthermore, the Shaw Review (2016) highlighted key issues of a lack of female staff and a

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<sup>1</sup> Roll call is defined as the reading aloud of names of all people on a list to ensure they are present (Cambridge English Dictionary, 2021)

lack of representation of people from 'minority status' in management positions. Therefore, it is unlikely that detained women will have people in authority positions within the centres that they would feel able to relate to. The use of majority male staff enforcing the detention of women, who have often been subject to abuse from men, could increase the risk of women feeling traumatised (Canning, 2019), detrimentally affecting their psychological wellbeing.

To summarise, the 'hostile environment' perspective has developed harsh conditions for refugee people within the UK, rendering them more vulnerable to being placed in detention. Although policies are in place to protect those 'at risk', these do not seem to work in their implementation. Many women in IRCs have been through violent experiences and display difficulties with their psychological health. Given the criticisms of IRCs, being in detention puts them at greater risk of additional suffering and a worsening in psychological health. Enhancing wellbeing is central to the role of clinical psychologists (BPS, 2017), thus, things that interfere with this, such as the use of detention, are important to consider.

## **1.6. Relevance to Clinical Psychology**

To enhance wellbeing, it is important to research areas where psychological health is adversely affected. Mothers in IRCs will have experienced gender-based violence, a removal of liberty through detention and separation from their children; the consequences of each of these on women's and children's health will be outlined below. The terms used will be those of the studies' authors.

### **1.6.1. Gender-Based Violence and Migration**

Refugee women have often been disproportionately affected by gender-based violence before and during conflict in their countries of origin, throughout

migration and when awaiting their asylum decision (Canning, 2017). Violence against women exists globally and ranges from intimate partner violence to organised state violence; it also includes culturally specific practices of abuse, such as female genital mutilation and honour killings (Watts & Zimmerman, 2002). Conflict, displacement and social inequalities increase the drive for human trafficking, forced prostitution and forced labour (Skrobanek et al., 1997; Watts & Zimmerman, 2002). Sexual violence, such as the systematic rape of women as a war tactic, has occurred numerous times throughout history, such as within the civil wars in Liberia, Uganda and Rwanda (Swiss & Giller, 1993) and former Yugoslavia (Kohn, 1994). Moreover, sexual violence against women has been highlighted as common within refugee camps and requiring additional attention (Freedman, 2016; UNHCR, 1999).

Gender-based violence has a large impact on both physical and mental health; it can result in an increased risk of sexually transmitted infection, miscarriage, suicidal ideation and mental illness, such as post-traumatic stress disorder (PTSD), anxiety and depression (Linou, 2018). This violence can also have social impacts on women, such as having children born of rape, being rejected by family, and isolation. Despite the 'Adults at Risk' policy, gender-based violence is a common part of the lives of women who are detained in UK immigration detention. Research by Women for Refugee Women, which interviewed women held in IRCs, found that 66 percent had experienced gender-based violence, 72 percent had been raped and 41 percent had been tortured in their country of origin (Dorling et al., 2012; Girma et al., 2014). Additionally, 37 percent of women reported having mental health problems and 22 percent said that they had attempted to commit suicide while in detention (Girma et al., 2014).

There is substantial evidence of the negative consequences of gender-based violence on mental health (Chowdhary & Patel, 2010). These difficulties do not necessarily dissipate once women have reached the UK or following release from detention. It is important that clinical psychologists are aware of the impact of gender-based violence on refugee women and the difficulties they may face with accessing support from psychological professionals. Barriers to accessing support have been documented during migration and

upon arrival in the UK. Freedman (2016) notes how frequent closing of borders means that refugee people may have to change their migration route quickly; this prevents women from accessing psychological or legal services for fear that this will delay their journey. They argue that the EU needs to ensure legal routes are available for refugee people so that women receive the appropriate support and perpetrators are held accountable. Within the UK, there appear to be barriers to women reporting their experiences of gender-based violence to professionals, including feelings of shame, fear and stigma (Watts & Zimmerman, 2002). It is the duty of psychologists to consider how they can support refugee women who have experienced gender-based violence in a way that is most helpful and meaningful to them.

To summarise, refugee women continue to be disproportionately affected by violence. This violence has a negative impact on their psychological health, which is worsened through being placed in detention. However, barriers to accessing services can prevent these women from receiving the appropriate support.

#### 1.6.2. Psychological Health and Detention

Detention has been argued to be a criminalised and racialised place, with people from the global south frequently treated differently to EU citizens within the immigration process (Bosworth & Kellezi, 2014). It has been called a 'desert island'; a place that is feared, isolated and separate from the law (Singer, 2019). The negative effects of confinement on mental, physical and emotional wellbeing have been well documented throughout literature from prison settings (Canning, 2017).

A recent systematic review by Werthern et al., (2018) highlights the negative impact of immigration detention on psychological health globally. All 26 studies analysed indicated that people in detention experienced mental health problems, with anxiety, depression and PTSD frequently reported. The findings also indicated that a longer length of detention was associated with



higher severity of mental health symptoms. Most of the studies included in this review focused on the experiences of men, thus, making it harder to generalise the findings to females. Nonetheless, two studies examined gender differences; one Canadian study found no significant difference between genders (Cleveland & Rousseau, 2013). Another Australian study found higher reported rates of PTSD from females and that female detainees were likely to be affected worse by prolonged detention (Young & Gordon, 2016). The review also included three studies that investigated parental mental health; they found high levels of suicidal ideation (Steel et al., 2004) and severe mental disorders in parents within Australian detention, with all participants meeting the criteria for mixed anxiety and depression. (Mares, 2016). Furthermore, the legal vulnerability of immigrant parents in the US was highlighted as impacting on parent and child wellbeing, and the quality of their relationship (Brabeck & Xu, 2010). It is important to note that only four of the 26 studies were conducted in the UK and that none of these four are referenced above as they did not focus on women's experiences.

A literature review by Bosworth (2016) furthered global research demonstrating the adverse effect of immigration detention on mental health in adults (Cleveland & Rousseau, 2012; Ichikawa et al., 2006; Katz et al., 2013; Steel et al., 2006) and children (Lorek et al., 2009). While much of this literature comes from Australia and Canada, research from the UK describes detainees exhibiting high levels of anxiety, depression and PTSD (Robjant et al., 2009). The review also lists factors contributing to distress; these include an increased length of duration in detention, pre-existing 'trauma', pre-existing mental and physical health difficulties, and uncertainty over the length of detention. The lack of clarity of indefinite detention has been argued to cause low mood and frustration for detainees in the UK (Bosworth, 2014). Additionally, Bosworth's (2016) review describes how particular groups experiencing detention, such as children or women, are more vulnerable to mental distress. Nonetheless, there has been limited research investigating the experiences of these groups in the UK. This may be due to the small sample available and difficulties with gaining access to people while detained.

Research from UK IRCs demonstrates the negative effect of detention on psychological health for males and females, citing worrying levels of depression, deliberate self-harm, and suicidal thoughts (Kellezi & Bosworth, 2016; Kellezi, Bosworth & Slade, 2017; Shaw, 2016). Available research focusing on the experiences of female detainees has found that 93 percent of them reported feeling depressed, with 50 percent of them expressing having had thoughts of suicide (Girma et al., 2014). This research also found that 85 percent of female detainees reported having been raped or tortured previously; it has been argued that detention acts as a reminder of previous trauma experienced by these women (Robjant et al., 2009). This may serve to increase the suffering and worsen the psychological health of women in detention.

Women held in detention have intersecting identities often characterised by gender, 'race' and a lack of citizenship or rights (Bosworth, 2014). Detention enables the State to classify people into categories and establish a separation between a citizen and the 'other' (Silverman & Massa, 2012; Silverman, 2014). The othering of women in detention means that they may be treated as a homogenous group, thus, not accounting for individual needs, and that they may be treated as less human (Staszak, 2009). In IRC Yarl's Wood, male staff have been reported as being used inappropriately, such as for constant supervision of women and for healthcare appointments, leaving detained women reporting feeling unsafe (HM Chief Inspector of Prisons, 2015). It has been argued that the continuum of violence frequently experienced by refugee women appears to be reflected in IRCs, from a lack of consideration about female needs, to reports of sexual abuse from male staff to female detainees (Canning, 2017; Canning, 2019; Townsend, 2013), all of which contributes to a deterioration in psychological health.

Since 2011, there has been a reduction in the number of children detained in UK IRCs (Silverman & Griffiths, 2020). This reduction is positive, particularly given the negative impact of detention on the physical and mental health of children (Lorek et al., 2009). Nonetheless, it is likely that this has also resulted in an increase in mother-child separation. It is not clear from current research

how this separation may affect mothers' psychological health; however, it is hypothesised that it will be negative.

Overall, immigration detention has been found to have a detrimental effect on psychological health globally and across genders. Research demonstrates the adverse effect on women's psychological wellbeing, likely compounded by a lack of a gender-sensitive approach and the use of indefinite detention. It is theorised that mothers' psychological health will be further impacted through separation from their children.

### 1.6.3. Consequences of Mother-Child Separation

Psychological theories can be drawn upon to understand the potential impact of mother-child separation resulting from detention. Attachment theory suggests that a secure attachment is dependent on the child's perception of their mother's availability (Howard et al., 2011). The importance of mother's physical accessibility has been emphasised by attachment theories (Ainsworth, 1990; Bowlby, 1973), with research indicating that early separation of children from caregivers can negatively impact on a child's wellbeing, even if temporary (Bowlby, 1969; Rutter, 1971). The negative effect of family separation for immigrant youth has been documented, with separated children reporting symptoms of anxiety and depression, alongside feeling less connected to their parents (Suárez-Orozco et al., 2010). Attachment theory can be critiqued for reflecting Western thinking and patterns of relatedness which may not readily apply to all cultures (Rothbaum et al., 2004). Historically, the mother-child attachment has been relied upon as the most central, disregarding the strong attachments that can be made to multiple caregivers (Howes & Spieker, 2008). Increasingly, migrant mothers leave their children with extended family to work in temporary employment transnationally (Graham & Jordan, 2011). Although 'left behind' children are shown to be negatively affected through this separation, research suggests that these effects may be mitigated through their relationships with others (Waddoups et al., 2019). Therefore, attachment relationships must be

understood within the broader contexts and networks in which they are situated (Juang et al., 2018).

Further psychological theories can be drawn upon to understand how separation impacts on the wider family system. The ecological systems theory (Bronfenbrenner, 1979) emphasises how multiple environmental contexts influence a child's development. Bronfenbrenner (1979) contends that the most proximal 'microsystem', which includes family and home life, has the most significant influence on development. This has been supported by research which found that individual experiences of violence have family level consequences (Timshel et al., 2017). Conversely, this theory has been critiqued for not considering well enough individual resilience and family strengths, such as wider support networks, which can serve as protective factors to mitigate negative experiences (Lowenstein, 1986). Another systemic theory, family systems theory (Bowen, 1978), details that families are in constant change and that specific changes, such as family separation, can increase the levels of stress experienced within the system. To adapt to these changes and cope with this stress, family communication is a necessity (Akhlaq et al., 2013; Olson, 2011). However, children separated from their mothers because of detention cannot often afford to call or visit detention regularly, thus, this communication is unlikely to occur (Bail for Immigrant Detainees, 2013).

The theory of intergenerational trauma suggests that trauma experienced in one generation can impact on the health and wellbeing of their descendants (Dekel & Goldblatt, 2008; Bezo & Maggi, 2015). This was initially observed amongst families of Holocaust survivors, where children were reported as struggling with separation, depression and aggression (van IJzendoorn et al., 2013). It has been suggested that the effects of intergenerational trauma may occur due to trauma impacting on one's ability to function as a caregiver (Daud et al., 2005; Scheeringa & Zeanah, 2001); although there may be many mechanisms by which parenting is affected. There are limited studies focusing on intergenerational trauma within refugee families; nonetheless, the available studies demonstrate high levels of mental health difficulties in children of

refugee parents (Sangalang & Vang, 2017). It may be theorised that the violence experienced by refugee women might affect their ability to parent, thus, impacting on their children's wellbeing. Nevertheless, the existing literature on the theory of intergenerational trauma has been criticised for focusing on effects at an individual level, thereby neglecting the impact of state-perpetrated violence (Heberle et al., 2020). An intersectional framework that focuses on systems of interlocking oppression is, therefore, important to incorporate into understandings of intergenerational trauma of marginalised communities (Heberle et al., 2020); this includes families that have been separated through immigration detention. Moreover, an intersectional understanding will allow for further consideration of the intergenerational strengths of these families and communities.

The impact of separation can also be theorised using a biopsychosocial model (Engel, 1977). Research has argued that stress within children's environments can be predictive of mental health difficulties at a later age (Broekman, 2011). Moreover, it has been suggested that the separation of children from parents can generate 'toxic stress' in children's bodies; these increased stress hormones are associated with difficulties such as diabetes, depression and chronic illnesses (Shonkoff, 2019). Biopsychosocial theories have been criticised for privileging biology, which can reduce the focus on social or psychological factors, such as the role of power and oppression (Johnstone & Boyle, 2018). A focus on biology may neglect the role of protective factors, such as social support (Cohen & Wills, 1985). Research demonstrates how parent-child relationships can act as a 'buffer' against the risk of children developing psychological difficulties (Fazel, 2019). The term 'buffer' can be criticised for being reductionist; through implying that the parent-child relationship is the sole factor involved in distress, it may neglect wider contributing contextual factors. Nonetheless, it is accepted that strong parent-child relationships and perceived social support are linked with positive wellbeing in children and young people (Chu et al., 2010; Newland, 2014). However, for mothers in detention, the opportunity to provide this support to their children is removed.

Although psychological theories suggest that mother-child separation has negative consequences for children, there is limited research that looks at the impact of separation due to UK immigration detention. The charity Bail for Immigrant Detainees (2013) has conducted one piece of research; they examined the cases of 111 parents who had been separated from 200 children through detention in the UK. Children who took part in the research reported negative consequences; these included having nightmares, losing weight, crying a lot, becoming socially isolated and withdrawn. This research is in line with the above psychological theories suggesting that children suffer through separation from their mother.

There is a lack of psychological theories explaining the impact of separation on mothers; most theories focus on the effects on the child. Moreover, there has been no research to date focusing on mothers' experiences in detention or the impact of mother-child separation resulting from detention. In an attempt to understand this, literature on prisons can be drawn upon. IRCs have been described as 'prison-like' (Canning, 2019), with parallels in the characteristics of women in prison and women in detention regarding experiences of sexual violence and having childcare responsibilities (Bosworth, 2014). The loss of children through imprisonment can raise questions about one's identity as a mother (Shamai & Kochal, 2008); Easterling (2012) describes incarcerated mothers as experiencing a "double jeopardy" (p47), whereby mothers are held to an unattainable standard of parenting by society, even while in prison, despite this being more challenging. This can contribute to feelings of guilt and shame, alongside a deterioration in wellbeing, and questions around what it means to be a mother. It is likely that this will be similar for mothers detained in IRCs, where many will have come to the UK to work to support their children, yet detention means they are unable to do this (Bosworth, 2014). Further research has found that women in prison have reported the negative impact that imprisonment has on their health due to being separated from their families, being forced to live with other women and feeling disempowered by strict regimes (Douglas et al., 2009). Across research, incarcerated mothers report severe emotional difficulties linked with being separated from their children

(Anaraki & Boostani, 2014; Arditti, 2008), with the challenges of limited visitations and inaccessibility to children resulting in incarcerated mothers feeling so low that they contemplated suicide (Anaraki & Boostani, 2013).

In summary, theory and research suggest that mother-child separation generally negatively impacts attachment, children's development, and mothers' psychological health. This separation will likely worsen any underlying difficulties, such as those related to previous trauma. The uncertainty of indefinite detention is hypothesised to also contribute to difficulties related to mother-child separation. It is important that clinical psychology, alongside other health and social care professions, understands the impact of detention on mother-child relationships, as this will influence their wellbeing and that of future generations.

#### 1.6.4. Application to Clinical Psychology

Until recently, there was a lack of social science research around immigration detention (Mountz et al., 2013). A decline in research on prisons has been linked with a reduction in critical debate about the judicial system (Hannah-Moffat, 2010; Wacquant, 2002). Therefore, research into UK immigration detention is important to maintain critical commentary in this area and inform public and political discussions (Canning, 2019). Numerous health professionals have argued against the use of immigration detention as a system that knowingly detrimentally impacts on people's psychological health (Grant-Peterkin et al., 2013; Mares et al, 2003). Through clinical psychology remaining neutral in these discussions, it is condoning the occurrence of these violations. It has been contended that a human rights framework should be used within clinical psychology, where psychologists are responsible for the application and protection of human rights (Patel, 2019). Researching areas where human rights may be systemically violated, such as indefinite detention, is a crucial aspect of this framework. Furthermore, the BPS (2020) has stated that all psychologists should be working to counter racial and

social inequalities on all levels, including social and institutional levels. The practice of immigration detention not only unequally targets those labelled as 'migrants', many of whom are also racialised as from 'black and ethnic minority' groups; it also results in other inequalities, such as restrictions on access to health and legal services while in detention (Grant, 2011). Therefore, in line with this BPS strategy, psychologists have a duty to research and actively stand against the practice of immigration detention.

It has been argued that many psychological services act in a reactive way to mental health difficulties, rather than acting preventatively (Harper, 2016). Exploring staff and volunteer perspectives of mothers' experiences can enable psychology to act preventatively through providing research which contributes to arguments that mothers should not be detained in immigration detention. These arguments can then be used by human rights lawyers in their attempts to change current immigration policy, which could prevent the detention of mothers and subsequent negative consequences on their psychological health.

Furthermore, it is important for clinical psychology to understand this area to know how to best support mothers following release from detention. Currently, refugee women often face challenges to accessing essential healthcare (Chiarenza et al., 2019; Refugee Council, 2012). Barriers to seeking help from psychology services may include immigration status or sociocultural factors, such as class, socioeconomic status, and gender-role expectations of violence (Liang et al., 2005). Through gaining further insight into the possible experiences of mothers who have been detained, ideas about how to combat some of these barriers and make current services more accessible may be generated. Conversely, these ideas could be used to support the development of new, more appropriate, services. For example, it has been argued that community psychology approaches may better meet the mental health needs of refugee people, through allowing the development of services which are more congruent to the community's construction of mental health (Webster & Robertson, 2007). Therefore, this research is important as a first step in considering how to better support mothers and their children following release from detention. Additionally, clinical psychologists are well placed to



work across multiple systems (Browne et al., 2020); knowledge from this research will be useful to disseminate to wider systems that may work with previously detained mothers and their children, such as health and social care professionals or schools. This hopefully will enable better support for families affected by detention across multiple contexts and generations.

To summarise, gender-based violence, detention, and mother-child separation all adversely affect the psychological health of mothers in IRCs. It is clinical psychology's professional responsibility to stand against human rights violations that may negatively affect health. Research into mothers' experiences of IRCs from a human rights perspective is an active choice to not remain neutral within this injustice. It is important to understand this area further to make services more accessible and support professionals working with previously detained mothers.

### **1.7. Literature Search**

An electronic literature search focusing on mothers' experiences of detention was conducted on EBSCO (Academic Search Complete, CINAHL Plus with Full Text, APA PsycArticles and APA PsycInfo), PUB-MED (Medline) and Google Scholar throughout the months of July and August 2020. The final search terms were:

*(Immigration detention OR immigration removal centres) AND (women OR mother\* OR child\*) AND (mental health).*

These search terms were chosen as they would not only gather research with mothers in detention, but also research completed through third parties, such as staff and volunteers. A scoping review flow chart (Peters et al., 2015) can be seen in Appendix A. Following the removal of duplicates, the search terms yielded 82 results on the engines EBSCO, CINAHL Plus and PUB-MED. All abstracts were screened. Any articles which did not focus on the experience of women or children (either directly or indirectly) were excluded. Additional relevant articles found through Google Scholar were incorporated; this

included research completed with frontline staff and volunteers. A total of 48 articles were read in full; most of the research reviewed focused on the impact of detention on children, as opposed to parents. A summary of these is detailed below; the terms used will be those of the study authors.

#### 1.7.1. Impact on Children

A large amount of the literature generated by the search terms focused on the impact of detention on children. It has been argued that detained children have a 'triple vulnerability', with physical, mental, and educational factors threatening their wellbeing (Crawley & Lester, 2005). The numbers of children detained in IRCs in the UK has significantly reduced since 2010 following extensive campaigning (Gerlach, 2018), thus, little research has been recently conducted in the UK in this area. The research available globally primarily focuses on parental reports of children's wellbeing, with most studies coming from Australia and the US.

Through living in detention, children's access to education and opportunities for development are limited, while their exposure to incidents of violence is increased (Mares et al., 2002). Several studies from Australia and the US detail the negative impact of living in detention on children's mental health (Enos, 2019; MacLean et al., 2019; Mares & Jureidini, 2004; Kronick et al., 2015; Zwi & Mares, 2015). A study in Canada conducted research with children in detention using sand play; they describe how the sand play documents the traumatic and confusing nature of detention for children (Kronick et al., 2015).

In the UK, only three studies were identified which researched the impact on children of being detained alongside parents in IRCs; two of these were conducted while the children were in detention (Lorek et al., 2009; Worsley, 2008) and one was conducted following release from detention (Ehnholt et al., 2018). Lorek et al., (2009) conducted semi-structured interviews, physical examinations, and behavioural observations of children within IRCs. They reported the negative impact of detention on children's physical and mental

health, such as weight loss, sleep problems and presentations of depression and anxiety. Worsley (2008) also carried out interviews with children who reported feeling scared, unhappy, unsafe, and ill. Ehntholt et al.'s (2018) research used diagnostic interviews with children aged 13 to 17 following release from IRCs; they found that 89 percent of children reported symptoms consistent with PTSD and met the diagnostic criteria for mental health diagnoses.

Research also details the adverse effects of parent-child separation on children's mental health, regardless of separation length (MacLean et al., 2019). Studies conducted in the US found that separated children reported elevated levels of general distress (Zayas et al., 2015), symptoms of PTSD (Rojas-Flores et al., 2016) and suicidal ideation (Roche et al., 2020). The only study conducted in the UK was by the charity Bail for Immigrant Detainees (2013), which detailed that children experienced extreme distress when separated from their parents. They also described how the uncertain nature of indefinite detention in the UK contributed to this. This research did not focus on the perspectives of parents, however, did argue that separation removes parents' abilities to meet the practical and emotional needs of their children. BiD (2013) argued that families should not be separated through immigration detention and if this is to happen, there should be a time limit.

#### 1.7.2. Impact on Parents

There is limited research concentrating on the impact of detention on parents. There is no research focusing explicitly on mothers, likely due to fewer women being detained globally. Relevant literature identified was drawn from research into children and families that briefly explored parental perspectives, with most of this conducted in Australia. Within this, parents in detention reported feeling disempowered by being unable to make typical parenting decisions, carry out routine functions or manage children's behaviour due to the rules and physical constraints of detention (Essex & Govintharajah, 2017; Steel et al., 2004). Parents reported feeling preoccupied with fears about the

future when detained, further impacting on their ability to parent (Mares & Zwi, 2015).

Additionally, the negative effect of detention on parental mental health has been documented, with 60 percent of parents reporting feeling depressed 'most or all of the time' (Paxton et al., 2014). Within this research, one mother described feeling like a "nervous wreck" (p65) and that the only thing keeping her alive was her children. In the UK, Lorek et al., (2009) detail how detention impacted on the caregiving capacity of parents, even when detained with their child/children. A pilot study into the experiences of fathers in UK IRCs has been conducted by Alexander (2018) as part of their PhD; this documents how detention interferes with typical 'fathering' practices, how feelings of shame often arise about children knowing they are detained and the challenges involved in rebuilding relations with children after detention.

### 1.7.3. Mothers in UK Detention

There does not seem to be research focusing explicitly on mothers' experiences of detention globally, although other research can be drawn upon to provide some understanding. Most research into the impact of IRCs has been conducted with men; the available literature on women comes from charities and a small number of researchers. The charity, Women for Refugee Women, conducted research with forty-six women detained in Yarl's Wood IRC; of this sample, twenty had children in their home countries and a quarter had children in the UK (Girma et al., 2014). Although this research did not focus on the experiences of them as mothers, it mentioned the mother-child separation as contributing to the deterioration in the women's psychological health. Of note is that this research was conducted by a charity that regularly supports refugee women, thus, they will likely have conducted their research through a particular lens and positioning, which was not reflected on within the write-up. Other research has been conducted with pregnant women held in UK IRCs; this highlights the challenges that they had accessing healthcare, their worries about the future of their unborn children and how detention

frequently exacerbated existing mental health difficulties (Arshad et al., 2018; Pallotti & Forbes, 2016).

For their doctoral thesis, Gerlach (2018) interviewed 76 women who were detained or had recently been detained in Yarl's Wood IRC. Although it is not detailed in the thesis how many of these women were mothers, a theme that emerged was the sense of responsibility surrounding motherhood. The paper described how detention interrupts the identity of mothers and instils in them a sense of failure from being unable to perform their mother role. Mothers in the study described how they would limit visits from their children, due to not wanting children to miss out on school or weekend activities and finding the visits too difficult emotionally. Women also spoke of constantly worrying about their children, no matter their age. Gerlach's (2018) research provides some insight into mothers' experiences, however, there does not appear to be any research explicitly focusing on the experiences of mothers in immigration detention globally.

#### 1.7.4. Frontline Staff and Volunteer Perspectives

Research was included that focused on staff within IRCs or worker experiences of supporting mothers who had been detained in IRCs. A couple of studies were identified that looked at the experiences of staff hired by IRCs; these focused on staff understandings of their identity and role in the centres (Bosworth, 2018; Bosworth & Slade, 2014). Other studies evaluated the role of befriending and volunteering services with pregnant refugee and asylum-seeking women. These highlighted the significant trauma that women had often experienced (Balaam et al., 2015) and the importance of developing trust within their relationships (McCarthy & Haith-Cooper, 2013). Additionally, a project called 'Mothers in Exile' (Waugh, 2010) identified the need for further training for healthcare professionals on issues relating to trauma, female genital mutilation and using interpreters when working with refugee and asylum-seeking mothers. However, no studies were identified that focused on

staff or volunteers' understandings of women who have been detained in an IRC and separated from their children.

### **1.8. Summary and Rationale**

As highlighted, immigration detention has been shown to negatively impact women and children's physical and psychological health. Global research documents the adverse effects of parent-child separation from detention on children's wellbeing; this is consistent with key psychological theories (Ainsworth, 1990; Bowlby, 1969; Brofenbrenner, 1979). Research with families in detention also highlights the detrimental impact of detention on parents' psychological health and parenting practices. However, this is limited in quantity and has predominantly been conducted in Australia.

In the UK, the available knowledge on mothers' experiences in detention comes from themes that have been mentioned within research focusing on women's general experiences in IRCs. No research, directly or indirectly, has been conducted which focuses on mothers' experiences of being detained within an IRC, with or without their children. Moreover, no studies have been conducted directly with mothers in IRCs or with staff that have worked with mothers in IRCs.

It is important to know more about mothers' experiences for healthcare professionals to further understand how is best to support women that have been detained and separated from their children. Additionally, refugee women's experiences have often been silenced in their country of origin, within the immigration process and through being placed in detention. Through speaking with staff and volunteers that have worked closely with women in detention, this research wishes to amplify knowledge of mothers' experiences and contribute to the existing argument that mothers should not be detained in IRCs (Girma et al., 2014). Moreover, it is hoped that this research can support thinking about how to make psychological services more accessible and appropriate to support mothers' wellbeing following release from detention. It is anticipated that the research findings will also be

useful for other professionals, such as midwives, doctors and social workers, who may support previously detained mothers in other health and social care settings.

### **1.9. Research Aims and Questions**

This research aims to explore mothers' experiences of being detained in a UK IRC and separated from their children. The key research questions are:

- What are frontline staff and volunteer understandings of mothers who have been detained in Immigration Removal Centres and separated from their children?
- What are frontline staff and volunteer understandings of which factors of the immigration process have affected mothers' relationships with their children?

The first question focuses on staff and volunteer understandings of mothers' experiences in UK IRCs and any impact this had on their psychological health. The second question enables a further exploration of their understandings of mothers' relationships with their children in relation to the immigration process, including detention.

## **2. METHODS**

This chapter details the approach taken to this research and describes relevant epistemological considerations, while considering their relationship with the chosen methodology. The procedure of the study is outlined, including information about the planning of the research, recruitment, data collection and analysis. Ethical considerations and a reflexive section are incorporated as an attempt to be transparent about the researcher's position.

### **2.1. Research Philosophy**

Ontology, epistemology and methodology are crucial to consider when conducting research. Ontology considers what there is to know about reality and what assumptions can be made about the world; whereas, epistemology is associated with the theory of knowledge, the way that knowledge is thought about and how valid or reliable these claims to knowledge are (Willig, 2008). It is important that a researcher's ontological and epistemological positions are considered prior to conducting research, as these positions will have implications for the research questions, methodologies used and how the data is interpreted (Haigh et al., 2019).

Epistemological positions lie on a scale from relativist to realist. Pure relativists' epistemological positions have been criticised by Cromby and Nightingale (1999) for neglecting the significance of wider influences, for example, people's personal histories (such as torture and migration) and the role of power (such as structural inequalities and institutional power). A lack of focus on power relations and material structures could de-politicise the experiences described by refugee people. On the other hand, pure realist approaches can be criticised for not considering that ideas of what is 'real' are often embedded within one's experiences and conceptual frameworks of the world (Bhaskar, 1975). A critical realist's epistemological position is used for this research project. This approach is situated between realism and



relativism; it proposes that real social and material structures exist, yet, social processes influence one's subjective experience of these (Willig, 2016).

Bhasker (1978) argues that 'epistemic fallacy' occurs when ontological and epistemological considerations are collapsed into one, rather than seen as separate entities. A critical realist's positioning adopts a realist ontological understanding that social structures may exist separately to what is known of them; however, this does not mean that they correspond with one 'truth' (Willig, 2016). Instead, the positioning encompasses the core principles of a social constructionist epistemology. In the case of this research, a critical realist position allows for the acknowledgement of existing structures, the existence of government policy and the implementation of policy resulting in IRCs. However, it argues that they are constructed and influenced by the cultural, social, and political environments in which they exist. This approach allows for focus on one's experiences of these structures, arguing that the pain and suffering which individuals experience because of these policies and frameworks is real. Moreover, a critical realist positioning highlights how the questions asked, and data analysis will be influenced by the researcher's beliefs, experiences, culture, and societal factors. Therefore, reflection throughout the process is crucial.

## **2.2. Methodology**

Methodology is the approach used to conduct research and, thus, construct knowledge (Haigh et al., 2019). It is influenced by the type of research question and the best way to answer the question (Marshall, 1996). A qualitative methodology is adopted for this research. Qualitative approaches ask open-ended questions to explore phenomena within their context, as opposed to examining predetermined hypotheses (Carter & Little, 2007). They are useful to gain in-depth data through answering humanistic 'how' and 'why' questions (Marshall, 1996, p522). Moreover, qualitative methodologies can be applied to a variety of epistemological positions, including critical realism (Willig, 2013). As this research aims to understand the perspectives of

frontline staff and volunteers who have worked with women that have been detained in IRCs, a qualitative methodology is best suited to gain the in-depth information sought. Many studies in this area have used quantitative methods to measure the impact of detention on psychological health in terms of diagnoses. A qualitative methodology will enable richer, more nuanced data to be gathered about the consequences of detention on mother-child relationships, how future clinicians can support women and children and effect broader change.

## **2.3. Method**

### **2.3.1. The Planning of Research**

Input from service users in healthcare-related research has been documented as valuable (Shippee et al., 2013). During the planning phase of the research project, a member of UEL's 'People's Panel', a panel comprised of NHS experts by experience and carers, was consulted. They provided helpful feedback on considerations of how to make participants feel safe in telling their story, such as having prior contact and allowing an extended amount of time for the interview. They also suggested attempting to conduct the research alongside someone with lived experience of detention as a co-researcher. This was considered during supervision; however, ethical concerns were raised about asking someone to conduct the research without adequate payment or equal input in the write-up. Additionally, the initial research planning took place with the intention of interviewing detained women directly and the challenges of asking participants to tell their stories to two people were discussed. Ideally, consultation would have occurred with someone with lived experience of detention themselves; this was attempted, however, was not possible. Instead, contact was made with several individuals and charity organisations who work closely with women in detention to gain their thoughts about the research during the planning stages.

Consultation with these organisations continued when difficulties arose in recruiting mothers directly to the research. Restrictions in the UK due to the COVID-19 pandemic meant that face-to-face contact could not occur. This made recruitment more challenging as workplaces and community centres were closed, thus, all contact needed to be remote. The researcher contacted many organisations who worked with refugee women, however, few agreed to continue to support with recruitment once the UK restrictions were in place. The recruitment phase of the project also occurred when a lot of women detained in Yarl's Wood were deported or released to unknown locations in the community due to high numbers of COVID-19 in the centre. Therefore, organisations supporting women at this time often lost contact with them. Attempts were made to contact women who had been released from detention before the pandemic began. However, this raised further challenges as many organisations had GDPR regulations detailing that they could only hold onto women's contact details for up to six months post-release from detention. This is something that one organisation has now decided to review, so that they can more easily support future research.

Organisations supporting the research suggested that frontline staff and volunteers could be interviewed instead as this would still enable an understanding of mothers' experiences. The findings from this research will be helpful to share with wider healthcare professionals that may encounter women who have been detained in IRCs, such as midwives, nurses, doctors, social workers, and psychiatrists. Consideration can then be given to how a range of current services might be more accessible, as well as important factors to consider when working with previously detained women and their children.

### 2.3.2. Recruitment

Purposeful sampling methods are often used in qualitative research to investigate topics relevant to groups of people, rather than to act as a statistical representation of a population (Ritchie et al., 2003). Organisations

that are known to work with women that have been or are detained in IRCs were approached via email, with a copy of the information sheet (Appendix B). Any frontline staff or volunteers (including befrienders, support workers or therapists) who have worked with mothers, either while they are in detention or following release from detention, were able to take part in the study. Staff employed by IRCs were not approached due to it being a potential conflict of interest and due to the reports of abuse in IRCs by detention staff (Bhatia & Canning, 2017; Canning, 2014; Townsend, 2013).

Due to challenges with recruitment, most participants that took part were from a limited number of organisations. Although demographic data was not collected, the researcher observed that many participants were women; this contrasts with the majority male staff employed as custody officers within IRCs. Additionally, most participants described themselves in interviews as 'White British' citizens when reflecting on the differences in their experiences to the women they worked with. Demographic data was chosen not to be collected in line with a critical realist epistemology; demographic data can risk simplifying individual experiences into categories which cannot fully explain each unique reality someone has experienced, and risks researchers making poorly placed claims of 'understandings' of these experiences (Darlaston-Jones, 2007). Nonetheless, when relevant demographic information or aspects of identity were raised, they were further explored within the interviews.

This project aimed to recruit eight to ten participants, in line with the recommendations for using thematic analysis (Fugard & Potts, 2014). This was a practical decision within the time-limit of the doctoral research project, especially considering there is a limited sample of people that have worked or volunteered in this area. Additionally, recruitment was more difficult due to challenges in recruiting participants remotely and changing immigration practices during this period. It is hard to know if more varied data would have been produced with additional participants, nevertheless, the final sample was nine participants.

### 2.3.3. Data Collection

Semi-structured interviews were used as a way of gaining in-depth data (Jamshed, 2014). A pre-set interview schedule was designed based on the literature review, research aims and following discussions with supporting organisations; this comprised of open-ended questions with prompts to use as needed (Appendix C). The schedule was designed to explore the workers' perspectives of women's experiences during and following detention, considering how detention might affect their relationships with their children and what information may be helpful for other professionals. For the most part, this interview schedule was followed, though there was some flexibility with this, and some prompts were given, where appropriate, to explore topics further.

Participants voluntarily contacted the researcher by email. Interviews were arranged at a day and time that suited them. Consent forms were completed and sent to the researcher prior to interviews (Appendix D). The interviews lasted between 40 to 80 minutes and took place remotely, using Microsoft Teams. Before the interview started, time was allocated to speak informally, go through the information sheet, and discuss any questions before the audio recording began. Participants were reminded that they could stop or pause the interview at any point, that they did not need to answer questions and that they had the right to withdraw from the research if they wished. Before recording, the participants were given advance warning of when the recorder would be turned on and were told when the recorder was turned off. Following the interview, participants were given the opportunity to ask further questions, were asked if they would like a summary of the research findings and were sent the debrief form (Appendix E) via email.

Focus groups were considered, however, due to restrictions on face-to-face contact, it would have been challenging to conduct these remotely. Furthermore, due to the topic's sensitive nature, individuals may not wish to discuss their experiences within groups. In contrast, semi-structured

interviews can facilitate good rapport-building through their one-to-one set up (Smith & Osborn, 2007); this may enable participants to feel able to speak more freely about their perspectives and reduce some of the potential interview-interviewee power difference. The open questions usually included within qualitative interview schedules also provide flexibility to develop participants' perspectives and guide conversations into novel areas, which can produce richer data (Smith & Eatough, 2007; Smith & Osborn, 2007). Nevertheless, the use of qualitative interviews can be critiqued; they are time-consuming and require significantly more thought than structured interviews (Howitt, 2016). Qualitative interviews cannot be seen as normal conversations; they are one-sided and usually include the interviewee being pressed to expand on details beyond everyday conversation (Howitt & Cramer, 2011). Participants may come to the interview with a particular agenda or desire to be viewed in a positive manner, thus, may filter their true opinions. Moreover, Potter and Hepburn (2005) argue that interviews only provide information within a specific circumstance and they can lack in consideration of context. This is particularly important to acknowledge in this research, where the interviews took place using Microsoft Teams due to a due to UK government restrictions at the time limiting face-to-face contact. Reflections of how the above factors may have impacted on the interviewer-interviewee interactions were discussed in supervision throughout the research process.

#### 2.3.4. Transcription

The interviews were recorded using a digital voice recorder and transcribed by the researcher. Transcription of the data can be viewed as an interpretative act, which allows the researcher to familiarise themselves with the data and begin to create meanings (Braun & Clarke, 2006; Willig, 2013). All verbal and significant non-verbal material were transcribed using Banister et al.'s (2011) transcription guidelines (Appendix F); this is in line with Braun and Clarke's (2006) recommendations for Thematic Analysis (TA). All participant names were anonymised by using pseudonyms. Participants were asked to also use

pseudonyms when discussing the women they had worked with; to ensure confidentiality, they were also further anonymised. Additionally, attempts were made to obscure women's identities in any quotes used, such as through removing specific demographic details, so that they could not be identified by any volunteers, staff, or government representatives.

#### 2.3.5. Ethical Issues

This research was granted ethical approval by the UEL Ethics Committee (Appendix G), following its original application (Appendix H) and a minor amendment request (Appendix I). Additionally, a UEL Data Management Plan was completed prior to the research commencing (Appendix J). The research also complied with the BPS (2009) Code of Conduct, Ethical Principles and Guidelines.

All participants voluntarily opted to take part in the research. Prior to taking part in the interview, participants were provided with the information sheet that detailed the purpose and processes of the research. They were also offered the opportunity to ask questions prior to and following the interview. Completed consent forms were kept securely on the university's secure drive. Audio recordings were also kept securely in an encrypted file on the secure drive and will be deleted following the research's completion and successful examination. Anonymised transcripts were saved securely onto the university's secure OneDrive, separate to any personal identifying information, and will be deleted after three years to allow for dissemination.

Before interviews, thought was given in supervision about the emotive nature of the research topic and how this may be an unusual reflective space for staff members or volunteers, which may bring up difficult emotions. When participants became upset, space was given, and the researcher always checked that they were comfortable to continue the interview. Informal debrief followed the interviews, as well as participants being provided with debrief forms and contact details for any further queries.

### 2.3.6. Data Analysis

TA was used to analyse data as it is a flexible approach that enables themes to be generated from large bodies of data (Braun & Clarke, 2006). It is positioned as independent of theory, thus, can be applied to a critical realist epistemological position. As research into mothers' experiences of detention is scarce, it was important that a method of analysis was chosen which allowed for an in-depth analysis. An inductive approach was used, where the focus was on what participants discussed within the data (Patton, 1990). Nonetheless, the data analysis would have also been influenced by the literature review, epistemological position, and researcher's own interests. In line with a critical realist epistemological position, themes were developed with a degree of interpretation, rather than just description. Moreover, the findings were written up as a joint analysis and preliminary discussion to support this interpretation. This is important to consider as it will render the themes as subjective and slightly 'deductive' in analysis (Joffe, 2011). Nevertheless, without this interpretation, some essential elements of the research findings may have been missed.

The analysis was undertaken following the steps described in Braun and Clarke's (2006) paper. They describe the importance of the steps of TA being defined clearly to use it successfully. Therefore, a step by step description of the analysis follows.

#### *Step 1: Familiarising oneself with the data*

The first step included reading and re-reading verbatim the data transcripts to search for meaning and patterns. This step was supported by the researcher having completed the transcribing process themselves and re-listening to the recordings to check for accuracy. Initial notes and ideas were also written down during this phase.

#### *Step 2: Generating codes*

Coding is an essential process to initially categorise data into significant groups (Tuckett, 2005). Data was coded using a 'data-driven' approach,



whereby the themes are based on the data. Nonetheless, the research questions are likely to have influenced the researcher's choice of codes throughout. The initial coding was conducted manually by the researcher through systematically tagging selections of text on the computer (Appendix K). The coding was then further revised following reflection in supervision to increase the depth of analysis (Appendix L).

### *Step 3: Searching for themes*

This step included sorting codes into broader potential themes. Similar codes were grouped together using sticky notes (Appendix M). Codes were further grouped with corresponding colour-coded quotes (Appendix N). From here, broader themes were developed and, following extensive discussion within supervision, an initial thematic map was created (Appendix O).

### *Step 4: Reviewing themes*

This step involved refining the broader themes and sub-themes. This included reviewing the coded data to ensure they were cohesive within themes and forming a final thematic map (Appendix P). Following this, the entire data set was reviewed, and the thematic map was compared to check that it is an accurate representation of the data. Finally, a table of themes was produced (Appendix Q). Supervision and reflective logs were an important part of the analysis process (Appendix R).

### *Step 5: Defining and naming themes*

During this step, themes were refined to ensure they were internally coherent before further analysis. Themes and sub-themes were considered in relation to others, as well as by themselves.

### *Step 6: Producing the report*

This step involved writing up the themes into the final report. Data extracts that demonstrated the essence of the themes were chosen and embedded within an interpretative analysis of the data.

### 2.3.7. Reflective Section

To fit within a critical realist position, I continually checked the language I used throughout the interview process and the framework I held during the analysis. During times of stress, it can be easy to fall back on a more realist view of the world, in line with the idea of an 'objective' science that is often celebrated in Western culture. Thus, when struggling to recruit to the project and with limited time for the write up, I had to reflect on how to embody a more critical epistemological stance. Time was spent reflecting with my supervisor on how to embody this position in the questions I asked. I noticed throughout the interviews that I would frequently give non-verbal encouragements, such as nodding. It was hoped that this helped people to feel more able to speak, however, I may have also inadvertently encouraged topics that were more consistent with my perspective, rather than those that challenged my beliefs.

### **3. ANALYSIS**

This chapter presents the themes resulting from the data analysis of the nine participant interviews. Analytic comments are interwoven with participant quotes to present an integrated preliminary discussion of the analysis.

#### **3.1. Themes**

Using TA, three main themes emerged from the data, each with sub-themes (see Table 1 below).

The first theme seeks to demonstrate participants' descriptions of how, in women's attempts to seek safety, they often face further suffering within the UK asylum system. The second theme explores participants' perspectives of the consequences of mother-child separation through being placed in UK detention, such as the negative psychological consequences and long-term impact on the mother-child relationship. The final theme considers participants' accounts of the injustice of separation, the challenges of building relationships and recommendations for professionals and policy.

Table 1

*A table demonstrating the key themes and sub-themes*

| Theme  | Sub-theme  |
|--|--|
| <b>Continuations of Violations and Suffering</b> | Dehumanisation and Criminalisation   |
|  | “Deeply Traumatizing”: Experiences of Current Detention  |
|  | “Totally Inadequate”: Support Within Detention   |
|  | “A Prisoner to the Home Office”: Post-Detention Experiences  |
| <b>Consequences of Separation</b>                | Psychological Consequences for Mothers and their Children  |
|  | Consequences on Mother-Child Relationships <ul style="list-style-type: none"> <li>• Detention Compromising Parenting <ul style="list-style-type: none"> <li>○ Communication Challenges</li> <li>○ Inappropriateness of Detention</li> <li>○ Lack of Control Over Parenting</li> </ul> </li> <li>• Post-Detention Consequences</li> </ul> |
| <b>Learning Lessons</b>                          | Risks of Relationship Building   |
|  | Moving Forward   |

### **3.2. Theme A: Continuations of Violations and Suffering**

This overarching theme explores participants’ descriptions of a continuation of violations experienced by the women they worked with. It seeks to demonstrate how, in women’s attempt to seek asylum in the UK, they are placed within a detention system that further contributes to their suffering. It explores how participants’ accounts describe the services within detention as providing an illusion of care, while highlighting the lack of appropriate support within detention and post-detention.

### 3.2.1. Dehumanisation and Criminalisation

This sub-theme explores how the UK asylum process serves to criminalise and dehumanise those entering the country in search of asylum. Within this, it investigates how accounts of violence often begin prior to migration and continue as an ongoing experience within the UK asylum process.

Participants spoke of the significant human rights violations that the detained women with whom they worked had experienced prior to migration; these included rape, torture, and slavery:

*“She’d experienced violence and then physical abuse, sexual abuse, drug abuse, everything under the sun you can imagine, she had also been trafficked and a victim of modern-day slavery” (Sharon)*

Where they spoke about experiences of trauma, some participants described abuse when residing in the UK, but mostly previous violence was attributed to countries women had fled from:

*“It still fills me with horror, that erm there are cultures still that see, they don’t even see women as second-class citizens, they’re just objects to be used and abused” (Beatrice)*

Here, Beatrice attributes violence against women to certain “cultures”, as opposed to this violence occurring across contexts, such as the UK asylum process. Participants described how, frequently, women reported fleeing to the UK in search of protection from abuse:

*“One of the reasons that she left her country was because of abuse, and I think that the second that she left that country, she was able to find peace” (Eilidh)*

The description of “peace” speaks to the psychological relief that the women may experience at escaping violence in the countries they fled. Nonetheless, participants described how, instead of being offered protection, women were often further dehumanised through being subjected to additional suffering within the UK asylum process:

*“Many of these women erm, they don’t understand the system... it’s like being in some kind of erm hell really” (Beatrice)*

Participants described how women reported being disbelieved by the system about their experiences and finding themselves being asked to provide ‘proof’ of their past human rights violations:

*“There’s this terrible culture of misbelief which is very difficult for people to handle” (Sharon)*

While this quote describes a culture of “misbelief”, Sharon previously referred to women being “disbelieved, rather than believed” by the Home Office. The description of disbelief describes a more sinister culture which chooses not to believe, rather than to mistakenly misbelieve. Across interviews, a pertinent culture of disbelief was described as contributing to distress and stalling the provision of protection.

Participants also highlighted criminalisation as another way of oppressing those seeking asylum:

*“We’ve attempted to criminalise people who come here for asylum immigration, to criminalise them” (Alex)*

*“The most common one is when someone maybe comes into the UK under a different passport, so they’ve already committed a criminal offence” (Georgina)*

One participant raised how anyone fleeing to the UK under a different passport is instantly rendered as a ‘criminal’ upon arrival; others discussed how the system facilitates criminalisation through rigid asylum policies, such as the illegalisation of work. Throughout interviews, language typically associated with criminality was used to describe aspects of the detention process, such as depictions of women being “arrested”, and detention centres being compared to “prisons”:

*“You arrested this person at six o’clock in the morning, she was in her pyjamas, she came here in handcuffs separated from her home, her children” (Georgina)*

*“They are prisons, they’ve got barbed wire all around the outside, these women are not going anywhere” (Sara)*

The use of the specialist term “foreign national offender” for refugee people deemed to have committed a criminal offence was also raised. This is a term which is applied to any person who is not a British citizen and has been convicted of an offence which includes a period of imprisonment (McGuinness & Wilkins, 2019). The injustice of the use of this label was described by participants:

*“You’ve already gone through the hurdle of being separated from your children because of an offence, erm which er feels so wrong in the first place and you’re then detained because you’re seen as a foreign national offender” (Sharon)*

The label “foreign national offender” described by Sharon is not only used as a rationale for placing someone in detention, it also serves to ‘other’ and dehumanise; this dehumanisation process was insinuated by participants as occurring throughout the asylum process:

*“We’ve just got to tick these boxes and out out out but every one of these people is a human being and every one of them has got a story” (Beatrice)*

*“They’re a human being, why can’t we just recognise a human being as a human being, why do we seem to think that we can deny people rights just because they come from another country” (Sharon)*

The act of refugee women being dehumanised is not new. As commented on earlier, women were described as being treated as “objects” in countries they had fled; the continuation of this dehumanisation within the asylum process highlights the ongoing violence against women upon their arrival in the UK.

### 3.2.2. “Deeply Traumatising”: Experiences of Current Detention

‘Trauma’ was clearly a significant notion to participants in describing the current experiences of detained women. Key to this seems to be the contradiction between women’s reasons for seeking asylum (to be free) and the reality of detention (a removal of freedom). This sub-theme explores participants’ descriptions of women feeling ‘traumatised’ in both the act of being detained and through experiences within detention:

*“It’s trauma that people are going through when they’re being detained, erm yeah, the act of actually being detained in the first place and being in detention, both of them are two separate things but they’re both very traumatic” (Christine)*

Participants highlighted that, for many women, being detained and being in detention were more than ‘traumatic’ in their nature; they also acted as reminders of previous experiences of violence and detention. Practices which act as reminders of past trauma may lead to the re-experiencing of the initial trauma or ‘re-traumatisation’:

*“Just the arrest and you know, being handcuffed or going through any of that ordeal, can take them back to past trauma of why they fled their country erm, sometimes that can have an onset of PTSD” (Jo)*

Participants also spoke of other triggers within detention to difficult past experiences, such as officers’ uniforms:

*“There’s a lot of triggers around psychological abuse or abuse because of the uniforms for example” (Georgina)*

Not only do uniforms act as reminders to women of past trauma with workers in authority positions, psychological theory suggests that uniforms may also facilitate people in ‘guard’ roles in adopting an ‘alternative’ persona that facilitates a worse treatment of those detained (Zimbardo, 1971).

The interconnected nature of past violence and suffering from detention was frequently mentioned, highlighting how it is impossible to pick apart:



*“It is deeply traumatising, I think she suffered severe kind of PTSD, which I think may have been linked with something that happened before she arrived, but that was absolutely exacerbated by being detained” (Helena)*

Experiences within detention were also described as contributing to a worsening in wellbeing; these included accounts of insomnia, loss of appetite, low mood, and frequent citation of ‘post-traumatic stress’:

*“She was detained four times, the last time was in 2016 and she’s still suffering from flashbacks, night terrors, depression, erm or she hears things, so a bit like seeing voices, she hears things, erm doors slamming keys locking, she jumps, you know she kind of has all of these experiences, erm so post-traumatic stress from detention” (Sharon)*

Notably, Sharon describes a woman who has been detained in the UK multiple times, despite the asylum process depicting detention as a last resort to only be used prior to imminent removal from the country. Participants regularly referred to diagnostic terms such as ‘post-traumatic stress’, nevertheless, other non-diagnostic changes in detained women’s wellbeing were also spoken of. Contradicting women’s search for protection and freedom is a lack of control through detention:

*“They lose hope, they just lose hope completely some of them, they just despair... they are not in control of anything in their lives at all” (Sara)*

Participants also spoke of feelings of shame and stigma as prominent:

*“They felt embarrassed about it, because of massive stigma in some cultures about being in detention, it’s a really shameful thing” (Sara)*

Of note is Sara’s attribution of stigma and shame towards certain cultures, rather than detention as stigmatised across cultures. Although Sara was likely attempting to acknowledge the existence of cultural differences in attitudes, this attribution may inadvertently facilitate the ‘othering’ of refugee people’s cultures.

A crucial aspect of the UK detention process that was identified as damaging by all participants was its indefinite nature. Sara reported that not knowing how long one would be kept in detention was described to her by one mother as “torture”; Sharon said that another mother described the indefinite nature to her as the “worst thing about detention”. The notion of trauma was often linked by participants with the uncertainty of the length of detention and the psychological challenges that arose from this:

*“Detention is traumatic, erm deeply traumatic, erm it’s dehumanising, and it is terrifying, erm human beings we need to know what our future is, erm to be detained indefinitely, erm is very psychologically challenging” (Sharon)*

*“She was saying prison was better, “at prison I knew that I had to be there for three months and I could count the days down and it was better, this is just torture doing this to people”” (Sara)*

This description of indefinite detention demonstrates the ongoing harm towards women existing on a continuum, from violence and dehumanisation within their countries of origin, to further violence and dehumanisation within the UK asylum process.

### 3.2.3. “Totally Inadequate”: Support Within Detention

This sub-theme explores the provisions of ‘support’ within detention. Participants’ accounts suggest that the services within detention are often inappropriate, while the appropriate legal support needed is not available. One participant highlighted how the available services, such as access to a gym, library, and gardens, while potentially distracting, cannot alleviate the suffering of detention:

*“There’s wonderful things that you can access in the centre...but they are meaningless to people when you take away the people that they love, erm and their responsibilities towards them” (Sharon)*

Sharon's quote lends itself to the idea that the provision of facilities provide an illusion of care, while covering up the suffering experienced. Despite participants discussing women's psychological suffering, inadequate access to mental health support in detention was raised as a prominent issue:

*"I don't know whether she had refused it or whether it had been offered, but she didn't seem to have access to anybody to help her with her mental health" (Helena)*

Even when access to mental health support was available, the appropriateness of this within the detention setting was queried:

*"They have to be in the right place to do it, which is quite tricky 'cause they just had another trauma in being detained, but they do have counselling available" (Jo)*

Feeling psychologically safe is crucial within counselling (BACP, 2019); not only have women experienced violations in being detained, they are frequently kept within this place of suffering while in detention. The conceptualisation of counselling within detention as 'support' can be challenged, due to the ethical issues raised in supporting people to cope in unsafe and damaging situations.

The main available support commented on by participants was legal support:

*"I don't think she had very much support, I think it was very very limited, most of her support came from legal teams trying to get her asylum process, I don't think she had much else" (Sara)*

Nonetheless, multiple participants highlighted issues with legal support, such as a shortage of lawyers, a lack of training for legal staff and women's inaccessibility to legal information about their rights:

*"I found the legal representation very poor if I say politely, I found it really lacking, it was totally inadequate erm to every woman's needs" (Beatrice)*

Participants spoke of "wishing" for better legal representation, in the hope that this would support the detained women to leave detention. Their accounts

detail how, not only have women been detained by a legal system that they do not understand, they are also not given adequate support to fight their cases in order to leave.

#### 3.2.4. “A Prisoner to the Home Office”: Post-Detention Experiences

This sub-theme explores participants’ knowledge of women’s experiences upon release from detention into the community. It discusses aspects of UK asylum policy, notably the illegalisation of work and uncertainty of detention, as a form of oppression and continuation of suffering.

Participants consistently mentioned not always knowing what happens to women following detention:

*“We don’t often know what’s happened to them afterwards, you might just turn up to a decision one day and they’ve gone” (Eilidh)*

The shock described by Eilidh likely mirrors the lack of warning for the detained women at being released or deported. Participants described maintaining contact with some women post-detention. For the women that participants had kept in contact with, they were described as experiencing extensive financial difficulties. Participants linked this with the illegalisation of work and lack of entitlement to statutory support:

*“She was a prisoner to the Home Office and their decision, erm and I mean unable to change her situation, unable to find work and make money to send to her children to her family” (Helena)*

Participants’ talk illustrates women as rendered helpless and oppressed by asylum policy. The notion of fear from the asylum process also ran throughout interviews, even following release from detention. This was raised as a barrier to women feeling able to access services for support:

*“She’s not able to get that support from social services as easy because there’s still that fear factor of contacting people that’s been ingrained in her life” (Georgina)*

Additionally, participants frequently raised how fear is prominent due to the lack of certainty, following detention and release that one would not be detained again:

*“She also you know had been detained so I think obviously that’s got a lingering effect and she’s frightened that it might happen again”*  
(Helena)

The combination of an uncertain asylum policy, the illegalisation of work and lack of support available can be argued to contribute to the ongoing suffering of previously detained women.

### **3.3. Theme B: Consequences of Separation**

This theme explores the psychological consequences of separation for mothers and children. It discusses the challenges to parenting from detention and aims to illustrate how these challenges exacerbate mothers’ distress. Finally, the long-term implications of separation on the mother-child relationship are examined, and how the uncertainty of the asylum process contributes to ongoing suffering, even when reunited.

#### **3.3.1. Psychological Consequences for Mothers and their Children**

This sub-theme attempts to illustrate how mother-child separation is a continuation of violence and suffering experienced by refugee women. It considers how mothers often seek asylum in the UK to protect their children, only to then be separated from them and be unable to fulfil this protector role. It explores participants’ understandings of the psychological consequences of separation for mothers in detention, including a deterioration in wellbeing to the point of feeling suicidal. It further considers participants’ accounts of the psychological consequences for children and the challenges mothers face in explaining detention to their children. Additionally, it explores participants’

perspectives on the long-term effects of this separation on children's wellbeing and their feelings towards their mothers.

Throughout interviews, the notion of being a mother and a protector seemed central to detained women who had children:

*"Everything she'd done, she'd done for her children she'd left her country to protect her children, she'd managed to survive and cope with her trauma because of her children and that was her life really, looking after her children and being with them (Sharon)"*

*"I don't know how they then regarded themselves as mothers, but I know that that was a really important part of this particular lady's life" (Eilidh)*

*"I wholeheartedly believe, after speaking to every mother I've worked with, that nobody really wants to leave their child, they do it because that's the last resort, erm it's never an option or first choice" (Georgina)*

Participants frequently described how the main purpose of seeking asylum for these women was to act within this protector role. The notion of 'choice' was raised within mother-child separations; participants described how some women had chosen to leave their children with family in another country, while some had been forcibly separated through Home Office policy in the UK. Participants described how the sense of loss from separation was particularly prominent for families forcibly separated in the UK:

*"There's a terrible amount of grief around families who are forcibly separated" (Alex)*

*"One of the women said that she felt like her arms had been cut off, she told me that "I think my arms have been cut off because I can't look after my own children"" (Sara)*

Participants also described how families could be forcibly separated without warning, leaving women worrying about the care of their children:

*"They don't care about their status, they don't care about their stay here and the impact that that's having, all they're worried about is*

*what's at home, who's going to pick up my children, where are they going to, are they going to be looked after the way that I would look after them" (Georgina)*

*"I can quote words now, it would be things like "oh I wonder if she's alright" and "I wonder if he's [the father's] remembered to feed her" and "will they [the father] get them ready for school" just ordinary practical motherly things" (Alex)*

Compounding this worry in participants' accounts was the fear felt by women of the uncertainty of separation, particularly when children were placed within UK foster care systems:

*"I think it made them all terrified, I think really really frightened...she just went round and round in circles "they're going to take the children away from me"" (Beatrice)*

Additionally, participants spoke of how women would describe feeling worried about their future relationships with their children:

*"They worry about bonds and how that's going to affect children erm being looked after by somebody else, they get very concerned about that and how they'll be able to resume those relationships once they're allowed to get back with their children again" (Sara)*

Participants described the contrast between women's reason for seeking asylum and the reality of detention. They reported how frequently women seek asylum to protect their children, only for them to be forcibly separated, leading to a sense of helplessness:

*"There's that feeling of you really can't do anything to protect your child any longer, at least when you were living there, and yes you were living in this place of abuse and it was horrible, but at least you were there physically to protect your child as much as you could, when you're separated by walls of detention, yeah, there's literally nothing people can do" (Christine)*

Participants spoke of how, through the removal of this protector role, women often felt as though they had failed their children:

*“They were sort of saying things like oh “I can’t be a proper mother” or you know “I’ve failed my children”...they were very confused I think about their role because it had been taken away from them” (Sara)*

Similarly, this sense of failing children was described as influencing women’s sense of self and wellbeing:

*“People feel that they’ve really let down their family, let down their children, and therefore, yeah, they, it links in with the erosion of people’s self-esteem and self-worth, I think when you’re a mother in comes things like guilt” (Christine)*

*“Her primary role until that moment had been a mother, and then she no longer had that duty or what, you know, she was unable to perform it, I think erm would have diminished her sense of being a mother” (Helena)*

A deterioration in women’s psychological wellbeing, directly linked with the forced and uncertain separation from their children, was particularly highlighted by participants, with some describing suffering to the point of no longer wishing to be alive:

*“There’s no way that it couldn’t have effected their mental health and made them feel more anxious and potentially panicked, especially if they’re young children, you know the idea of never being able to see your children again is just beyond contemplation” (Eilidh)*

*“They’re surviving and they’re coping and the additional trauma of then being separated from her children was just too much, she wanted to end her life” (Sharon)*

Alongside mothers’ experiences of psychological suffering, participants described mothers’ accounts of their children’s psychological struggles. Participants explained drawing on knowledge of children’s wellbeing from their conversations with mothers and their own meetings with the mothers’ children



in the UK. Participants spoke of forced mother-child separation leading to children displaying behavioural and emotional changes, such as becoming withdrawn, anxious, or angry. One participant explained an encounter that she had with some children of a detained woman she continued to support following release from detention. Within this, she described being left with the impression that the children were “seriously damaged” due to the separation. Other participants also commented how separation affected children’s internal feelings of safety:

*“The children could become withdrawn, I think they could have you know become erm get upset easily perhaps, become very argumentative or difficult with the people that are looking after them”*  
(Sara)

*“I can imagine them never being able to fully feel safe again, erm I think that’s probably a long term impact that will happen and that’s so damaging for kids, you’re taking away the basic hierarchy of needs aren’t you, you’re taking away that belonging and security and safety, without that the rest crumbles”* (Christine)

Christine’s use of Maslow’s (1948) ‘hierarchy of needs’ theory may hypothesise how the removal of safety as a child can affect future feelings of safety, trust and belonging as an adult. Participants spoke about how women who entered detention and were separated from their children would often struggle to explain detention to their children, leading to confusion for the children. Some participants mentioned that one way in which women avoided this was through lying to their children about where they were, with some women telling children that they were on holiday or away for work. This was often described as a way of protecting the children:

*“You might potentially be forced to leave the country and so how do you explain that to a child”* (Sharon)

*“There’s a lot of confusion, a lot of upset around that, I think more so, well I say more so, for the children because they don’t understand”*  
(Georgina)

This confusion was also described within children's visitations to detention:

*"Children's understanding of 'mum why aren't you coming home' or 'why can't you come with us' or 'why do you have to go with that man with the big ring of keys' especially for the little ones, I think can be extremely distressing because err whilst the whole reason for the visit is to for them to see each other and to maintain that relationship, erm I think it can be extremely distressing to see mum taken off in chains when actually, it's not because she's there as a prisoner, she's there as a detainee" (Georgina)*

For children, alongside feeling confused, some participants also depicted how they may feel rejected by their mothers, as opposed to feeling protected by them:

*"I think they would often feel a sense of rejection, they wouldn't really understand exactly why, but they would feel it" (Sara)*

Participants also spoke about how some of these feelings of rejection can last, even when reunited with their mothers, impacting on their future relationships:

*"If your mother left you, one she's not reliable, two she's terribly powerful, because bet she comes and takes you over again, so to an extent, so along with a lot of ambivalence, you get fear and hatred" (Alex)*

Many participants spoke of how the uncertainty of the asylum process exacerbates children's mistrust towards their mothers due to them being scared that their mothers may be taken into detention again. This mistrust is likely to impact on the children's attachment to their mother and feelings of safety around her:

*"I guess as a child, it's got to be extremely distressing, that 'are you going to leave me again?' 'Are you still going to be here next week, next month?' so I imagine a lot of mistrust" (Georgina)*

The intergenerational effect of separation was raised; some participants discussed how detention of women can lead to children lacking in trust in government systems and feeling alienated within UK society, potentially disrupting their desire for integration:

*“That’s what’s happening here, children of immigrant parents that have been detained are going to be angry and they’re not going to, yeah, work within the system, it’s that cycle isn’t it” (Christine)*

### 3.3.2. Consequences on Mother-Child Relationships

This sub-theme attempts to illustrate how the context of detention compromises women’s ability to parent their children in a way that would mitigate their distress and be protective for their development. It explores how women’s ability to parent is compromised through barriers to communication with children, the inappropriateness of detention for visits and a removal of control over parenting decisions. It further describes the impact that this has on parenting and long-term consequences on the mother-child relationship.

#### 3.3.2.1. *Detention Compromising Parenting*

##### Communication Challenges

Participants frequently highlighted how women would work hard to maintain connection with their children, such as through making cards to send and through phone conversations. However, challenges to this, which compromised women’s parenting, were discussed by participants. Although women were provided with phones, difficulties with phone signal in the centre prevented regular communication:

*“The reception is known to be absolutely terrible, so it’s really difficult even to have telephone conversations” (Eilidh)*

Furthermore, the emotional challenge of contact was described:

*“Skype was always offered as an option for women, and very few people wanted to take it up, erm because it was too upsetting”  
(Sharon)*

Here, the pain felt by mothers is highlighted, that even any visual contact was too much to bear. Participants also spoke about how Skype was the only medium of video call offered, as opposed to FaceTime or Whatsapp that children may be more familiar with. This serves to add another barrier to communication.

#### Inappropriateness of Detention

The inappropriateness of the detention setting was raised as another factor compromising women’s parenting. Participants spoke of the mixed feelings that arose when children came for visits to detention; an initial collective excitement was described by several participants prior to visits:

*“There was enormous excitement before and they would be very very anxious to get together little presents for the children and dress themselves up and make it into a sort of festive party with great excitement” (Alex)*

Despite this initial excitement, participants spoke about how visits from children were frequently painful for women and children. They discussed how women’s parenting would be disrupted through detention looking “scary” (Georgina), meaning children were less likely to visit:

*“It’s a really horrible place to take children, it is like a prison, you have to go through all these different doors and you have to be searched and there’s locks and bolts everywhere all over the place, I mean children would probably be quite frightened by that” (Sara)*

One participant spoke about how, amidst the fear and distress of their children, women continued to attempt to parent in the role of protector:

*“The mum is trying her best to smile and to you know, make the children feel safe and the children to feel erm loved and cared for, but you’re in a detention centre, you’ve got officers and you’ve got cameras on the ceiling and you’ve got strangers sitting around you, you can’t cry too loudly and you can’t laugh too loudly, erm, so it just stops people being able to be a mother really” (Christine)*

In this quote, Christine also describes how mothers are hindered at being able to model to their children typical expression of emotions; it seems they have to dampen expressions of sadness or joy due to the detention visitation context. Furthermore, participants spoke of parenting being restricted in their inability to comfort their child at the end of visits. Participants described women and children being “forcibly parted”, leaving women suffering in pain, and powerless in their mothering role:

*“The families would get together and when it was time for them to leave, the children would be literally wailing and being pulled away from their mums, and the mothers would be wailing on the floor and you know hands in the air, as it was time for them to go back to their room, absolutely heart breaking when you see that” (Jo)*

### Lack of Control over Parenting

Participants spoke about how women in detention often lacked control in the parenting of their children due to them being in the care of someone else:

*“The fact that other people were responsible, you know, for the day to day lives of their children and they couldn’t control it, they had no way of doing anything, I think that’s what really really distressed them a lot of the time” (Sara)*

Participants spoke about how the level of control women felt they had in their role as a mother often depended on the type of separation. Generally,

participants described how women whose children were with family members in the UK had slightly more control over parenting decisions:

*“If it was like a friend or family member that they know, they’ve still got that control in a sense of they’ve chosen them to do that” (Jo)*

Similarly, the importance of mothers having a counterpart that they could depend on was commented on as impacting on parenting:

*“If they were a strong father and a caring father, those children they were as alright as they could be” (Alex)*

Notably, Alex was the only person to mention hearing about the role of the father. The father was often rendered invisible within interviews, potentially linked with the descriptions of violence that the women have frequently experienced by men, including partners.

Several participants spoke about the conflicts in parenting that would arise when children were under the care of social services in the UK. Of prominence was when children were placed in the care of White British foster carers, who have culturally different parenting practices to the detained women. Participants described women’s accounts of foster carers not being able to care for their children’s hair or not being able to cook food traditional to the children’s heritage. The conflict of gratefulness and resentment that this raised for detained mothers was highlighted:

*“They didn’t have the same sort of values as she did and she [sigh] she wanted her children to be introduced to the food that she liked and stuff like that (.) they didn’t know how to braid her hair and this was really upsetting her because they didn’t know how to do the sorts of things that she wanted them to do (.) She was grateful that the child was being looked after but I think that it was the fact that it wasn’t what she would have done for them herself” (Sara)*

Some participants also discussed how, with greater involvement of additional services, the power of the women as mothers diminished. Participants described how more professionals means more judgement of the women, rendering them “voiceless” (Georgina) and “naked” (Christine). They also

discussed how it was particularly challenging to part from these services, even following release from detention:

*“All of a sudden there are like people involved in your parenting that have never been involved in it before, so it’s gone from you being the carer of your children and you know, doing all the normal parenting duties, to all of a sudden you’ve got social workers involved, potentially probation officers involved, you’ve got the teachers knowing your business, you’ve got erm everybody just, yeah all of a sudden, it’s like I said earlier, you’re completely naked in front of these people”*  
(Christine)

Amidst this lack of control and involvement of services, participants spoke of women’s power being removed from them, rendering them voiceless in the upbringing of their children:

*“Their voice gets taken away from them, there’s a lot that they don’t understand so, for example, social services may make a decision on their behalf”* (Georgina)

### 3.3.2.2. Post-Detention Consequences on Parenting

Participants described the long-term consequences that separation had on women’s parenting post-detention. Due to the separation and compromised ability to parent during detention, participants described the challenges of rebuilding the mother-child relationship:

*“She was so excited about getting them back but she didn’t get back the children that she’d left erm because they didn’t have the relationship with her”* (Beatrice)

Participants discussed how children often displayed conflicting feelings towards their mother; this can be seen within a ‘push-pull’ of the relationship, whereby the children strive for their mothers’ affection, but also push them away due to feelings of past rejection from the separation:

*“He resented the fact that his mother erm wasn’t with him and able to look after him, but at the same time kind of wanted her, you know this strange mother-child relationship, so he was angry with her and that was very very upsetting for her” (Eilidh)*

*“They’d desperately want to see their mother because they’d have a sort of feeling of loss, they’d definitely want to see her, but I think they would find it hard, they’d also have some sort of loyalty to the people that had been looking after them as well and they’d be torn” (Sara)*

Within the uncertainty of the asylum process, participants described how women were rendered powerless in being unable to reassure their children that they will not be re-detained:

*“I think it depends on the age and the understanding of the child, erm but I do know though that erm it takes err time to be able to build that trust up again, ‘are you going to leave me again’ and of course the mum can’t answer that question a lot of the time because a lot of the time people’s cases aren’t sorted out in detention” (Georgina)*

Several participants discussed how this lack of certainty and powerlessness may lead to particular parenting practices, such as pushing the children away or being overprotective. This was spoken about as another way of protecting children:

*“People might end up like smothering their children to protect them, that sense of, I’ve got to keep you close, I’ve got to keep you safe, because there is that unknown threat out there, no it’s not unknown, it’s a known threat out there that they’ve been through, or it could end up with people pushing their children away, because that’s another way of protecting people isn’t it, if you’re not close to me then you’re not gonna get hurt, yeah so I think it could go either way really, I think very few people come out of detention unscathed and the relationships intact” (Christine)*

Additionally, Beatrice spoke about the intergenerational consequence of women’s feelings of fear on their children:



*“I do think, perhaps they picked some of that up from their mother, the fact that she was still worried, frightened, you know children are great at picking things up from their parents, erm and things that you don’t erm, vibes that you don’t have any idea that you’re giving off but children will pick that up” (Beatrice)*

This fear may not only have long-term consequences on the children’s relationships with their mothers, but also on their feelings of trust and safety in future relationships with others.

### **3.4. Theme C: Learning Lessons**

This theme explores participants’ accounts of the challenges faced within this work and learning points for professionals. It discusses the things that they have learned in their work and believe would be useful for others to be aware of. Furthermore, it describes participants’ feelings of detention as unjust and their proposals for alternatives to detention.

#### **3.4.1. Risks of Relationship Building**

This sub-theme explores the challenges for professionals in building relationships with detained women, while being situated as powerless to make real changes within the rigidity of the asylum process. It includes participants’ advice to professionals working with women post-detention, in particular highlighting the importance of maintaining a ‘trauma-informed’ approach.

Participants frequently spoke of the initial challenges in building relationships with the detained women and the importance of taking time to do this:

*“It’s not until they find trust in you that they start to open up to you” (Jo)*

*“An awful lot of them have got awful stories, but I think it’s, if you’re listening to the story you’re not going to get it straight away, it’s going to take quite a long time and they’ve got to be confident in you, because I think if you’re in that sort of situation, I think they see anybody in authority or outside their circle as a threat” (Beatrice)*

Participants frequently discussed attempts to build trust through using their personal experiences, including sharing stories about their family:

*“I told them that I had children and I had grandchildren the same ages as some of theirs and I think that helped them” (Sara)*

Sara’s language suggests that the purpose of sharing information is to help the detained women, yet the extent of this help is limited to their relationship. Participants discussed their relationships with the detained women with warmth, with some comparing it to a friendship:

*“I really got to know people because we became friends” (Beatrice)*

However, participants also described how these friendships could be fragile, such as in instances where their relationship was quickly severed through an unexpected removal from detention. Participants spoke of feeling “powerless” in the limits of the support they were able to provide within the asylum process:

*“I also felt powerless to really do anything of material benefit for her” (Helena)*

*“I had to say to them I can’t help you with any of this, I can’t do anything about it” (Sara)*

Despite these feelings of powerlessness, participants spoke with passion about the importance of women and their children being appropriately supported post-detention. They particularly noted the cruciality of professionals maintaining a ‘trauma-informed’ approach:

*“Being detained in itself causes trauma, so I think if anyone is working with anyone, and particularly mothers with children, you need to be trauma-informed and I think you do need to be trauma-informed and yeah be aware of the complexities that come, it’s yeah, mental health, being aware of complex PTSD is a massive one I think, layer upon layer of trauma really, which comes with separation and detention and possible removal” (Christine)*

*“To treat people assuming that, to assume that they have been traumatised and brutalised, erm and assume that, and to have that as the starting point erm I think, and that their children will have been through the same” (Sharon)*

Sharon notes the significance of mothers’ detention on children, even if children have not been detained themselves. Although the interviews focused on mothers’ experiences, Sara highlighted the importance of professionals working with children, such as teachers, being aware of the impact of detention:

*“They might show certain behaviour that like their social worker or their teachers might be able to pick up on, when the child is behaving in that way why, I mean why are they behaving like that and I think the adults that come in contact need to be aware of that” (Sara)*

Finally, participants across interviews discussed the lack of appropriate support for women post-detention, particularly psychological support. Although participants spoke about the value of supporting access for detained women to talking therapies, it was also noted how often the therapies offered are not enough. As highlighted by Sharon, professionals within health services may need to adapt their work to fit the needs of these women:

*“There’s a huge lack of appropriate therapy for people when they’re released from detention, and I mean appropriate therapy, not CBT or something like that, a therapy that actually gets to the root of trauma and helps people recover, there’s not enough out there, erm a therapy that goes beyond talking therapy, because trauma seems to become something that’s embodied and physical” (Sharon)*

### 3.4.2. Moving Forward

This sub-theme describes participants' feelings of injustice in the practice of indefinite detention and separation. It explores the debate about the ethics of placing children in detention alongside their mothers versus mother-child separation. Furthermore, it illustrates the argument for the use of alternatives to detention.

Participants spoke about their feelings of indefinite detention and separation as being unjust:

*"I can quote one of the women (.) "children need their mums erm and mums need their children" they need to be together and erm, you know, it's not for a government to come in between that" (Sharon)*

*"It's inhumane, they need to, at the very least, decrease the minimum, well have a minimum amount of days that someone is held in immigration detention, it can't be indefinite, erm and there's no reason to have it, you know more than thirty days, I think that, that's at an absolute maximum" (Helena)*

Multiple participants described how children historically were held in detention alongside their mothers. They all described feeling conflicted about what is the least harmful: detention of whole families or mother-child separation:

*"The child is completely innocent in it, so them being in a place like Yarl's Wood or any of the other centres is so wrong and so damaging, but then the separation of the mother and the child [sigh], is that more damaging?" (Christine)*

For most participants, separation of mothers and children was viewed as more harmful than the detention of whole families. Participants spoke about how detention of whole families can offer some protective factors. This included facilitating a collective experience, although negative, in which the children know they are loved:

*“In what way do you think that them going into detention with their mother would have been better?” (Interviewer)*

*“I think they would have had her love and care, I think they would have had her reassurance” (Beatrice)*

*“It was better for the mothers who were not grieving for their children and for the children who were not grieving for their mothers” (Alex)*

Across all interviews, participants spoke of hope that the Home Office would make changes to improve the asylum system and suggested alternatives to detention:

*“I think much more funding and focus needs to go into alternatives to detention, where people should be able to continue living where they live, surviving where they live, people should have a right to work so that they are not a burden on society, that just generates a narrative in our country that makes people hostile to people trying to escape persecution, or build a better life” (Sharon)*

*“The reason for detention is that they are erm at risk of being removed imminently, the idea is that it needs to be imminent, well up to the point at which they’ve done their research found out whether somebody has status or has not got status, they should be free to be with their family” (Eilidh)*

*“We know from other countries, other European countries around the world that detention and detaining people, they do it very differently, you know people are able to live in the community, are able to stay in their houses, the children’s schooling doesn’t get disrupted in the same way as it does, you know by being moved around from carer to carer, whatever it may be, erm I think they need to look at detention as a whole erm and, but particularly when it comes to women” (Christine)*

In consideration of alternatives to detention, the possible benefits of having an alternative process were highlighted:

*“You create people who have a sense of self-esteem, who have contributed to society, who are building their skills, who are building a world and whose children are seeing that and witnessing that and growing up to be healthy individuals, with capacity and emotional intelligence” (Sharon)*

## **4. DISCUSSION**

This chapter will further explore how the analysis answers the research questions in relation to the existing literature and will consider reflexivity, an evaluation, and future implications of the research.

### **4.1. What are frontline staff understandings of women who have been detained in Immigration Removal Centres and separated from their children?**

The first research question was interested in exploring how participants made sense of women's experiences of being detained and separated from their children; it also hoped to understand further any consequences of separation on women's wellbeing. The three themes will be discussed together to answer this question, while considering links with the existing literature.

#### **4.1.1. A Journey of Torturous Experiences**

An overarching concept that ran through the themes was women's journeys of torturous experiences, beginning prior to arrival in the UK and continuing throughout the asylum process. Participants reported women in detention frequently having histories of violations that included rape, torture, violence, and abuse. The experiences described by participants were commonly of an interpersonal nature, existing on a continuum of gender-based violence; this is in line with extensive literature detailing high levels of gender-based violence prior to and during migration (Canning 2017; Skrobanek et al., 1997; Watts & Zimmerman, 2002). Despite their experiences, these women were still placed in IRCs. This raises further concern about the sensitivity of asylum interviews to female-specific experiences (Canning, 2010; 2017). It also calls into question in what circumstances a government would recognise that gender-based violence could amount to torture. Under the 'Adults at Risk' policy,

people who have experienced torture should not be placed in detention. Experiences of violence commonly associated with females, such as rape and domestic abuse, are not automatically considered as ‘torture’ within human rights literature (McGlynn, 2009), yet participants’ descriptions are of them being felt as torturous by women. Placing these experiences into a hierarchy of suffering, where ‘torture’ sits at the top, serves to further oppress refugee women and allow them to be placed within IRCs that exacerbate their suffering.

Theme A describes how participants understood women’s experiences within detention as being a further continuation of suffering. Participants frequently linked current detention with ‘trauma’, labelling the experience as “traumatising”. A worsening in women’s wellbeing in detention was also described; this was often done using psychiatric language, such as PTSD, depression, anxiety, and flashbacks. This is consistent with the language used within the existing literature, where the focus has typically been on ‘mental health difficulties’ and high levels of anxiety, depression and PTSD have been reported (Bosworth, 2016; Bosworth & Kellezi, 2015; Robjant et al., 2009; Werthern et al., 2018). Additionally, Theme A highlights how triggers in detention, such as officers’ uniforms, often act as reminders of past experiences of violence. Although the use of predominantly male staff has been documented as harmful (Canning, 2017, 2019; Townsend, 2013), participants did not directly discuss the gender of officers. Considering the women’s previous experiences of gender-based violence, being surrounded by men in authority positions may act as a reminder of past harm and contributes to feelings of unsafety. Additionally, one participant quoted a woman who described her experience of indefinite detention as “torture”. The woman compared it to her experience in prison, citing prison was preferable due to the certainty of sentence length. The indefinite length of detention has been reported as being linked with high levels of psychological difficulties, such as anxiety and depression (Bosworth & Kellezi, 2015). Participants spoke of feeling that indefinite detention is inhumane and unjust throughout interviews, with participants suggesting changes to policy to prohibit its indefinite nature.



Theme B further highlights how the torturous experience of detention is worsened for women through their separation from their children. Notions of grief and loss were prominent, alongside guilt and worry about their children; these are also common feelings recorded within the prison literature on incarcerated women (Anaraki & Boostani, 2014; Arditti, 2008). Research with incarcerated mothers documents, in the use of diagnostic language, high levels of stress, anxiety, depression and 'somatisation' associated with separation from children (Houck & Booker Loper, 2010). Similarly, participants spoke of separation as being "too much" suffering for women to handle, leading to a deterioration in their psychological wellbeing, sometimes to the point of women saying that they no longer wished to be alive. This is in line with existing literature demonstrating high levels of suicidal thoughts in male and female detainees in UK IRCs (Kellezi & Bosworth, 2016; Kellezi, Bosworth & Slade, 2017; Shaw, 2016)

The sub-theme "A Prisoner to the Home Office": Post-Detention Experiences' demonstrates how, even after being released from detention, life can continue to be one of torturous experiences due to the level of fear that continues through the asylum process. The uncertainty of the process and lack of citizenship acquisition leaves women living in fear of being re-detained or deported and impedes on the ability to integrate into society (Bloch, 2000). Participants raised how the illegalisation of work kept women trapped within their suffering. Research has indicated that asylum-seeking people often end up as unprotected workers, which puts them at an increased threat of 'modern slavery' (Waite, 2017). Taking part in illegalised work not only risks their safety, it also puts them at further risk of returning to detention and being re-separated from their children. Therefore, it leaves women suffering in an impossible choice: do I live in poverty and be unable to provide for my children who I serve to protect? Or do I work illegally to provide for my children but live in constant fear? Research with mothers who have been incarcerated in prison documents how, even upon release and reunification with children, they frequently perceive themselves as 'failures' as mothers and unable to 'live up to' mothering standards (Baldwin, 2018). These feelings are consistent with those reported by participants in Theme B. For previously

detained women, feelings of failure may be reinforced through the inability to provide a stable income for their family. The contradiction between this and women's frequent reason for seeking asylum, to protect their children, may create a dissonance for women, which is often linked with psychological discomfort (Aronson, 1969; Festinger, 1957). This dissonance, combined with feelings of failing as a mother, likely contributes to their psychological suffering following release from detention.

#### 4.1.2. The Psychologisation of Suffering

Although this research was conducted within a human rights framework, there was a notable absence of human rights discourse within participants' accounts. Participants spoke of women's previous experiences of violence and suffering within detention, but these were not often discussed through a human rights lens. It has been argued that there is a lack of public discourse on the application of human rights in the UK, which is reinforced by the media's portrayal of these rights as only applying to 'others' outside of the UK (Krys, 2015). Given the general lack of public discourse of human rights, it is not surprising that they were rarely raised by participants in interviews. Nonetheless, public discourse, the media and politics are interdependent (Fetzer & Weizman, 2005); thus, an absence of discourse of human rights in the context of immigration detention may serve to further maintain the political status quo and reduce the likelihood of detention being publicly challenged. Moreover, within this absence, participants seemed instead use discourse that situated suffering within the individual, such as using diagnostic terms or psychologised language of 'trauma'.

In making sense of women's experiences, participants frequently used diagnostic discourse about the 'impact' of detention on 'mental health', referring to terms such as PTSD, anxiety, and depression. The use of this language is reflective of the literature on detention, where women's suffering has often been measured through the lens of diagnoses (e.g. Bosworth, 2016; Bosworth & Kellezi, 2015; Robjant et al., 2009; Werthern et al., 2018). It could

be argued that looking at how women in detention met diagnostic thresholds for 'mental health difficulties' provides a clear and measurable way of demonstrating the negative effects of detention. Nonetheless, using diagnostic language, such as 'PTSD' may assume that one's suffering can be universally categorised into clusters of symptoms and ignores the role of social, cultural, and political factors (Bracken et al., 1995). Additionally, focusing on individual distress can serve to ignore the impact of one's suffering on their families and communities (Patel, 2011). This is particularly pertinent in considering the likely distress felt by those surrounding the women that have been detained, including their children, wider family, and communities, both in the UK and globally.

When not using diagnostic discourse to talk about women's suffering, participants often referenced psychologised language of 'trauma'. Human rights violations were often labelled as "trauma", while detention and separation were frequently described as being "traumatic" or "traumatising". Similar criticisms to that of diagnostic language can be applied to the discourse of 'trauma'; it can individualise, psychologise and de-politicise one's suffering, while ignoring the socio-political contexts that contribute to these violations (Patel, 2011). Labelling experiences of detention as 'trauma' neglects thinking about how the origin of this distress lies within the implementation of UK asylum policies. Additionally, the term 'trauma' can imply a cause-effect, linear or static process, which cannot fully explain women's ongoing, cyclical experiences of suffering. Women in detention have commonly had, and continue to have, multitudes of torturous experiences which will contribute to their suffering in all different ways and cannot be summed up in the word 'trauma'.

The thematic absence of human rights discourse highlights the lack of conversation of violations within the UK, as opposed to discourse which situate suffering within an individual. Whereas the dominance of diagnostic and psychologised language of suffering across participant interviews demonstrates how common these discourse are across society, including with people who are not healthcare professionals.

#### **4.2. What are frontline staff and volunteer understandings of which factors of the immigration process have affected mothers' relationships with their children?**

The second research question explores participants' perspectives of the ways in which asylum processes affect detained women's relationships with their children. This is demonstrated across the themes through the acts of criminalisation, the use of detention and the uncertainty of the asylum process; all of which serve to change a woman's sense of being a mother.

##### **4.2.1. The Criminalisation of Refugee People**

Theme A explored participants' accounts of how the asylum system renders people as 'illegal' upon arrival in the UK; the narrative of asylum-seeking people as 'criminals' has facilitated a justification for draconian policy and legislation, enabling the government to act in a punitive way, as opposed to protective (Banks, 2008). These policies can be particularly detrimental in the separation of mothers and children. The illegalisation of work means that women are more likely to become criminalised and detained. Research from prisons highlights how criminalised mothers often feel high levels of guilt and shame, impacting negatively on self-esteem and their ability to positively view themselves as mothers (Baldwin, 2018; Enos, 2001; Codd, 2008). This can result in lying about their whereabouts to protect their children from the truth and protect themselves from further shame (Baldwin, 2008); something that was also highlighted by participants in Theme B. Feelings of shame and failure are common across psychological difficulties, such as depression (Blatt, 2004); depressed mood has been found to affect parents' emotional engagement and responsivity towards their child (East et al., 2017). Therefore, even upon reunification with children, the legacy of criminalisation may continue to impact on mother's wellbeing and the mother-child relationship.

#### 4.2.2. Immigration Detention

Challenges to contact with children while in detention was raised across interviews by participants as reported to them as a barrier to mother-child relationship building. Attachment theory details the importance of physical proximity for building a 'secure' relationship and supporting young children's development (Ainsworth, 1990; Bowlby, 1973). Nonetheless, attachment theory has been described as a "culture-bound theoretical position" that privileges Western parenting assumptions and the mother-child dyad (Norman & LeVine, 2008, p140). Therefore, applying this theory to women within detention requires careful consideration. More recently, attachment theory has been challenged by research demonstrating the possibilities of communal caregiving systems, in which multiple caregivers can form strong attachment relationships with children (Keller, 2016). Additionally, the context of separation has been raised as important to consider within attachment relationships (Rutter, 1971). Participants spoke of some women in detention seeming comfortable with being away from their child, in circumstances where they chose to leave their child with family to seek work in the UK. Leaving children in the care of extended family, who are trusted to act as temporary and willing guardians, is commonplace for many mothers who migrate to the UK for work (Save the Children, 2006). Although Western cultures privilege the idea of the mother as the key attachment figure, research from Cameroon, the Congo and India details how the development of attachments with multiple caregivers within their communities is encouraged (Otto, 2008; Meehan, 2005; Seymour, 1999). This is vastly different to a forced mother-child separation, where children are placed in the care of someone unknown and foreign to the mothers. Therefore, it could be that the context of choice, where there is awareness that children are in the care of trusted caregivers, provides some security and peace to mothers in detention.

The difficulties described within attachment theory may be more applicable in contexts where women are forcibly parted from their children through UK asylum policies. Research details the importance of the mother-infant bond for infants up to two years old in facilitating healthy psychological and physical

development (Wave Trust, 2014; Winston & Chicot, 2016). During this stage, parents' adoption of a nurturing role is paramount, where holding and caring for their child is an important way of demonstrating love (Galinsky, 1987). This includes ensuring the child's basic needs are met, such as through washing, changing, and feeding, which can support children in feeling safe and loved (Slaughter & Bryant, 2004). The role of parents continues to be critical throughout a child's life in providing love, defining boundaries, and supporting identity growth (Galinsky, 1987). Although much of attachment theory focuses on young children, the emotional bond between a mother and child is arguably life-long, with forced separation as painful at any age. Participants spoke of mothers' accounts of separation frequently leaving their children feeling worried and confused. Psychological theory proposes that parents are critical in scaffolding children's understanding and development through communication (Vygotsky, 1978); additionally, communication has been cited as crucial when coping with significant stressors or changes as a family (Akhlaq et al., 2013; Olson, 2011). Research has also shown that children's distress can be counteracted through effective parenting (Fazel, 2019). However, separation through detention removes mothers' opportunities to communicate with or parent their children, rendering them as powerless to alleviate any distress.

Theme B highlighted participants' accounts of the distress felt by mothers in the removal of control over their parenting, such as through being unable to make typical parenting decisions or through the involvement of other people in their children's care. The placement of children in foster care has been argued to be traumatic for mothers, having a detrimental effect on their physical and mental health (Wall-Wieler, 2018; Wall-Wieler et al., 2017). A conflict between feelings of gratefulness and resentment was described by participants in women hearing about the ways their children were being cared for. Participants spoke of women's distress at hearing about their children being raised under different cultural or value frameworks. For example, participants described women's concerns over carers not providing culturally traditional food to their children or knowing how to braid their hair properly. Indeed, research with young refugee people within foster care has documented the

usefulness of a continuity of cultural practices to support children to feel settled, particularly in terms of language and food (Raghallaigh & Sirriyeh, 2014). The roles of culture and family have been identified as important in facilitating children in developing a positive personal identity (Brooker & Woodhead, 2008; Rogoff, 1990), fundamental to wellbeing (Knez et al., 2020). If foster carers cannot properly care for the hair of a Black child, this may affect the child's feelings of belonging and development of cultural identity. Mothers may then feel distanced from their child's cultural identity and unable to support their child's positive identity development, reinforcing feelings of powerlessness. This felt distance and feelings of powerlessness are likely to have consequences on the mother-child relationship moving forward.

Furthermore, Theme B explores participants' perspectives of how, with greater involvement of services, such as social care, the less power the women felt they had in their parenting. The removal of children by the local authority implies that the women and their communities are unfit to care for their children. Powerful descriptions by participants of women feeling "naked" (Christine) and "voiceless" (Georgina) were provided, which continued even upon release from detention and reunion with their children. This can be viewed through the lens of epistemic injustice, which consists of testimonial injustice and hermeneutical injustice (Fricker, 2007). Testimonial injustice is when someone is less likely to be given credibility based on certain characteristics; in this case, women's parenting abilities may be diminished by services based on prejudice, racism, and oppression. Hermeneutical injustice includes barriers in navigating systems based on power differentials and oppression; this may include women not having access to the language or knowledge needed to 'prove' the quality of their parenting to social care. The combination of those may mean that social care stay involved for longer than they may with White British parents; this involvement of social care could further reinforce a sense of powerlessness for parents within their parenting and protector roles (Whitcombe, 2017). This scrutiny from social care services may also mean that mothers feel under pressure to perform parenting in a way that conforms to Western ideals, which might feel unnatural or further diminish their confidence as a mother.

The negative psychological effects of separation through detention on children's wellbeing have been reported in research from the US (Zayas et al., 2015; Rojas-Flores et al., 2016; Roche et al., 2020) and the UK (Bail for Immigrant Detainees, 2013). Participants described their accounts of the psychological consequences of separation on children, citing behavioural and emotional changes, such as, becoming withdrawn, anxious, or angry. There is a lack of research into the long-term consequences of separation through detention on children's wellbeing or mother-child relationships. However, children's difficulties with trust and their question "are you going to leave me again?" (Georgina) likely will make re-building these relationships challenging, particularly with the continuous threat of detention restricting mothers from providing certainty that separation will not re-occur.

#### 4.2.3. Uncertainty of the Asylum Process

The damaging effect of the uncertainty of the asylum process was mentioned across themes and has been well documented in the literature (Bosworth & Kellezi, 2015; Griffiths, 2013; Turnbull, 2015). Participants provided their perspectives on how the indefinite nature of detention was linked to a deterioration in wellbeing and meant that mothers could not provide their children with certainty of when they would be reunited. Participants further discussed how this uncertainty led to parenting practices, such as women smothering or pushing their children away. These were both described as being forms of "protection" (Christine). Participants spoke about how women described as "smothering" (Christine) their children may have engaged in over-protective parenting practices, believing that this may shield their children from harm. Conversely, they described how women pushing their children away may stem from a fear of hurting their children further if they were re-separated. Research demonstrates how anxious parents, who engage in overly protective practices, can model anxious behaviour and convey overly negative appraisals of the world to their children (Bryant et al., 2018). Moreover, parent withdrawal has been linked with children



experiencing adjustment difficulties such as depression, low self-esteem, and poor interpersonal functioning (East et al., 2017). Both parenting practices will not only impact on the mother-child relationship, but also likely interfere with children's wellbeing and their future relationships.

Research suggests that the uncertainty of immigration systems leaves children of detained parents feeling "trapped" (Gonzalez, 2016, p33); additionally, it has been highlighted that families of those detained limit their engagement with statutory systems due to feelings of mistrust (Gonzales & Patler, 2020). Participants' accounts highlighted the intergenerational effect of separation on children's trust in the UK government. They described children's anger meaning that they will not "work within the system". These feelings of anger, alongside experiences of intergenerational trauma and parent separation, may render these children more vulnerable to social exclusion or involvement in antisocial behaviour. This highlights a worrying potential intergenerational consequence of asylum processes that serves to negatively affect mother-child relationships.

#### 4.2.4. Women's Sense of Being a 'Mother'

Across themes, it was evident that all the above factors challenge women's ideas of what it means to be a mother. Participants spoke of detained women feeling as though they had failed or let down their children and that they were not a "proper mother" (Sara). These feelings were also reflected within the prison literature (Easterling, 2012) and in Gerlach's (2018) doctoral thesis with women detained in IRCs. A sub-theme within Gerlach's thesis documents how detention interrupts the identity of mothers and instils a sense of failure over not being able to perform typical 'mothering' roles, no matter the age of the children. It can be argued that this alteration in one's sense of motherhood may lead to changes in their parenting and, subsequently, their relationship with their children.

The second research question discusses participants' accounts of how asylum processes 'affect' the relationship; of note is how this language implies

that relationships are something static and can be permanently altered through experiences. Indeed, research has shown how mother-child separation at a young age can be permanently damaging for the child's development and wellbeing (Howard et al., 2011). However, relationships are dynamic and constantly in the process of reconfiguration based on individual changes and the environment (O'Connor, 2010). This can be demonstrated through alterations in mother-child relationships depending on the child's stage of development. Therefore, it is difficult to summarise all effects of separation on the mother-child relationship, as they will likely differ depending on the child's age, mother's background, and individual experiences. Additionally, the aftermath of this separation is unlikely to be a cause-effect process; it will oscillate and act in a cyclical manner.

#### 4.2.5. Ethics of Relationship Building

As the research focused on staff and volunteer perspectives of working with detained mothers, ethical dilemmas within worker-women relationship building were identified by participants. No previous literature has focused on working with detained women specifically, however, the importance of taking time to develop trust within relationships with refugee women has been documented (McCarthy & Haith-Cooper, 2013). Participants spoke about spending a long time trying to build relationships; often this was done through sharing personal stories and occasionally developing "friendships". However, in eventually establishing trust with the women, participants reported finding themselves feeling powerless in being unable to create real change to the women's lives. Participants were not lawyers who could advocate for release from detention, nor did they have the power to change women's financial or legal situations post-detention. Often, participants spoke of not knowing what happened to women post-detention. This raises an ethical question of how aware detained women are of the boundaries of these relationships. It brings to light the dilemma of participants developing trusting relationships with detained women, only to have to say to them "I can't help you" (Sara). Furthermore,

while participants spoke of feelings of powerlessness, some also mentioned a lack of consistent supervision. Potential ways of managing these dilemmas will be further discussed in Section 4.4, which considers the clinical implications of the research.

### **4.3. Evaluating the Study**

This section will evaluate this research by considering researcher reflexivity, the ethical concerns of the project and the participant, methodological and epistemological limitations. Additionally, it will discuss evaluations of the quality and generalisability of the research.

#### **4.3.1. Reflexivity**

Reflexivity is crucial to enhance quality in qualitative research (Jootun et al., 2009). Willig (2001) details two forms of reflexivity: personal and epistemological. Willig (2001) also highlights the importance of ‘critical language awareness’ as another form of reflexivity (Fairclough, 1995). These three aspects of reflexivity will be explored in relation to this research.

##### **4.3.1.1. *Personal Reflexivity***

This research process has made me reflect upon my position as a young, White British, middle-class female. Over the last few years on the doctorate, I have struggled at points when realising the privilege I have been afforded throughout my life, particularly in terms of the benefits I have received through Whiteness. My experiences are very different from those that I am researching; I have never fled from violence. I have been able to travel freely and live in other countries. I do not have the same worry of the State forcibly separating me from any future children I may have. My intersecting identities likely impacted upon how I conducted the interviews and the quotes I chose

throughout the analysis. I may, at times, have unintentionally used the lens of Whiteness in my questioning or made incorrect assumptions about women's experiences when choosing quotes. For example, at the beginning of the research, I assumed that the pain of mother-child separation would be similar, regardless of the context. However, as I read more about Western assumptions of attachment, had conversations in supervision and reflected on my own biases, I began to understand the importance of women's choice to migrate and leave their children with trusted caregivers. Nonetheless, the challenge of making incorrect assumptions might be particularly pertinent in conducting interviews through a third party, where the accuracy of claims could not be checked with the women themselves. I have had, and will continue to have, extended conversations with friends and family where I question my position in conducting this research; it is only hoped that this reflection will minimise any harm that could be unintentionally inflicted.

It is essential to reflect upon the cultural and political contexts in which this research has been conducted (Flick, 2014). The COVID-19 pandemic has shone further into light the level of inequalities relating to 'race', class, and disability (Tonkin, 2020). Moreover, the Black Lives Matter movement has risen in the last year following the murder of George Floyd in the US and there has been a resurgence in feminist movements following the murder of Sarah Everard in the UK. More people are discussing the injustices of groups of people who are continually oppressed, yet there has been little shift seen in government policy to reflect this. This brings up mixed feelings for me about this research. It feels like there is potential for positive change, with more public conversations of the inhumane use of immigration detention. Yet, without real action from the government, I am losing hope in how this change may occur.

Conducting interviews remotely provided access for more people to take part in this research, however, it held challenges in the form of poor internet connection. I noticed myself feeling less comfortable in asking questions that I knew may receive emotional responses, due to not physically 'being' with someone if they became upset. It took me a while to get used to the balance of researcher, versus therapist. At first, I would ask long-winded questions in a

‘therapeutic’ way, until I had conversations with my supervisor about how to embody more of a researcher position in my questioning. This led me to struggle with not wanting to appear ‘neutral’ in the face of injustice described my participants, while not wanting to respond in a way that may influence their answers.

Willig (2001) propositions that part of personal reflexivity includes consideration from the researcher on how the process has changed them. Conducting this research has made my feminist stance and desire for social justice even stronger; it has made me more passionate about standing against violations done to others based on nationality, ‘race’ and gender within both my clinical practice and personal life. It has supported me to reflect more on my own privilege and the actions that I can take to support others’ voices to be valued in the way they deserve.

#### *4.3.1.2. Epistemological Reflexivity*

It has been argued that qualitative researchers have a responsibility to make clear their epistemological positioning, to ensure adequate evaluation (Madhill et al., 2000). Adopting a critical realist positioning involves treating some aspects as ‘real’ and others as ‘relativist’. Nonetheless, the extent to which I positioned things as ‘real’ or ‘relativist’ were likely to be influenced by my own political experiences and values, rather than necessarily from the epistemological viewpoint adopted (Nightingale & Cromby, 1999). Within this research, I have treated ‘human rights’ and ‘immigration detention’ as structures that have been constructed within Western cultures but acknowledged that the suffering and harm caused by them as real. Throughout the research, I adopted more of a critical stance towards this. If I were to re-do this research, I would likely further amend my language. Looking back through transcripts, I noticed myself occasionally using the word ‘trauma’ in a realist way, as opposed to it being a term that has been constructed. I am now particularly aware of my position of power as a researcher in making interpretations of ‘trauma’ and not wanting to impose

Eurocentric theories or psychologise people's experiences of oppression and violence.

The challenges of remaining epistemologically consistent as a novice researcher have been documented (Brown, 1995; Burr, 2015). At points, I found myself feeling reluctant to interpret data too much due to women's experiences being told from third party accounts, thus, I may have unintentionally taken more of a realist positioning. For example, I may have at times taken participants' accounts to be 'true', rather than questioning how these accounts may differ from women's own stories. This seemed particularly apparent during my initial coding process, where I struggled to adopt an interpretative position. Nonetheless, following discussions with my supervisor, I re-coded my data, and as the research process continued, developed my confidence in adopting a critical realist stance.

#### *4.3.1.3. Critical Language Awareness*

Critical language awareness contends that researcher's language is constructive in shaping their research findings (Willig, 2001); it is important to reflect upon how the language I used may have affected participants' responses. My use of the term 'mothers' may have contributed to the homogenisation of women in detention who have children, as opposed to considering them as individuals with varying identities, histories, stories and beliefs about separation. Furthermore, my use of the term 'mother' is laden with Western assumptions about what a mother looks like, such as a woman who selflessly provides resources and love in a child-centred manner, which may not represent all versions of motherhood across cultures (Hays, 1996). As previously mentioned, what it means to be a mother will vary according to a child's age, thus, the construct of motherhood is ever-changing and cannot be considered as a homogenous identity.

My overt use of the title 'psychologist' within my identity may have inadvertently led to participant responses that focused on diagnostic terms, labels, or narratives of trauma. In an attempt to move away from this, I

frequently used the term 'wellbeing', instead of 'mental health'. However, at points, I may have accidentally used this language when slipping back into my 'therapist' role which frequently operates within diagnostically-focused NHS teams.

#### 4.3.2. Ethical Concerns

Within psychological research with people who have been marginalised and oppressed, it is vital to consider the ethics of 'psychologising', thus sanitising, their suffering. As detailed previously, diagnostic and 'trauma' focused language are common narratives that are presented across research. Considering that these narratives can be criticised for being Westernised and Eurocentric (Craps, 2013), they may not appropriately explain the women's experiences within this research. It has been argued that a human rights approach may provide an alternative discourse for discussing suffering, however, this must not become another replacement oppressive discourse (Patel, 2011). Although it is another Western construct, the use of a human rights framework throughout the research, alongside consistent reflection, hopefully will have enabled a closer focus on the harm and suffering caused by violations.

Another ethical concern within this research comes from not speaking directly with women who have been detained in an IRC, therefore, raising a dilemma regarding consent. Throughout interviews, participants spoke of women's experiences. Although no names or identifying details were shared in stories, it is unlikely that consent was sought from the women themselves. It is also not clear whether the women's voices were accurately represented as the information did not come from them directly. Conversely, there would have also been ethical dilemmas in directly speaking with women during the COVID-19 pandemic, where many people were experiencing increased inequalities and suffering (The Lancet Public Health, 2021). An example of this comes from an interaction that the researcher had with a potential participant during the initial recruitment phase; within the first conversation, a

misunderstanding took place in which the potential participant thought that the research would actively support her in her fight to re-gain custody of her children. This brings to light a common difficulty with research, where the purpose is to improve the lives of future people, rather than those currently struggling within the situation being researched.

#### 4.3.3. Participant Limitations

Challenges with recruitment amidst the COVID-19 restrictions on face-to-face contact meant that participants who took part in the research were not women directly affected by detention. All participants who took part expressed a desire to support an argument against the use of indefinite detention and current Home Office policy, and, thus, they came into interviews with a particular motive. Additionally, most participants who took part described themselves in interviews as White British citizens, with many commenting on the differences in their experiences with the women they had worked with. This raises ethical and representational considerations about having two White British women (participant and researcher) discussing the lives of women that have been marginalised, oppressed and suffered at the hands of the British government, both generationally through colonialism and in their current experiences. Although this research was conducted with the best intentions, it is unclear whose voices have been elevated.

Due to the restrictions, all recruitment took place via email and interviews were conducted through video calls. This, therefore, meant that only people who were proficient in technology could take part. Nonetheless, conducting interviews remotely also enabled more people across the country to be reached.



#### 4.3.4. Methodological Limitations

Braun and Clark (2006) state that a disadvantage of TA is that one cannot get a sense of the continuity or contradiction that may emerge within an individual account. The nature of this analysis meant that large amounts of data had to be significantly reduced into key quotes; in doing this, it is hard to highlight the differences that may appear in an account or acknowledge the conversational context surrounding the quote. Nonetheless, providing key themes is still useful when considering how research can be implemented into clinical practice and future policy.

Qualitative research is an interpretative process, meaning there is always potential for competing alternative interpretations (McLeod, 2011).

Researcher's subjectivities are likely to influence the way that the data is interpreted and quotes are chosen; however, it is hoped that the interpretations in this research were made transparent throughout the analysis and discussion.

This research could be criticised for not including participant 'demographic' data (Elliott, Fischer & Rennie, 1999). Demographic data can be helpful in situating the context of the research. Nonetheless, it risks researchers using this data to attempt to wholly explain individual experiences, without acknowledging each person's unique reality (Darlaston-Jones, 2007) and can elevate a more realist epistemological position.

#### 4.3.5. Epistemological Limitations

It has been argued that the validity of ontological concepts is limited to the domain in which they were developed; Bhaskar (1989) originally argued that critical realism should be applied within the realms of physics and chemistry, rather than all forms of sciences. Thus, it has been argued that critical realism cannot be assumed to be successfully applied to research outside of this domain (Kemp, 2005). Conversely, the combination of ontological realism and

epistemological relativism is apparent throughout qualitative approaches within psychological research, thus, it is likely that a critical realist positioning does apply well (Willig, 2016).

Willig (2001) describes how, in situating epistemological ideas into distinct positions of 'realist' versus 'relativist', one is unable to truly capture the complexities characterising varying epistemologies. Additionally, if clear thought is not put to epistemological considerations throughout the research process, researchers may accidentally adopt 'methodological pluralism'. Combining methodological positions can be beneficial in ensuring inclusivity of perspectives by experienced researchers, however, is a challenge for novice researchers, as it requires a clear conceptual understanding of various positions (Willig, 2013). Thus, Willig (2013) argued that junior researchers should instead focus on adopting one position well. The importance of reflexivity within applying a critical realist positioning has been documented (Willig, 2001); to ensure reflexivity, reflective logs were kept throughout each stage of this research, alongside having regular supervision.

#### 4.3.6. Quality in Qualitative Research

Although quality within qualitative research is paramount, it has been argued that it cannot be judged to the same criteria as quantitative approaches (Braun & Clarke, 2006). Unlike quantitative research, qualitative researchers do not attempt to completely set aside their own perspectives (Elliott et al., 1999). Nonetheless, methodological integrity and reflexivity are crucial (Levitt et al., 2018). Clear guidelines have been developed for qualitative research by Elliot et al., (1999) which can be usefully applied to research using TA (Braun & Clarke, 2006). They describe a series of criteria for researchers to either meet or provide rationales for meeting alternative standards. These guidelines, alongside how they were met, will be detailed below.

### *1. Owning One's Perspective*

This refers to the importance of researchers recognising their values, interests, and assumptions in the research. A reflective diary was kept throughout; extracts of this were included which detail the researcher's critical stance of the use of detention.

### *2. Situating The Sample*

This describes using participant demographics and their life circumstances to guide the reader in understanding the people interviewed. The rationale for not including participant demographics has been previously detailed (Section 4.5.3.), however, when important aspects relating to demographics were raised in interviews, they were further explored.

### *3. Grounding In Examples*

This includes authors providing examples of data in a transparent way to illustrate the analytic procedures used. Data in the form of quotes from a variety of interviews was provided throughout the analysis. Regular discussion and reflection were included in an attempt to be transparent.

### *4. Providing Credibility Checks*

This incorporates the data being checked for integrity; this could be done through the researcher double-checking their own understandings or using multiple analysts. The researcher's supervisor checked for credibility at multiple points through reading transcripts, checking coding, supporting with sorting codes and creating themes.

### *5. Coherence*

This refers to the data being presented in a coherent narrative, while preserving nuances. Several thematic maps are included in the appendices (Appendices P and Q) which demonstrate how the data was reduced; additionally, the researcher had frequent conversations in supervision to ensure the data told a coherent story.

### *6. Accomplishing General vs Specific Research Tasks*

This considers whether the research aims to offer a generalised understanding of experiences or specifically focuses on a particular group. This research focused explicitly on staff and volunteer accounts of the

experiences of mothers who have been in UK IRCs, rather than the experiences of all people who have experienced detention. Thus, it offers a specific understanding of this group and does not attempt to generalise the findings to all people.

### *7. Resonating With Readers*

This refers to material being presented in a way that expands the reader's understanding of the topic. Attempts were made to do this by offering a balance between participants' experiences and the researcher's interpretations, alongside detailed accounts of reflexivity.

Alongside Elliot et al.'s (1999) guidelines, Yardley's (2000) quality criteria were also borne in mind; these include: sensitivity to context, commitment and rigour, transparency and coherence, impact and importance. The above examples outline how the criteria for commitment, rigour, transparency, and coherence were met. The context of conducting research within a global pandemic was considered alongside personal reflection. Moreover, the importance of the research was detailed, including consideration of resulting practical implications.

Although there is no specified approach in assessing quality within TA, it is hoped that through holding in mind the above guidelines and rigorously documenting the steps of the analysis and methods, the research has been conducted to a good standard. However, one's position as a researcher will always have some influence over the interpretations made and themes generated. Therefore, transparency has been important during the writing of this research.

#### 4.3.7. Generalisability

The terms 'mothers' and 'refugee women' have been used throughout this research, however, these incorporate a complex non-homogenous group of people. Qualitative research does not attempt to make universal claims (Willig, 2008); therefore, this research cannot speak for all women's

experiences of British immigration detention and separation from their children, particularly as the experiences were gathered through the lens of other people. Nonetheless, clear themes identified in the research are still useful and can be applied in considerations for future clinical practice and policy.

#### **4.4. Implications**

This section will consider the potential implications for future research, clinical practice and policy generated from this research. The importance of disseminating findings and future implications of research to participants has been highlighted (Mfutso-Bengo, 2008); a draft letter of what may be sent to participants, subject to changes following the viva, can be seen in Appendix S.

##### **4.4.1. Considerations for Future Research**

Due to restrictions on face-to-face contact and challenges with recruitment, this research was unable to speak directly with mothers that had been detained in IRCs, as originally intended. Thus, it may be valuable for direct research to be conducted that would elevate the women's voices themselves. Of note in participants' accounts was the differences in the descriptions of women's suffering dependent on the level of choice surrounding separation, whereby women who had chosen to leave their children with trusted caregivers in their country of origin appeared to be less distressed. Research has documented how the loss felt by immigrant mothers at being separated from their children can be mediated by the mothers' cultures, which may view separation as a necessity for improving their families' lives (Schen, 2005). However, this has not been explored within the context of immigration detention, where mothers' ability to provide for their children is removed.

These nuances may be useful to explore in future research directly with mothers.

It may also be beneficial to further comprehend women's experiences following being released from detention. Although charity research has documented some people's experiences of life post-detention (Bail for Immigrant Detainees, 2019), no literature focuses in detail on women's experiences following release. It would be useful to consider within this research the long-lasting consequences of detention on mothers' relationships with their children. Prison literature has detailed the negative consequences of incarceration on mother-child relationships (Arditti & Few, 2006; Baldwin, 2018). Exploring this within the context of immigration detention will enable better understanding of its longer term, and perhaps generational, consequences.

Additionally, considering the lack of post-detention support documented, it may be important to explore what support would be most useful for women and whether this includes better access to appropriate psychological services, which clinical psychologists could support. In one interview, Sharon criticises the routine use of CBT and expresses the need for more "embodied" psychological therapies. CBT has been criticised for failing to address power, political contexts, and culture (Patel, 2003), all of which are important in considering the experiences of previously detained women. Conversely, the usefulness of body-oriented approaches for 'traumatised' refugee people has been documented (Koch et al., 2009; Longacre et al., 2012; Stade et al., 2015). It would be useful for future research to gather information on what type of support previously detained mothers may find most useful; this may include traditional psychological therapy, alternative therapies (such as body-oriented approaches) or other support, such as, community groups. Further exploring this will not only allow clinical psychologists to provide more meaningful care to these women, it may further support women to feel more empowered in their choices of psychological support.

Participants also said that they would like more people to be aware of the injustice of immigration detention. Future research could focus on methods of

raising awareness to the public about people's experiences within IRCs. This may include thinking with those that have been detained about how they would like to further share their stories, for example, within formal research or more informal dissemination, such as, creating a short film or book.

#### 4.4.2. Considerations for Service Development

##### *Short-term considerations*

Participants discussed the significance of taking time to build relationships with women. Psychological services may need to be more flexible in offering additional sessions for the purpose of engagement. Moreover, in line with BPS (2018) guidelines for working with refugee people, psychologists should adopt a human rights-based approach, which adopts key principles of inclusivity, non-discrimination, participation and cultural/gender appropriateness in their work. Services may want to hire previously detained women as 'experts by experience', to ensure participation and contribute to shaping service development.

Some participants commented on how psychological services frequently provide support that is not appropriate to meet previously detained women's needs. Therapists may need to be more flexible in the therapies offered to women who have been detained, perhaps through adopting a more collaborative stance in 'co-creating' intentions or hopes for therapy (Fredman, 2008; Lee, 2013). One participant, Sharon, suggested that therapies should focus on the more embodied experiences of violence, as opposed to talking. The usefulness of approaches which consider the impact of trauma on the body has been documented (van der Kolk, 2015), however, these are not widely commissioned in current psychological services. Services may want to consider offering body-oriented approaches alongside talking therapies, such as mindful movement or yoga classes.

### *Long-term considerations*

It is helpful to consider how psychological services may be applied more widely; this could be through community psychology or social action approaches. Community based interventions can not only confront the structural inequalities refugee women face, but also emphasise the positive contributions they make (Morrice, 2007). Community based approaches have been successfully implemented into clinical practice within the NHS; an example of this is the 'Recipes of Life' project, facilitated by clinical psychologist Dr Angela Byrne in East London (Rudland Wood, 2012; Shoreditch Trust, 2016). This project integrates talking therapy with cooking, through inviting people from various cultural backgrounds to share their favourite recipes and personal stories with each other. It also includes developing recipes for aiding psychological health, such as, 'a recipe for health and happiness'.

Clinical psychologists could contribute to the development of projects for previously detained mothers which are women-led and aim to support mothers in the way that they would find most valuable. These projects may be based on established narrative techniques, such as 'Recipes of Life' (Rudland Wood, 2012) or the 'Tree of Life' (Ncube, 2006). Alternatively, more innovative projects may be designed alongside women. One example of this may be to create a community centre that is specifically for women who have been detained in an IRC. The centre could aid with childcare and provide activities focused on building the mother-child relationship. Alternatively, it could provide women with a space to relax and socialise together. Furthermore, the centre could link with services that provide legal and financial advice, acknowledging that much of women's psychological health will be influenced by the uncertainty of their asylum status and financial instability. Conversely, psychologists could support previously detained women to design projects based on social action, with the aim of altering structures that have enabled their common oppression (Holland, 1992). These could include groups of women becoming involved in existing anti-detention charity work or building new campaigns against the detention of mothers in IRCs.



Clinical psychologists are well placed to come alongside and elevate the voices of previously detained women in developing alternative projects, which could provide longer-term support to their psychological wellbeing.

#### 4.4.3. Considerations for Clinical Practice

This research argues the importance of clinicians humanising women who have been de-humanised throughout the asylum process. Women's humanity should be recognised, and their stories listened to with compassion.

Participants recommended that clinicians should “assume trauma” (Sharon) when working with women who have been detained; by this it is understood that detention and separation from children are torturous experiences which produce high levels of suffering. This suffering should be recognised as an outcome of systemic forces, where current asylum policy allows this structural violence to occur.

The findings from this research may also be useful for healthcare professionals who may encounter previously detained women and their children. Given the levels of violence frequently experienced by refugee women, they are likely to have physical health needs. Raising awareness of this to healthcare staff, such as doctors, nurses, and midwives, may be important to ensure women receive appropriate care. Additionally, considering the intergenerational consequences of detention, an understanding of the impact on children may be useful to share with teachers and professionals working with children.

This research also suggests that good supervision should be provided to all workers and volunteers building relationships with women that are in an IRC or have been detained in IRCs. Clinical psychologists are well placed in being able to offer this supervision, both in healthcare services and to other organisations working with this group of women. The challenges of building relationships, while remaining transparent about the limitations of workers' roles, have been described within this research (Theme C). Supervision can facilitate ensuring that the boundaries of these relationships are clearly

explained to women and adhered to. Additionally, supervision can support clinicians, staff, or volunteers in any feelings of powerlessness that may arise within the work. Furthermore, supervision can provide a useful space to reflect on any assumptions, prejudices and power differentials that may arise (Patel, 2004).

#### 4.4.4. Considerations for Policy Level

Psychologists have a duty to consider human rights violations which can impact on public health (Patel, 2019); therefore, it is important to engage with policy-level advocacy. There is a need for better public and professional awareness of the use of immigration detention in the UK. This can be done through psychologists offering sessions to clinicians, including health professionals or teachers, to raise awareness of the potential consequences of detention on women and their children. Psychologists can also contribute to legal policy arguing against the use of detention, such as further highlighting the psychological harm caused by indefinite detention on women and the effect on their children, resulting in intergenerational suffering and potential mistrust towards the State.

#### **4.5. Concluding Reflections**

This research demonstrates how our current asylum structure serves to de-humanise and further violate women who come to the UK in search of protection. Human rights advocates have been arguing against the use of indefinite detention for years. I have felt saddened and disheartened by the lack of change in asylum policy, at times battling with the question ‘what is the point?’. At points, I have been left feeling guilty about my complicity within the system as a British citizen.

The stories of strength of refugee women and children who survive these injustices continues to motivate me to do my best to raise awareness of the

cruelty of our asylum processes. However slowly things it may happen, I will continue to hold onto hope that change will happen, and kindness will eventually prevail over cruelty.

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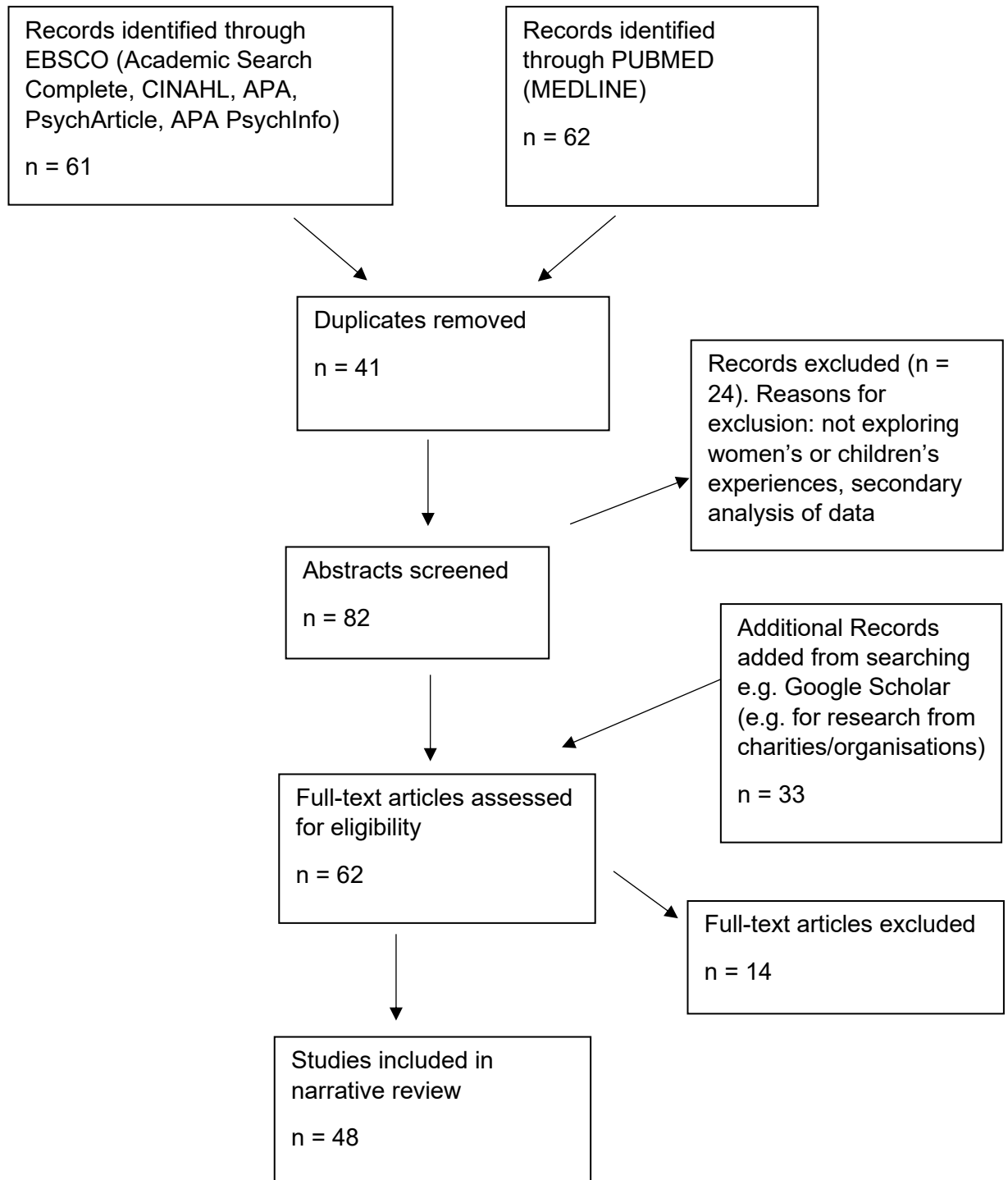
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## **6. APPENDICES**

- A. Scoping Review
- B. Information Sheet
- C. Interview Schedule
- D. Consent Form
- E. Debrief Form
- F. Transcription Guidelines
- G. UEL Ethics Committee Approval
- H. Ethics Application to UEL
- I. Minor Amendment UEL Ethics Committee Application
- J. UEL Data Management Plan
- K. Example Annotated Transcript (Coding)
- L. Example Annotated Transcript (Further Coding)
- M. Sorting Codes
- N. Example of Quotes Associated with Codes
- O. Initial Thematic Map
- P. Final Thematic Map
- Q. Table of Themes
- R. Example Reflective Log
- S. Draft Summary of Findings for Participants

## **Appendix A: Scoping Review Chart**



## **Appendix B: Information Sheet**



### **PARTICIPANT INVITATION LETTER**

#### **Experiences of Mothers Detained in Immigration Removal Centres**

You are being invited to take part in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

#### **Who am I?**

My name is Samantha Harrison. I am a Trainee Clinical Psychologist, studying at the University of East London. As part of my studies I am conducting a research project looking at mothers' experiences of being detained in an Immigration Removal Centre (IRC).

#### **What is the research?**

I hope to conduct interviews with frontline staff who have worked with mothers that have been detained in an IRC, either while in detention or following release from detention.

My research has been given ethical approval.

#### **Why have you been asked to participate?**

You have been asked to participate as a frontline staff member who has worked with mothers either while they have been in detention or following detention. This research will help to understand more about women's experiences of detention in the UK and any impact this may have on relationships with their children. It is hoped that this will be written up for publication and can be used by professionals to support similar women in the future.

#### **What will your participation involve?**



If you agree to take part in this study, the interview will take place using Microsoft Teams or a phone call. The interview will last up to one hour. The aim of the interview is to hear your perspective of working with mothers who have been detained within an Immigration Removal Centre.

Unfortunately, I will not be able to pay you for participating in my research, but your participation would be very valuable in understanding more about mothers' experiences in detention.

### **Your taking part will be safe and confidential**

Your privacy and safety will be respected at all times. Thinking and talking about your experiences of working with mothers who have been in detention may be difficult. You do not need to answer all the questions and you can stop or break at any point.

All information you provide in the interviews will be made anonymous. This means that no other professionals will be able to link this information back to you.

### **What will happen to the information that you provide?**

The interview will be recorded on tape and will be typed up afterwards. The data from the interview and any other details you provide will be kept on a secure computer drive. Any details about you, like your name, will be changed so that no one will know who you are. The interview recordings will be deleted after the research is complete and all written information will be deleted after three years.

You are welcome to have a summary of the findings of the research once complete. Please let me know if you would like this summary.

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

No, you do not have to take part. You can stop the interview at any time without needing to say why, and there won't be any consequences for this. If you decide you do not want your information included in the research project anymore, please contact me using the details below. Following the interview, you will have three weeks to let me know if you do not wish for your data to be used anymore.

### **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

**Samantha Harrison**

**Trainee Clinical Psychologist**

**Email: [u1826616@uel.ac.uk](mailto:u1826616@uel.ac.uk)**

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Professor Nimisha Patel. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: N.Patel@uel.ac.uk

**or**

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.lomas@uel.ac.uk)

## **Appendix C: Interview Schedule**

Thank you so much for agreeing to take part in this research. My name is Sam, I'm a trainee clinical psychologist and I am doing this research as part of my doctorate in clinical psychology. Before we begin, I would first just like to re-cap a bit about what the research is about. So, the purpose of this research is to understand a bit more about what happens when mothers are separated from their children because of immigration detention through speaking with staff. It is hoped that the research will help us to understand a bit more about the implications of detention and whether there is a way we can inform this process to be better in the future.

Thank you for sending over the consent form. Did you get a chance to look at the information sheet? Is there anything that you would like to check before we begin?

The interview will last for up to one hour. You are free to stop the interview at any point and you do not have to answer any questions that you don't feel comfortable answering. If you like, you can make up names for the women that you have worked with; I will also be anonymising all of the data so that you or any of the women you've worked with cannot be identified.

I have a voice recorder here that I'll be using to record the interview; it will also be recorded on Microsoft Teams. We haven't started recording yet, but I'll tell you when I'm about to start – is that OK?

The interview will begin with a very open-ended question; this first question will just be asking about your experiences of working with mothers, what you've been doing and for how long. I'm just letting you know this so you're not thrown by this question at the beginning.

OK, so let me know when you're ready for me to begin recording.

1. What is your experience of working with mothers who have been detained in a UK immigration removal centre?

*Prompt: Where have you worked? How long have you worked in this area? Can I ask if the people you were working with were separated from their children? And what kind of context were they separated? Why do you think that is?*

2. How do you think immigration detention has affected the women that you have worked with?

*Prompt: how has it affected their family life? How has it affected them to be separated from their children?*

*What impact do you think separation has had on the children's wellbeing? What impact do you think it has had on the mother's wellbeing?*

*What affect, if any, do you think the [separation/being in detention with their children] has had on mothers' mental health?*

3. How do you think detention may have affected the way that mothers have related to their children?

*Prompt: What, if any, impact do you think detention has had on mother-child relationships? How did it affect their relationship?*

*How did it affect their parenting?*

*How do you think detention may have affected the ways that the women you have worked with relate to themselves as 'mothers'?*

*What did you observe? What did they tell you about this? What kinds of things did they say to you that made you concerned?*

4. To your knowledge, what was it like for these women and children when they came out of detention?

*Prompt: How was it for them to be reunited [or still separated]?*

*What, if any, lasting effects do you think detention would have on their relationships? What did you observe and what did they tell you about this?*

5. If you had to explain to the Home Office about your experience, what would you like to say and why?

*Prompt: If you were to think about some of the mothers that you have worked with, what would you imagine that they may like to say to the Home Office?*

6. What do you think would be useful for other professionals to be aware of when working with mothers who have been detained and their children in the future?

7. Is there anything that I have not asked you in relation to this topic that you think might be important to add?

End of interview: That is the end of the interview; thank you very much for taking part. I'm going to stop the recording now. Now that we have finished recording, is there anything else that you would like to add or any questions that you may have?

I am planning on conducting more interviews over the next few months and the data will be analysed after this. Hopefully it will then be written up by next summer. Would you like a summary of the research findings after it has been written up?

I will send a debrief form by email now for you to have a read of which explains more about what will happen with the research and lists some organisations that can be contacted if you need further support.

## **Appendix D: Consent Form**



### **UNIVERSITY OF EAST LONDON**

#### **Consent to participate in a research study**

##### **Experiences of Mothers Detained in Immigration Removal Centres**

I have read the information sheet relating to the above research study and have been given a copy to keep. The researcher has explained to me the purpose of the study and what it involves. I have had the opportunity to discuss the details and ask questions about this information. I understand how I will be involved and what I will be asked to do.

I understand that my involvement in this study, and any data from this research, will remain strictly confidential, meaning that other people will not have access to the information or my personal details. Only the researchers involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

**By signing this form, I understand that I am freely and fully consenting to participate in the study, which has been fully explained to me.**

I understand that, even though I have given consent, I still have the right to withdraw from the study at any time without any consequences and without needing to give any reason. I also understand that if I withdraw, the researcher may still use my anonymous data in the write-up of the study and in any further analysis that may be done.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

SAMANTHA HARRISON

.....

Researcher's Signature

.....

Date: .....

## **Appendix E: Debrief Form**



### **PARTICIPANT DEBRIEF LETTER**

#### **Experiences of Mothers Detained in Immigration Removal Centres**

Thank you for participating in my research study looking at the experiences of mothers detained in Immigration Removal Centres. This letter offers information that may be relevant for you following taking part in the interview.

#### **What will happen to the information that you have provided?**

The following steps will be taken to make sure that what you told me in interviews is kept secure and confidential.

- Any contact details that you have provided, such as your name and phone number, have been kept on a secure password-protected computer drive and will be deleted now that you have completed the research.
- Following this interview, I will type up the audio recordings into a transcript. These will be saved onto a secure password-protected computer drive. All names, including yours, will be changed in the transcript so that you cannot be identified.
- The interview audio recordings will be destroyed as soon as they are no longer needed. The transcripts will be destroyed in three years, to allow time to write up the research findings in a publication.
- The information gathered from this research will be used to write my doctoral thesis, so examiners of this will see anonymised quotes of some of the things you have said in the interview. It is hoped that it will also be written up for publication in a journal article for professionals to use in the future.
- You will have three weeks to decide if you would like your data to be withdrawn from the study. It is difficult to withdraw data after this as it is likely that analysis will have already begun.



### **What if you have found taking part to be distressing?**

It is hoped that you did not find taking part in the research distressing. But it is possible that you may have found discussing your experiences challenging or uncomfortable at times and this may affect you following the interview. If you feel that you have been affected, the following services may be helpful to support you:

|  |   |
|--|---|
| <b>Mind</b><br>An organisation that provides advice and support to anyone experiencing any mental health difficulties or struggling with their mental wellbeing  | <a href="https://www.mind.org.uk/">https://www.mind.org.uk/</a>   |
| <b>Mindful Employer</b><br>An NHS initiative designed to help employers and employees access information and services for support with their mental health. Their website provides resources on supporting you to look after yourself. | <a href="https://www.dpt.nhs.uk/mindful-employer/services">https://www.dpt.nhs.uk/mindful-employer/services</a> |
| <b>Mental Health at Work</b><br>A website that gives access to numerous resources on supporting wellbeing and mental health within the workplace   | <a href="https://www.mentalhealthatwork.org.uk/">https://www.mentalhealthatwork.org.uk/</a>                     |

**If you feel like you would like support with your mental health, you can also speak with your GP. They will be able to refer you for appropriate support.**

Below are also some services that support the wellbeing of asylum-seeking and refugee people, which may also be able to support you in the work you do.

|  |   |
|--|---|
| <b>Freedom from Torture</b><br>Provides support to survivors of torture. This could be through medical assessments to support asylum claims, counselling, group therapy, promoting rights and general support. | <b>Telephone: 02073461166</b><br><b>Email:</b><br><a href="mailto:refugeeadvice@refugeecouncil.org.uk">refugeeadvice@refugeecouncil.org.uk</a><br><b>Address: 134 The Grove, London, E15 1NS</b><br><br>(Please note: they do not accept walk-ins so appointments need to be arranged in advance) |
|--|---|

|  |   |
|--|---|
| <b>Helen Bamber Foundation</b><br>Supports refugee and asylum-seeking people who have had experiences such as torture or trafficking. Provide psychological and physical therapy, housing and legal support and creative programmes. | Self-referrals are made through their online referrals form. This can be accessed via the webpage:<br><a href="https://referral.helenbamber.org/">https://referral.helenbamber.org/</a> |
| <b>British Red Cross</b><br>Offer help with urgent practical support such as providing food vouchers, clothing, toiletries, as well as emotional support and advice.   | <b>Telephone: 0207 254 0928</b><br><b>Email: <a href="mailto:londonhdrc@redcross.org.uk">londonhdrc@redcross.org.uk</a></b><br><b>Address: 92 Dalston Lane, Hackney, E8 1NG</b>         |

You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

### **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

**Samantha Harrison**

**Trainee Clinical Psychologist**

**Email: [u1826616@uel.ac.uk](mailto:u1826616@uel.ac.uk)**

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Professor Nimisha Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: [N.Patel@uel.ac.uk](mailto:N.Patel@uel.ac.uk)

**or**

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: [t.lomas@uel.ac.uk](mailto:t.lomas@uel.ac.uk))

## **Appendix F: Transcription Guidelines**

### **Transcription Scheme adapted from Banister et al., (2011)**

(.) Pause

(2) Two second pause

[inaudible] Inaudible section of transcript

Emphasis Word spoken with more emphasis than others

[laughter] Laughter during the interview

\*Punctuation added in order to ensure accuracy of statements

## **Appendix G: Ethics Committee Decision Letter**

School of Psychology Research Ethics Committee

### **NOTICE OF ETHICS REVIEW DECISION**

**For research involving human participants**

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

**REVIEWER:** Sonya Dineva

**SUPERVISOR:** Nimisha Patel

**STUDENT:** Samantha Harrison

**Course:** Professional Doctorate in Clinical Psychology

**Title of proposed study:** Experiences of Mothers Detained in British Immigration Removal Centres

#### **DECISION OPTIONS:**

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling

in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

### **DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY**

*(Please indicate the decision according to one of the 3 options above)*

**APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES**

#### **Minor amendments required (for reviewer):**

1. Please include a written permission from the third sector organisations you will partner with on this project once you obtain it.
2. Invitation letter – please include the option of using MS Teams in addition to phones.

#### **Major amendments required (for reviewer):**

**Confirmation of making the above minor amendments** *(for students):*

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature)*: Samantha Harrison

Student number:

Date: 24/06/2020

*(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

**ASSESSMENT OF RISK TO RESEACHER** *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES

**Please request resubmission with an adequate risk assessment**

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐

HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

☐

MEDIUM (Please approve but with appropriate recommendations)

☒

LOW

**Reviewer comments in relation to researcher risk (if any).**

**Reviewer** (*Typed name to act as signature*):

Sonya Dineva

**Date:** 24 April 2020

*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee*

**RESEARCHER PLEASE NOTE:**

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

## **Appendix H: UEL Ethics Application**

### **UNIVERSITY OF EAST LONDON School of Psychology**

### **APPLICATION FOR RESEARCH ETHICS APPROVAL FOR RESEARCH INVOLVING HUMAN PARTICIPANTS (Updated October 2019)**

#### **FOR BSc RESEARCH FOR MSc/MA RESEARCH FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY**

#### Completing the application

- 1.1 Before completing this application please familiarise yourself with the British Psychological Society's [Code of Ethics and Conduct \(2018\)](#) and the [UEL Code of Practice for Research Ethics \(2015-16\)](#). Please tick to confirm that you have read and understood ☒ codes:
- 1.2 Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will then look over your application.
- 1.3 When your application demonstrates sound ethical protocol, your supervisor will submit it for review. It is the responsibility of students to check this has been done.
- 1.4 Your supervisor will let you know the outcome of your application. Recruitment and data collection must NOT commence until your ethics application has been approved, along with other research ethics approvals that may be necessary (see section 8).
- 1.5 Please tick to confirm that the following appendices have been completed.  
Note: templates for these are included at the end of the form.

- The participant invitation letter ☒
- The participant consent form ☒
- ☒



- The participant debrief letter

1.6 The following attachments should be included if appropriate:

- Risk assessment forms (see section 6)
- A Disclosure and Barring Service (DBS) certificate (see section 7)
- Ethical clearance or permission from an external organisation (see section 8)
- Original and/or pre-existing questionnaire(s) and test(s) you intend to use
- Interview protocol for qualitative studies
- Visual material(s) you intend showing participants.

Your details

1.7 Your name: Samantha Harrison

1.8 Your supervisor's name: Professor Nimisha Patel

1.9 Title of your programme: Professional Doctorate in Clinical Psychology

1.10 UEL assignment submission date (stating both the initial date and the resit date): 18/02/2020

## **2. Your research**

*Please give as much detail as necessary for a reviewer to be able to fully understand the nature and details of your proposed research.*

2.1 The title of your study:

Experiences of Mothers Detained in British Immigration Removal Centres

2.2 Your research question:

What are the experiences of mothers detained in Immigration Removal Centres?

What factors (if any) affected their relationships with their children?

2.3 Design of the research:

The proposed study aims to gain in-depth, detailed data of experiences of mother's detained within Immigration Removal Centres (IRC). Therefore, it is proposed that a qualitative methodology of Thematic Analysis is used. Individual interviews will be the most appropriate method to explore the proposed research questions as participants' experiences are likely to be too sensitive to discuss in a group environment. A semi-structured interview schedule will be used and one-hour time slots will be allocated to allow time for follow-up questions and debriefing.

#### 2.4 Participants:

Participants will be women, specifically mothers, who have been detained in IRCs (in the United Kingdom) at some point over the last 18 months. Their children could have been separated from them or in detention with them. There is no age limit on the participants themselves. It is likely that the participants will be representative of a variety of ethnic groups and may not have English as a first language. It is hoped that funding will allow for the use of interpreters so not to limit who can take part in the research; the ethics behind using interpreters will be considered in the risk assessment.

#### 2.5 Recruitment:

Participants will be recruited through third sector organisations working with women who have been detained in IRCs. Contact has been made with relevant organisations and communication is ongoing with potential recruitment sites. The researcher will meet with the organisations (remotely or face-to-face, if possible) and make themselves familiar to teams before recruitment begins. Information sheets (Appendix A) will be given to the organisation to give to women that they identify could be suitable participants.

#### 2.6 Measures, materials or equipment:

Password protected audio-recording and transcribing equipment will be needed. It is hoped that interviews will be able to take place face-to-face. However, due to the Covid-19 pandemic, they may need to be conducted remotely. If this is the case, it is likely that these interviews will need to be conducted over the telephone. Ideally, video interviews would be conducted using Microsoft Teams, as this is compliant with UEL's General Data Protection Regulations. However, it is unlikely that the participants would have the means to download and then use Microsoft Teams (due to internet/data use and costs). Therefore, it is likely that most interviews will need to take place over the telephone.

If interviews can be conducted face-to-face, it is hoped that a room to conduct interviews in will be available in the organisation. However, if this is not possible, participants will be invited to the University of East London for interview. It is important that the space for interviews (face-to-face or remotely) is quiet and remains uninterrupted for the duration of the interview so that participants feel as comfortable as possible. Following the interview, audio recordings will be transcribed. Transcriptions will be kept in a password protected file on the university's secure drive and will be deleted after three years to allow time to write-up for publication.

#### 2.7 Data collection:

The proposed study plans to use interviews with mothers who have been detained in IRCs to gain an insight into their experience of motherhood while detained. Recruitment of these women will be through third sector organisations. The researcher will meet with organisations and become familiar to teams prior to any

data collection. It is planned that staff in teams will identify women that they think may be interested in the research and present them with an information sheet. If they consent, their contact details will be sent to the researcher. They will be given two weeks to read the information sheet and consider the research before being contacted by the researcher. The researcher will spend time communicating with potential participants what the research will entail prior to any interviews. Interviews will take place over the phone, using Microsoft Teams or in a booked room at the third sector organisation or the University of East London. They will be booked into one-hour time slots.

It is hoped that, following ethical approval and registration of the thesis proposal, data collection will take place over the course of the summer and autumn terms of 2020.

### 2.8 Data analysis:

The proposed study plans to use the qualitative methodology of Thematic Analysis (TA). Braun and Clark's (2006) guidance will be drawn upon, which recommends the following steps: firstly, the researcher becomes familiar with the data through reading and re-reading the transcripts. Secondly, the researcher sorts the data into initial codes. These codes are then organised into initial themes and a thematic map is produced. Following this, themes are refined and discussed in the analysis. An inductive approach would be used so that the themes are actively linked with the data (Patton, 1990).

It is important that the researcher's own views and interests are explicit and are reflected upon throughout as these are likely impact on the process of analysis. Therefore, the researcher has begun to keep a reflective diary which they plan to continue over the course of the study. Reflections will also be discussed regularly within supervision.

### References:

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*. 3(2), 77-101.
- Patton, M. W. (1990). *Qualitative evaluation and research methods* (2<sup>nd</sup> ed.). Newbury Park; CA: Sage.

## **Confidentiality and security**

*It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the [UEL guidance on data protection](#), and also the [UK government guide to data protection](#) regulations.*

### 2.9 Will participants' data be gathered anonymously?

As participants will be taking part in either telephone, video or face-to-face qualitative interviews, it is not possible for their data to be gathered anonymously. However, their anonymity will be protected (this will be outlined below).

2.10 If not (e.g., in qualitative interviews), what steps will you take to ensure their anonymity in the subsequent steps (e.g., data analysis and dissemination)?

Pseudonyms will be given to participants when the interview recordings are transcribed. No details that could link participants and pseudonyms will be kept. It will be made clear to participants that data and information about the process of research will be discussed with my supervisor who will be supporting the study; however, their anonymity will be protected throughout this. Participants will be asked if they are OK with any other demographic details they provide being used in dissemination (such as their cultural background, ethnicity, age, gender). If they are not OK with this, these will also be anonymised.

2.11 How will you ensure participants details will be kept confidential?

The contact details of the participants will be saved on a password protected file on the university's secure drive. Contact details will only be kept if they would like a summary of findings following the completion of research. After this, they will be destroyed. A university secured email address will be included in the information sheet for if the participants would like to contact the researcher.

2.12 How will the data be securely stored?

Consent forms (Appendix B) will be scanned and uploaded onto the university's secure H:drive in an encrypted file. All hard copies will be destroyed. In the event of interviews being conducted remotely, consent forms will be completed online and uploaded to the university's secure drive. All other copies will be deleted. The interviews will be recorded on a password protected digital recording device; the recordings will then be uploaded to the university's secure drive. The recordings will be stored there for the time necessary for transcription and for the final research to be passed by the University. The transcripts will be kept securely until following publication.

2.13 Who will have access to the data?

Participants will be made aware that the data will only be analysed by myself as the lead researcher and my supervisor at university. Results will be disseminated to third sector organisations that were involved in recruitment; however, they will not have access to the data before it is written up and feedback to participants.

2.14 How long will data be retained for?

Recordings will be stored on the university's H:secure drive in an encrypted file for the time necessary for transcription and for the final research to be passed by the University. Transcripts will be kept for three years to allow time for write up for publication. Following this, they will be destroyed.

## Informing participants

*Please confirm that your information letter includes the following details:*

- 2.15 Your research title: ☒
- 2.16 Your research question: ☒
- 2.17 The purpose of the research: ☒
- 2.18 The exact nature of their participation. This includes location, duration, and the tasks etc. involved: ☒
- 2.19 That participation is strictly voluntary: ☒
- 2.20 What are the potential risks to taking part: ☒
- 2.21 What are the potential advantages to taking part: ☒
- 2.22 Their right to withdraw participation (i.e., to withdraw involvement at any point, no questions asked) ☒
- 2.23 Their right to withdraw data (usually within a three-week window from the time of their participation) ☒
- 2.24 How long their data will be retained for: ☒
- 2.25 How their information will be kept confidential: ☒
- 2.26 How their data will be securely stored: ☒
- 2.27 What will happen to the results/analysis: ☒
- 2.28 Your UEL contact details: ☒
- 2.29 The UEL contact details of your supervisor: ☒

*Please also confirm whether:*

- 2.30 Are you engaging in deception? If so, what will participants be told about the nature of the research, and how will you inform them about its real nature.

The proposed research does not engage in deception. Participants will be informed of the research questions and purpose of using interviews to obtain this data.

2.31 Will the data be gathered anonymously? If NO what steps will be taken to ensure confidentiality and protect the identity of participants?

Names and relevant contact details of participants will be saved on the university's secure H:drive, in an encrypted file (separate to transcripts). Consent forms will be scanned and uploaded onto the university's secure H:drive. All hard copies will be destroyed. Pseudonyms will be assigned during the transcription of recordings and participants will be asked whether they are OK with other demographic features being used in the write-up of the research (such as their cultural background, ethnicity, age, gender).

2.32 Will participants be paid or reimbursed? If so, this must be in the form of redeemable vouchers, not cash. If yes, why is it necessary and how much will it be worth?

It is hoped that funding can be obtained to reimburse participants for any travel costs to get to and from the location of the interview. This is particularly important given that many of the women who take part in the interviews may be seeking asylum or have recently been given 'refugee' status, thus may not have a regular income. Reimbursement of travel costs will only be discussed with participants once funding has been secured and will be offered regardless of completion or withdrawal from the interview. This may not be necessary if interviews are to be conducted remotely via video call.

## **Risk Assessment**

*Please note: If you have serious concerns about the safety of a participant, or others, during the course of your research please see your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your data (e.g. a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.*

2.33 Are there any potential physical or psychological risks to participants related to taking part? If so, what are these, and how can they be minimised?

There are no potential physical risks identified with the proposed study. However, due to the nature of the research topic, participants may find it psychologically distressing to think back to their experience of being detained in IRCs.

A pre-interview meeting or phone call will be conducted to provide a space to discuss any anxieties about the topic or implications of the research. Participants will be given an information sheet which will highlight their right to withdraw from the research at any point. The researcher will look out for indications that the

participant may be becoming distressed and participants will be encouraged to pause or take breaks throughout the interview if needed. Time will be allocated for any follow up questions and de-briefing after the interview; this will provide a space to discuss how participants are feeling before they leave. Participants will also be provided with a debrief form (Appendix C) which will list local resources that can be contacted if they experience distress in the weeks following the interview. Participants will also be encouraged to speak with the third sector organisation that referred them for the project for support.

2.34 Are there any potential physical or psychological risks to you as a researcher? If so, what are these, and how can they be minimised?

It is likely that, due to the Covid-19 pandemic, telephone calls or video calls using Microsoft Teams will take place. The organisation and the researcher's supervisor will be aware of when these interviews are being conducted and will be available by telephone for support. The interviews will be organised within 9 to 5 working hours, where possible. The researcher will have regular supervision where the impact of hearing about participants' (potentially distressing) stories will be discussed.

Due to the Covid-19 pandemic and use of telephone or video calls, it is unlikely that interpreters will be able to be used. However, it is important to also consider any possible risks to the interpreter, if they were able to be used in the proposed study. Interpreters may come from similar cultural backgrounds to participants and have their own stories of oppression (Patel, 2003). Some of them may have even experienced immigration detention themselves. Thus, time will be allocated prior to interviews to meet to discuss the topic and confirm that they would still like to be involved in the research. Additionally, there will be time for debriefing following the interview and signposting to support if needed.

2.35 Have appropriate support services been identified in the debrief letter? If so, what are these, and why are they relevant?

Appropriate support services have been identified that regularly work with women who have previously been detained in Immigration Removal Centres. Services that offer a variety of support have been provided.

2.36 Does the research take place outside the UEL campus? If so, where?

Due to Covid-19, interviews may take place over the telephone or video call using Microsoft Teams. It will be important that participants are able to be in a quiet room (where they feel safe) to take part in the telephone or video interview. If circumstances change and interviews are able to be held face-to-face, they may take place in the buildings of organisations that have referred participants, in order to make it easier for the participants to attend and somewhere that participants feel safe.

If so, a 'general risk assessment form' must be completed. This is included below as appendix 4. Note: if the research is on campus, or is online only, this appendix can be deleted. If a general risk assessment form is required for this research, please tick to confirm that this has been completed:

☒

2.37 Does the research take place outside the UK? If so, where? NO

If so, in addition to the 'general risk assessment form', a 'country-specific risk assessment form' must be also completed (available in the [Ethics folder in the Psychology Noticeboard](#)), and included as an appendix. If that applies here, please tick to confirm that this has been included:

☐

However, please also note:

- For assistance in completing the risk assessment, please use the [AIG Travel Guard](#) website to ascertain risk levels. Click on 'sign in' and then 'register here' using policy # 0015865161. Please also consult the [Foreign Office travel advice website](#) for further guidance.
- For *on campus* students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Head of School (who may escalate it up to the Vice Chancellor).
- For *distance learning* students conducting research abroad in the country where they currently reside, a risk assessment must be also carried out. To minimise risk, it is recommended that such students only conduct data collection on-line. If the project is deemed low risk, then it is not necessary for the risk assessments to be signed by the Head of School. However, if not deemed low risk, it must be signed by the Head of School (or potentially the Vice Chancellor).
- Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.

### **Disclosure and Barring Service (DBS) certificates**

2.38 Does your research involve working with children (aged 16 or under) or vulnerable adults (\*see below for definition)?

YES

Refugee and asylum-seeking women are disproportionately affected by violence, having commonly experienced human rights violations in their countries of origin



(Refugee Council, 2012), thus could be considered to be vulnerable adults. Additionally, they may have had further negative experiences through being detained in IRCs and have mental health difficulties. Research reflexivity and sensitivity will be crucial when conducting research with this group. Time will be taken to explain thoroughly what the research will involve and ensure that participants have enough time to consider if they would like to take part. The researcher has a current DBS certificate included with this ethics form (see Appendix E).

Reference:

Crawley, H. (2010). *Chance or choice? Understanding why asylum seekers come to the UK*. Refugee Council. Retrieved 19 September 2019 from <https://www.refugeecouncil.org.uk/wp-content/uploads/2010/04/Chance-or-choice-2010.pdf>

2.39 If so, you will need a current DBS certificate (i.e., not older than six months), and to include this as an appendix. Please tick to confirm that you have included this: ☒

Alternatively, if necessary for reasons of confidentiality, you may email a copy directly to the Chair of the School Research Ethics Committee. Please tick if you have done this instead: ☐

Also alternatively, if you have an Enhanced DBS clearance (one you pay a monthly fee to maintain) then the number of your Enhanced DBS clearance will suffice. Please tick if you have included this instead: ☐

2.40 If participants are under 16, you need 2 separate information letters, consent form, and debrief form (one for the participant, and one for their parent/guardian). Please tick to confirm that you have included these: ☐

2.41 If participants are under 16, their information letters consent form, and debrief form need to be written in age-appropriate language. Please tick to confirm that you have done this ☐

\* You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) ‘vulnerable’ people aged 16 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, and people who have been involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to

participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children [click here](#).

## Other permissions

### 3. Is HRA approval (through IRAS) for research involving the NHS required?

Note: HRA/IRAS approval is required for research that involves patients or Service Users of the NHS, their relatives or carers as well as those in receipt of services provided under contract to the NHS.

#### 3.1 NO

If yes, please note:

- You DO NOT need to apply to the School of Psychology for ethical clearance if ethical approval is sought via HRA/IRAS (please see [further details here](#)).
- However, the school *strongly discourages* BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.
- If you work for an NHS Trust and plan to recruit colleagues from the Trust, permission from an appropriate manager at the Trust must be sought, and HRA approval will probably be needed (and hence is likewise strongly discouraged). If the manager happens to not require HRA approval, their written letter of approval must be included as an appendix.
- IRAS approval is not required for NHS staff even if they are recruited via the NHS (UEL ethical approval is acceptable). However, an application will still need to be submitted to the HRA in order to obtain R&D approval. This is in addition to a separate approval via the R&D department of the NHS Trust involved in the research.
- IRAS approval is not required for research involving NHS employees when data collection will take place off NHS premises, and when NHS employees are not recruited directly through NHS lines of communication. This means that NHS staff can participate in research without HRA approval when a student recruits via their own social or professional networks or through a professional body like the BPS, for example.

#### 3.2 Will the research involve NHS employees who will not be directly recruited through the NHS, and where data from NHS employees will not be collected on NHS premises?

NO

- 3.3 If you work for an NHS Trust and plan to recruit colleagues from the Trust, will permission from an appropriate member of staff at the Trust be sought, and will HRA be sought, and a copy of this permission (e.g., an email from the Trust) attached to this application?

N/A

- 3.4 Does the research involve other organisations (e.g. a school, charity, workplace, local authority, care home etc.)? If so, please give their details here.

The proposed research plans to use third sector organisations to recruit participants. The researcher is in communication with potential recruitment sites, such as Detention Action, Women for Refugee Women, Yarl's Wood Befrienders and Women Asylum Seekers Together.

Furthermore, written permission is needed from such organisations if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation. If that is the case, please tick here to confirm that you have included this written permission as an appendix:

☐

Please note that even if the organisation has their own ethics committee and review process, a School of Psychology SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s as may be necessary.

## **Declarations**

Declaration by student: I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.

Student's name (typed name acts as a signature): Samantha Harrison

Student's number:

Date: 02/04/2020

*Supervisor's declaration of support is given upon their electronic submission of the application.*

## **Appendix G: Ethical Application Amendment**

**UNIVERSITY OF EAST LONDON**

**School of Psychology**

### **REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION**

**FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS**

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Tim Lomas (Chair of the School Research Ethics Committee. [t.lomas@uel.ac.uk](mailto:t.lomas@uel.ac.uk)).

#### **HOW TO COMPLETE & SUBMIT THE REQUEST**

Complete the request form electronically and accurately.

Type your name in the 'student's signature' section (page 2).

When submitting this request form, ensure that all necessary documents are attached (see below).

Using your UEL email address, email the completed request form along with associated documents to: Dr Tim Lomas at [t.lomas@uel.ac.uk](mailto:t.lomas@uel.ac.uk)

Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

Recruitment and data collection are not to commence until your proposed amendment has been approved.

## REQUIRED DOCUMENTS

A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.

Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.

A copy of the approval of your initial ethics application.

Name of applicant: Samantha Harrison

Programme of study: Professional Doctorate in Clinical Psychology

Title of research: Experiences of Mothers Detained in Immigration Removal Centres

Name of supervisor: Prof. Nimisha Patel

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

| Proposed amendment  | Rationale  |
|---|--|
| <p>To change the sample being interviewed from mothers who have been detained in IRCs to staff who have worked with mothers during and following detention.</p> <p>Amended documents: information sheet, debrief form, interview schedule</p> | <p>It has not been possible to recruit mothers who have been detained. Most organisations who agreed to help with the project unfortunately had to withdraw support due to the COVID-19 pandemic. Interviews with frontline staff should be easier to recruit to and will still provide similar insight into mothers' experiences of IRCs.</p> |

| Please tick   | YES | NO |
|---|-----|----|
| Is your supervisor aware of your proposed amendment(s) and agree to them? | YES |    |

Student's signature (please type your name): Samantha Harrison

Date: 14/09/2020

| TO BE COMPLETED BY REVIEWER |     |  |
|-----------------------------|-----|--|
| Amendment(s) approved       | YES |  |
| <div>Comments</div>         |     |  |

Reviewer: Tim Lomas

Date: 14.9.20

## **Appendix J: UEL Data Management Plan**

### **UEL Data Management Plan: Full**

For review and feedback please send to: [researchdata@uel.ac.uk](mailto:researchdata@uel.ac.uk)

**If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).**



Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

| <b>Administrative Data</b>    |  |
|-------------------------------|--|
| PI/Researcher                 | Samantha Harrison  |
| PI/Researcher ID (e.g. ORCID) |  |
| PI/Researcher email           | U1826616@uel.ac.uk   |
| Research Title                | Experiences of Mothers Detained in Immigration Removal Centres   |
| Project ID                    | N/A – Ethics application number to be added when known   |
| Research Duration             | 9 months – starting in February 2020 and hoping to have all data collected by October 2020   |
| Research Description          | The proposed study aims to use individual interviews to retrospectively explore experiences of mothers detained in Immigration Removal Centres (IRCs). It aims to contribute to limited existing research that gives voice to women that may have been silenced as a consequence of being placed in detention. The study hopes to explore: |



|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>• What are the experiences of mothers detained in Immigration Removal Centres?</li> <li>• What factors (if any) affected their relationships with their children?</li> </ul> <p>Mothers who have been detained in IRCs will be recruited through organisations that frequently work with this group.</p>   |
| Funder  | N/A – part of professional doctorate  |
| Grant Reference Number (Post-award)   | N/A   |
| Date of first version (of DMP)  | 13/01/2019  |
| Date of last update (of DMP)  | 05/02/2020  |
| Related Policies  | <p><u>For data management:</u><br/>UEL's Research Data Management Policy<br/>UEL's Data Backup Policy</p> <p><u>For thesis:</u><br/>Right to family life (detailed under international human rights law, international humanitarian law and international refugee law)<br/>Home Office (2018) 'Adults at Risk' policy – people should not be detained if they have experienced trauma rendering them vulnerable<br/>Home Office – Immigration Detention Removal</p> |
| Does this research follow on from previous research? If so, provide details | This research does not directly follow a previous research project. However, past research has found that children with parents held in IRCs experienced extreme distress during separation (Campbell, Boulougari & Koo, 2013). Also, studies have shown that women in detention have reported high levels of distress, with frequent thoughts of self-harm or suicide (Kellezi & Bosworth, 2016).  |
| <b>Data Collection</b>  |   |

|  |  |
|--|--|
| What data will you collect or create?                    | <p>12 mothers who have been detained in IRCs in the last 3 years will be interviewed by the researcher. Interviews will be semi-structured and last for approximately 40-60 minutes. All interviews will be audio-recorded in .wav format using a password-protected Dictaphone (with written and verbal consent from the participant). As the audio-recordings will be collected in .wav format to enhance the quality of the recording, this may take up to 4GB of storage data.</p> <p>Audio-recordings will be transcribed by the researcher. Data will be anonymised at the point of transcription. Each participant will be given a participant number (in interview chronological order) and all identifiable information (such as participant and children names and IRC details) will be anonymised in the transcripts. Sensitive data, such as ethnicity and cultural beliefs, will also be collected during the interviews.</p> <p>Personal data, such as names and contact details, will be collected for the purposes of arranging the interview, via the researcher's UEL email address. Demographic information, such as age, ethnicity and gender, will be collected on a consent form</p> <p>No further data will be created in the process of analysing the transcripts.</p> <p>The transcripts will be organised and analysed by the researcher</p> |
| How will the data be collected or created?               | Interviews will be recorded on a Dictaphone. Audio files of interviews will be transcribed on a computer as a Word document.   |
| <b>Documentation and Metadata</b>                        |  |
| What documentation and metadata will accompany the data? | <p>Participant information sheets, consent forms, a semi-structured interview schedule and debrief sheet.</p> <p>This might also include anonymisation techniques and any codes</p>  |

| Ethics and Intellectual Property               |  |
|--|--|
| <p>How will you manage any ethical issues?</p> | <ul style="list-style-type: none"> <li>• Written and verbal consent will be obtained from all participants prior to interviews</li> <li>• Participants will be advised on their right to withdraw from the research without providing any reason. This will be detailed to participants on the information sheet, consent form and debrief form. If a participant decides to withdraw from the study, they will be informed that their contribution (audio recordings and transcripts) will be removed up until the point where the data has been analysed. Participants will be notified that this will not be possible more than 7 days after the interview due to the data having already been analysed. A list linking participants' names and allocated numbers will be stored on UEL's secure H:Drive and kept separate from the transcripts.</li> <li>• Contact details of relevant support organisations will be provided on the debrief letter in case of emotional distress during or following the interview. If the participants appear distressed during the interview, they will be offered a break or the option to end the interview.</li> <li>• Transcription will be undertaken only by the researcher to protect confidentiality of participants</li> <li>• Participants will be anonymised during transcription to protect confidentiality. Pseudonyms will be assigned during the transcription of recordings and participants will be asked whether they are OK with other demographic features being used in the write-up of the research (such as their ethnicity, age and gender).</li> </ul> |

|  |   |
|--|---|
| How will you manage copyright and Intellectual Property Rights issues? | N/A   |
| <b>Storage and Backup</b>  |   |
| How will the data be stored and backed up during the research?         | <p>Audio recordings will be recorded on a password protected digital recording device; the recordings will immediately be uploaded to the researcher's password protected personal laptop. These will be encrypted until transfer is possible. As soon as possible after this, the recordings will be uploaded onto the university's secure H:Drive (separate to transcripts) and will be deleted from the researcher's personal laptop. This H:Drive is a secure system that can only be accessed by the researcher, using the researcher's password. The file will also be encrypted for added protection.</p> <p>The recordings will be stored there for the time necessary for transcription and for the final research to be passed by the University.</p> <p>The transcripts will be kept securely for three years to allow for write up for publication. They will be stored in an encrypted file on the researcher's personal laptop and backed up onto the UEL OneDrive, separate to any personal identifying information and audio recordings. Following this, they will be destroyed.</p> <p>Consent forms will be scanned and uploaded onto the researcher's password protected laptop immediately after the interview. They will then be encrypted and transferred onto the university's secure H: Drive and erased from the laptop. This means that they will be kept separate from the transcripts. All hard copies will be destroyed.</p> |

|   |   |
|---|---|
| How will you manage access and security?  | <p>The researcher will transcribe all interviews, allocating pseudonyms and removing identifiable information in the process. Only the researcher, supervisor and examiner will have access to the transcripts.</p> <p>Recordings from the dictaphone will be uploaded onto the researcher's password protected personal laptop immediately after the interview has ended.[encrypt as above] These will then be uploaded onto the University's secure OneDrive at the soonest point possible. Recordings will be deleted from the Dictaphone. Audio files will be titled as follows 'Interview (number): Date of interview'</p> |
| <b>Data Sharing</b>   |   |
| How will you share the data?  | <p>Anonymised transcripts will be shared with the research supervisor via UEL email. File names will be participant numbers e.g. 'Participant (1)'</p> <p>Extracts of transcripts will be provided in the final research and any subsequent publications. Pseudonyms will be used and identifiable information will not be included in these extracts.</p>  |
| Are any restrictions on data sharing required?                                      | Anonymised transcripts will not be deposited via the UEL repository as they may contain sensitive information about people's experiences during immigration removal.  |
| <b>Selection and Preservation</b>   |   |
| Which data are of long-term value and should be retained, shared, and/or preserved? | <p>Audio recordings and electronic copies of consent forms will be kept until the thesis has been examined and passed. They will then be permanently erased.</p> <p>Transcripts will be kept on the UEL server until September 2021 when the researcher's UEL account could be deleted following finishing their Doctorate. Following this, the transcripts will be kept in a secure file on the researcher's password-protected laptop for a maximum of</p>  |

|   |  |
|---|--|
|   | three years in order to allow for write-up for publication. Following this, they will be deleted.  |
| What is the long-term preservation plan for the data? | Transcripts will be kept on the UEL server until September 2021 when the researcher's UEL account could be deleted following finishing their Doctorate. Following this, the transcripts will be kept in a secure file on the researcher's password-protected laptop for a maximum of three years in order to allow for write-up for publication. Following this, they will be deleted. |
| <b>Responsibilities and Resources</b>                 |  |
| Who will be responsible for data management?          | Samantha Harrison  |
| What resources will you require to deliver your plan? | Laptop, UEL storage, audio-recorder  |
|   |  |
| <b>Review</b>   |  |
| This DMP has been reviewed by:                        | Penny Jackson<br><b>Research Data Management Officer</b>   |
| Date:05/02/2020                                       | Signature: <i>Penny Jackson</i>  |

## Appendix K: Example Annotated Transcript (Initial Coding)

|     |   | INITIAL CODES   |
|-----|---|---|
| 411 | bit longer but she'd brought them back some gifts, because                  |   |
| 412 | going back without gifts would have been incomprehensible to                |   |
| 413 | her, so erm just yeah really erm yeah, <b>challenging, challenging</b>      | Challenge of asylum process/culture of disbelief  |
| 414 | in <b>different scenarios for different women</b> , and erm <b>how they</b> | Each woman as individual/different  |
| 415 | <b>relate to their children like while they're there or afterwards</b> ,    | Impact on relationships with children   |
| 416 | obviously I don't really know that other than what I could see,             |   |
| 417 | but all I can imagine when I again relate to my own                         |   |
| 418 | experience, is that <b>anything traumatic that you experience</b>           |   |
| 419 | <b>influences the way you relate to anyone you love</b> I think, erm        | Trauma impacting on relationships   |
| 420 | and so you know you're holding when you're holding all of                   |   |
| 421 | that trauma, <b>it can spill out in unexpected ways</b> and you can         |   |
| 422 | be erm less resilient than you were before, <b>you're more</b>              |   |
| 423 | <b>susceptible to how you feel or</b> you know just you lose that           |   |
| 424 | yeah you just <b>lose that resilience</b> and you lose that ability to      | Trauma impacting on life – way someone feels, resilience, way they mother, way they are |
| 425 | erm I don't know, er maybe well be the person you want to be                |   |
| 426 | I think [laughter] and <b>you lose that element of being the</b>            | Impact on mother role/identity  |
| 427 | <b>person you want to be, being the mother you want to be</b> and           |   |
| 428 | again I'm putting I don't want to put words in the mouths of                |   |
| 429 | the people I've supported, <b>so I can only imagine what it might</b>       |   |
| 430 | <b>do, and as I say based on how I imagine it would affect me</b> and       | Relating to self/own experience as a mother   |
| 431 | based on the things and I've been through hard times before                 |   |
| 432 | and how that's impacted my ability to mother, I think it must               |   |
| 433 | be enormously difficult erm <b>mothering's really hard, as it is, I</b>     |   |
| 434 | <b>think it's the toughest job on the planet</b> it demands everything      | Demands of being a mother   |
| 435 | from you; <b>emotionally, psychologically, spiritually, physically,</b>     |   |
| 436 | erm so anything that impacts on those aspects of <b>your being is</b>       |   |
| 435 | from you; <b>emotionally, psychologically, spiritually, physically,</b>     |   |
| 436 | erm so anything that impacts on those aspects of <b>your being is</b>       |   |
| 437 | <b>going to impact on your ability to mother because it's the</b>           | Life experiences will always impact on <u>mothering</u>                                 |
| 438 | <b>hardest job in the world</b> , it's so demanding, so erm I think it      |   |
| 439 | would have a <b>massive impact on their ability to relate to their</b>      | Impact on mother-child relationship   |
| 440 | <b>children</b> because it <b>undermines who they are as a person</b> and   |   |
| 441 | it undermines their <b>confidence</b> , their <b>sense of self-esteem</b> , | Negative impact on sense of self  |
| 442 | their humanity, anything that does that to a woman who's a                  |   |
| 443 | mother is going to <b>undermine their capacity to mother</b>                | Trauma impacting ability to mother  |
| 444 | [SH] <b>Mmm</b> I'm wondering, what kind of things did you observe          |   |
| 445 | about how erm these mothers relationships were affected                     |   |
| 446 | with their children?  |   |
| 447 | [P1] So one woman erm I remember erm who'd been erm                         |   |
| 448 | abused since she was 8 herself through racism in her home                   |   |
| 449 | country and then and violence and then physical abuse, sexual               |   |
| 450 | abuse, drug abuse <b>everything under the sun you can imagine</b> ,         | Multiple traumas/abuses   |
| 451 | she had also been trafficked and a victim of modern day                     |   |
| 452 | slavery, which only emerged during our befriending process                  |   |
| 453 | because <b>she was so ashamed of it she couldn't speak it out</b> ,         | Shame around trauma   |
| 454 | and it had never been, the police had never been able to                    |   |
| 455 | respond, because <b>she would never erm verbalise or ask for the</b>        |   |
| 456 | <b>support she needed erm</b> , and I remember for her erm her              | Difficulties of asking for help – shame/stigma?   |

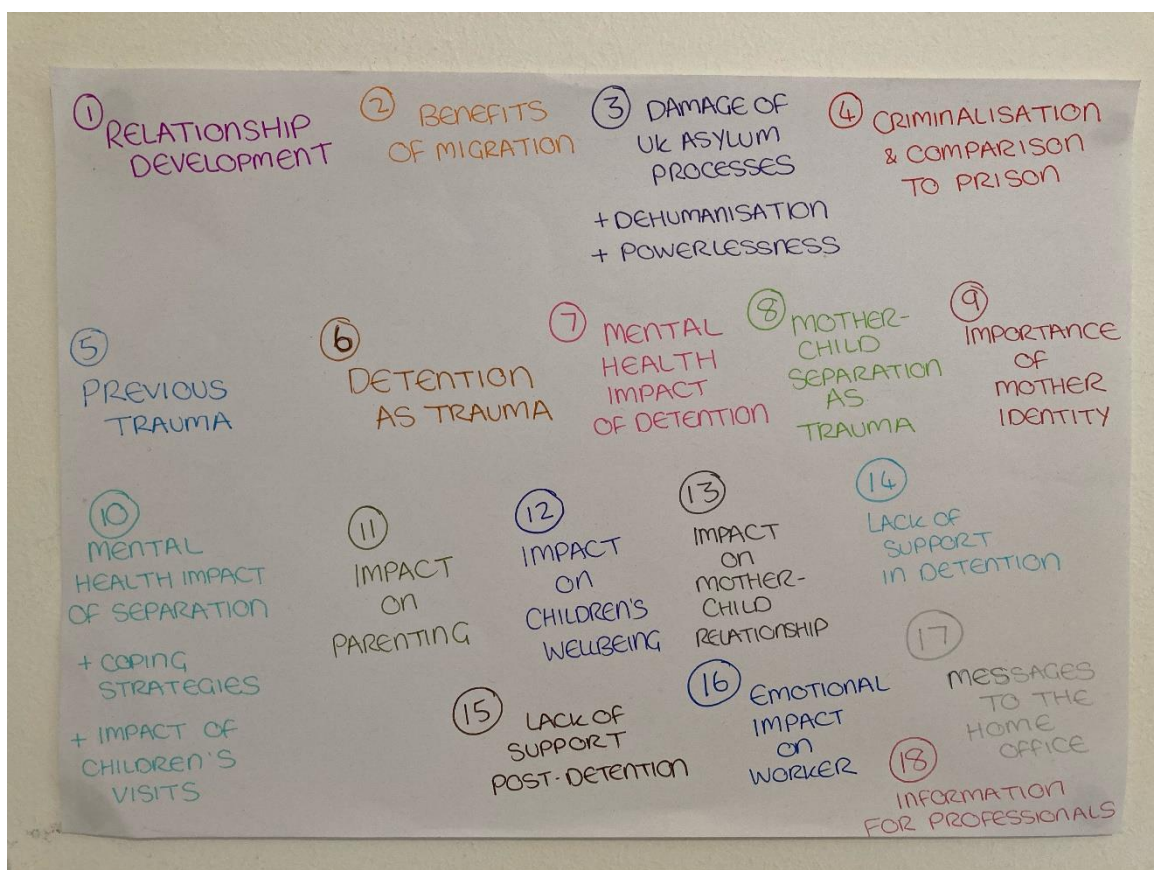
## Appendix L: Example Annotated Transcript (Further Coding)

*Further coding seen in extra column*

|     |   |                                |                                       |
|-----|---|--------------------------------|---------------------------------------|
| 206 | and come back again within seven years, But that had been                       | impact of separation           |                                       |
| 207 | ongoing and she had been reporting for seven years, and in                      |                                |                                       |
| 208 | that time she'd had two <b>small children</b> , I think one was one             |                                |                                       |
| 209 | was three and a half and one was five, and she was always the                   |                                |                                       |
| 210 | you know, <b>the mum</b> , done the school run, the lunches,                    | Lengthy process of detention   | <b>Role as mother</b>                 |
| 211 | everything and the dad was always out at work bringing in the                   |                                |                                       |
| 212 | money, I don't even think she could <b>work</b> anyway so she's like,           | Role of mother in family       | <b>Change in father's role</b>        |
| 213 | you know, straight away, my <b>husband's</b> had to leave his job to            | Inability to work              |                                       |
| 214 | care for the kids and he's ringing me like every day, what one                  |                                |                                       |
| 215 | has PE, what do I need to pack like what do they have for                       | Loss of mother role            | <b>Loss of mother role</b>            |
| 216 | lunch, what time's drop off because he was just so used to her                  | Negative impact of separation  |                                       |
| 217 | doing everything and she's like I'm just <b>crying</b> and crying in my         |                                |                                       |
| 218 | room all day like 'cause I'm so <b>useless</b> , <b>hat</b> can I do other than | Loss of mother role            | <b>Loss of mother role</b>            |
| 219 | tell him the information verbally, but she's like that that's <b>my</b>         |                                |                                       |
| 220 | <b>job</b> , you know so my <b>heart goes out</b> to them because I think it    | Empathy from interviewee       | <b>Comparison with own experience</b> |
| 221 | is very horrible, and you know, and it is tough to even think of                | Distress of losing mother role |                                       |
| 222 | what to say to those people 'cause to have to be taken                          | Comparison with own experience | <b>Financial difficulties</b>         |
| 223 | completely out of what you're used to and in your, you know                     | <b>Financial difficulties</b>  |                                       |
| 224 | your mum figure, your <b>mum role</b> , I think it must just be so so           |                                |                                       |
| 225 | <b>horrible</b> , and again like I said, then 'cause I'm a <b>mum myself</b> ,  | Time taken to build trust      | <b>Time to build relationship</b>     |
| 226 | you kind of do just think like Oh my God what is that was me,                   |                                |                                       |
| 227 | you know <b>know</b> , like what would I do, How would I be, you                |                                |                                       |
| 228 | know, and then obviously there's the <b>worry of money</b> on top               |                                |                                       |
| 229 | of that, because he's left his job and then how do they pay for                 |                                |                                       |
| 230 | the solicitor and erm sometimes people only tell you parts of                   |                                |                                       |
| 231 | the story, and it's not until you know they <b>find trust</b> in                |                                |                                       |
| 232 | start to open   |                                |                                       |
| 233 | up to you probably after two or three times of meeting them                     |                                |                                       |
| 234 | that they kind of tell you the <b>whole story</b> so you <b>can not</b>         |                                |                                       |
| 235 | understand why it's happened, but you can see, It's a bit                       |                                |                                       |



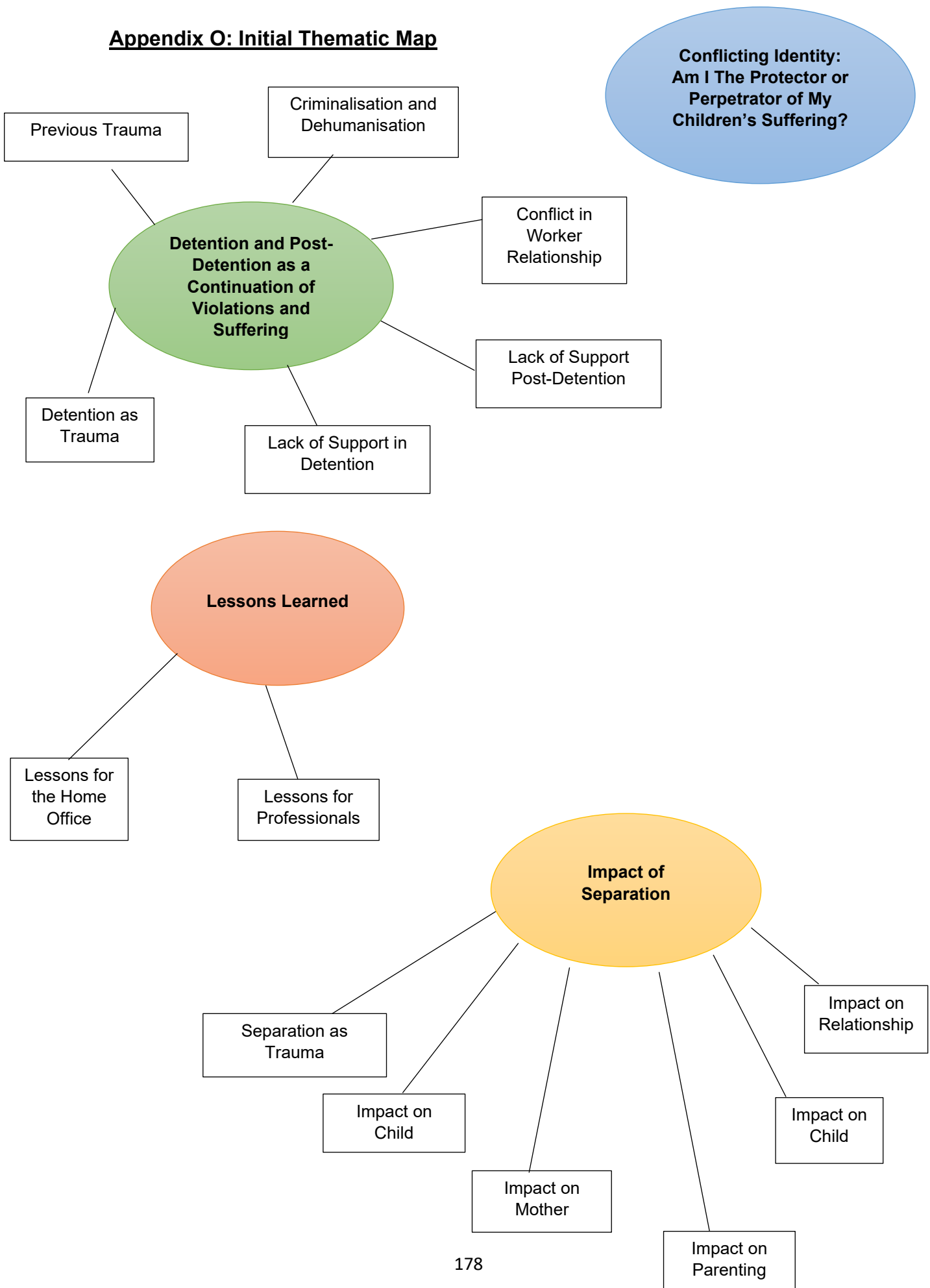
## Appendix M: Sorting Codes



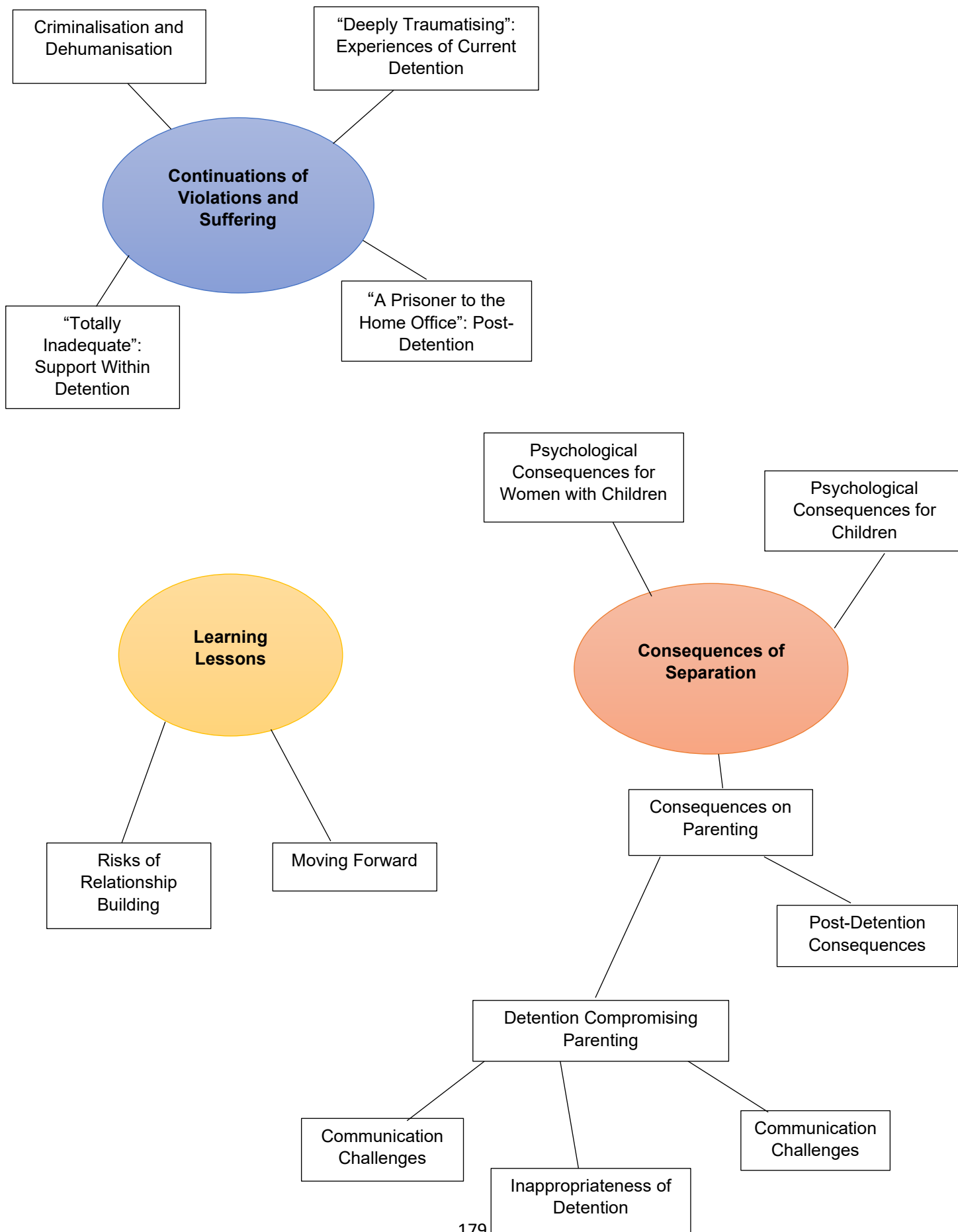
## Appendix N: Example of Quotes Associated with Codes

|   |   |
|---|---|
| Identity as mother                      | <p>[T2, 193-195] I can't recall any but immediate practical anxieties about a woman who loved her job as mother and was not able to do it</p> <p>[T3, 230-233] those photographs she had were so precious to her, that was her erm that was her link, that was how she kind of held onto their closeness and you know her motherhood</p> <p>[T3, 243-246] I don't know how that how they then regarded themselves as mothers but I know that that was a really important part of this particular lady's life and you know she was so proud of her children</p> <p>[T4, 59-63] it seems to be the thing that's central in their lives when you talk them, they you know there's not much else that they're thinking about the majority of them, depending on the age of the children but certainly if the children are little, that seems to be their main preoccupation I think</p> |
| Trauma impacting on identity            | <p>[T1, 418-427] anything traumatic that you experience influences the way you relate to anyone you love I think, erm and so you know you're holding when you're holding all of that trauma, it can spill out in unexpected ways and</p>  |
| Impact of injustice on mental health    | <p>[T3, 258-261] she was angry, very angry, in the way that they had been, that she'd been separated from them and I think there was a lot of injustice in that, even in the erm sort of the legal aspect of things, she didn't accept the injustice of that</p>  |
| Physical & emotional health interlinked | <p>[T3, 168-170] well I, erm so it is adding to the anxiety erm and pain because I think they often feel it as a physical pain (.)</p> <p>[T4, 51-57] some women develop eating disorders, erm they, they have got no appetite to eat and they don't want to and they have to be seen by doctors and you know they have problems like that, a lot of them, an awful lot, I think the majority have sleeping problems erm, some of them because they because they're so anxious about things they have other physical conditions</p>   |
| Physical impact of trauma               | <p>[T6, 87-91] I don't think she slept much, erm err I think she said that she mentioned that someone she knew had told her that she was speaking really slowly, erm so sort of like physical manifestations that would, you know could be observed, erm changes in her kind of erm demeanour</p>   |
| Worrying about children                 | <p>[T2, 171-176] normally they were very very anxious, about whatever arrangements were made for their children, especially the younger ones, quite a number of them seemed to have</p>   |

## **Appendix O: Initial Thematic Map**



## **Appendix P: Final Thematic Map**



## **Appendix Q: Table of Themes**

| <b>Theme</b>                                     | <b>Sub-theme</b>  |
|--|---|
| <b>Continuations of Violations and Suffering</b> | Criminalisation and Dehumanisation  |
|  | “Deeply Traumatizing”: Experiences of Current Detention   |
|  | “Totally Inadequate”: Support Within Detention  |
|  | “A Prisoner to the Home Office”: Post-Detention Experiences   |
| <b>Consequences of Separation</b>                | Psychological Consequences for Women with Children  |
|  | Psychological Consequences for Children   |
|  | Consequences on Parenting <ul style="list-style-type: none"> <li>• Detention Compromising Parenting <ul style="list-style-type: none"> <li>○ Communication Challenges</li> <li>○ Inappropriateness of Detention</li> <li>○ Lack of Control Over Parenting</li> </ul> </li> <li>• Post-Detention Consequences</li> </ul> |
| <b>Learning Lessons</b>                          | Moving Forward  |
|  | Risks of Relationship Building  |



## Appendix R: Example Reflective Log

### Reflective Diary during Coding

Consider:

- What's going on for me?
- What's going on in the data?
- What's going on around the data that isn't explicit (e.g. the socio-political context) – likely impacting on what the participant is saying/how I am analysing
- What's not being said?

### Transcript 1

- Language used – 'people', 'human beings', 'friendships' – makes me feel positive with the language – not saying 'detainees' or 'refugees' or 'asylum seekers' – often label people in the socio-political context
- 'Observed' by officers – feeling of discomfort reading this
- Challenges of being within the UK within our current political context – reading this the day of Brexit – how this may be impacting
- Separation from children differing – ones who have more control in their 'decision' to leave children (albeit due to violence/trauma in country of origin - 'decision' used lightly)
- Children as mother's lives – feelings of pointlessness and hopelessness of life when separated from them
- It strikes me how, for these women, their whole purpose to life is for their children – potentially even more so than everyday mothers – they have gone through the trauma from their country of origin in order to come to the UK where they then can't work- don't have any other identity except being a mother – reason for living is removed when separated

### Transcript 7

- Dependence on each other as a family – migration meaning that they may feel as 'outsiders' within country – relying on each other for security, makes separation even more painful
- With multiple children – pressure of choosing which child to support financially?
- Multi-agency support – so much support is going into these families on different levels (mother, money to hold in detention, finding care, providing for children, emotional support) – all seeming unnecessary? Could be prevented if supported?
- 'acceptance' – helping to accept – but anger as a powerful tool for change and a very deserved emotional feeling to have
- Empowerment – but empowerment in situation where they have no control – asylum process is something that is done TO them, not something they have choice over
- 'risk of absconding' – what does this mean? Why? How realistic?
- Idea of some people telling 'truth', being 'trustworthy', telling 'stories' – what is the underlying purpose of what these people are doing? Wanting to survive

### Transcript 8

- The reason for separation is just due to immigration – it is nothing to do with mother's parenting or ability to parent
- 'story comes before her' – focusing too much on someone's story can remove their sense of being and sense of self – feeling 'naked' – implications on our clinical practice?
- Being watched constantly in detention – observed as to how you act as a mother
- How difficult it is to separate from statutory services once they have become involved – and how much more likely they are to enter into lives again
- Mother's role as protecting child – detention removes that ability, feelings of helplessness?

## **Appendix S: Draft Summary of Findings for Participants**

I am writing to you following your participation in the research study 'Experiences of Mothers Detained in British Immigration Removal Centres'. Thank you so much for giving up your time to take part in an interview for the study; your contributions were invaluable.

Interviews were conducted with nine participants who either volunteer or work with women that have been detained in IRCs (predominantly Yarl's Wood IRC). The interviews were analysed using a process called Thematic Analysis; the findings from this produced three key themes. These will be outlined below:

### **Theme 1: Continuations of Violations and Suffering**

This theme highlighted the journeys of violence and suffering that women detained in IRCs have often had. It describes how the UK asylum process often exacerbates women's suffering in the process of criminalisation and immigration detention. Moreover, it discusses the lack of support available for women both while detained and following detention.

### **Theme 2: Consequences of Separation**

This theme illustrates the negative psychological consequences for women and children. It discusses how women's psychological wellbeing often deteriorates in detention and how this is frequently linked with being separated from their child. Additionally, it describes a worsening in children's wellbeing through being away from their mother and the confusion that surrounds this for them. Finally, it discusses how detention compromises women's ability to parent their children, which has long-term consequences on the mother-child relationship.

### **Theme 3: Learning Lessons**

This theme explores the challenges that are faced in building relationships with detained women, including feelings of powerlessness within the work. It also highlights key points for people working with previously detained women

to be aware of, such as taking time to build trust and the importance of adapting work to ensure it is appropriate.

The findings from this research describe how women often experience the asylum process as a journey of torturous experiences, which begin prior to arriving and continue within the UK. The mother-child relationship is affected through the criminalisation of refugee people, separation through detention and the uncertainty of the asylum process. All of this serves to challenge detained women's sense of being a 'mother' and future relationships.

This research argues against the use of indefinite detention for women due to these damaging consequences. Various implications of the research are discussed, which include:

### **Considerations for Future Research**

- Conducting research directly with mothers that have been detained
- Further research into the long-term consequences of separation post-detention
- Methods to raise awareness of women's experiences of IRCs

### **Considerations for Clinical Practice**

- Clinicians working with previously detained women to "assume trauma"
- Taking time to build relationships
- Flexibility within psychological work, e.g. co-creating therapy aims, using body-oriented or community approaches
- Raising awareness to physical healthcare professionals of the impact of detention on women
- Raising awareness to professionals working with children about the impact of separation through detention
- Ensuring proper supervision for all volunteers and workers of women detained in IRCs, to support with boundaries in the relationship and any feelings of powerlessness



### **Considerations for Policy Level**

- Raising public and professional awareness of the use of immigration detention
- Adding to the argument against the use of indefinite detention, through highlighting its psychological harm for women, children, and communities

If you have any further questions about the research, please do not hesitate to get in touch. Again, thank you so much for taking part; I really appreciate it.

Best wishes,

Samantha Harrison

## **Appendix T: Change of Title Request Form**



# **University of East London Psychology**

## **REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION**

### **FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS**

**Please complete this form if you are requesting approval for proposed title change to an ethics application that has been approved by the School of Psychology.**

By applying for a change of title request you confirm that in doing so the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed then you are required to complete an Ethics Amendments Form.

### **HOW TO COMPLETE & SUBMIT THE REQUEST**

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. Using your UEL email address, email the completed request form along with associated

documents to: [Psychology.Ethics@uel.ac.uk](mailto:Psychology.Ethics@uel.ac.uk)

4. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

### **REQUIRED DOCUMENTS**

1. A copy of the approval of your initial ethics application.

Name of applicant: Samantha Harrison

Programme of study: Professional Doctorate in Clinical Psychology

Name of supervisor: Professor Nimisha Patel

Briefly outline the nature of your proposed title change in the boxes below

| Proposed amendment  | Rationale   |
|---|---|
| <b>Old Title:</b><br><br>Experiences of Mothers Detained in British Immigration Removal Centres                                     | Recommended by Viva examiners – to ensure clarity |
| <b>New Title:</b><br><br>Staff and Volunteer Accounts of the Experiences of Mothers Detained in British Immigration Removal Centres |   |

| <b>Please tick</b>   | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| Is your supervisor aware of your proposed amendment(s) and agree to them?                            | X          |           |
| Does your change of title impact the process of how you collected your data/conducted your research? |            | X         |

Student's signature (please type your name): Samantha Harrison

Date: 24/07/2021

| TO BE COMPLETED BY REVIEWER   |     |  |
|-------------------------------|-----|--|
| <b>Title changes approved</b> | YES |  |
| <b>Comments</b>               |     |  |

Reviewer: Trishna Patel

Date: 26/07/2021