SEEKING ASYLUM: POSTMIGRATORY STRESSORS AND ASYLUM SEEKER DISTRESS

Thesis submitted to the University of Leicester in partial fulfilment of the Doctorate in Clinical Psychology.

Submitted June 2008

By

Gareth Morgan

Declaration

This thesis submitted for the degree of Doctorate in clinical psychology entitled

'Seeking asylum: Postmigratory stressors and asylum seeker distress', is based on

work conducted by the author in the Department of Clinical Psychology at the

University of Leicester between September 2005 and September 2008. All of the

work recorded in this thesis is original unless otherwise acknowledged in the text or

by references.

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SECTION D: Critical Appraisal	**4,201**	**4,449**
SECTION E: Appendices		

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SEEKING ASYLUM: POSTMIGRATORY STRESSORS AND ASYLUM SEEKER DISTRESS

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<u>Section A</u>

1. Thesis Abstract

1.1 Background: Despite growing recognition of the negative impact of ever stringent asylum employed by western governments, psychological conceptualisations of distress in these populations remains dominated by trauma-models.

1.2 Literature Review: A systematic literature review was conducted to collate and critique findings from studies relating postmigratory stress to asylum seeker distress. The 44 reviewed studies suggested asylum seekers endure a range of postmigratory stressors relating to acculturative challenges, social isolation, material deprivation and restrictive asylum legislation. Difficulties associated with conducting research with these populations are acknowledged. It is concluded that restrictive asylum policies greatly inhibit asylum seekers' abilities to negotiate challenges resulting from displacement. Smail's (2005) social materialist perspective is suggested as a framework for findings.

1.3 Research Report: No known British empirical research has focused on exploring relationships between postmigratory-stress and asylum seeker mental health. Based on established methodologies (e.g. Silove et al.,1997) a cross-sectional study was undertaken to explore the relative relationship with distress of postmigratory-stressors and premigratory-trauma exposure. An opportunity sample of 98 asylum seekers completed measures of postmigratory-stress (the PLDC: Silove et al., 1997); premigratory-trauma exposure (HTQ-TE; Mollica et al.,1992) and distress (HTQ-PTSD: Mollica et al.,1992; HSCL-25: Hesbacher et al.,1980; Winokur et al.,1984). High levels of exposure to premigratory-traumatic events, postmigratory stress, and distress were reported. Regression analyses revealed *'Feeling a burden to others'* and being denied asylum to be the strongest predictors of distress. It is concluded that a range of postmigratory stressors impact negatively on asylum seeker wellbeing. Those denied asylum experience more restrictions and poorer mental health. Limitations are acknowledged.

1.4 Implications: The literature review and research report conclude that present asylum determination processes are damaging to those seeking refuge. Psychotherapeutic interventions directed at the intra-psychic level may be of limited effectiveness given the more primary social and material needs of these clients.

1.5 Critical Appraisal: Reflections on the research process are presented alongside key learning points**.**

<u>Section B</u>

Seeking Asylum: A Systemic Literature Review Exploring Asylum Seeker Mental Health in Relation to Postmigratory Stressors

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Seeking Asylum: A Systemic Literature Review Exploring Asylum Seeker Mental Health in Relation to Postmigratory Stressors

1. Abstract

1.1 Introduction. Every individual has the right to seek asylum under grounds of persecution (UNHCR, 1951). The label 'asylum seeker' is given those awaiting the outcome of their application for refugee status. Accounts of the high rates of distress in asylum seeker populations have been dominated by models of trauma. However, there is a growing interest in the impact of postmigratory stressors associated with increasingly stricter asylum determination processes.

1.2 Method A systematic search of the literature was undertaken to identify papers examining the impact of postmigratory stressors on asylum seeker mental health.

1.3 Results Forty-four studies were reviewed. Papers suggested asylum seekers experience elevated levels of distress compared to refugees. This is despite both populations experiencing similar exposure to premigratory-traumatic events. Findings from studies relating postmigratory stressors to distress are grouped into: 'threat of deportation, detention and the asylum determination process'; 'material deprivation and forced unemployment'; and 'social and acculturative challenges'.

1.4 Discussion A broad critique of the literature is given, and the difficulties associated with conducting research with asylum seeker populations are acknowledged. In relating findings to theory it is concluded that postmigratory stressors present asylum seekers with multiple challenges to identity (Colic-Peisker & Walker, 2003; Timotijevic & Breakwell, 2000). Stringent policies associated with the asylum determination process greatly restrict individuals in negotiating these challenges. Smail's (2005) social materialist perspective of distress is suggested as a useful framework for findings. Clinical implications and ideas for future research are discussed.

2. Introduction

Increases in conflict since the end of the Second World War have resulted in escalating numbers of people being displaced from their homes (Silove, 2004): A record 32.9 million people were of concern to the UN High Commission for Refugees at the start of 2007 (UNHCR, 2007). The majority people affected are displaced either within their country of origin or to non-western nations. Only 5.4 million of this total has fled to western nations, with less than 1% of the total residing in the UK (UNHCR, 2007). Contrary to the term 'illegal-immigrant' (a label frequently utilised by the British media when referring to asylum seekers) (Finney, 2005), under international law every individual has the right to cross borders and claim asylum on the grounds of persecution (UNHCR, 1951). Within western-nations the label 'refugee' refers to those individuals whose asylum rights have been established, whilst the term 'asylum seeker' relates to those awaiting the outcome of their claim for refugee status.

It is well documented that asylum seeking populations experience high rates of potentially traumatic events (Burnett & Peel, 2001). Much research has linked such experiences with distress in refugee populations (e.g. Marshall et al., 2005; Mollica et al.,1999; Steel et al., 2002; Turner et al., 2003) and, consequently, psychiatric constructs of posttraumatic stress disorder (PTSD) have come to dominate the ways in which displaced-person distress is conceptualised, and mental health services for such populations delivered (Summerfield, 2001; Watters, 2001). However, exposure to potentially traumatic events are not universally experienced by those seeking asylum and the 'trauma discourse' (Papadopoulos, 2001) that has resulted from such research has been criticised on a number of levels, not least because of its minimisation of the

impact of postmigratory factors (Papadopoulos, 2001; Summerfield, 1999; Watters, 2001).

The last 15 years have seen an increased interest in the impact of postmigratory stressors on displaced person mental health. Theorists from a number of orientations have highlighted the disorientation and multiple challenges to identity that can occur when an individual is removed from the cultural context and relationships within which they construct a sense of the world and themselves (Papodouplous,2002; Scheer, 2003; Timotijevic & Breakwell, 2000). However, challenges to wellbeing and identity within the postmigratory environment are far from limited to those associated with acculturation[1] and loss, as displaced persons also experience devaluation of their culturally derived skills and knowledge, material deprivation and, in the case of asylum seekers in particular, numerous restrictions that impact upon their ability to adapt.

In an effort to deter those seeking asylum, governments of western-nations have increasingly imposed greater restrictions. Such policies within the UK include removal of employment rights (Ward, 2006), reduced financial support (Robinson, 2005), increased use of detention (Bacon, 2005), and dispersal programmes that prevent asylum seekers choosing where in the UK they live (Ani, 2007). Whilst those who are granted refugee status gain entitlements equivalent to UK nationals, those whose claims are rejected endure further restrictions and are only entitled to basic housing and sustenance support if they sign to say they are willing to be repatriated to

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[1] Acculturation refers to changes that occur when people from two cultures come into contact (Sam,2005)

the country from which they have fled (Home Office, 1999). Asylum determination processes have been criticised by a number of clinicians working with asylum seekers because of the detrimental effect these processes have on the person's mental health (Ani, 2007; Bracken & Gorst-Unsworth,1991; Salinsky,1997; Silove et al., 1993; Summerfield, 2001; Watters, 2001).

2.1 Aims and Outline of the Review

In the absence of previous systematic reviews in this area, the present review aimed to both provide a critique of the literature relating postmigratory stressors to asylum seeker wellbeing, and elucidate the complex array of stressors these individuals face in exile. Particular attention is given to the British context. After a description of the search methodology and an overview of the retrieved papers, the review begins by providing a critique of the research comparing distress in samples of asylum seekers and refugees, as well as examining findings from studies exploring the temporal pattern of asylum seeker mental health. In spite of both asylum seekers and refugees experiencing similar levels of premigratory-trauma exposure, it is concluded that the evidence suggests asylum seekers experience comparatively higher levels of distress. The review then proceeds to provide a critique of literature relating asylum seeker distress to postmigratory stressors. Stressors are grouped into: 'threat of deportation, detention and the asylum determination process'; 'material deprivation and forced unemployment'; and 'social and acculturative challenges'.

The discussion begins with a broader critique of the literature in relation to the difficulties inherent in research with these populations. The main findings from the review are then discussed in relation to psychological models of distress including

theories that emphasise the multiple challenges to identity that can occur when a

person is displaced (Timotijevic & Breakwell, 2000), as well as Smail's (2005) social

materialist perspective of distress. It is argued that although the acculturative

challenges and multiple losses asylum seekers endure through exile can impact

significantly upon their identity and wellbeing, the numerous restrictions imposed by

western governments also greatly inhibit their ability to adapt and renegotiate a

positive sense of identity within the host-nation. The review challenges the dominance

of the trauma discourse as the sole account of asylum seeker distress. The final

sections discuss implications for psychologists and outline areas for future research.

2.2 Terminology

Terminology utilised throughout research papers varies, partly as a consequence of the complex legal framework under which people seek asylum. To avoid confusion, Table One provides definitions of terminology that will be utilised throughout the review.

Table One: Definitions of key-terms

Term	Definition
Asylum seeker	Someone who has exercised their legal entitlement under the UNHCR (1951) Convention to seek asylum on the grounds of persecution and is awaiting the outcome of their claim for refugee status.
Convention-refugee	Someone who has exercised their legal right to claim asylum under the UNHCR (1951) Convention and has had their refugee status recognised following an asylum determination process.
Programme-refugee	Someone whose refugee status has been determined prior to entry to the host-nation (usually as part of a programme following a specific conflict or disaster).
Refugee	Used when it is not necessary to distinguish between convention- or programme-refugees.
Displaced-person	Used when it is not necessary to distinguish between refugees and asylum seekers.
Elective-migrant	Those who chose to emigrate to the host-nation and whose reasons for leaving their country-of-origin did not relate to escaping persecution.
Host-nation	The country in which people are seeking asylum.
Western-nations	Post-industrial, politically-stable, 'democratic', wealthy countries which are generally considered 'first-world nations'.
Premigratory-trauma	Human rights violations commonly theorised to be 'traumatising'. It is recognised that such events do not necessarily result in posttraumatic reactions.

3. Method

3.1 Search Strategy and Terms

A literature search was conducted using search terms based on key-words in relevant articles identified through initial 'trial and error' searches. Search criteria required papers to be published in peer-reviewed journals and contain one key-term from each of three clusters (Table Two). The databases PsychInfo; the Applied Social Sciences Index, and Web of Science were searched in February 2008 and retrieved 423, 43 and 157 articles respectively. Duplicate articles were removed using the computer package RefWorks. A hand-search of the remaining 517 abstracts was then conducted against inclusion criteria outlined below. Further relevant articles were identified through references in key-studies.

Table Two: Search terms

Search term cluster	Search Terms
1. **Target population** and	asylum seeker *or* refugee
2. Postmigratory factors and	post-migratory *or* post-migration *or* postmigratory *or* postmigration *or* post migratory *or* post migration *or* adaptation *or* acculturation *or* acculturative *or* relocation *or* displacement *or* resettlement *or* community psychology *or* adjustment
3. Mental health	mental health *or* ptsd *or* post-traumatic stress *or* post traumatic stress *or* depression *or* anxiety *or* mental illness *or* acculturation *or* adaptation *or* resilience

3.2 Inclusion/Exclusion Criteria

Inclusion criteria required the paper to be a research article that examined the impact of postmigratory factors on the distress/wellbeing of displaced-persons resettled within western-nations. As few papers focussing on asylum seekers were identified, inclusion criteria were expanded to include papers focussing on refugees and postmigratory stress. However less weight is given to papers focussing on programme-refugees. Papers were excluded if: they focussed on participants arriving in the host-nation when they were children; they focussed on overly specific stressors (e.g. domestic violence); they relied upon clinical samples; or there was poor description of methodology. Finally, because results from some studies were reported across a number of papers, certain papers were not reviewed if they did not report any additional findings of interest over and above those reported in another article.

Because of the difficulties associated with conducting research with displaced-person populations (see 5.1), a lower-threshold for methodological rigor was utilised in the present review compared to standards that might be set in other systematic critiques. The rigour of qualitative papers was assessed against guidelines proposed by Meyrick (2006).

3.3 Stance on the Measurement of Distress in Non-Western Populations

Although a number of psychometric scales of distress have been validated with non-western populations (Beiser & Hyman, 1997; Kleijn et al., 2001) the cross-cultural applicability of both western-constructs of mental health and associated psychometric scales utilised to measure such constructs have been the source of much debate (Flaherty et al., 1988; Sandanger et al., 1999; Summerfield, 1999). The present

review adopted the stance that whilst the use of diagnostic mental health categories is questionable for non-western (and indeed western) populations, established psychometric scales, although arguably less valid for cross-cultural populations, should at least provide some measure of distress against which the impact of postmigratory factors can be assessed.

4. Results

4.1 Overview

In all, 52 papers were reviewed that reported the findings from 44 studies. Only 21 of these studies included asylum seekers as participants, with four studies focussing exclusively on asylum seekers (Ichikawa et al., 2006; Laban et al.,2005; Silove et al.,1997; 2002), 13 studies compared asylum seeker samples with samples of differing immigration statuses (Bhui et al.,2006; Gerritsen et al.,2006; Hondius et al.,2000; Keller et al.,2003; Omeri et al.,2006; Porter,2007; Roth et al.,2006; Ryan et al.,2008; Samarasinghe & Arvidsson, 2002; Silove et al.,1998; Steel et al.,2006; Werkuyten & Nekuee, 1999), and four studies did not seem to distinguish between those seeking asylum and those with refugee status in their analyses (Bhui et al.,2003; Djuretic et al.,2007; Griffiths, 2001; Timotijevic & Breakwell, 2000).

A meta-analysis (Porter,2007; Porter & Haslam,2005) of 56 papers was included in the review but was not awarded additional weight because the reviewed papers also included studies of persons displaced to non-western nations. Only nine of the reviewed papers utilised qualitative data (Colic-Peisker & Walker,2003; Djuretic et al.,2007; Griffiths, 2001; Keyes & Kane, 2004; Omeri et al.,2006; Pernice & Brook, 1996; Samarasinghe & Arvidsson, 2002; Silove et al.,2002; Timotijevic &

Breakwell, 2000) with the remaining studies relying exclusively upon empirical analyses, usually with cross-sectional designs. Appendix B presents tabulated data of the samples and designs of all reviewed papers.

4.2 Insecure Immigration Status and Distress

This sub-section reviews research comparing asylum seeker and refugee distress, as well as exploring patterns of asylum seeker distress over time.

4.2.1 Research comparing those with differing immigration statuses

Two separate Australian studies both reported distress to be higher in those without entitlements to remain in the host-nation compared with those with refugee status (Silove et al.,1998; Steel et al., 2006). Indeed, Steel et al. found immigration status to be the strongest predictor of PTSD in regression analyses that included premigratory-trauma exposure, accounting for 68% of the variance in PTSD scores. Silove et al. (1998) only found significant differences between asylum seekers and elective-migrants, with non-significant differences being detected when comparing refugees with the other two groups. Both studies had limitations: Silove et al.'s (1998) study was completely reliant upon opportunity sampling and although all asylum seekers in Steel et al.'s (2006) research had experienced postmigratory detention, the refugee control group had not. Three European studies also found insecure immigration status to be a significant risk factor for distress in multiple regression analyses (Gerritsen et al., 2006; Hondius et al.,2000; Werkuyten & Nekuee,1999), whilst Porter's (2007) meta-analysis of reviewed papers also revealed insecure immigration-status to be a significant risk factor. Although both the European and Australian studies were cross-sectional, there is no reason to presume that those with

better mental health would be more likely to be granted refugee status. In a

longitudinal study Ryan et al. (2008) reported that those asylum seekers granted

refugee status between baseline and a one-to-two year follow-up were the only group

to show significant reductions in distress levels, thus providing evidence that factors

associated with insecure immigration status impacts negatively upon mental health.

Only one reviewed paper did not detect significant differences as a function of

immigration status (Bhui et al., 2006). However the small sub-sample of asylum

seekers in this study (n=22) would have reduced power to detect any differences.

4.2.2 Research exploring temporal patterns of distress

Longitudinal (Beiser & Hou, 2001) and cross-sectional studies (Fenta et al., 2004,

Young, 2001) with programme-refugees suggest that although distress levels rise

during early phases of resettlement, given time and opportunities, such individuals are

able to adapt to their new life and distress levels drop. It might be expected that a

different relationship between length of resettlement period and distress exists for

asylum seekers because they endure greater restrictions and have a less certain future

within the host-nation. Laban et al. (2004) compared two groups of Iraqi asylum

seekers. One group had been in Norway less than six-months, the other over two

years. Consistent with their hypothesis, those seeking asylum for longer periods

scored significantly higher on measures of anxiety and low-mood. Indeed, length of

determination process had almost twice the predictive power as premigratory-trauma

exposure. Similarly, Roth et al. (2006) reported that distress levels increased for

asylum seekers at each of four measurement points in their Swedish longitudinal

study. In contrast, an Irish longitudinal investigation found no significant difference in

asylum seeker distress across measurement points (Ryan et al., 2008). Differences

between findings may reflect differences in sample or host-nation characteristics. Alternatively, differences may reflect the differing periods being assessed by researchers and a non-linear relationship between distress and length of determination process: In particular, Laban et al. (2004) and Roth et al. (2006) assessed for impact of time over the first few years post-resettlement, compared with Ryan et al. (2008) whose participants had been in Ireland close to two years at baseline measurement. Distress levels could rise during the initial phases of seeking asylum before levelling off. That participants in Ryan et al.'s study had been in the host-nation for a wide range of times at the baseline measurement (SD=17months) may have further prohibited detection of a significant effect.

4.2.3 Summary

The evidence base comparing distress levels in displaced-persons with differing immigration statuses is small. However, together the studies suggest that asylum seekers experience elevated levels of distress compared to refugees. This is despite each group experiencing similar levels of exposure to premigratory-traumatic events. Support for a temporal pattern of distress in asylum seeking populations is less clear and requires further research, although research tentatively suggests that long determination processes impact negatively upon mental health. The following sections consider findings that relate to the difficulties asylum seekers experience in exile.

4.3 Threat of Deportation, Detention and the Asylum Determination Process

4.3.1 Threat of deportation

Unless granted refugee status, those seeking asylum in the UK face the possibility of being deported back to the country from which they fled. In 2007, 13,100 asylum seekers were deported from Britain following negative decisions (Home Office, 2008). Little is known about what happens to those deported but it is recognised that many may be delivered into the hands of those from whom they were trying to flee (Braswell, 2006). As such a number of studies utilising a checklist of postmigratory stressors with asylum seekers have reported that '*Fears of being sent home'* have been either the most frequently endorsed stressor (Silove et al., 1997), or amongst the most frequently endorsed (Silove et al., 2002; Steel et al., 2006). Silove et al. (1998) and Steel et al. (2006) additionally reported that asylum seekers endorsed such stress significantly more frequently than ethnically-matched refugees.

Silove et al. (1993) therefore argued that seeking asylum can represent the continuation of threat, as opposed to the provision of a sense of security. However the relationship between the threat of deportation and distress may not only relate to continued fears of persecution, but also to an uncertain future within the host-nation, a stressor raised as salient by those without secure status in Omeri et al.'s (2006) qualitative study. Similarly, Laban et al. (2005) found positive relationships between fears associated with an uncertain future in the host-nation and distress.

4.3.2 Asylum determination processes

Asylum determination processes vary across time and nations and as such it is difficult to generalise from research findings. Figures for the UK indicate that 72% of the initial asylum decisions made in 2007 were rejections (Home Office, 2008a). However, the fact that 23% of appeals processed within this period were successful indicates that the determination process is not an accurate one. Psychologists have also challenged the accuracy the asylum determination process (Cohen, 2001; Herlihy & Turner, 2007). Rights to appeal negative decisions have been restricted through recent legislative changes (Ward, 2006), and those exhausting the appeals process face deportation and removal of all housing and sustenance support unless they sign to say they are willing to be repatriated when it becomes possible to do so (Home Office, 1999). That many choose to go into hiding instead of signing for such support (Refugee Action, 2005) further suggests that the process does not accurately identify those with genuine grounds for asylum.

Items associated with the asylum determination process on a checklist of postmigratory stressors (*'Mistakes and delays in processing your application'; 'Interviews by immigration';* and *'Conflict with immigration and other officials'*) were frequently endorsed as problematic by asylum seekers in Australian studies (Silove et al., 1997; 2002, Steel et al., 2006) and were endorsed significantly more frequently by those without secure immigration status (Steel et al., 2006). Such stress was also found to be significantly associated with increased distress (Silove et al., 1997; Steel & Silove, 2000). Similarly, in the Netherlands, Gerritsen et al. (2006) found that *'dissatisfaction with delays in the application for a residency permit'* and *'uncertainty about obtaining a residency permit'* were amongst the most frequently

endorsed stressors by asylum seekers, with such factors significantly correlating with increased distress in multiple regression analyses. The validity of these findings is however limited by reliance upon both cross-sectional methodologies and self-report measures of difficulties associated with the determination process. It is possible that those with poorer mental health would be more likely to rate the determination process as stressful, irrespective of actual difficulties encountered in their application.

Two qualitative studies suggested the impact of the asylum determination process is long lasting, with former Yugoslavian refugees in the UK recalling in an 'emotionally charged way' the impact that the long determination process had on them in Djuretic et al.'s (2007) study. Samarasinghe and Arvidsson's (2002) participants similarly reported high levels of distress when talking retrospectively about their period of uncertain immigration status in Sweden.

4.3.3 Detention

The detainment of asylum seekers within western nations has increased since the beginning of the 21st Century (Silove et al., 2000). The UK is the only European country that allows indefinite detention of asylum seekers irrespective of whether or not a crime has been committed. Although guidelines state that detention should only be used as a 'last resort', this is decided at the discretion of immigration officials and there has been a trend toward greater numbers being detained (Bacon, 2005). At the end of March 2008, 1,640 people who had sought asylum in the UK, including 35 children, were being detained solely under Immigration Act powers (Home Office, 2008a).

In Australia, Steel et al. (2006) found a history of postmigratory detention to be highly associated with measures of distress in multiple regression analyses. A confounding factor in Steel et al.'s study was that history of detention was perfectly correlated with insecure immigration status. However, the fact that length of detention was significantly associated with distress provides weight to the argument that detention impacts negatively upon mental health.

Like Steel et al., Ichikawa et al. (2006) also reported that the effects of detention could be long lasting. However, in this Japanese cross-sectional study all the participants were asylum seekers. The group that had been detained had been released from detention centres a mean of one year before participation, and having been detained was associated with significantly higher scores on all three measures of distress when controlling for a number of other predictors. Indeed, detention was found to relate to distress scores at the same level as premigratory-trauma exposure.

The only longitudinal investigation into the impact of detention policies was conducted in the USA by Keller et al. (2003). Baseline measures, taken when participants had been in detention a median of six months, showed non-significant differences in distress levels between those who would have been released by follow-up and those who would remain detained. At two-month follow-up those released scored significantly lower on distress measures compared with those remaining imprisoned. The fact that 85% of those released had been granted refugee status between baseline and follow-up prohibits attribution of these effects to detention. However it is notable that distress scores significantly increased between baseline and

follow-up for those remaining detained, and length of detention was significantly correlated with distress at both measurements.

Both the volume and quality of studies investigating the impact of detaining asylum seekers has been severely limited by the reluctance of authorities to grant researchers access to such samples (Ichikawa et al., 2006). Consequently, all but Keller et al.'s (2003) study involved participants recruited after they had been released from detention. Although Keller et al. were able to interview asylum seekers whilst they were detained, the researchers were not permitted access to a random sample and instead had to recruit participants via detainees' solicitors. Despite these limitations, the above studies lend support to what might seem a 'common sense' conclusion: that detention of those fleeing oppression can have severe consequences for wellbeing.

4.3.4 Summary

Relatively few studies have explored the impact of asylum determination processes upon those seeking refuge. Reviewed papers suggest that stress associated with the asylum process impacts significantly upon mental health. Indeed, far from providing those fleeing persecution with safety, for some, a lengthy and stressful determination process can represent the continuation of threat whilst the possibility of being deported remains. Whilst the detrimental effects of detention policies on potentially vulnerable individuals should also be apparent to most, the potential 'trauma' resulting from this postmigratory stressor is commonly overlooked by clinicians and academics who can be more concerned with exploring premigratory-traumatic experiences (Watters, 2001). These findings are important given the Home

Office's commitment to both detaining and deporting increasing numbers of asylum seekers (Home Office, 2008b).

4.4 Material Deprivation and Forced Unemployment

4.4.1 Material Deprivation

Whilst refugees typically have similar employment entitlements as native-citizens, asylum seekers endure more stringent restrictions and often are not permitted to work. Such is the case in the UK, where asylum seekers must survive on benefits based on 70% of normal income support (Home Office, n.d.). There has been little research exploring the extent of deprivation in asylum seeking populations. However both the Australian studies (Silove et al., 1998; Steel et al., 2006) and a study in the Netherlands (Hondius et al., 2000) found that asylum seekers reported significantly more financial difficulties than refugees.

The relationship between material deprivation and distress is well founded for western populations (e.g. DHSS, 1980). A number of reviewed quantitative papers, including Porter and Haslam's (2005) meta-analysis, reported significant relationships between distress and material deprivation in displaced-person samples. But many of these studies were either dependent upon self-report assessments of financial strain (Laban et al., 2005; Silove et al.,1997; Simich et al.,2006; Steel & Silove, 2000), and others, utilising more objective measures of deprivation, were cross-sectional in design (Blair, 2000; Chung & Kagawa-Singer, 1993; Nicholson, 1997). Studies finding non-significant relationships between distress and poverty also suffered from one or more of these limitations (Bhui et al., 2003; Takeda, 2000; Westermyer et al., 1989). However, the fact that non-significant results have been reported suggest

cultural differences could mediate the degree to which material deprivation relates to distress (Bhui et al., 2003).

4.4.2 Forced unemployment

Material deprivation is intrinsically linked to unemployment. Longitudinal data from a large 10 year study with Southeast Asian programme-refugees found unemployment predicted low-mood, whilst obtaining work led to improved wellbeing (Beiser et al., 1993). Another longitudinal study in Norway also found unemployment to predict distress (Lie, 2002), whilst a number of cross-sectional studies highlight the protective role of employment for refugees (Bhui et al., 2006; Chung & Kagawa-Singer, 1993; Lie et al. 2004; Pernice & Brook, 1996; Schweitzer et al., 2006; Steel et al., 2002). Being dependent upon benefits was similarly found to relate negatively to wellbeing in a number of cross-sectional studies (Abe et al., 1994; Blair, 2000; Chung & Kagawa-Singer,1993; Ryan et al.,2008; Westermyer et al.,1990).

In addition to the advantages employment brings in terms of access to material resources, the status provided by work can be strongly linked to a person's sense of identity (Colic-Peisker & Walker, 2003). Both quantitative and qualitative research suggests that those refugees coming from well-educated backgrounds or possessing higher-occupational status in their home country are more likely to be distressed during early phases of resettlement (Colic-Peisker & Walker, 2003; Lie et al., 2004; Omeri et al., 2006; Porter & Haslam, 2005; Simich et al., 2006). These findings have often been interpreted in terms of the downward mobility faced by such individuals resulting in greater challenges to identity (Djuretic et al., 2007).

Challenges to identity in relation to unemployment would not only be limited to the downward mobility individuals would experience through exile, but also would occur in terms of the comparisons individuals make against culturally defined expectations and norms (Beiser & Hou, 2001). Fenta et al. (2004) interpreted their findings that male Ethiopian refugees were more distressed than female counterparts in terms of the males experiencing greater challenges to culturally-defined gender identities regarding expectations to work. A similar explanation was given by Beiser and Hou (2001) in relation to their finding that unemployment was predictive for males only in the 10-year Canadian longitudinal study.

4.4.3 Summary

Refugees and asylum seekers can experience considerable downward mobility through exile that threatens access to material resources and can challenge identities and ability to maintain-roles. The degree to which this affects people varies both between individuals and cultures. Whilst studies suggest that, given both time and the right to work, refugees can be resourceful at gaining employment within the host-nation (Beiser & Hou, 2001), asylum seekers in the UK are prevented from such opportunities whilst awaiting the outcome of their asylum claim. Instead asylum seekers must endure threats to identity associated with dependence upon benefits and occupational role-loss, whilst simultaneously having to survive with little money.

4.5 Social and Acculturative Challenges

4.5.1 Family separation

Both the process of flight itself, conflict, persecution, and other human rights violations can result in the loss of family and friends. Consequently, 82% of asylum

applications in Britain during the first quarter of 2008 were made by single adults (Home Office, 2008a). In addition to experiences of loss associated with family separation, studies with displaced-persons highlight that worries for the safety of family left behind tend to be one of the most frequently endorsed stressors during exile (Blair, 2000; Gerritsen et al.,2006; Lie, 2002; Schweitzer et al., 2006; Silove et al., 1997; 1998; 2002; Steel et al., 2006). The fact that 60% of the refugees in Lie's (2002) three-year longitudinal study reported traumatic events occurring to loved-ones during the span of the research serves as a reminder that the factors pushing asylum seekers to flee can continue to pose significant risks to the loved ones left behind.

A number of studies have found positive correlations between family separation and distress for both refugees (Gorst-Unsworth & Goldenberg,1998; Hauff & Vaglum,1995; Lie et al., 2004; Schweitzer et al.,2006; Steel et al.,2002; Werkuyten & Nekuee,1999) and asylum seekers (Laban et al.,2005; Ryan et al.,2008; Steel & Silove,2000), whilst stronger support was provided through longitudinal data from Beiser et al.'s (1993) 10-year study that indicated that family separation was predictive of future depression, whilst family reunification resulted in improved psychological wellbeing.

Supporting the notion that risk to family members left behind accounts for some of the distress associated with family separation, Lie et al. (2004) reported that those enduring a greater number of premigratory-traumatic events experienced elevated levels of distress due to family separation. Presumably those experiencing greater danger in their home-country would have greater reason to be concerned about those they had left behind. Lie et al. additionally observed that the protective role of family

could be enhanced for those experiencing greater trauma due to the support and sense of shared experiences that family could provide. Findings from a qualitative study by Djuretic et al. (2007) also highlighted the importance of a sense of shared history and culture that family can provide. In addition, family was reported to provide a space for venting frustrations and for providing a context in which individuals can feel 'accepted for who they are'. Presence of family was also reported to provide a means of role-maintenance by participants in this and other qualitative investigations (Griffiths, 2001; Omeri et al., 2006).

Such findings imply that the absence of family will result in elevated distress due to not being able to fulfil roles congruent with premigratory identity. Ryan et al. (2008) found that stress associated with family separation predicted female but not male distress. They suggested that the females in their sample may define their roles in relation to family members to a greater extent than male counterparts. An alternative proposition is that the male asylum seekers found it comparatively harder to maintain their roles in relation to family members, for example by being prevented from fulfilling the gendered 'breadwinner' role (Fenta et al., 2004). Thus, although families may provide contexts in which both culture and roles can be maintained, downward mobility, imposed restrictions, and acculturative stress can prevent some family members fulfilling these roles, in turn resulting in conflict and greater challenges to identity.

Supporting the existence of these challenges, Liebkind (1996) interpreted her finding that female refugees were more distressed than male counterparts as a reflection of the greater difficulties the women experienced in terms of maintaining

culturally-defined gender roles in parenting. Relationship difficulties were cited as problematic in qualitative findings reported by Silove et al. (2002), whilst Hondius et al. (2000) found asylum seekers to report more relationship problems than refugees.

4.5.2 Social isolation and acculturation

'Social Isolation' and *'Loneliness and boredom'* were postmigratory stressors frequently endorsed as problematic by asylum seekers in studies by Steel et al. (2006) and Silove et al. (2002). Similarly Gerritsen et al. (2006) found asylum seekers to report significantly less social support than refugees, a factor linked to distress in regression analyses. Qualitative papers suggest that establishment of an intra-ethnic social network can be protective in similar ways to presence of family in providing a means of maintaining culture and re-connection with cultural identity (Djuretic et al., 2007), providing a sense of 'belonging' and being 'accepted for who they are' (Djuretic et al., 2007; Griffiths,2001; Keyes & Kane, 2004), or simply through providing company (Samarasinghe & Arvidsson, 2002). A number of empirical studies have also supported the protective role of social support from the intra-ethnic community (Beiser,1988; Hauff & Vaglum,1995; Hondius et al., 2000; Pernice & Brook, 1996; Schweitzer et al., 2006; Takeda, 2000).

Although the literature generally reported positive associations between intra-ethnic support and wellbeing, participants in two studies described experiencing unwanted pressure to conform to group norms of the intra-ethnic community (Colic-Peikser & Walker, 2003; Pernice & Brook, 1996). Further, Werkuyten and Nekuee's (1999) findings suggested those identifying more closely with the intra-ethnic community are more distressed by experiences of discrimination, whilst findings by

Colic-Peisker and Walker (2003) and Timotijevic & Breakwell (2000) suggested that those more closely identifying with the intra-ethnic community may be more attuned to the lower status the community possesses as a minority culture within the host-nation.

Models of acculturation, such as that proposed by Berry (1990), suggest that those who are able to both retain connections with their cultural traditions and simultaneously adapt to the dominant host-nation culture ('Integration') will cope better than those favouring one culture ('Assimilation' or 'Separation'), who in turn are hypothesised to fare better than those removed from both communities ('Marginalisation') (Figure 1). However, although reviewed studies with refugees provide some support for this proposition (Beiser, 2006; Donna & Berry, 1994; Knipscheer & Kleber, 2006; Samarasinghe & Arvidsson, 2002) it is less clear whether asylum seekers have much 'choice' regarding which 'acculturative style' they adopt. Both the opportunities asylum seekers have for meaningful contact with members of the host-nation community and the opportunities typically afforded by such adaptation are restricted by material deprivation, restrictions to employment, and discrimination associated with the asylum seeker label. A qualitative study by Colic-Peisker and Walker (2003) described how a number of Bosnian refugees from professional backgrounds had expressed desires to assimilate to the Australian culture, however had became marginalised after experiencing difficulties experienced in their efforts to interact and be valued by the host-culture.

Figure 1: Acculturative strategies based on
orientation to two tasks. Adapted from Berry
(1990)

Issue One

Is it considered to be of value
to maintain cultural identity
and characteristics?

"Yes"   **"No"**

Issue Two

Is it considered to   **"Yes"**
be of value to maintain
relationships with
the host-nation?
                           "No"

Integration   Assimilation

Acculturative Strategy

Separation   Marginalization
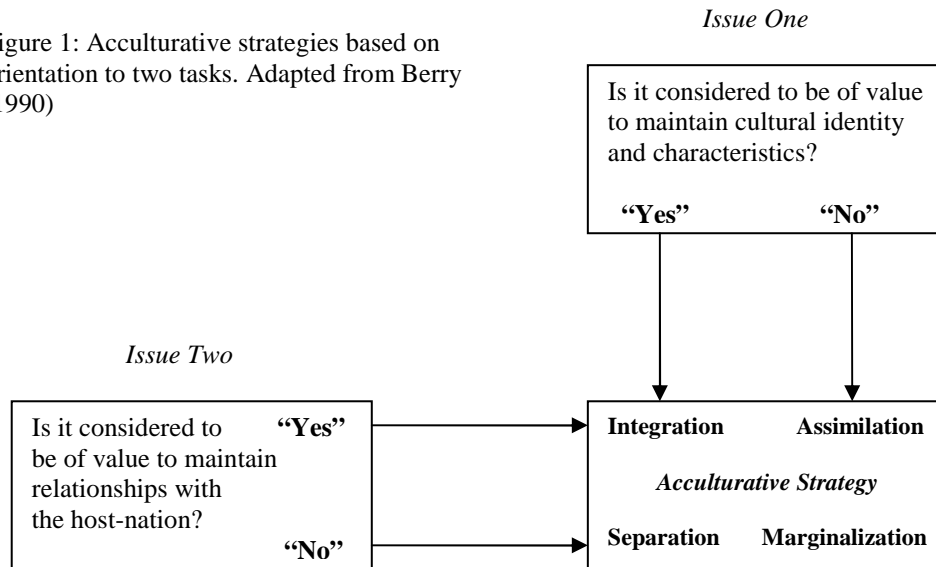
It is not just restricted access to the host-culture that may inhibit adaptive

acculturation. Steel et al. (2006) found that 100% of their asylum seeker sub-sample

rated communication difficulties as problematic. This compared with just 54% of the

refugee sample who had been in Australia an average of a year less than those without

refugee status. Whilst Steel et al. explained their findings in terms of greater levels of

postmigratory stress inhibiting adaptive acculturation, it is also possible that those

enduring greater restrictions and lacking certainty regarding their future within the

host-nation may feel less willing to integrate with a society that subjects them to

numerous restrictions whilst refusing to recognise them as refugees (Silove et al.,

2002).

<u>4.5.3 Summary</u>

This section has attempted to provide a brief summary of reviewed literature relating to the multi-faceted domains of social support and acculturation. Research suggests that whilst support from both family and the intra-ethnic community have been reported to be protective for a number of reasons, absence of such supports provides additional risks to the wellbeing of those seeking asylum. Models of acculturation suggest that it is those migrants who are able to maintain connections with their culture of origin whilst simultaneously adapting to the dominant host-nation culture cope best. However it has been argued that asylum seekers may have little influence over the acculturative 'style' they adopt. Due to restricted access to members of the host-nation community asylum seekers may be pushed into either 'separationist' or 'marginalized' acculturative positions.

5. Discussion

The present review has provided a critique of the literature exploring the impact of postmigratory stressors on asylum seekers. A more general critique of the reviewed research conducted with asylum seekers is given below, before findings are summarised in relation to psychological theories of distress.

5.1 Critique of the Literature

Whilst few studies have focussed on postmigratory stress and asylum seeker mental health, those that have, tended to be limited by the difficulties associated with conducting research with these populations: random sampling is hard due to a lack of sampling frames (Silove et al., 2002), whilst longitudinal designs are made harder to

implement due to the population's high mobility (Beiser & Hou,2001). Further, beyond the difficulties typically linked with cross-cultural research (Flaherty et al., 1988), distrust both of authorities and the motives of researchers, combined with fears that participation may impact negatively upon asylum claims, all result in difficulties recruiting reflective samples (Miller, 2004; Silove et al., 2002).

As a result of such difficulties, with the exception of three papers (Keller et al., 2003; Roth et al., 2006; Ryan et al., 2008), all reviewed studies with asylum seekers have utilised cross-sectional designs thus preventing inferences being made concerning causality. Although still subject to cohort effects, in an attempt to circumnavigate difficulties associated with conducting longitudinal designs, Laban et al. (2004; 2005) utilised a between-groups methodology to find that those seeking asylum for longer periods experienced both more distress and more postmigratory stress than those in an ethnically matched group who had been seeking asylum for a shorter period. Laban et al. (2004) was also one of few studies with asylum seekers not reliant upon opportunity sampling, with the other exceptions of Bui et al. (2003; 2006); Gerritsen et al. (2006); Hondius et al. (2000); and Roth et al. (2006). Most studies with refugees similarly relied upon convenience samples (see Appendix B). The tendency towards use of convenience samples recruited through community centres and contacts means samples often will have been biased against those most marginalised. Most empirical studies with asylum seekers have further relied upon small sample sizes with 70 (Keller et al., 2003) or less asylum seeking participants (Bhui et al., 2003; 2006; Ichikawa, 2006; Silove et al., 1997; 1998; 2002; Steel et al., 2006).

A further difficulty associated with most reviewed studies with both refugees and asylum seekers is the over-reliance on checklist style measurements of stressors that reduce complex multidimensional factors to essentially 'yes/no' responses. Whilst such simplifications allow for exploration of the particular factors that are most linked with distress, such analyses tend to ignore both the possible interactions that occur between stressors and the differing meanings participants may attach to such difficulties. Further, such self-report measures mean that results are reliant upon participants' subjective evaluation of the degree of difficulty experienced in relation to a given stressor, as opposed to more objective assessments of the difficulties experienced.

Although many of the restrictions discussed above still apply to qualitative studies, such methodologies allow greater exploration of the meaning of distress for participants. It is therefore surprising that relatively few qualitative papers with asylum seekers have been published. Of the reviewed qualitative studies, only Djuretic et al. (2007) and Silove et al. (2002) explored frustrations associated with the asylum determination process. Further, a number of reviewed qualitative papers did not provide many details regarding their methodologies and/or methods of analysis (Colic-Peisker & Walker, 2003; Samarasinghe & Arvidsson, 2002; Griffiths, 2001; Keyes & Kane, 2004; Omeri et al., 2006). However these papers were included in the current review despite their poor transparency (Meyrick, 2006) due to the contribution such papers made to theory and also because of the paucity of qualitative research with displaced-person populations identified by the search.

5.2 Summary and Relationship to Theory

Despite the difficulties inherent in research with asylum seekers it is possible to draw some tentative conclusions from the reviewed literature. There is clear evidence that asylum seekers experience a wide range of stressors in exile that impact upon their mental health. Reviewed stressors relate primarily to the multiple challenges to identity that displacement can pose, as well as the impact of restrictions associated with the determination process and an uncertain future.

Conceptualisations of displaced-person distress have tended to be dominated by the trauma discourse that links distress in such populations with exposure to premigratory-traumatic events. Present results highlight that such an account in isolation is inadequate and neglects the impact of more immediate and primary stressors occurring within the host-nation.

Person-centred theories of posttraumatic-stress explain such reactions as reflecting the breakdown and disorganisation of the self-structure in response to significant threats to identity (Joseph, 2004). A number of theorists have highlighted the cultural-context in which such identities are formed (Papodouplous, 2002; Scheer, 2003; Timotijevic & Breakwell, 2000), whilst Bowlby (1973, p.236) has stressed the primacy of relationships in the development of self constructs. Forced-displacement detaches individuals from both cultural and inter-personal 'secure bases' and could result in disorientation and challenges to identity, similar to that described by Joseph (2004).

Consistent with this notion, reviewed research has suggested that those displaced-persons able to maintain connections with their culture, family and/or the intra-ethnic community show less distress in exile. Further, in the only reviewed study of voluntary repatriation, Roth et al. (2006) reported that those voluntarily returning to the culture in which they had constructed their identities show improved mental health relative to those remaining in exile.

Timotijevic and Breakwell (2000) argued the primary challenge for displaced-persons in exile is the successful adaptation to multiple threats to identity. Findings have been discussed that highlight the challenges involved in renegotiating identity within a host-nation that both de-values a person's skills and culture, and inhibits them from utilising these resources through various restrictions. The challenge of re-negotiating an identity that facilitates adaptation to the host-nation environment would arguably be made more difficult if one's entitlements to remain in that nation were not guaranteed (Omeri et al., 2006). Thus although Timotijevic and Breakwell (2000) argued that displaced-persons possess agency to re-negotiate their identity in exile, such a proposition may undervalue the significant impact of restrictions faced by asylum seekers.

Social materialist perspectives, such as that advocated by Smail (2005) minimise the importance of the constructed identity, instead viewing distress as a by-product of the absence of 'power' individuals possess to gain security or advantage for the benefit of themselves or loved ones. Viewed through such a lens, asylum seeker distress can be conceptualised in terms of the degree of powerlessness such individuals are forced to endure. Asylum seekers are powerless to seek employment

or education that would both facilitate access to material resources and integration with the host-society. They are powerless to choose where they live and with whom. Material deprivation coupled with language difficulties and loss of social-network can result in them having little power to choose how to spend their time. Those separated from loved ones will find themselves in a position in which they are powerless to support or protect them, and asylum determination processes, that often fail to recognise genuine refugees, inhibit the asylum seeker's abilities to secure even their own safety. Research suggests asylum seekers are all too aware of not only the political factors pushing them to flight, but also of the restrictions imposed upon them in the host-nation, and their dependence on the immigration authorities to grant them asylum (Silove et al., 2002). Realisations regarding their powerlessness could pose yet more challenges to self-constructs whilst simultaneously inhibiting re-construction of identities within the host-nation.

5.3 Implications for Psychologists

The present review highlights that a range of postmigratory stressors can impact negatively upon asylum seeker mental health. Mental health service delivery for displaced-persons within the UK has been primarily based around trauma-models of distress, with little consultation with the client-group themselves regarding what support they would like (Summerfield, 2001; Watters, 2001). The lack of such consultation not only represents another example of disempowerment for such populations but also suggests many services will not be in a position to meet the needs of asylum seekers. Watters (2001) observed that, when considering Maslovian hierarchies, asylum seekers may not be in a position to benefit from psychological interventions whilst they are struggling to satisfy more primary needs such as survival

on basic benefits, and looking to secure a future free from persecution. Although a number of asylum seekers may indeed gain from psychological therapies assisting them to provide meaning to current and past experiences, the scope for alleviation of distress through traditional psychotherapeutic encounters is likely to be greatly limited by the degree of powerlessness such individuals endure.

Therapists need to be mindful not to advocate for their clients to a degree that further disempowers them (c.f. Goodkind, 2006). However it is important that clinicians consider ways to alleviate distress and meet client needs beyond the typical 'boundaried therapeutic encounter'. As alternatives to traditional psychotherapeutic models of working with displaced-persons, both Beliner & Mikkelsen (2006), Goodkind (2005,2006), and Weine et al. (2003) have described group or community based interventions that are guided by their participants, empowering them to utilise their own resources whilst connecting them to others from their own culture and/or the host-nation community. Each paper reported positive outcomes. However there is need for further investigation into the effectiveness of such interventions for those seeking asylum.

Finally, the present review has implications regarding the degree to which psychologists should acknowledge the unjustness of the asylum determination process, both within and outside of direct clinical work. A trend towards postmodernist perspectives of distress carries the risk that the source of much suffering could be overlooked unless the unjustness and disempowering nature of the determination process is acknowledged on some level by clinicians (Glenn, 2002). If primary roles of clinical psychologists include both the formulation and alleviation of

distress, then arguably such a profession has obligations to challenge restrictive determination processes outside of the clinic.

5.4 Areas for Future Research

Given both the paucity of studies conducted with those with insecure immigration status, there is a need for more research with such samples to explore the impact of all stressors identified in the present review. Although use of random sampling and longitudinal designs are difficult to employ with these client groups, a move towards such methodologies would allow results to be interpreted with greater conviction.

Surprisingly few qualitative studies have been conducted with asylum seekers and such research would provide richer information on how those seeking asylum experience the determination process and on their existence in exile. Such methodologies would arguably produce more valid results compared to small-scale empirical projects that rely upon self-report checklists of postmigratory stress.

Finally, it was noted that there was an absence of reviewed papers that focussed upon those individuals receiving negative decisions upon asylum claims (who tend to experience yet more restrictions than those seeking asylum), as well as a lack of studies that focussed on resilience in asylum seeking populations.

6. Conclusion

In summary, although the literature base is small and subject to methodological limitations associated with research with displaced-person populations, it is concluded that asylum seekers experience multiple stressors in exile that impact upon mental health. Whilst distress in such populations has typically been framed in terms of the experience of premigratory trauma, it has been argued that a range of stressors associated with insecure immigration status, restrictive policies, and acculturative challenges impact significantly upon wellbeing (Colic-Peisker & Walker, 2003; Silove et al., 1993; Summerfield, 1999; 2001; Watters, 2001). Such stressors and inequalities pose multiple challenges to asylum seekers' identity whilst placing these individuals in a position in which they have little power to influence control over even the most basic aspects of their life. Such conclusions have implications both for service providers and therapists working with asylum seeking clients.

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Seeking asylum: an exploratory study of the relationship between postmigratory stress and asylum seeker mental health in UK dispersal cities

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Seeking asylum: an exploratory study of the relationship between postmigratory stress and asylum seeker mental health in UK dispersal cities

1. Abstract

Introduction: A growing body of evidence suggests postmigratory stressors impact significantly upon asylum seeker mental health, yet conceptualisations of distress in these populations continue to be dominated by trauma-models.

Objectives: In the absence of previous such empirical research in Britain, the present study aimed to explore the relationship between postmigratory stressors and asylum seeker distress, relative to indices of premigratory-trauma exposure.

Method: A cross-sectional design based upon established methodologies was employed (Schweitzer et al., 2006; Silove et al., 1997;1998; Steel et al., 2006). An opportunity sample of asylum seekers and refused asylum seekers (N=98) was recruited from various organisations within two UK dispersal cities. Participants completed measures of postmigratory stress (the Postmigratory Living Difficulties Checklist (Silove et al., 1997), a checklist of premigratory-traumatic events and Posttraumatic Stress reactions (the Harvard Trauma Questionnaire (Mollica et al., 1992)), and measures of Anxiety and Depression (the Hopkins Symptom Checklist-25 (Hesbacher et al.,1980; Winokur et al., 1984)).

Results: Various premigratory-trauma and postmigratory-stressor predictors were associated with distress scores. Postmigratory-stressors accounted for a larger proportion of variance in distress scores in multiple regression analyses. *'Feeling like a burden to others'* and receiving a negative decision on asylum applications were found to be the strongest predictors of distress. Present results highlight the detrimental affects asylum determination processes have on those seeking refuge. The study had a number of limitations which are discussed alongside implications.

2. Introduction

Increases in conflict since the Second World War have resulted in escalating numbers of people being displaced from their homes (Silove, 2004). Contrary to media portrayal of a nation 'flooded' with asylum seekers (Finney, 2005), Britain hosts less than 1% of the world's refugees and just 9% of the total for Europe (UNHCR, 2007). Under international law every individual has the right to cross borders and claim asylum under grounds of persecution (UNHCR, 1951). The label 'refugee' is assigned to those whose rights to asylum in the receiving-country have been established, whilst the term 'asylum seeker' refers to those who are still awaiting the outcome of their claim for refugee status (UNHCR, 2007). Refugees in western-nations typically have entitlements on par with native-citizens, however asylum seekers have been subject to increasingly stringent restrictions and determination processes. Western governments imposing such policies have been criticised for seeming more concerned with deterring potential asylum seekers than they are recognising the need to provide asylum to those fleeing persecution (Refugee Council, 2008). Despite growing interest in the negative impact of these restrictions on asylum seeker mental health, research with these populations has predominately focussed on examining the impact of premigratory-trauma.

2.1 The 'Trauma Discourse'

It is well documented that asylum seeking populations experience high rates of potentially traumatic events (Burnett & Peel, 2001). Much research has linked these experiences with distress in refugee populations (e.g. Marshall et al., 2005; Mollica et al.,1999; Turner et al., 2003) and consequently psychiatric constructs of posttraumatic stress disorder (PTSD) have come to dominate the ways in which displaced-person

distress is formulated and mental health services delivered (Summerfield, 2001; Watters, 2001). The 'trauma discourse' (Papadopoulos, 2001) surrounding work with displaced-persons has been criticised for pathologising not only displaced-person distress, but also the labels 'asylum seeker' and 'refugee', which have come to be viewed as a group requiring 'specialist services' (Bracken et al.,1997). The imposition of western constructs of distress and the advantages afforded by being in the 'sick-role' have been argued to alter the way refugees conceptualise their own distress (Bracken et al.,1997; Colic-Peisker & Tilbury, 2003). Further, it has been argued that the dominance of the trauma discourse is such that it can encourage clinicians to minimise the impact of stressors in the more immediate environment (Papadopoulos, 2001; Summerfield, 2001; Watters, 2001). A number of studies have reported measures of postmigratory stress to be more significantly associated with refugee distress than indices of premigratory-trauma exposure (Beiser & Hyman, 1997; Gorst-Unsworth & Goldenberg, 1998; Laban et al., 2004; Lie, 2002; Liebkind, 1996; Nicholson, 1997; Steel et al., 2006; Sundquist et al., 2000).

2.2 Postmigratory Stressors and Refugee Wellbeing

Research examining the impact of postmigratory stressors with displaced-persons has mainly focused upon individuals who have been granted refugee status prior to arrival in the host-nation. Factors associated with distress in these populations include loss of occupational status and devaluation of skills (Colic-Peisker & Walker, 2003; Lie et al., 2004; Omeri et al., 2006; Porter & Haslam, 2005; Simich et al., 2006); poverty (Blair, 2000; Chung & Kagawa-Singer, 1993; Nicholson, 1997; Porter & Haslam, 2005; Simich et al., 2006); worries about loved ones who remain in danger of persecution (Lie, 2002; Lie et al., 2004); loss of cultural and familial roles (Fenta et

al., 2004; Griffiths, 2001); relationship difficulties (Hondius et al., 2000); discrimination (Noh et al., 1999; Pernice & Brook, 1996); and acculturative stressors associated with adapting to life within a new culture (Colic-Peisker & Walker, 2003; Schweitzer et al., 2006). Research suggests that with time and opportunities, refugees are often able to manage the demands of adaptation (Beiser & Hou, 2001; Steel et al., 2002).

2.3 Postmigratory Stressors and Asylum Seeker Wellbeing

In addition to the stressors endured by refugees, asylum seekers face difficulties relating to the asylum determination process and associated restrictions. Difficulties inherent in recruiting asylum seeker samples (Appendix C) mean that relatively few studies have explored distress in such populations. A handful of papers comparing refugees with asylum seekers have reported that those without secure immigration status experience greater levels of distress and postmigratory stress compared to those with refugee status (Gerritsen et al., 2006; Hondius et al., 2000; Porter, 2007; Ryan et al., 2008; Silove et al., 1998; Steel et al., 2006; Werkuyten & Nekuee,1999). Fears of being deported and stress associated with determination processes have been linked to elevated levels of distress in such populations (Laban et al., 2005; Silove et al., 1997). Studies have also demonstrated the negative impact of controversial policies for detaining asylum seekers (Ichikawa et al., 2006; Keller et al., 2003; Steel et al., 2006), whilst other investigations have suggested negative relationships between wellbeing and length of the determination process (Laban et al., 2004; Roth et al., 2006).

2.4 The British Context

A recent independent enquiry of the British asylum system concluded that the *'treatment of asylum seekers falls seriously below the standards to be expected of a humane and civilised society'* (Independent Asylum Commission, 2008, p.3). As with other western nations in recent years, the UK employed ever stringent restrictions upon those seeking asylum in an effort to deter entry. Ward (2006) presented a comprehensive summary of recent changes in asylum legislation. Such restrictions include prohibition of entitlements to work for the duration of asylum applications, restricted benefits based on 70% of normal income-support, increased use of detention during determination processes, and dispersal policies whereby asylum seekers are accommodated on a no-choice basis in one of any of a number of 'dispersal cities' located throughout Britain. Many clinicians have highlighted the negative impact of such policies on asylum seeker wellbeing (Ani, 2007; Bracken & Gorst-Unsworth, 1991; Salinsky, 1997; Summerfield, 2001; Watters, 2001). Despite these concerns there is an absence of research exploring the impact of postmigratory stressors within the British context.

In two separate London-based studies, Bhui et al.'s (2003; 2006) combined samples of 323 displaced-persons included a total of merely 29 asylum seekers. Immigration status was only examined as a factor in the second investigation, and although non-significant differences in mental health were detected between those with refugee status and those seeking asylum, the small sample of asylum seekers limited the power to detect a significant relationship. Qualitative investigations by Djuretic et al. (2007), Griffiths (2001), Timotijevic and Breakwell (2000) and Whittaker et al. (2005) all included small proportions of asylum seekers within their

samples. Of these studies only Djuretic et al. examined the impact of having been an asylum seeker, finding that the anger and frustration associated with a long and insecure process persisted a number of years after being granted refugee status.

2.5 Refused Asylum Seekers

The British asylum determination process has been criticised as inaccurate (Cohen, 2001; Herlihy & Turner, 2007) and unjust (Independent Asylum Commission, 2008). Rights to appeal negative decisions have further been restricted through recent legislative changes (Ward, 2006), and those exhausting the appeals process face deportation and removal of all housing and sustenance support unless they sign to say they are willing to be repatriated when it becomes possible to do so (Home Office, 1999). That many choose not to sign for such support but instead go into hiding suggests that the determination processes do not accurately identify those fleeing genuine persecution (Refugee Action, 2005). A 2004 audit estimated the number of refused asylum seekers in the UK to be between 155,000 and 283,500 (National Audit Office, 2005), however at the end of the 1st quarter of 2008 only 9,365 refused asylum seekers were receiving government assistance with housing and finance (Home Office, 2008). In a recent survey of 135 destitute asylum seekers in Leicester, 67% had been made destitute as a result of being denied asylum, 45% had been destitute for a year, and 11% reported being destitute for five years or more (LVSF for Asylum Seekers and Refugees, 2008).

As far as is known, no research in Britain has been conducted to examine the impact on mental health of receiving negative decisions on asylum claims. Indeed, little research has been undertaken in relation to this worldwide. In Australia, Steel et

al. (2006) found that participants granted the right to remain in the country permanently scored significantly lower on measures of distress compared with those participants who were granted temporary protection only. A qualitative investigation in Sweden concluded that the impact of a negative decision following a long asylum determination process can have significant detrimental effects on wellbeing (Samarasinghe & Arvidsson, 2002).

3. Rationale and Hypotheses

3.1 Rationale

Given both the dominance of the 'trauma discourse' and the absence of empirical research in Britain examining the impact of determination processes on asylum seeker mental health, the present study sought to examine the relationship between postmigratory stressors and distress in a sample of asylum seekers and individuals whose claim for asylum had been rejected. The research also aimed to explore the impact of postmigratory stressors relative to the effects of premigratory-traumatic events. The present study also sought to investigate the impact on mental health of being denied asylum in light of the absence of previous research examining such a factor.

3.2 Hypotheses

Based on methodologies and findings from previous research with asylum seekers it was hypothesised that:

H1: Measures of both postmigratory stress and premigratory trauma would be associated with increased distress (Laban et al., 2005; Siolve et al., 1997; 1998; Silove & Steel, 2000; Steel et al., 1999; 2006).

H2: Those receiving a negative decision on their asylum applications would experience significantly more distress and postmigratory stress than those awaiting a decision on their claims (Samarasinghe & Arvidsson, 2002; Steel et al., 2006).

H3: Measures of postmigratory stress (including receiving a negative asylum decision) would correlate significantly with distress scores even when controlling for the effects of demographic and premigratory-trauma predictors (Laban et al., 2005; Steel & Silove, 2000; Steel et al., 1999; 2006).

Taking an exploratory stance, the present study also sought to explore which postmigratory stressors were most significantly associated with distress, and which were most frequently identified as problematic by participants.

4. Method

4.1 Design

Based on established methodologies (Schweitzer et al., 2006; Silove et al., 1997;1998; Steel et al., 2006) the present cross-sectional study utilised both between groups and correlational analyses to explore the hypothesis that the various postmigratory stressors and premigratory-traumatic events (IVs) would be associated with poorer mental health, as measured on psychometric measures of distress (DVs). Between groups analyses were also utilised to compare levels of distress and postmigratory distress (DVs) as a function of whether or not participants had received negative decisions on their asylum applications (IV: two-levels).

Finally, in order to test the third hypothesis (that postmigratory stressors would relate significantly to measures of distress even when controlling for the effects of premigratory-trauma exposure and demographic predictors), a series of multiple regression analyses were conducted to examine the relative relationship of various sets of predictors with each of the distress criterion variables (c.f. Silove & Steel, 2000; Steel et al., 1999; 2006).

4.2 Participants

4.2.1 Power analysis

Because of the large number of IVs utilised in the present study, it was recognised that the number of participants in each cell for between-groups analyses would vary considerably. Power-tables indicated that a one-tailed between-groups analysis, with equal numbers of participants in each cell and alpha set at .05, would require a sample of approximately 100 participants to reach the generally accepted

power level of .8 (Clark-Carter, 1997). Lower numbers would be required to reach the same level of power for both Chi-square (n=88; Clark-Carter, 1997) and correlational analyses (n= 67).

For multiple regression analyses it has been recommended that between 12 to 15 participants be recruited per predictor (Clark-Carter, 2004). Recognising that it would not be possible to recruit a sample large enough to enter all predictors into regression analyses, various variable reduction techniques were proposed to reduce the number of predictors in the final analysis (see Results section).

4.2.2 Inclusion criteria

Inclusion criteria required participants to:

- be at least 18years-old
- be someone seeking asylum, or be someone whose claim for asylum had been rejected
- have been in Britain for at least a month (to ensure sufficient exposure to the postmigratory environment)

Inclusion criteria were stated on participant information sheets and posters advertising the project. Responses to specific items on the questionnaires provided a means of screening participants against inclusion criteria.

It was desirable that participants were literate in one of the target-languages. However, this was not a strict-inclusion criteria as it was recognised participants may have chosen to ask others to assist them in completing questionnaires.

4.2.3 Language considerations

Questionnaires were made available in Arabic, English and French. Selection of the two non-English languages was made following consultation with participating agencies. Together these languages accounted for 44% of first-languages spoken by the service users at a specialist Primary Care Service for asylum seekers in one of the target cities (ASSIST, 2005).

4.2.4 Sampling

The present study relied upon opportunity sampling. Whilst not ideal, such methods of recruitment are commonly employed in studies with asylum seekers due to difficulties inherent in recruiting random samples with these populations (Appendix C). Participants were recruited from Leicester and Nottingham, two dispersal cities within the East Midlands, UK. Figures provided by the East Midlands Consortium for Asylum and Refugee Support suggested there were just over 3000 people meeting inclusion criteria in these two cities at the mid-point of the project. These numbers were however estimates and did not include figures for those with rejected refugee status not in receipt of government support.

Participants were recruited from 16 organisations across both cities that were accessed by asylum seekers (Appendix D). In order to reduce sampling bias associated with recruiting participants who access a particular type of service (Bhui et al., 2006), organisations with a wide variety of remits were approached to take part in the study. Participating organisations included a housing provider, a Primary Care service, organisations providing opportunities for social activities, organisations providing donations of food and clothing, and organisations providing advocacy and

information regarding the support options available to those going through the asylum process.

4.2.5 Recruitment

Posters advertising the project in each of the three languages (Appendix E) were displayed in the reception areas of the participating organisations, encouraging interested persons to collect questionnaire-packs from clearly marked boxes in waiting areas. Staff at selected organisations also informed potential participants about the research if deemed appropriate, whilst the author spent time in the waiting rooms of some organisations to promote and discuss the project with those showing an interest.

Recruitment spanned from mid-October 2007 to the end of March 2008. Start-dates however were staggered across participating agencies (Appendix D) and delays in translation of materials meant that the non-English questionnaires were not distributed until mid-November 2007. During the course of the study 769 questionnaire-packs were distributed from the various organisations. Responses were received from 104 participants (response rate of 13.5%), however data from six respondents had to be removed due to intolerable levels of missing data. Most participants completed the English version of the questionnaires (70%), whilst 17% and 11% completed the French and Arabic measures respectively. Sample characteristics of the 98 participants are discussed in the results.

4.3 Materials

<u>4.3.1 Postmigratory predictors</u>

The Postmigratory Living Difficulties Checklist (PLDC)

The PLDC (Silove et al.,1997) is a checklist of postmigratory problems faced by asylum seekers. Developed in collaboration with those seeking asylum in Australia, the PLDC is intended to serve more as a checklist than a psychometric tool (Silove, personal communication) and lacks formal tests of reliability and validity. The tool has however been shown to distinguish between refugee, asylum seeker and elective-immigrant populations (Silove et al, 1998).

Participants respond on five-point likert scales with the anchors 0= '*no-problem at all*' to 4='*a very serious problem*' dependent on how much of a problem each stressor has been for them in the previous 12-months. Despite the use of likert-scales, responses on the PLDC are typically dichotomised into those indicating the stressor to be either a '*serious*' or '*very serious problem*' (i.e. the last two points on the likert-scale) and those responses rating the stressor as less problematic (i.e. the first three response options on the likert-scale). Individual items can be used as independent predictors (Silove et al., 1997; Steel & Silove, 2000). The checklist has been utilised in studies with displaced-people from a number of countries (Laban et al., 2005; Ryan et al., 2008; Schweitzer et al., 2006; Silove et al., 1997, 1998, 2002; Silove & Steel, 2001; Steel et al.,1999, 2006).

Adapting the PLDC

As the PLDC was developed to reflect postmigratory-stressors within Australia, the most recent available version of the checklist (Schweitzer et al., 2006) was adapted following feedback from pilot-study participants and professionals from six organisations working with asylum seekers. The resultant 28-item checklist (Appendix F) contained the additional stressors: '*Housing problems*'; '*Poor acceptance of religious beliefs*'; *Poor access to child-care support*'; and '*Feeling like you are a burden to others*'. Further details of minor-adjustments are given in Appendix G.

Additional 'postmigratory-factors'

Participants were asked to indicate whether or not they had received a negative decision on their asylum application, and if so, how long it had been since their first rejection (years, months). Additional questions relating to postmigratory factors enquired about length of time in the UK (years and months) and whether or not participants had relatives in Britain. As utilised by Takeda (2000), the number of friends or sources of support they had from the British culture ('Inter-Ethnic Support') and their own culture ('Intra-Ethnic Support') was assessed using four-point ordinal scales with the anchors '*None*' and '*Lots*'. Four-point scales, with the anchors '*Extremely important*' and '*Not important at all*' were also utilised to assess the value participants placed on adapting to the British culture, and the importance they assigned on maintaining their own cultural traditions. These items were based on those utilised by Werkuyten and Nekuee (1999) to assess acculturative attitudes. Spoken-English language skill was also assessed using a four-point scale (anchors of '*None*' and '*Very good*'). The validity of such self-report ratings of English language

has been supported in previous studies with refugees (Beiser & Hou, 2001). Items enquiring about additional postmigratory stressors are given in Appendix H.

4.3.2 Premigratory trauma predictors

The Traumatic Exposure Questionnaire (HTQ-TE)

The HTQ-TE was based on Section One of the Harvard Trauma Questionnaire (Mollica et al., 1992). Originally a checklist of 17 traumatic experiences commonly experienced by Southeast Asian refugees with good test-retest reliability, the HTQ-TE has been altered to include culture-specific traumatic events for use with people from several cultural backgrounds (Shoeb et al., 2007). The 16-item version utilised in the present study (Appendix I) was selected both due to its brief nature and because the same measure had been utilised in each of the Australian PLDC studies, thus facilitating direct comparison of results. Although the measure does not provide an extensive list of potentially traumatic experiences, nor does it gather information relating to the intensity, duration, or context in which the event took place, the HTQ-TE was also selected because the 'yes/no' response options for each item meant that participants did not have to elaborate upon potentially painful events.

Each item on the HTQ-TE can be utilised as a separate variable, however the total number of stressors endorsed is frequently used as a predictor. Such 'trauma-counts' have consistently been found to correlate with refugee distress (e.g. Marshall et al., 2005; Mollica et al., 1993; Nicholson,1997; Schweitzer et al.,2006; Steel et al., 2002).

4.3.3 Demographic predictors

Demographic variables collected by the questionnaires included age, gender, country of origin, years spent in education prior to flight, and premigratory social and occupational status (four-point scale with the anchors *'poorly respected'* to *'very well respected'*) (Appendix H).

4.3.4 Measures of distress

The Harvard Trauma Questionnaire- Posttraumatic Stress Subscale (HTQ-PTSD)

This sub-section of the HTQ (Mollica et al., 1992) (Appendix J) consists of 16 items assessing severity of Post Traumatic Stress (PTS) reactions. The reliability and validity of the scale has been demonstrated with displaced-persons from a number of cultures (Kleijn et al., 2001, Smith et al.,1997). Participants provide ratings for each item on four point scales with the anchors *'not at all distressed by the symptoms'* (1) and *'extremely distressed by the symptoms'* (4). Participants' mean responses are calculated to provide 'PTS' scores ranging between 1.00 and 4.00.

The Hopkins Symptom Checklist (HSCL-25)

The HSCL-25 (Hesbacher et al.,1980; Winokur et al., 1984) (Appendix K) consists of two sub-scales aiming to assess the constructs 'Depression' (15 items) and 'Anxiety' (10 items). Responses are made on four point-scales identical to those described for the HTQ-PTSD. A number of studies and reviews attest that the measure has satisfactory reliability and validity with both 'western' (Veijola et al., 2003) and 'non-western' populations (Hollifield, 2002; Kleijn et al., 2001; Lavik et al.,1999; Mollica et al.,1987; Mouanoutoua & Brown, 1995; Smith et al.,1997).

4.4 Procedure

 4.4.1 Pilot study

Prior to translation of materials, the English questionnaires were piloted with five English-speaking asylum seekers recruited by the researcher in the waiting areas of participating agencies. Participants independently completed the questionnaires in a private room before being asked for feedback on ease of completion, whether or not they found the measures distressing, and any suggestions for modification. Feedback resulted in minor alterations to both the PLDC and questions regarding demographic factors. None of the pilot-participants reported that the measures caused them distress.

4.4.2 Translation of materials

Following standard good practice in translation of materials (e.g. Shoeb et al., 2007), all materials were translated to the target language and then and back-translated to English by two independent translators. The original and back-translated documents were compared for consistency and semantic equivalence (Flaherty et al., 1988), and amendments were made as required by one of the interpreters. The second translator then verified these amendments. The translation of the materials into Arabic was greatly facilitated by Professor Zachary Steel who kindly supplied an Arabic version of the PLDC, as utilised in the study by Schweitzer et al. (2006).

To further ensure consistency of translation, materials were screened by two more individuals fluent in English and the target language, who compared the translated documents against the original English versions. Slight amendments were made as a consequence of this process. Finally, each set of translated materials were piloted for ease of completion with three asylum seekers fluent in the target language and

possessing at least moderate English. These individuals were recruited in the same way as the initial-pilot participants. All translators and pilot-participants reported satisfaction with the materials at this stage.

4.4.3 Procedure for participation

Participants collected questionnaire packs and completed measures at a time and place of their discretion. A stamped addressed envelope included in questionnaire packs allowed participants to return responses to the researcher free of charge.

4.5 Ethical Considerations

Approval was sought and granted from the Central Office of Research Ethics (Appendix L). Posters, participant information packs and information for professionals offering questionnaires warned that the study enquired about potentially-traumatic events individuals might have experienced. It was also stressed that participation was voluntary, confidential, and that choosing to take part or not would affect neither the outcome of their asylum applications nor access to services in any way. NHS organisations in both cities agreed to provide mental health support to anyone distressed through participation, and both questionnaires and participant information sheets signposted individuals as to where such support could be received. Neither service reported anyone referring themselves for such reasons.

4.6 Data Analysis

Data was analysed using the latest version of SPSS. Visual inspections of box-plots and histograms were initially undertaken to check for outliers and normal distribution. A series of between-groups and correlational analyses were then undertaken to explore both the Hypothesis that premigratory-trauma and postmigratory stress IVs would be associated with increased distress (DVs), and the Hypothesis that distress scores and endorsement-rates of stressors (DVs) would vary as a function of whether or not participants had been rejected asylum (IV). Parametric or non-parametric analyses were utilised dependent upon the properties of the DV under investigation. Hierarchical multiple regression analyses were then conducted to examine the relative relationship of postmigratory and premigratory-trauma predictors to distress criterion-variables (Hypothesis three).

5. Results

5.1 Descriptive Statistics and Treatment of Missing Data

5.1.1 Sample characteristics

The 98 participants came from a total of 25 countries (Figure 2). Other sample characteristics are presented in Table 3. The mean length of time in Britain was 4.7years (SD=2.1years). Over half the sample (56%) had received negative decisions on their asylum claims, with the average length of time since the first rejection being 3.6years (SD =2.0 years). The sample generally possessed good English, with only 12% reporting '*below average'* English language skills. Available data suggested women and people from Africa were over-represented in the present study, whilst asylum seekers from middle-eastern countries were under-represented.

Figure 2: Participant Countries of Origin (N=98)
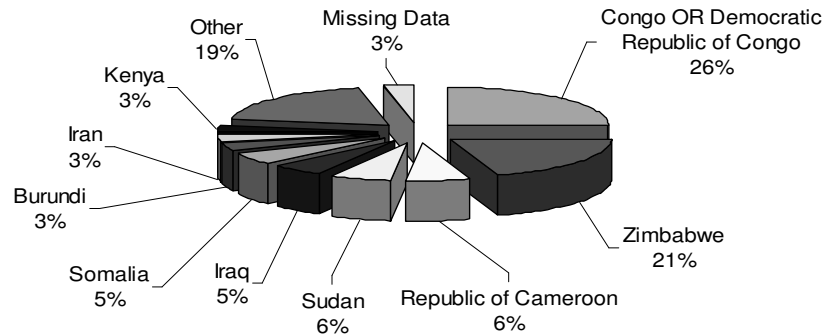
Table 3: Sample Characteristics (N=98)

	% of valid cases (n)		Mean (SD)	Range
Female gender	48% (47)	Age	34.1yrs(8.7yrs)	18-60yrs
Negative decision on asylum claim	56% (55)	Time since first negative decision[*]	3.6yrs(2.0yrs)	.2-9.8yrs
Relatives in the UK	34% (32)	Time in the UK	4.7yrs(2.1yrs)	.2-10.7yrs
High premigratory occupational and social status	78% (72)	Years in education	10.9yrs(5.1yrs)	0-20yrs
Above average English language skills	88% (86)			

*Applicable to those receiving a negative asylum decision only

5.1.2 Social-support and acculturative attitudes

Participants' responses to items assessing social-support and acculturative attitudes were dichotomised into 'high' and 'low' groups. Table 4 provides descriptive statistics for these variables.

Table 4: Descriptive statistics for Social-Support and Acculturative-Attitudes

	% of valid cases (n)		*% of valid cases (n)*
High Intra-Ethnic support	57%(56)	**Views maintenance of culture as important**	74%(71)
High Inter-Ethnic support	51%(50)	**Views adaptation to British culture as important**	89%(85)

5.1.3 PLDC Items

Data from two items were removed due to unacceptable levels of missing data (*'Bad job conditions'; 'Access to treatment for other health problems':* see Appendix M). Table 5 provides endorsement rates for each PLDC item. Appendix N compares present endorsement rates with previous PLDC studies with asylum seekers.

Table 5: Endorsement rates of PLDC items

	%of valid cases (n)
Fears of being sent home to your country of origin.	96%(91)
No permission to work	91%(89)
Worries about family back at home.	89%(83)
Unable to return home in Emergency.	84%(81)
Mistakes and delays in processing your application.	84%(79)
Isolation.	83%(74)
Not being able to find work.	79%(68)
Separation from family.	78%(74)
Loneliness and Boredom.	76%(71)
Poverty	75%(68)
Feeling like you are a burden to others	67%(58)
Little Government help with welfare	62%(54)
Interviews by immigration, courts or solicitors	62%(59)
Being in detention (being in a detention centre in England).	55%(48)
Poor access to the foods you like.	55%(51)
Conflict with immigration and other officials.	51%(46)
Housing problems	47%(44)
Discrimination.	36%(33)
Poor access to treatment for long term health problems	34%(32)
Difficulties obtaining help from charities	34%(30)
Poor access to child-care support	33%(28)
Poor access to dental treatment	32%(29)
Poor access to counselling	28%(25)
Poor access to treatment for emergency health problems	21%(20)
Poor acceptance of religious beliefs	21%(18)
Communication difficulties.	19%(18)

<u>5.1.4 HTQ-TE Items</u>

In order to retain participants who provided a small amount of missing data on this measure, HTQ-TE scores were calculated to reflect the percentage of items endorsed by a given participant, and participants' HTQ-TE scores were only included in analyses if they responded to over 94% of the items. Exposure to premigratory-stressors was high, even when compared to previous studies. Participants endorsed a mean of 63% of the HTQ-TE items (SD= 25%, n= 89, range: 0-100%). Table 6 provides endorsement rates for each item.

Table 6: Endorsement rates of HTQ-TE items

	%of valid cases (n)
Torture	84%(81)
Being close to death	83%(80)
Forced separation from family members	80%(76)
Unnatural death of family or friend	76%(72)
Murder of family or friend	75%(70)
Murder of stranger or strangers	71%(63)
Forced isolation from others	69%(65)
Imprisonment	62%(56)
Combat situation	60%(53)
Ill-health without access to medical care	59%(57)
Brainwashing	58%(53)
Serious injury	52%(48)
Lost or kidnapped	52%(48)
Rape or sexual abuse	47%(43)
Lack of shelter	42%(40)
Lack of food or water	41%(39)

<u>5.1.5 Distress scores</u>

Significant proportions of missing data were recorded across each distress DV. To retain data, participants' mean scores on distress variables were retained in analyses if they responded to over 80% of items on a given DV. As the Cronbach's alpha's for each measure were high in both the present (Table 7) and previous studies, a small amount of missing data would not be likely to affect the mean scores significantly (Kelijn et al., 2001). Descriptive statistics are given in Table 7.

Table 7: Descriptive statistics for distress scores

	N	*Mean (SD)*	*Range*	*Cronbach's alpha*
Anxiety	87	2.90(.81)	1.00-4.00	.94
Depression	84	3.12(.77)	1.00-4.00	.95
PTS	85	3.17(.64)	1.31-4.00	.91

5.2 Data Transformation

Histograms revealed each of the three distress DVs to have negatively skewed distributions. These scores were therefore transformed by reflect and logarithm (Pallant, 2005). Transformation however only resulted in normal-distribution for PTS scores. Transformed distress scores were used in all analyses. HTQ-TE scores also were negatively skewed however were not transformed. No outliers were detected for any of the variables.

5.3 Univariate Analyses

The relationship between all IVs and distress scores was initially explored through univariate analyses. Independent-groups t-tests were used for between-groups analyses involving PTS scores, whilst Mann-Whitney U tests were utilised for comparisons involving the non-normally distributed Depression and Anxiety DVs. Pearson's product moment or Spearman's rank order correlations were used to explore the relationship of continuous IVs with distress scores. Because the sample was under-sized, and because of the exploratory nature of the study, no adjustment to alpha was made, as multiple analyses were undertaken. Alpha was set at .05 for these and all subsequent analyses.

Results of all significant between groups and correlational analyses are presented in Tables 8 and 9. Non-significant results are presented in Appendix O. No demographic predictors were significantly associated with either Anxiety or Depression scores. Premigratory-trauma risk factors significantly associated with elevated Anxiety scores were higher scores on the HTQ-TE, and endorsement of the HTQ-TE item *'Brainwashing'* (p<.05). Postmigratory-stressors significantly associated with increased Anxiety were *'Conflict with immigration and other officials'; 'Worries about family back home'* (p<.01); *'Feeling a burden to others'; 'Loneliness and boredom'*; low *'Intra-ethnic support';* and receiving a *'Negative decision'* on asylum applications(p<.05).

Table 8: Premigratory-trauma and Demographic variables significantly associated with at least one distress DV

	Anxiety				Depression				Posttraumatic stress			
	Mean (SD)		df	Z	Mean (SD)		df	Z	Mean (SD)		df	t
	No	Yes			No	Yes			No	Yes		
Premigratory-trauma risk factors												
Brainwashing	.61(.39)	.82(.40)	80	**2.22***	.73(.41)	.90(.38)	78	1.70	.67(.31)	.84(.32)	81	**2.42***
Forced separation from family	.60(.40)	.76(.40)	82	1.31	.74(.45)	.85(.39)	80	1.00	.60(.38)	.80(.31)	83	**2.17***
Ill-health	.64(.37)	.78(.41)	84	1.29	.74(.42)	.89(.37)	81	1.70	.66(.33)	.83(.32)	83	**2.22***
Lack of shelter	.69(.40)	.79(.39)	83	.99	.76(.41)	.91(.37)	81	1.66	.69(.33)	.87(.29)	82	**2.53***
Serious injury	.66(.41)	.80(.39)	80	1.46	.78(.43)	.86(.38)	78	.82	.69(.32)	.84(.31)	81	**2.15***
			n	rho			n	rho			n	rho
HTQ-TE			79	**.26***			77	.21			80	**.31****
Demographic risk factors			n	rho			n	rho			n	r
Age			84	.17			81	.07			83	**.22***

*p<.05   **p<.01

Table 9: Postmigratory variables significantly associated with at least one distress DV

	Anxiety				Depression				Posttraumatic stress			
	Mean (SD)		df	Z	Mean (SD)		df	Z	Mean (SD)		df	t
	No	Yes			No	Yes			No	Yes		
PLDC risk factors												
Conflict with immigration and other officials	.60(.32)	.85(.42)	79	**2.79****	.77(.33)	.91(.44)	77	1.84	.72(.27)	.84(.36)	77	1.69
Feeling a burden to others	.57(.37)	.83(.38)	76	**2.55***	.66(.39)	.94(.38)	75	**2.91****	.58(.35)	.88(.27)	75	**4.16*****
Isolation	.64(.41)	.77(.39)	81	1.20	.74(.49)	.87(.38)	81	.94	.63(.37)	.82(.30)	79	**2.16***
Little help with welfare	.70(.40)	.79(.39)	76	1.08	.79(.41)	.90(.37)	75	1.23	.70(.30)	.85(.31)	75	**2.05***
Loneliness & boredom	.57(.41)	.78(.39)	82	**2.01***	.68(.44)	.89(.37)	81	**2.01***	.59(.36)	.83(.29)	80	**2.92****
No permission to work	.57(.51)	.74(.39)	85	1.41	.73(.57)	.85(.38)	82	.61	.55(.37)	.79(.32)	83	**2.12***
Poor-access to child-care support	.67(.41)	.82(.41)	79	1.53	.80(.39)	.98(.39)	75	**2.08***	.73(.35)	.84(.31)	76	1.34
Poor access to dental treatment	.69(.42)	.77(.38)	82	.80	.82(.41)	.88(.38)	78	.58	.70(.34)	.86(.29)	79	**2.00***
Poverty	.62(.45)	.76(.37)	83	1.41	.68(.46)	.88(.36)	81	1.84	.58(.32)	.83(.30)	81	**3.18****
Worries about family back home	.39(.34)	.75(.39)	81	**2.69****	.56(.40)	.86(.39)	78	1.95	.39(.33)	.80(.31)	79	**3.48****
Additional postmigratory risk factors												
Negative decision on asylum application	.57(.34)	.83(.41)	84	**2.92***	.67(.37)	.95(.38)	81	**3.09***	.70(.34)	.81(.33)	82	1.45
Views maintenance of culture as important	.68(.46)	.76(.37)	83	.83	.78(.47)	.87(.37)	81	.72	.64(.35)	.82(.31)	81	**2.19***
Views adaptation to British culture as important	.60(.54)	.75(.38)	83	1.22	.80(.53)	.84(.39)	81	.10	.33(.11)	.80(.32)	81	**2.22***
Low intra-ethnic support	.63(.31)	.84(.48)	85	**2.04***	.76(.33)	.94(.46)	82	**2.26***	.74(.29)	.79(.39)	83	.59

*p<.05   **p<.01   ***p<.001

No premigratory-trauma variables were significantly associated with Depression. The positive correlation between elevated HTQ-TE scores and Depression approached significance however (p=.06). Postmigratory stressors associated with increased Depression scores were *'Feeling a burden to others'* (p<.01); *'Poor access to child-care support'; 'Loneliness and boredom'; 'Low Intra-ethnic support';* and receiving a *'Negative decision'* on asylum applications(p<.05).

The only significant demographic risk factor for PTS scores was older age (p<.05). Higher HTQ-TE scores were associated with increased PTS (p<.01), as were the HTQ-TE items *'Lack of shelter'; 'Brainwashing'; Ill-health without access to medical care'; 'Forced separation from family';* and *'Serious injury'* (p<.05). Postmigratory risk-factors included: *'Feeling a burden to others'* (p<.001); *'Worries about family back home'; 'Poverty'; 'Loneliness & boredom'* (p<.01); placing high value on *'Maintenance of culture';* placing high value on *'Adaptation to British culture'; 'Isolation'; 'No permission to work'; Little help with welfare';* and *'Poor access to dental treatment'* (p<.05).

Power to detect significant differences was lower than the desired .8 in most between-groups analyses and especially so for those stressors very highly endorsed. The most underpowered analyses involved the variable *'Fears of being deported'* due to 96% of participants endorsing this stressor (β<.10). Extra caution should thus be taken when interpreting non-significant findings.

5.3.1 Negative decisions and pre- and postmigratory stress

Between groups analyses were conducted to test differences in levels of postmigratory stress and premigratory-trauma in those receiving negative decisions and those awaiting the outcome of their claims (IV). Mann-Whitney U and Chi-square tests revealed non-significant differences between groups in terms of either HTQ-TE scores or endorsement of individual HTQ-TE items. Regarding postmigratory-stressors, those receiving negative decisions were found to more frequently endorse the stressors *'Poor access to the foods you like'* and *'Housing problems'* (p<.01). These findings are displayed in Table 10. Non-significant findings are presented in Appendix P. Low-sample sizes and missing data meant that Chi-Square comparisons were underpowered. Almost all non-significant comparisons of postmigratory stressors were in the hypothesised direction.

Table 10: Significant Chi-square comparisons between those receiving negative asylum decisions and those awaiting the outcome of claims

	%of valid cases endorsing stressor(n)		*Chi-square*[*]	*p(2-tailed)*
	Awaiting Decision	**Negative Decision**		
Poor access to the foods you like	35%(14)	68%(36)	8.66	.00<**.01**
Housing problems	32%(13)	62%(34)	7.36	.01<**.01**

*Chi-square value reflects Yates' Correction for Continuity

5.4 Regression Analyses

Hierarchical multiple regression analyses were selected to test the hypothesis that postmigratory factors would contribute significantly to distress scores over and above the effects of demographic and premigratory-trauma predictors. Due to a small sample size relative to the number of predictors, it was necessary to reduce the number of variables entered into the regression analyses in order to increase the test power. Only those predictors found to be associated with a given distress variable at $p<.05$ in the univariate analyses were taken forward to the regression analyses. An exception to this rule was the inclusion of HTQ-TE scores in the Depression analysis. The non-parametric correlation between these two variables had approached significance ($p=.06$) and it was considered important to enter at least one premigratory-trauma predictor at step one of the regression (no premigratory-trauma predictors had been found to be significantly associated with Depression during univariate analyses).

To further reduce the number of predictors entered into hierarchical regressions, the postmigratory-predictors significantly associated with each distress score in the univariate analyses were simultaneously regressed against a given distress score to explore which were the strongest predictors (standard multiple regression analyses). Postmigratory predictors remaining significantly ($p<.05$) related to distress scores after these regressions were then entered into step two of the hierarchical regression analyses, in which the effects of demographic and premigratory-trauma predictors were controlled for at step one.

5.4.1 Regression diagnostics

Although desirable, a normally-distributed criterion variable is not a necessary condition for multiple regression (Cohen et al.,2003, p110). Correlation-matrixes (Appendix Q) revealed that no IVs were sufficiently inter-correlated to produce confounding multicolinearity. Measures of tolerance were satisfactory, no outliers were detected, and plots of residuals from each regression indicated the assumptions of normality, linearity, and homoscedasticity had not been violated (Appendix R).

5.4.2 Regression models

Results for all standard regression analyses conducted to reduce the number of postmigratory-stressor predictors are given in Appendix S. Tables 11 to 13 present results from the hierarchical regressions.

Table 11: Hierarchical multiple regression analysis for Anxiety (n=77)

	Betas	
	Step 1	Step 2
Premigratory-trauma & Demographic predictors		
HTQ-TE	.22	.19
Brainwashing	.13	.13
Postmigratory predictors		
Negative decision		**.34****
Burden to others		**.29***
Adjusted R^2	.17	.24
R^2 change	.10	.19
F for R^2 change	**4.00***	**9.47*****
Total F	**4.00***	**7.19*****

*   p<.05
**   p<.01
*** p<.001

Table 12: Hierarchical multiple regression analysis for Depression (n=76)

	Betas	
	Step 1	Step 2
Premigratory-trauma & Demographic predictors		
HTQ-TE	**.24**[*]	**.20**[*]
Postmigratory predictors		
Negative decision		**.35**[**]
Burden to others		**.33**[**]
Adjusted R^2	.05	.25
R^2 change	.06	.22
F for R^2 change	**4.76**[*]	**11.09**[***]
Total F	**4.76**[*]	**9.41**[***]

[*] $p<.05$
[**] $p<.01$
[***] $p<.001$

Each model was highly significant ($p<.001$), accounting for 24%, 25%, and 36% of the variance in Anxiety, Depression and PTS respectively (Adjusted R^2). Supporting the hypothesis that postmigratory-stressors would correlate with distress scores above and beyond the effects of demographic and premigratory-trauma predictors, postmigratory-predictors accounted for an additional 19% of variance for Anxiety ($p<.01$); and an additional 22% for both Depression and PTS ($p<.001$). The postmigratory-predictors '*Negative decision*' and '*Burden to others*' remained significantly associated with both Depression and Anxiety, whilst '*Burden to others*' ($p<.01$) and '*Poverty*' ($p<.05$) remained significantly associated with elevated PTS scores.

Table 13: Hierarchical multiple regression analysis for PTS (n=76)

	Betas	
	Step 1	Step 2
Premigratory-trauma & Demographic predictors		
Lack of shelter	.28	**.28**[*]
Age	**.26**[*]	**.25**[*]
Forced separation from family	.16	.12
Brainwashing	.09	.08
Serious injury	.08	.08
Ill health without access to treatment	.03	.01
HTQ-TE	-.02	-.08
Postmigratory predictors		
Burden to others		**.30**[**]
Poverty		**.22**[*]
Worries about family back home		.18
Adjusted R^2	.14	.36
R^2 change	.22	.22
F for R^2 change	**2.83**[*]	**8.62**[***]
Total F	**2.83**[*]	**5.22**[***]

*   p<.05
**   p<.01
*** p<.001

6. Discussion

The present study, based upon the methodologies of Silove, Steel and colleagues in their studies with displaced persons in Australia (Schweitzer et al.,2006; Silove et al.,1997; Steel & Silove,2000; Steel et al.,1999,2006), aimed to explore the relationship between postmigratory stressors and asylum seeker distress. Present results supported the previous studies in suggesting asylum seekers experience high rates of premigratory-traumatic events, endure a wide range of postmigratory stressors in exile, and are at risk of experiencing high levels of distress. Results providing partial support to hypotheses are summarised below before elaboration of key findings. Implications and limitations of the study are discussed before suggestions for future research are given.

6.1 Summary of Results in Relation to Hypotheses

H1: As hypothesised, endorsement of a range of premigratory-trauma predictors and post-migratory stressors were associated with increased distress. Stressors identified as risk factors are discussed in the following section.

H2: Results provided partial support for the hypothesis that receiving a negative decision on asylum claims would be associated with enhanced distress and postmigratory stress. Those receiving negative decisions were significantly ($p<.01$) more likely to report *'Housing problems'* and *'Poor access to preferred foods'*. Although no significant differences were detected between groups in terms of Posttraumatic Stress scores, those receiving negative decisions scored significantly ($p<.05$) higher on both Anxiety and Depression measures, than those awaiting a decision. Indeed, receiving a negative decision was the strongest risk factor for increased Depression and Anxiety scores in multiple regression analyses that controlled for the effects of premigratory-trauma predictors ($p<.01$). These findings are discussed further in 6.2.3.

H3: As hypothesised, postmigratory-stressors were found to correlate significantly with each distress measure when controlling for premigratory-trauma and demographic predictors. Regression analyses found postmigratory predictors to account for more variance in Depression and Anxiety scores than sets of premigratory-trauma predictors. A set of postmigratory predictors and a set of premigratory-trauma and demographic predictors accounted for equal proportions of variance in Posttraumatic Stress scores. In each model it was a postmigratory-

predictor that made the most significant contribution to variance. These findings are discussed further in 6.2.5.

6.2 Key Findings

6.2.1 Insecure immigration-status and the determination process

Fear of deportation was the most frequently endorsed of all stressors. Although not significantly associated with distress, the power to detect such a relationship was greatly reduced due to only 5% of the sample not endorsing this stressor ($\beta<.17$). This item was also the most frequently reported by asylum seekers in Silove et al.'s (1997) study, and was amongst the most frequently endorsed in other Australian research with asylum seekers (Silove et al.,1998; 2002; Steel et al., 2006). Because being deported can result in being returned into the hands of persecutors (Braswell, 2006) it has been argued that seeking asylum can represent the continuation of threat rather than provision of a sense of refuge (Silove et al., 1993).

The right to remain in the UK is dependent upon the outcome of asylum applications. Stress associated with this process was frequently endorsed in the present study: 84% reported difficulties or delays with their application, whilst over 50% of participants reported stress associated with '*Interviews with immigration*' and '*Conflict with immigration and other officials*'. The latter predictor was significantly associated with Anxiety in univariate analyses, as was the case in studies by both Silove et al.(1997) and Steel and Silove (2000). Stress associated with the determination process has been endorsed frequently in studies with asylum seekers in other nations (Gerritsen et al., 2006; Laban et al., 2005; Silove et al., 1997;1998; 2002, Steel et al., 2006), whilst a British study revealed refugees still reported anger

with the determination process a number of years after refugee status had been granted (Djuretic et al., 2007).

As with Ryan et al.'s (2008) longitudinal study, the present investigation did not find a significant association between length of determination process and distress. Findings contrast with both Roth et al. (2006) and Laban et al. (2004) who reported increased distress with a longer period seeking asylum. The baseline measurement in Roth et al.'s longitudinal study was close to when their sample arrived in Sweden, whilst Laban et al. compared a group who had been seeking asylum in Holland less than six months with a group seeking asylum over two years. The majority of both the present sample and that recruited by Ryan et al. had been seeking asylum over two years. It is possible that the discrepancies in the small evidence base could reflect a non-linear relationship between length of determination process and distress, with distress rising to a peak a few years after resettlement before levelling out. The cross-sectional design and possible ceiling effects in the distress variables could also have prohibited detection of a linear relationship with time in the present study.

6.2.2 Forced unemployment and material deprivation

Not having permission to work was the second most frequently endorsed postmigratory stressor (91%), whilst 75% and 64% of participants endorsed *'Poverty'* and *'Little government help with welfare'* respectively. All three stressors were significant risk-factors for Posttraumatic Stress in univariate analyses, despite the high endorsement rate of the first of these predictors. *'Poverty'* remained significantly associated with Posttraumatic Stress even when controlling for the effects of premigratory-trauma and other postmigratory predictors. Given the cross-sectional

design of the study, it is not possible to comment on causal links. Findings are in concordance with both previous PLDC studies (Silove et al., 1997; Schweitzer et al., 2006; Steel et al., 2002; Steel & Silove, 2000) and other research linking both poverty (Blair, 2000; Chung & Kagawa-Singer, 1993; Nicholson, 1997) and unemployment (Beiser et al., 1993; Bhui et al., 2006; Lie et al. 2004; Lie, 2002; Pernice & Brook,1996) to refugee mental health.

Given that no-one in the present sample had entitlements to work, it is likely that most participants would be experiencing similar levels of poverty. The present significant association between *'Poverty'* and mental health could therefore reflect a relationship between distress and difficulties coping with little financial resources. Both cultural (Bhui et al.,2003) and individual (Colic-Peisker & Walker, 2003) differences would be likely to moderate the degree to which material deprivation is seen as problematic. Money not only provides a means of obtaining necessities and material possessions but can enable role-maintenance, such as providing for family (Fenta et al., 2004), whilst also facilitating independence (Beiser & Hou, 2001). Those placing greater emphasis on the advantages afforded through financial independence may endure greater challenges to identity seeking asylum.

No significant relationships were detected between distress and premigratory education, nor occupational status. These findings are in contrast to previous studies that have reported negative relationships between wellbeing and higher premigratory educational and occupational status (Lie et al.,2004; Porter & Haslam, 2005; Simich et al., 2006). Such findings typically were explained in terms of those with higher premigratory status experiencing greater downward mobility through exile, and thus

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greater challenges to identity (Colic-Peisker & Walker, 2003). It is possible that the current methodology may have biased the sample towards those with similar premigratory status. However, that there was a range of years spent in education suggests this may not have been the case. All the studies reporting significant 'downward mobility' effects were conducted with refugees who had permission to work. It is possible that being prohibited from employment buffered against the effects of downward mobility for the present sample because individuals accurately attributed their drop in status to the restrictive policies they endure. Conversely, refugees with permission to work may be more prone to internally attribute a *perceived* failure to gain employment at a level on par with their premigratory-status. Such an interpretation does not infer that preventing asylum seekers from working is protective (indeed results suggest the opposite), but rather such restrictions may moderate the impact of downward mobility.

The present finding that age was significantly correlated with Posttraumatic Stress scores, even when controlling with premigratory-trauma exposure, is in concordance with previous studies that suggest older refugees may experience relatively greater downward mobility whilst simultaneously perceiving less opportunity to re-establish roles or status on par with premigratory identities (Colic-Peikser & Tilbury, 2003; Djuretic et al., 2007).

6.2.3 Impact of negative asylum decisions

Receiving a negative asylum decision was found to be the strongest risk factor for Depression and Anxiety. Only two other papers have explored the impact of being refused refugee status. In their qualitative investigation Samarasinghe and Arvidsson

(2002) concluded that being denied asylum impacted negatively upon wellbeing. Steel et al. (2006) found that those granted rights to remain in Australia for a temporary period experienced elevated postmigratory stress and distress compared with those granted permanent refugee status. The present results suggested that, just as asylum seekers have been shown to be at greater risk for distress compared to refugee populations (Gerritsen et al., 2006; Hondius et al.,2000; Ryan et al., 2008; Silove et al., 1998; Werkuyten & Nekuee,1999), those being rejected asylum experience higher levels of postmigratory stress and distress compared to asylum seekers awaiting decisions.

Elevated levels of distress in those receiving negative decisions could reflect a heightened fear of involuntary repatriation, however the high rates of fears of being deported between both groups meant that power to detect such a relationship was unsatisfactorily low.

The relationship between receiving a negative decision and distress could also be moderated by elevated levels of postmigratory stress. Despite no significant differences between groups in terms of premigratory-traumatic exposure, those receiving negative decisions reported significantly more problems with housing and access to preferred foods (p<.01). The present methodology did not allow distinctions to be made between those appealing negative decisions and those exhausting the right to appeal, but the latter sub-group would have experienced elevated restrictions and material deprivation than asylum seekers. The elevated rates of *'housing problems'* and *'poor access to preferred foods'* is consistent with the Home Office polices whereby those being denied asylum and refusing to sign for voluntary repatriation

lose all housing and financial support. Higher endorsement of the latter item could reflect greater difficulties purchasing food per se rather than *preferred* foods.

6.2.4 'Burdening others', social support and separation from family

As with previous PLDC studies, '*Worries about family back home'* and stress associated with being '*Unable to return home in an emergency'* were frequently rated as problematic by participants (Laban et al.,2005; Silove et al.,1997;1998; 2002; Steel et al.,2006). The former item was associated with anxiety in univariate analyses, and approached a significant relationship with Depression (p=.05). '*Worries about family back home'* was also found to be one of the strongest postmigratory-predictors of PTS. Again, the cross-sectional design prohibits conclusions being drawn regarding causality. However, that the significance of this relationship disappeared when exposure to premigratory-trauma predictors was controlled for suggests that those experiencing more premigratory trauma may be more prone to worry about those left behind, perhaps reflecting the enhanced risk such family members may be facing (Lie et al., 2004).

Although the power to detect a positive affect associated with presence of relatives in the UK was unsatisfactorily low ($\beta<.37$), the variable relating to presence of family did not approach significance for any of the distress scores (Anxiety: p=.54; Depression: p=.39; PTS: p=.24). A number of studies have reported presence of family to be protective for refugees (Gorst-Unsworth & Goldenberg,1998; Hauff & Vaglum,1995; Lie et al., 2004; Schweitzer et al., 2006; Steel et al., 2002; Werkuyten & Nekuee,1999). In addition to the support that family members can provide each other (Djuretic et al., 2007) relatives can provide a context for maintenance of familiar

roles and cultural traditions (Djuretic et al., 2007; Omeri et al.,2006). In a large sample of Southeast Asian refugees, Beiser et al. (1993) reported that the impact of family separation varied as a function of the relationships, with separation from spouse having the most negative impact on mood and separation from siblings the least. The present study did not make such distinctions. That the stressor *'Poor access to child-care support'* was associated with elevated Depression in univariate analyses suggests that the experience of supporting children whilst seeking asylum can be stressful. Such a finding fits with previous papers that have suggested refugee families experience strain when acculturative stresses impact upon their abilities to maintain relationships and roles (Fenta et al., 2004; Hosin, 2006; Liebkind, 1996). Role-maintenance and ability to support family members may be further compromised for asylum seekers due to the higher levels of deprivation and restrictions they endure.

Not being able to support relatives in the way they would want to, asylum seekers may be placed in a position where they feel a burden to their family. The item *'Feeling like a burden to others'* was a strong predictor of all distress scores in regression analyses, whilst a similar item (*'Burden on family'*) was endorsed by 93% of asylum seekers in Silove et al.'s (2002) study. Likewise, those seeking asylum may be made to feel they are a burden to friends. Such a possibility may account for the discrepancy in the results in which more than half the sample reported having 'some' or 'lots' of friends in exile, however over 70% of participants endorsed the stressors *'Isolation'* and *'Loneliness and boredom'* as problematic. The position of powerlessness asylum seekers are placed in may impact upon such individuals' abilities and opportunities to engage with others at an inter-personal level without feeling that they are dependent upon the other or burdening them in some way.

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Due to limited opportunities to integrate with British people, both due to material deprivation and not having permission to work, interaction with the host-nation community may often occur within the context of professional relationships or assistance from voluntary agencies (Goodkind, 2006). Such inter-personal power imbalances could therefore be magnified when considering interactions with British supports. Whilst self-rated support from the British community was not significantly associated with distress in the present study, support from the intra-ethnic community was associated with lower levels of Depression and Anxiety in univariate analyses. This difference replicates findings from previous studies with refugees that found support from the intra-ethnic community, but less so the host-nation community, was associated with lower distress (Keyes & Kane, 2004; Schweitzer et al.,2006; Takeda,2000). Although the protective role of the intra-ethnic community is often attributed to opportunities such relationships afford for maintenance of cultural traditions and identities (Djuretic et al., 2007; Griffiths, 2001) an alternative explanation could be that such relationships occur within a context in which there is reciprocity in relationships (Keyes & Kane, 2004), where individuals can 'be themselves' (Djuretic et al., 2007) and feel less like they are a 'burden'. *'Loneliness and boredom'* and *'Isolation'* were associated with increased distress scores, as was the case in previous PLDC studies (Silove et al., 1997; Steel & Silove, 2000). Again, inferences concerning the direction of causality in these relationships cannot be made due to the cross-sectional design.

6.2.5 Premigratory-trauma exposure, postmigratory stress, and mental health

Participant exposure to premigratory-traumatic events was high, even when compared to previous studies with refugees, with 84% of participants reporting torture histories. Notably, Keller et al. (2003) also reported high rates of torture (74%), and both Keller et al.'s and the present sample had a high proportion of participants from African nations. The relatively high rate of exposure to premigratory-traumatic events in the present sample may therefore reflect differences between studies in terms of participant countries of origin. Alternatively, the comparatively high rate of exposure to premigratory-traumatic events may reflect differences in sampling methodologies as discussed below.

In regression analyses the proportion of HTQ-TE items endorsed remained significantly associated with Depression scores, and *'Lack of shelter'* was associated with elevated Posttraumatic Stress. No other premigratory-trauma predictor remained significantly associated with distress in regression analyses. The validity of using 'trauma-counts' as a measure of premigratory-trauma exposure is dubious and one that ignores the complexity and differing contexts that can be associated with various human rights violations. However, the 'evidence' giving rise to the dominance of the trauma discourse seems to stem from research finding significant correlations between these trauma-counts and distress (e.g. Chung & Kagawa-Singer, 1993; Marshall et al., 2005; Mollica et al., 1993).

Power to detect significant effects of particular premigratory-trauma predictors was low due to the high endorsement rates of some items ($\beta<.45$ for all comparisons of distress as a function of *Torture*). These limitations however applied equally and often more so to some of the postmigratory predictors for which non-significant relationships were detected. Low power, coupled with the use of simplistic assessments of both pre- and postmigratory stressors, meant that it was not possible to conclude from the present findings (nor previous studies) that postmigratory stressors impacted more on mental health than premigratory-trauma exposure. The experience of premigratory-trauma is likely to interact with individuals' abilities to cope with stressors in exile (Steel & Silove, 2000) and further, the split between pre- and postmigratory experiences can be argued to be artificial because each 'phase' represents just part the asylum seeker's whole experience. Results do however pose a challenge to the dominance of the trauma discourse by adding to a growing body of studies reporting *measures* of postmigratory stress to be more related to distress than *measures* of premigratory-trauma exposure (Beiser & Hyman, 1997; Gorst-Unsworth & Goldenberg,1998; Laban et al.,2004; Lie,2002; Nicholson,1997; Steel et al.,2006; Sundquist et al.,2000).

6.3 Summary and Relationship to Theory

Present results challenge the notion that premigratory-traumatic events are the primary factors impacting upon asylum seeker mental health. Results suggest that more immediate factors can have significant impact on the asylum seeker's wellbeing. Person-centred perspectives of posttraumatic stress, such as that advocated by Joseph (2004), conceptualise such reactions in terms of a breakdown and disorganisation of the self-structure in response to significant threats to identity. As has been concluded

by other researchers (Colic-Peisker & Walker, 2003; Timotijevic & Breakwell, 2000), present results suggest that the source of such challenges to identity can stem from the multitude of stressors faced within the host-nation. In particular, present findings suggest that threats can occur at an interpersonal level whereby people are made to view themselves as a burden to others.

Whilst Joseph (2004) and others (Frankl, 1963; Papadopoulos, 2007) have emphasised the human potential for growth following extreme life-experiences, imposed restrictions and challenges to identity within the postmigratory context are likely to severely impact upon an individual's abilities to potentiate such growth. David Smail's (2005) social materialist framework emphasises the negative relationship between distress and the absence of power individuals possess to influence various domains of their life. Enduring material deprivation, being denied permission to work, and even being prevented the power to influence one's safety places asylum seekers in an extremely powerless situation. This powerlessness would impact on both their identity and their ability to alter either their own situation or the situation of loved ones. From this perspective, the elevated levels of distress experienced by those receiving negative decisions can be construed in terms of the comparatively greater levels of material deprivation and restrictions such individuals must endure. Refused asylum seekers constitute one of the most powerless and marginalised groups within the UK.

6.4 Limitations

The present study was subject to a number of methodological limitations. Use of a cross-sectional design prohibited conclusions being made regarding causality, and a reliance upon self-report measures meant the study was dependent on participants' subjective assessments of the degree to which particular stressors had been problematic. It is possible that those more distressed would be likely to experience stressors as more problematic. The degree to which this problem is applicable varies across predictors. Whilst the stressor '*Feeling you are burden to others*' represents a particularly subjective predictor, and one in which the causal relationship between distress and the experience of the stressor could be reciprocal, a negative asylum decision is a more concrete factor and one that is less likely to stem from, rather than result in, increased distress.

Although the PLDC is the most widely utilised measure for assessing postmigratory stress in asylum seeking populations it remains a non-validated tool. Use of simple items to reflect what are likely to be complex constructs with multiple components further reduced the validity of findings, and the meanings and importance placed upon particular stressors is likely to vary across both individuals and cultures (Colic-Peisker & Tilbury, 2003). Similarly, the present study did not explore country-of-origin as a predictor. Cultural factors will undoubtedly impact upon the salience of particular stressors in exile, as well as the relationship between such stressors and wellbeing (Beiser & Hyman, 1997).

A further limitation of the present study was related to the use of opportunity sampling. The sample was unlikely to reflect the wider asylum seeking population in the two cities because of biases associated with participant self-selection and professionals at participating agencies being selective regarding to whom they offered questionnaires. Those asylum seekers not accessing any of the participating organisations, or who did not possess sufficient skills in one of the target languages, would also have been biased against. Comparisons with previous studies with asylum seekers suggests that the present sample may also have been biased towards those more distressed and who had experienced a higher proportion of premigratory-traumatic events. Although differences may reflect characteristics of the populations from which samples were recruited (see 6.2.5), these differences could also reflect the differing methods of participation utilised between studies. Whilst Silove and colleagues interviewed their sample, participants in the present study completed measures independently. The increased anonymity afforded by this methodology could have biased the sample in a different way to the opportunity sampling utilised in the Australian studies and/or might have encouraged participants to be more honest in their responses. Asylum seeker distrust of researcher motives has been widely cited as a difficulty in research with such populations (Siolve et al., 2002).

However the present method of participation would likely have resulted in greater levels of misunderstandings and inconsistencies in the interpretations of items. Language difficulties and unfamiliarity with completing questionnaires may have presented difficulties for some participants and would likely have contributed to the high rates of missing data. It is also possible that participants could have endorsed stressors as problematic if they thought the item reflected something they were

concerned about as opposed to something they had experienced (for example, fearing being detained rather than having experienced postmigratory detention). Although self-completion of measures may facilitate more open responses and potentially could encourage people to participate who would refuse to be interviewed, the difficulties associated with the present self-completion methods pose serious challenges to the validity of results.

Finally, although the present sample of asylum seekers was larger than those recruited in the Australian PLDC studies (Silove et al., 1997; 1998; 2002) the high endorsement rates of particular stressors and non-parametric nature of the distress variables meant that a number of analyses were underpowered. This limitation inhibited the degree to which it could be concluded that certain stressors do not relate significantly with distress.

7. Implications

7.1 Clinical Implications

Present results supported findings from previous studies with asylum seekers in other western-nations that suggest a range of postmigratory stressors impact upon asylum seeker mental health (Laban et al., 2005; Ryan et al., 2008; Siolve et al., 1997; 1998; Silove & Steel, 2000; Steel et al., 1999; 2006). Mental health services for refugees based upon trauma models of distress may not be best placed to meet the needs of asylum seeking populations struggling to meet more primary needs that include poverty and looking to secure a future free from persecution (Summerfield, 2001; Watters, 2001). Despite the high levels of distress and exposure to premigratory trauma endured by the present sample, only 28% of participants rated access to

counselling as problematic. Items associated with not having permission to work, poverty, and loneliness and boredom were endorsed much more frequently. This suggests that asylum seekers may value assistance with social, legal and material needs over psychological interventions aimed at the intra-psychic level (Watters, 2001).

Whilst some individuals are likely to benefit from interventions aiming to provide meaning and coherence to a range of stressors, the present and previous findings suggest interventions aimed at the intra-psychic level will be severely compromised by the imposed-powerlessness of these individuals to alter either their actual or constructed situation. Although therapists need to be mindful not to disempower clients further through over-advocating on their behalf, clinicians should consider to what degree they could best meet their clients' needs beyond typical 'boundaried therapeutic encounters'. The degree of powerlessness experienced by asylum seekers, coupled with the risk associated with '*feeling a burden to others*' suggests therapists should pay extra-attention to detrimental effects of power-imbalances when developing therapeutic relationships with these clients (Goodkind, 2006).

As alternatives to traditional therapeutic ways of working with refugee and asylum seeking clients, a number of clinicians have described group or community based 'interventions' that are aimed at empowering clients to utilise their own resources whilst connecting them to others from their own culture and in some cases the host-nation community (Beliner & Mikkelsen, 2006; Goodkind, 2005; 2006). Such groups may possess greater agency to alter their collective situation compared with isolated individuals (c.f. Smail, 2005).

Finally, if key roles of psychologists are to both make sense of and alleviate distress, then there is a case to be argued for clinicians to advocate against asylum determination processes and restrictions that have significant damaging effects on those seeking asylum (Glenn, 2002).

7.2 Political Implications

The present study suggests that the restrictions imposed upon asylum seekers have significant negative effects upon their wellbeing that may impact above and beyond the effects of the persecution from which they are fleeing. The fact that there were no significant differences in trauma exposure between the group awaiting asylum decisions and those receiving negative decisions suggests that determination processes do not accurately discriminate those with and without genuine cases for asylum. Although stricter determination processes have been introduced throughout western nations as a means of discouraging entry (Silove et al., 2000), such 'deterrents' do not stop the need for people to seek asylum, but rather have significant detrimental effects on those already suffering much stress. Long, restrictive and unjust determination processes serve to further oppress those fleeing persecution, and it is possible these effects will be long-lasting (Djuretic et al., 2007). There is now much evidence to suggest that asylum policies and restrictions need to be re-evaluated and loosened. Those in a position of power over determination processes have far more scope for alleviating distress in asylum seeking populations that those delivering psychological therapies.

8. Areas for Future Research

There is an absence of research exploring the impact of postmigratory stressors on mental health, and very little work has been conducted within this area in Britain. Although the detrimental effects of asylum determination processes are apparent to clinicians working with asylum seeking clients (Ani, 2007; Bracken & Gorst-Unsworth,1991; Salinsky,1997; Summerfield, 2001; Watters, 2001) there remains a need for research to strengthen the argument against such damaging policies.

The present exploratory study utilised simplistic measures of postmigratory stress. Future research could seek to explore in greater depth findings from the present study that were shown to be strong predictors of distress, for example the feeling of *'being a burden'*. The experiences and meanings attributed to various postmigratory stressors will vary between individuals and cultures. Empirical investigations, such as the present study, run the risk of imposing westernised formulations of distress without consideration of the experiences of those seeking asylum (c.f. Summerfield, 1999; Watters,2001). Qualitative methodologies would allow exploration of the meanings participants attribute to various postmigratory stressors and could provide valuable insights into the experience of seeking asylum.

9. Conclusion

At the time of writing and as far as was known, the present study was the only British empirical investigation into the impact of postmigratory stressors on asylum seeker mental health. After Bhui et al. (2003,2006), it was the third largest study examining the impact of such factors on displaced-persons in Britain, and was the only empirical investigation to be conducted in British dispersal cities.

As with previous studies with asylum seekers (Laban et al., 2005; Ryan et al., 2008; Siolve et al., 1997; 1998; Silove & Steel, 2000; Steel et al., 1999; 2006), present results highlight that asylum seekers endure a range of stressors in exile that impact negatively upon their mental health. These stressors extend beyond acculturative difficulties experienced by elective-immigrants and may even impact upon wellbeing above and beyond the experience of premigratory-traumatic events (Beiser & Hyman, 1997; Gorst-Unsworth & Goldenberg,1998; Laban et al.,2004; Lie,2002; Liebkind, 1996; Nicholson,1997; Steel et al.,2006; Sundquist et al.,2000).

The magnitude of restrictions faced by asylum seekers is such that these individuals, who have demonstrated great resilience through managing to escape to the UK, are placed in a position in which they are powerless to even guarantee their own safety. Instead most must live in fear of involuntary-repatriation to a country where their lives are at risk. Imposed restrictions, such as not having permission to work and subsequent material deprivation, may impact to make these individuals feel a burden to those supporting them, a factor highly related to distress in the present study.

As far as was known, the present investigation was the only empirical study outside of Australia to examine of the impact upon mental health of being rejected refugee status. Present findings supported those of Steel et al. (2006) and the qualitative findings of Samarasinghe and Arvidsson (2002) in suggesting that those denied asylum are at enhanced risk of experiencing distress and postmigratory stress. In the present investigation, being denied asylum was the strongest predictor of two of the distress scores. This was despite both groups having insecure immigration statuses. Refused asylum seekers exhausting their right to appeal find themselves in an extremely powerless position in which they are at high risk of being deported and becoming destitute. These policies have significant detrimental affects on mental health and such levels of deprivation should not be tolerated within a western-nation.

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<u>Section D</u>

CRITICAL APPRAISAL

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1. Introduction

This section presents my reflections upon the process of conducting the research and identifies my key learning points. Reflection was facilitated by a research journal that was kept throughout the research process. The section begins by describing how I became interested in examining the impact of postmigratory stressors on asylum seeker mental health, before reflecting upon key decisions in the design of the research, whilst simultaneously considering the limitations of the utilised methodology. Difficulties associated with conducting the research are then discussed, prior to my reflections upon the process of analysing the data. A summary of key-learning points is presented alongside some additional reflections regarding the study.

2. Selection of the Area of Investigation

My interest in the area of investigation developed prior to my commencement of the DClinPsy course when I worked as a Graduate Mental Health Worker in Primary Care. As part of this role I provided a 'signposting' service for asylum seekers with the aim of facilitating re-connection with cultural and premigratory identities. It was through this contact that the extent and impact of the asylum determination process and associated restrictions became apparent to me. Having had little awareness of the difficulties those seeking asylum endured within the UK prior to this time, and recognising how little friends and other mental health professionals seemed to know about the experiences of those seeking asylum, I was also surprised to find little literature highlighting the primacy of postmigratory stressors in displaced-person mental health. Research instead seemed to be dominated by notions of 'PTSD', relating distress to the severe life experiences that such individuals often endure. However such accounts did not seem to fit with the frustrations and needs most

apparent in those I came into contact with. The apparentness of the detrimental effects of asylum determination processes and polices, coupled with the absence of literature highlighting the difficulties asylum seekers face within this country led me to select the present area of research. It was hoped that such research would not only be useful for clinicians, but could also highlight to the British public, the difficulties faced by this stigmatized group, thus encouraging pressure to alter the system.

3.   Selection of the Methodology

3.1 Selection of a Quantitative Research Method

Whilst a qualitative method would have produced findings that were a more valid representation of the views and experiences of participants, a quantitative design was selected as this allowed for exploration of the relative impact of postmigratory stressors against premigratory-trauma exposure. Further, a quantitative design was selected because of my perception that such research seemed to carry more weight compared to qualitative publications, especially in contexts outside of academia. Showing that the impact of postmigratory stressors on distress was 'statistically significant' over and above the impact of premigratory-trauma would arguably be *regarded* as stronger evidence for the impact of asylum policies compared to qualitative findings, which could be interpreted as being more prone to subjectivity[2].

In retrospect I may have chosen to utilise a qualitative methodology for a number of reasons. Firstly, recruiting an adequate sample size for the present methodology proved problematic and a smaller number of participants would have been required

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[2] It is not argued that quantitative research provides stronger evidence of this hypothesis. It is only speculated that quantitative findings are more likely to be viewed as providing stronger 'evidence' in certain contexts.

for a non-empirical investigation. Secondly, just as I have criticised the research that imposes an understanding of refugee distress in terms of trauma, the present methodology imposes an interpretation of suffering as a consequence of postmigratory stress, whilst also artificially fracturing asylum seeker experiences by dividing pre- and postmigratory factors, paying little attention to the 'gestalt' experience as lived by the individuals.

3.2 Selection of Design and Materials

Although I had initially hoped that I might attempt a longitudinal investigation I was quickly informed that such a methodology would not be feasible in the allowed time-frame. Previous cross-sectional studies examining the impact of postmigratory stressors relevant to premigratory trauma had been published in respectable journals (Silove et al., 1997;1998; Steel et al.,1999;2006) therefore such a design was viewed as an acceptable way of investigating such factors with asylum seekers in Britain. Replication of such methodologies further facilitated direct comparison of results, and supportive correspondence from Professors Steel and Silove further encouraged me to pursue this design.

The measures utilised were almost identical to those employed in the aforementioned Australian studies. A number of studies had attested to the cross-cultural validity of the two mental health measures utilised (e.g. Kleijn et al., 2001). However given the dubious cross-cultural applicability of western diagnostic categories (Summerfield, 1999) a decision was made not to utilise diagnostic cut-off points for the measures.

I also had reservations regarding the validity of using single items to represent both premigratory-trauma events and postmigratory stressors, when in reality the stressors being examined are likely to be multidimensional with different meanings across contexts and individuals. In particular, the use of the 'trauma-count' on the HTQ-TE seemed to ignore the complexity of the possible reactions and contexts in which such stressors could occur. These concerns remained following analysis of data, however the materials were selected because they were the most widely utilised examining the impact of postmigratory stress and premigratory trauma with displaced-persons. Further, the multitude of studies linking refugee distress to premigratory trauma have utilised the same simplistic measures of premigratory-trauma that I had employed. Therefore, despite the simplistic nature of the predictor-variables, it was hoped that finding a significant effect of the postmigratory predictors over and above the effects of such 'established' techniques for assessing the impact of premigratory-trauma would provide a challenge to the dominance of the premigratory-trauma models of displaced-person distress.

Finally, I had considered employing a measure of resilience given the focus of previous research being almost exclusively focussed upon distress. This was decided against after careful consideration with my research supervisor as it was felt important to keep questionnaires brief, both so that people would be more willing to participate and also to keep the cost of translation low. It was for similar reasons that simple items, based on previous methodologies, were utilised to assess social support and acculturative attitudes, however in retrospect I would consider either omitting such items or instead opting for slightly lengthier but arguably more valid measures of such factors.

3.3 Decision to Assess Impact of a Negative Decision upon Asylum Claims

Given the absence of any research examining mental health of failed asylum seekers, it was originally decided to compare those actively seeking asylum with those exhausting the right to appeal negative decisions ('failed asylum seekers'). However it became apparent during the piloting of materials that such a distinction was not one potential participants readily made. Further, the complexities of the appeals process were such that a number of response options would be required to determine the status of an individual's asylum application and access to benefits. These options would likely have been yet harder for participants to discriminate between and would have presented further challenges to me in terms of data analysis. Therefore after consideration it was instead decided to examine the impact of receiving a negative decision upon asylum claims, as opposed to comparing those who had completely exhausted the appeals process with those still seeking asylum. Participants seemed more readily able to make such a distinction and it was anticipated that this distinction would produce a more conservative assessment of the impact of exhausting the appeals process.

3.4 Selection of a Postal Method

A postal method, whereby participants completed measures independently and returned them to me by mail, was selected over face-to-face interviews because of both the limited amount of time I could donate to conducting interviews, but also because interviews may have placed more pressure on participants to both take part and respond to questions they did not want to. The present method also ensured participant anonymity, a factor considered important due to the reported distrust of researcher-motives in displaced-person populations (Miller, 2004; Silove et al., 2002).

In hindsight however, an interview method would have reduced the high rates of missing data obtained, and also would likely have improved the validity of findings: It is anticipated that language and cultural barriers would have led to some participants misinterpreting the intended meaning behind some questions resulting in heightened levels of missing data and inaccurate responses.

4. Undertaking the Research

4.1 Translation of Materials

I began exploring options for recruiting interpreters to translate materials during the early stages of research design. After contacting the local NHS interpreting service it became apparent to me that the research budget would not stretch to use of their translating facilities. Further, I had received warnings from another researcher who had been dissatisfied with translation work this service had undertaken for her. A native French speaking friend of mine, who was currently studying at Masters level in England, and who had experience of translating research materials, kindly agreed to be one of the translators at an early stage. The process of recruiting three other people to undertake this work was more arduous than I had anticipated, primarily due to difficulties recruiting individuals who were both fluent in both English and a target language, experienced in translating research materials, and willing to undertake the work for a limited fee far below that usually paid for such translation work. I was able to recruit a second person to undertake the French translation through consultation with the University's Department of Languages, however it wasn't until after gaining ethical approval in October 2007 that I had recruited Arabic translators. This process

was kindly facilitated by a colleague who sent a request out to members of the International Association of Muslim Psychologists network.

Although recruitment of translators was problematic, I was impressed with both the speed and the quality of translation that was produced when this work was undertaken. Back-translated and original English versions of the materials were much closer to identical than I had expected given the complexities of translating constructs. Despite this I learnt to appreciate the importance of undertaking multiple checks on the consistency of translation, as staff at participating agencies kindly agreed to undertake and in doing so identified amendments that needed to be undertaken to each of the translated documents. I am extremely grateful to those who took part in translation for allowing me to return to them for comments and/or advice on amendments.

4.2 Involvement with Participating Agencies

Recruitment of participating agencies began prior to submission of the research proposal. Due to my previous job, I already was familiar with organisations working with asylum seekers within Leicester, and was able to identify potential organisations to approach in Nottingham though discussions with both Leicester contacts and my research supervisor, who was involved in working with asylum seekers in Nottingham. I met with staff from all potential-participating agencies to discuss details of the project and the study rationale. Further I presented my research proposal at the Nottingham Multi-Agency Forum for organisations working with refugees and asylum seekers. Attendance at this meeting seemed very promising, with a number of individuals taking great interest in the project. Feedback from the voluntary sector

organisations was generally very positive, with staff seemingly keen to have someone research both the levels of asylum seeker distress and the impact of the asylum determination process.

Delays in receiving the relevant paperwork from participating agencies meant that questionnaires could only be given out in some organisations a long time after recruitment had begun. Further, due to difficulties obtaining participant numbers (see below) yet more participating organisations were approached to take part once the recruitment phase had already begun. Although I attempted to keep an open dialogue with participating agencies throughout the research process, I was also mindful of how busy staff at these organisations were, and how the research was unlikely to rank high amongst their priorities. Thus liaising with agencies could sometimes feel like 'walking a tightrope' between demonstrating my availability and support, and being a hassle to those trying to cope with high workloads. A further challenge to maintaining good contact with all agencies was the number of organisations taking part and my limited study-time.

Late into the recruitment phase (February 2008) I was informed that the research had been discussed in the Leicester Multi-Agency Forum of organisations involved in working with asylum seekers and refugees. I was told that concerns had been raised regarding the ethics of the project, and a number of members objected to the project saying that that the questions could re-traumatise participants. Although most of these concerns came from people who do not work directly with asylum seekers, I was surprised to find out that staff from some participating agencies had agreed there was cause for concern when these issues were raised. After contacting the Chair of the

Forum to discuss the raised concerns she kindly collated the Forum's thoughts into an email. Having considered all the issues raised during the process of designing the study I was quickly able to draft a reply letter that acknowledged both the concerns raised and the limitations of the study, but that also explained my rationale for the method, inclusion of measures and consideration of ethical issues. In a subsequent meeting I arranged with key-members of the Forum we were able to discuss issues of concern further. This meeting went well, and all present seemed both reassured by my replies and interested to hear what the outcome of the study would be. I was invited to share the results with the Forum once they had been collated. I was grateful for the support of my research supervisor for supporting me both at the meeting, in drafting a written response and for alleviating my fears that I would have to terminate the project.

I had considered presenting my research at the Leicester Multi-Agency Forum in the design phase of the research as I had done at the Nottingham Forum. Although barriers had existed to me attending these meetings (most notably that meetings clashed with compulsory teaching), these obstacles would not have been insurmountable and in hindsight I should have made more effort to meet with the Forum and explain my rationale for the project. Further, although I thought I had spent much time meeting with participating organisations regarding the ethics and rationale behind the project, the concerns raised by some staff late in the recruitment phase highlighted that I had not addressed these issues sufficiently with participating organisations.

Overall I was extremely grateful for the support and time of staff from participating-organisations, committed to the wellbeing of their clients and on the whole very supportive of the research. Further, contact with these agencies facilitated my understanding of the issues facing those seeking asylum.

4.3 Recruiting Participants

In hindsight it is apparent that concerns of staff in some participating agencies may have contributed towards difficulties obtaining an adequate sample, as such individuals would likely be more reluctant to promote the study. When I visited certain agencies the boxes containing the questionnaires would often not be on display, and this seemed to relate to the research, understandably, not being a high priority for a number of organisations.

Difficulties obtaining participant numbers meant that the proposed date for terminating recruitment had to be extended twice and led to more agencies being approached to participate. An additional factor I suspect may have contributed to the slow return rate relates to difficulties participants may have experienced in understanding questionnaires. A large volume of questionnaire-packs were taken or given out in the course of the study, only 13.5% of which were returned. The low response rate additionally meant that a number of new questionnaire packs had to be made and distributed at my own cost. Participant distrust of, and unfamiliarity with, research processes and researcher-motives may also have contributed to the low-response rate. During the five and a half month recruitment phase I spent every available study day visiting participating agencies, spending as much time as possible in waiting areas to promote the study. People would often seem very keen to discuss

their experiences with me when I explained interest in examining the impact of postmigratory stressors, but often were less enthusiastic about taking a questionnaire-pack. However discussing the aims of the research with potential-participants did seem to facilitate trust and encourage people to be more willing to participate. Although it was not possible to tell what proportion of participants was recruited in this way, given that the responses I received in a particular week often had come from the organisation I had recently spent time at, I suspect this proportion was significant.

Through my discussions with asylum seekers during recruitment I became aware that a number of people felt frustrated that the materials were not available in their language, and that they did not have sufficient English to participate. At these times I became aware how the research potentially could have made already marginalised individuals feel yet more excluded, and this is something that I would want to consider further when conducting research in the future.

Recruitment of participants was not only slower than I had expected, but was much more laborious. The opportunities I got to discuss and spend time with those whom I hope this research will serve was however invaluable and I feel I learnt more about the experience of seeking asylum in Britain through such conversations than I did in the analysis of data. Further, the enthusiasm shown towards the project by some participants has been a source of motivation during the course of writing up this research and has provided me with yet more enthusiasm to try and promote the findings as best I can.

4.4 Deciding to Stop Recruitment

It had been hoped to recruit a sample of around 100 participants such that a Factor Analysis could be conducted to reduce the number of variables for regression analyses. After extending the recruitment phase twice, 98 participants had been recruited by the end of March 2008, however significant volumes of missing data meant that I was still a long-way off achieving sufficient participant numbers to undertake such an analysis.

Although it was recognised that many of the analyses would be underpowered, after discussion with my research supervisor a decision was made to end recruitment at this point. This was because I had informed participating organisations that the end of March would be the final extension to the project, because my time to complete the project was shortening, and because the response rate had dropped significantly. Indeed, according to staff at participating agencies it seemed that most people questionnaires were offered to at this point were already aware of the project and had either participated or elected not to.

5. Reflections on Data Analysis

5.1 Selection of Method of Analysis

Although I had had experience of conducting quantitative analyses before, through the present research I gained an appreciation of how subjective the process of deciding upon methods of empirical analysis can be. I have been extremely grateful for both the advice given by a number of people on the best way to analyse the data, and for their patience in explaining to me the rationales behind such analyses. Conflicting information was however given on the best way to analyse the data, and

differences also exist in the methods of analysis used in the previous studies on which the present research was based.

Commonalities did however exist in the advice given by different people and different methods of analysis did not result in drastically different findings. The use of hierarchical regression analyses were selected as the method most suited to testing the hypothesis that postmigratory stressors would relate to distress over and above premigratory-trauma and demographic predictors, but also to explore which postmigratory predictors were most strongly associated with distress. Similar methods of analysis were utilised by Steel et al. (1999; 2006).

5.2 Staying Focussed to the Hypotheses

During data analysis I was tempted to carry out a number of additional analyses. I particularly was tempted to explore for interaction effects between sets of predictors in their relationship with distress scores, for example, examining interaction effects between the degree to which individuals valued cultural maintenance and intra-ethnic support; or the stress associated with not being permitted to work and number of years in education. Although it would have been possible to justify undertaking such analyses on the basis of conclusions made in previous studies, I had to remind myself to remain focussed on testing hypotheses. Further, I was aware that conducting multiple additional analyses would increase the chances of making a Type I error. My supervisor assisted me in making sure I did not get carried away with conducting lots of analyses.

5.3 Interpreting Results

As with the selection of which method of statistical analysis to use, I found the interpretation of results to be a highly subjective process. This partially related to the ambiguous nature of some of the predictors. For example, I recall regretting that the predictor '*Feeling a burden to others*' was highly associated with all distress scores as I recognised that this item was highly subjective and one that could perhaps more easily be conceptualised as reflecting 'symptoms' of distress than of an actual stressor. The process of interpreting results made me further consider that use of a qualitative methodology would have provided richer information that may have required less abstraction to analyse than the present results did.

6. Learning Points and Ideas for Future Research

I feel I have learnt much about conducting research from undertaking the present investigation. I have gained greater appreciation for the time-consuming nature of each aspect of the research process, as well as appreciation of the challenges clinical psychologists face in conducting research whilst simultaneously managing responsibilities associated with clinical work. In conducting future research I hope I will plan how best to juggle these two roles, whilst also ensuring that I do not get carried away with overambitious research projects.

I particularly feel I have gained a greater insight into the challenges associated with cross-cultural research, and of the difficulties associated with recruiting participants from 'hard-to-reach' populations such as refugees and asylum seekers. I have also gained both an appreciation of the importance of promoting research and developed skills in undertaking such networking. In hindsight I realise I needed to

spend more time with participating organisations to discuss the rationale behind the present study in order that questionnaires could have been more widely offered.

Despite my frustrations with the research process, the area of research is one that has maintained my interest throughout. Despite the many limitations of the project I am hopeful that I may be able to utilise the research for the benefit of those whom it was intended to serve. I therefore hope to develop presentation skills through presentation of the present findings.

6.1 Ideas for Future Research

In conducting the present research I have gained appreciation that quantitative studies are more subjective than they often are presented to be. I would like to develop my skills at undertaking qualitative research as, in hindsight, I feel that such a methodology would have provided richer and more valid insights into the difficulties experienced by individuals, the meanings they attribute to different stressors, and also would have enabled a greater focus upon the resiliency of such groups. Use of participatory research methods would allow participants to direct the research preventing further disempowerment through imposition of researcher agendas (Silove et al., 2002).

A possible methodology for such participatory research is that of 'memory work'; a research technique devised by Frigga Haug (1987) and her colleagues in Germany. Memory work, as described in Willig (2001), would be suited to following up conclusions drawn in the present study because the method allows for exploration of the formation of participant identities in relation to social structures and power

hierarchies. However, perhaps more importantly, memory work could be a useful means to empower participants and give them control of the research process as the technique aims to remove the distinction between 'researcher' and 'researched'. Participants not only produce the 'subject' of analysis, which takes the form of memories generated in response to 'trigger' words or phrases, but each member also plays an active role during each stage of the analysis of the group's experiences, right through to the final write-up of the study.

An alternative means of empowering participants in the research process could involve the use of visual materials. Reavey and Johnson (2008) argue that the use of visual materials (such as drawings or photographs) in qualitative investigations not only facilitates access to meanings that participants may struggle to vocalise[3], but also can empower participants by allowing them to select and produce the visual stimulus as opposed to responding to researcher questions. One way that visual material could be employed to explore asylum seeker experiences of the postmigratory environment, and the meanings they ascribe to these experiences, could be to provide participants with cameras to take pictures of anything they choose. Discussion with participants regarding the meanings they attribute to the subjects of their photographs is one way researchers can engage with participants within an action research framework. Indeed, such a method could be integrated with the group format and collective nature of analysis associated with memory work to further empower participants within the research process.

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[3] This would likely be applicable to the focus of research given that many of the challenges to identity faced by asylum seekers may not easily be named by participants dislodged from the cultures in which their sense of self was formed.

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Appendix A: Notes for contributing authors

Transcultural Psychiatry

Manuscript Submission Guidelines:
All manuscripts should follow the style of the *Publication Manual of the American Psychological Association, Fourth Edition* and must be typewritten, double-spaced with at least 3 cm margins and submitted in five copies. Original articles and overviews should be accompanied by an abstract of no more than 100 words and about five key words, plus a cover sheet providing authors' postal/email addresses and tel/fax numbers. UK or US spellings are acceptable but must be consistent. Titles and section headings to be given in three weights: A, B or C. Quotations over 40 words to be displayed, indented, in the text. Notes and References should appear at the end of the text. Tables and figures should have short descriptive titles, and camera-ready artwork or b/w glossy prints should be supplied for all figures. Authors are responsible for obtaining copyright permission for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere. On acceptance of their manuscript, authors are requested to provide a computer diskette of the final version. Authors will receive a copy of the printed journal and a restricted quantity pdf of their article after publication.

Journal of Community & Applied Social Psychology

Instructions To Authors

Initial Manuscript Submission. The preferred submission method is by e-mail attachment (WORD Format) to: email: s.g.l.schruijer@uu.nl . Alternatively submit three copies of the manuscript (including copies of tables and illustrations) to Sandra Schruijer, Utrecht School of Governance, University of Utrecht, Bijlhouwerstraat 6, 3511 ZC Utrecht, The Netherlands.

Authors **must** also supply:

- an electronic copy of the final version (see section below),
- a Copyright Transfer Agreement with original signature(s) - without this we are unable to accept the submission, and
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Electronic submission. The electronic copy of the final, revised manuscript should be sent to the Editor **together with** the paper copy. Disks should be PC or Mac formatted; write on the disk the software package used, the name of the author and the name of the journal. We are able to use most word processing packages, but prefer Word or WordPerfect [and TeX or one of its derivatives].

Illustrations must be submitted in electronic format where possible. Save each figure as a separate file, in **TIFF** or **EPS** format preferably, and include the source file. Write on the disk the software package used to create them; we favour dedicated illustration packages over tools such as Excel or Powerpoint.

Title and Abstract Optimisation Information. As more research is read online, the electronic version of articles becomes ever more important. In a move to improve search engine rankings for individual articles and increase readership and future citations to Journal of Community and Applied Social Psychology at the same

time please visit **Optimizing Your Abstract for Search Engines** for guidelines on the preparation of keywords and descriptive titles.

Manuscript style. The language of the journal is English. All submissions including book reviews must have a title, be printed on one side of the paper, be double-line spaced and have a margin of 3cm all round. They should not normally exceed 7,000 words in length, or equivalent in text, references and tables, and should include a word count where possible. Illustrations and tables must be printed on separate sheets, and not be incorporated into the text.

- The **title page** must list the full title, a short title of up to 40 characters and names and affiliations of all authors. Give the full address, including e-mail, telephone and fax, of the author who is to check the proofs on this page, as the *Journal of Community & Applied Social Psychology* operates a 'blind' reviewing system.
- Include the name(s) of any **sponsor(s)** of the research contained in the paper, along with **grant number(s)** .
- Supply an **abstract** of up to 200 words for all articles, except book reviews. An **abstract** is a concise summary of the whole paper, not just the conclusions, and is understandable without reference to the rest of the paper. It should contain no citation to other published work.
- Include up to ten **key words** that describe your paper for indexing purposes.

Short Papers of no more than 2,000 words in length [or equivalent in text, references and tables] are encouraged. Research papers, Innovations in practice and Communication and commentary are all welcome in the Short Paper section. Submissions will be reviewed in the usual way but it is anticipated that the reviewing and publication process will be of shorter than average duration than for longer papers. Abstracts for Short Papers should be of around 50 words.

Reference style . The APA system of citing sources indicates the author's last name and the date, in parentheses, within the text of the paper.

A. A typical citation of an entire work consists of the author's name and the year of publication .

Example: Charlotte and Emily Bronte were polar opposites, not only in their personalities but in their sources of inspiration for writing (Taylor, 1990). Use the last name only in both first and subsequent citations, except when there is more than one author with the same last name. In that case, use the last name and the first initial.

B. If the author is named in the text, only the year is cited .

Example: According to Irene Taylor (1990), the personalities of Charlotte. . .

C. If both the name of the author and the date are used in the text, parenthetical reference is not necessary .

Example: In a 1989 article, Gould explains Darwin's most successful. . .

D. Specific citations of pages or chapters follow the year .

Example: Emily Bronte "expressed increasing hostility for the world of human relationships, whether sexual or social" (Taylor, 1988, p. 11).

E. When the reference is to a work by two authors, cite both names each time the reference appears .

Example: Sexual-selection theory often has been used to explore patters of various insect matings (Alcock & Thornhill, 1983) . . . Alcock and Thornhill (1983) also demonstrate. . .

F. When the reference is to a work by three to five authors, cite all the authors the first time the reference appears. In a subsequent reference, use the first author's last name followed by *et al* . (meaning "and others") .

Example: Patterns of byzantine intrigue have long plagued the internal politics of community college administration in Texas (Douglas *et al* ., 1997) When the reference is to a work by six or more authors, use only the first author's name followed by *et al* . in the first and all subsequent references. The only exceptions to this rule are when some confusion might result because of similar names or the same author being cited. In that case, cite enough authors so that the distinction is clear.

G. When the reference is to a work by a corporate author, use the name of the organization as the author .

Example: Retired officers retain access to all of the university's educational and recreational facilities (Columbia University, 1987, p. 54).

H. Personal letters, telephone calls, and other material that cannot be retrieved are not listed in References but are cited in the text .

Example: Jesse Moore (telephone conversation, April 17, 1989) confirmed that the ideas. . .

I. Parenthetical references may mention more than one work, particularly when ideas have been summarized after drawing from several sources. Multiple citations should be arranged as follows .

Examples:

- List two or more works by the same author in order of the date of publication: (Gould, 1987, 1989)
- Differentiate works by the same author and with the same publication date by adding an identifying letter to each date: (Bloom, 1987a, 1987b)
- List works by different authors in alphabetical order by last name, and use semicolons to separate the references: (Gould, 1989; Smith, 1983; Tutwiler, 1989).

All references must be complete and accurate. Where possible the DOI for the reference should be included at the end of the reference. Online citations should include date of access. If necessary, cite unpublished or personal work in the text but do not include it in the reference list. References should be listed in the following style:

Journal Article

Gardikiotis, A., Martin, R., & Hewstone, M. (2004). The representation of majorities and minorities in the British press: A content analytic approach. *European Journal of Social Psychology, 34* , 637-646. DOI: 10.1002/ejsp.221

Book

Paloutzian, R. F. (1996). *Invitation to the psychology of religion* (2nd ed.). Boston: Allyn and Bacon.

Book with More than One Author

Natarajan, R., & Chaturvedi, R. (1983). *Geology of the Indian Ocean* . Hartford, CT: University of Hartford Press.
Hesen, J., Carpenter, K., Moriber, H., & Milsop, A. (1983). *Computers in the business world* . Hartford, CT: Capital Press. and so on.
The abbreviation *et al.* is not used in the reference list, regardless of the number of authors, although it can be used in the text citation of material with three to five authors (after the inital citation, when all are listed) and in all parenthetical citations of material with six or more authors.

Web Document on University Program or Department Web Site

Degelman, D., & Harris, M. L. (2000). *APA style essentials* . Retrieved May 18, 2000, from Vanguard University, Department of Psychology Website:
http://www.vanguard.edu/faculty/ddegelman/index.cfm?doc_id=796

Stand-alone Web Document (no date)

Nielsen, M. E. (n.d.). *Notable people in psychology of religion* . Retrieved August 3, 2001, from
http://www.psywww.com/psyrelig/psyrelpr.htm

Journal Article from Database

Hien, D., & Honeyman, T. (2000). A closer look at the drug abuse-maternal aggression link. *Journal of Interpersonal Violence, 15* , 503-522. Retrieved May 20, 2000, from ProQuest database.

Abstract from Secondary Database

Garrity, K., & Degelman, D. (1990). Effect of server introduction on restaurant tipping. *Journal of Applied Social Psychology, 20* , 168-172. Abstract retrieved July 23, 2001, from PsycINFO database.

Article or Chapter in an Edited Book

Shea, J. D. (1992). Religion and sexual adjustment. In J. F. Schumaker (Ed.), *Religion and mental health* (pp. 70-84). New York: Oxford University Press.

Illustrations. Supply each illustration on a separate sheet, with the lead author's name and the figure number, with the top of the figure indicated, on the reverse. Supply original **photographs** ; photocopies or previously printed material will not be used. Line artwork must be high-quality laser output (not photocopies). Grey shading (tints) are not acceptable; lettering must be of a reasonable size that would still be clearly legible upon reduction, and consistent within each figure and set of figures. Supply artwork at the intended size for printing. The artwork must be sized to the text width of 12 cm. Please submit the figure legends on a separate sheet. The cost of printing **colour** illustrations in the journal will be charged to the author. The cost is approximately £700 per page. If colour illustrations are supplied electronically in either **TIFF** or **EPS** format, they **may** be used in the PDF of the article at no cost to the author, even if this illustration was printed in black and white in the journal. The PDF will appear on the *Wiley InterScience* site.

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Proofs . Proofs will be sent to the author for checking. This stage is to be used only to correct errors that may have been introduced during the production process. Prompt return of the corrected proofs, preferably within two days of receipt, will minimise the risk of the paper being held over to a later issue. Twenty-five complimentary offprints will be provided to the author who checked the proofs, unless otherwise indicated. Further offprints and copies of the journal may be ordered. Book review authors will receive one free copy of the journal issue in which their book review appears. There is no page charge to authors.

Reference/study	Participant immigration status	Receiving-nation	Participant region of origin	N	Mean length of residency	Sampling method	Design
Abe et al., 1994	Programme-refugees	USA	Southeast Asia	308	Not reported	Stratified sampling: Two samples: Those with a diagnosis of PTSD formed experimental group, whilst the control groups was sampled by approaching participants whose demographic characteristics matched those of the experimental group	Between groups cross-sectional design (comparing those with PTSD label with those without)
Beiser,1988 Beiser, 2006 Beiser & Hou, 2001 Beiser et al., 1993	Programme-refugees	Canada	Southeast Asia	T1: 1348 T2: 1169 T3: 648		Opportunity and probability sample	Longitudinal
Bhui et al., 2003	Asylum seekers and refugees	England	Somalia	180 (7 asylum seekers)	8.1yrs	Random sample from a database developed through consulting with community organisations	Cross-sectional
Bhui et al., 2006	Asylum seekers and refugees	England	Somalia	143 (22 asylum seekers)	Not reported	Two samples: a)Opportunity sample recruited through community organisations b)Random sampling from a database of people with Somalian names on GP registers	Cross-sectional and between groups (comparing those sampled through community organisations with those sampled through GP records)
Blair, 2000	Programme-refugees	USA	Cambodia	124	8.1yrs	Random sampling	Cross-sectional
Chung & Kagawa-Singer, 1993	Programme-refugees	USA	Southeast Asian	2180	Reported by ethnicity only. Means ranged from 4.7yrs to 7.2yrs	Random sampling	Cross-sectional

The heading of the table (spanning the top) reads: **Appendix B: Sample characteristics and designs of reviewed studies**

Reference/study	Participant immigration status	Receiving-nation	Participant region of origin	N	Mean length of residency	Sampling method	Design
Colic-Peisker & Walker, 2003	Programme-refugees	Australia	Bosnia	35	5.5yrs	Not reported	Qualitative study. 'Interpretive-content analysis'
Djuretic et al., 2007	Refugees, elective immigrants and asylum seekers	England	Former Yugoslavia	19 (1 asylum seeker)	11yrs	Purposive sampling (for 'maximum diversity') from refugee organisations and community settings	Qualitative study. Framework Analysis
Donà & Berry, 1994	Refugees	Canada	Central America	101	2.9yrs	Opportunity sample	Cross-sectional, between groups
Fenta et al., 2004	Refugees and elective-immigrants	Canada	Ethiopia	342	9.2yrs	Combination of opportunity sampling and random sampling from Ethiopian names in telephone directories	Cross-sectional
Gerritsen et al., 2006	Asylum seekers and refugees	Holland	Afghanistan, Iran, and Somalia	410 (232 asylum seekers)	5.6yrs	Random sampling	Cross sectional (between groups and correlational)
Gorst-Unsworth & Goldenberg, 1998	Refugees	England	Iraq	84	Not reported	Consecutive referrals to a charity supporting refugees	Cross-sectional
Griffiths, 2001	Asylum seekers and refugees	England	Iran, Iraq and Turkey	20	6yrs	Opportunity sample	Qualitative study – Method of analysis not reported
Hauff & Vaglum, 1995 Hauff & Vaglum, 1997	Programme-refugees	Norway	Vietnam	T1:145 T2:130	T1: 3months T2: 3yrs	All refugees meeting inclusion criteria approached to participate as they arrived in Norway	Longitudinal and cross-sectional analyses

Reference/study	Participant immigration status	Receiving-nation	Participant region of origin	N	Mean length of residency	Sampling method	Design
Hondius et al., 2000 Study One:	Asylum seekers and refugees	Holland	Various	480	Not reported but 49% in country <1yr	Medical records accessed for all refugees and asylum seekers registered with centres offering healthcare to refugees	Cross-sectional
Study Two:	Asylum seekers and refugees	Holland	Various	156	Not reported but 70% in country <1yr	Opportunity sample	Cross-sectional
Ichikawa et al., 2006	Asylum seekers	Japan	Afghanistan	55	2yrs (SD=1.3yrs)	Opportunity sample (all Afghan asylum seekers who could be contacted through lawyers were approached)	Cross-sectional, between-groups design
Keller et al., 2003	Asylum seekers and refugees	USA	Various	T1: 70 (all asylum seekers) T2: 61 (39asylum seekers)	T1= .4yrs (median)	Opportunity sample	Longitudinal between groups and correlational design
Keyes & Kane, 2004	Refugees	USA	Bosnia	7	Not reported, but <5yrs	Not reported	Qualitative design. Data analysed using 'phenomenological praxis'
Knipscheer & Kleber, 2006	Refugees	Holland	Bosnia	78 (community sample=44, clinical sample=34)	10yrs	Opportunity sampling	Cross-sectional, correlational and between-groups design

Reference/study	Participant immigration status	Receiving-nation	Participant region of origin	N	Mean length of residency	Sampling method	Design
Laban et al., 2004 Laban et al., 2005	Asylum seekers	Holland	Iraq	294	Group1: .2yrs(SD=.1) Group2: 3.1yrs(SD=.5yrs)	Random sample	Cross-sectional, between groups and correlational
Lie, 2002	Refugees	Norway	Various	T1: 462 T2: 240	T1: .1yrs (SD= .4yrs) T2: 2.3yrs (SD= .8yrs)	Opportunity sample (all participants within particular municipalities invited to participate)	Longitudinal
Lie et al., 2004	Refugees	Norway	Various	966	2.9yrs (SD=2.9yrs)	Opportunity sample	Cross-sectional
Liebkind, 1996	Programme-refugees	Finland	Vietnam	159 adolescents 121 parents		Opportunity sample	Cross-sectional
Nicholson, 1997	Programme-refugees	USA	Southeast Asia	447	9.2yrs (SD=3.3yrs)	Stratified opportunity sample to get equal numbers of male and female, employed and unemployed	Cross-sectional. Between groups and correlational
Omeri et al., 2006	Asylum seekers and refugees	Australia	Afghanistan	38	Not reported	Purposive sample	Qualitative design. Continuous comparative analysis
Pernice & Brook, 1996	Refugees and elective-immigrants	New Zealand	Southeast Asia, Pacific Islands, and Britain (controls)	Refugees: 129	3yrs	Random sample	Cross-sectional. Qualitative data gathered in addition to empirical analysis

Reference/study	Participant immigration status	Receiving-nation	Participant region of origin	N	Mean length of residency	Sampling method	Design
Porter, 2007 Porter & Haslam, 2005	Asylum seekers, refugees and elective-immigrants	n/a	n/a	n/a	n/a	n/a	Meta-analysis of 56 papers with people displaced to western and non-western nations
Roth et al., 2006	Asylum seekers (individuals had been given temporary protection)	Sweden	Kosovo	T1: 218 T2: 131 T3: 91 T4: 56	T1: 0yrs T2: .3yrs T3: .5yrs T4: 1.5yrs	Random sample	Longitudinal (between-groups and correlational)
Ryan et al., 2008	Asylum seekers and refugees	Ireland	Various	T1: 162 T2: 70	T1: 1.8yrs (SD=1.4yrs)	Opportunity sample	Longitudinal (between-groups and correlational)
Samarasinghe & Arvidsson, 2002	Asylum seekers and refugees	Sweden	Various	16	Not reported. >4yrs	Opportunity sample	Qualitative study. Phenomenographic analysis
Schweitzer et al., 2006	Programme-refugees	Australia	Sudan	63	2yrs	Opportunity sample	Cross-sectional
Silove et al.,1997	Asylum seekers	Australia	Various	40	3.1yrs (SD=.8yrs)	Opportunity sample	Cross-sectional
Silove et al., 2002	Asylum seekers	Australia	Sri Lanka	33	3.9yrs (SD=4.2yrs)	Opportunity sample	Cross-sectional. Quantitative and qualitative design. Content analysis utilised for analyses of qualitative data
Silove et al., 1998 Steel et al., 1999 Steel & SIlove, 2000	Asylum seekers, refugees, and elective-immigrants	Australia	Sri Lanka	196 (62 asylum seekers)	Asylum seekers: 3.7yrs (SD=1.4yrs)	Opportunity sample	

Reference/study	Participant immigration status	Receiving-nation	Participant region of origin	N	Mean length of residency	Sampling method	Design
Simich et al., 2006	Programme-refugees and elective-immigrants	Canada	Sudan	220	2.1yrs	Purposive sampling	Cross-sectional
Steel et al., 2002	Refugees	Australia	Vietnam	1161	11.8yrs (SD=5.4yrs)	Population-based study	Cross-sectional
Steel et al., 2006	Asylum seekers (holders of Temporary Protection Visas) and refugees	Australia	Afghanistan & Iran	116 (49asylum seekers)	3.4yrs living in community, but asylum seekers had been detained a mean of 1.1yrs in Australia prior to this	Opportunity sample	Cross-sectional (between-groups and correlational)
Sundquist et al., 2000	Refugees and elective-immigrants	Sweden	Various	1980	Range: 7-17yrs	Random sample	Cross-sectional
Takeda, 2000	Programme-refugees	USA	Iraq	105	1.5yrs (SD=.08yrs)	Population-based study (approached all meeting inclusion criteria as identified through government lists)	Cross-sectional
Timotijevic & Breakwell, 2000	Refugees and asylum seekers	England	Former Yugoslavia	24	Not reported	Opportunity sampling	Qualitative study. IPA analysis
Warfa et al., 2006	Refugees and elective-immigrants	England	Somalia	21	Not reported	Opportunity/purposive sampling	Qualitative study. Framework analysis
Werkuyten & Nekuee, 1999	Asylum seekers and refugees	Holland	Iran	67	7.4yrs (SD=3.2yrs)	Opportunity sample (also only those who spoke Dutch approached)	Cross-sectional

Reference/study	Participant immigration status	Receiving-nation	Participant region of origin	N	Mean length of residency	Sampling method	Design
Westermyer et al., 1990 Westermyer et al., 1989	Programme-refugees	USA	Laos	T1: 97 T2: 89 T3: 99	T1: 1.5yrs T3: aprox 10yrs	Population-based study	Cross-sectional
Young (2001)	Programme-refugees	Canada	El Salvador	120	Short-term sample: 1.1yrs Long-term sample: 6.3yrs	Opportunity sampling	Cross-sectional (correlational and between-groups analyses)

<u>**Appendix C**</u> **Difficulties associated with research with asylum seekers**

Random sampling is hard due to a lack of sampling frames (Silove et al., 2002),

whilst longitudinal designs are made harder to implement due to the population's high

mobility (Beiser & Hou,2001). Distrust both of authorities and the motives of

researchers, combined with fears that participation may impact negatively upon

asylum claims further result in difficulties recruiting reflective samples (Miller, 2004;

Silove et al., 2002).

<u>**Appendix D**</u> **Participating organisations and start dates for recruitment**

Participating Organisation	City	Date Recruitment Started from this Organisation
Afro-Innovation Group	Leicester	January 2008
Afro-Initiative Project	Nottingham	February 2008
British Red Cross	Leicester	December 2007
British Red Cross	Nottingham	January 2008
The Centre Project	Leicester	December 2007
The Leicester ASSIST Primary Care Service	Leicester	October 2007
The Leicester Congolese Mutual Group	Leicester	February 2008
Manna Resource Centre	Leicester	February 2008
Nottingham & Nottinghamshire Refugee Forum	Nottingham	November 2007
Nottingham Sudanese Community Group	Nottingham	February 2008
Northwest Community Forum	Leicester	January 2008
Refugee Action	Leicester	October 2007
Refugee Action	Nottingham	November 2007
Refugee Support	Nottingham	November 2007
The Welcome Project	Leicester	November 2007
The Woman's Welcome Project	Leicester	January 2008

University of Leicester

We want to help improve services for asylum seekers

A large-scale study is currently being undertaken to explore relationships between wellbeing and difficulties experienced by asylum seekers and failed asylum seekers within the UK

If you currently are an <u>asylum seeker</u> or someone who's request for asylum has failed, <u>over 18 years of age</u> and have been in Britain <u>over one month</u> it would be very much appreciated if you could participate in this study. Questions asked will relate both to living difficulties experienced in the UK and your wellbeing, as well as some questions on traumatic-experiences you may have had before coming to the UK.

It is hoped the research will lead to a publication that would help guide Government asylum policy makers as well as service providers.

All information gathered is ***confidential*** and you will not be asked any information that would identify you or family. ***Choosing to participate or not will <u>not</u> affect either your asylum claim or access to services in anyway***.

Unfortunately, the questionnaire packs are only available in Arabic, English and French. This is due to a limited budget.

Questionnaires are available in boxes at reception. Alternatively, please ask a member of staff for a questionnaire pack. Completed questionnaires can be returned to the researcher free of charge using the envelope provided.

Thank you in advance for your time,

Gareth Morgan

University of Leicester

نريد أن نساعد في تحسين الخدمات المقدمة لطالبي اللجوء

نقدر لك المشاركة معنا في هذه الدراسة اذا كنت أحد طالبي اللجوء أو من الذين لم يحالفهم الحظ في طلب اللجوء حاليا و فوق سن الثامنة عشر و مقيم في بريطانيا منذ اكثر من شهر.

تحتوي الدراسة علي أسئلة حول طبيعة كلا من الصعوبات التي ممررت بها في بريطانيا، و كذلك بعض الاسئلة حول الخبرات المؤلمة و الصادمة التي ربما قد تكون مررت بها قبل المجئ إلي بريطانيا.

نقدر لك المشاركة معنا في هذه الدراسة اذا كنت أحد طالبي اللجوء أو من الذين لم يحالفهم الحظ في نحن نأمل في أن يتم نشر هذا البحث، و الذي بدوره قد يساعد علي توجيه و ارشاد المسؤولين الحكوميين عن اللجوء و مقدمي الخدمات لطالبي اللجوء.

كل المعلومات التي يتم الحصول عليها محاطة بالسرية الكاملة، و لن يتم سؤالك عن أي معلومات تدل علي هويتك أو هوية عائلتك.
إن اختيارك المشاركة أو عدم المشاركة لن يؤثر إطلاقا علي طلبك للجوء او الخدمات المقدمة لك.

لسوء الحظ ، إن رزمة الاستبيانات متوفرة باللغة العربية و الانجليزية و الفرنسية فقط ، و ذلك لتوفر ميزانية محدودة للبحث.

يمكن إرسال الاستبيانات التي تم الإجابة عليها الي الباحث من خلال الظرف البريدي المرفق و دون أي تكلفة مالية. من فضلك أخبر طالبي اللجوء(من أصدقائك أو عائلتك)عن هذا البحث و اشعر بالحرية في إرسال أو إعطاء الاستبيانات للأخرين

شكرا جزيلا علي المشاركة و منحنا وقتك

جارث مورجان

Gareth Morgan

University *of* Leicester

Nous voulons améliorer les services pour les demandeurs d'asile

Une étude à grande échelle est actuellement entreprise pour avoir des relations entre le bien-être et les difficultés éprouvés par des demandeurs d'asile et des demandeurs d'asile refusés dans le Royaume-Uni.

Si vous êtes actuellement un demandeur d'asile ou demandeur d'asile dont la demande a été rejetée « Failed/Destitute asylum seeker », de plus de 18 ans et vous êtes en Grande-Bretagne depuis plus d'un mois, nous vous serions très reconnaissant de bien vouloir participer à cette étude. Les posées traiteront des difficultés de vivre au Royaume-Uni, et de votre bien-être. Quelques questions se porteront également sur des expériences traumatisantes que vous avez pu vivre avant de venir au Royaume-Uni.

Nous espérons que cette recherche mènera à une publication qui aiderait ou guiderait les personnes du gouvernement qui définissent la politique concernant les demandeurs d'asile, aussi bien que les fournisseurs de services dont vous avez besoin.

Toutes les informations recueillies sont *confidentielles*, il ne vous sera demandé aucune information que rendra possible votre identification ou l'identification de votre famille. *Le choix de participer ou non à cette étude n'affectera en aucune manière votre demande d'asile ainsi que l'accès aux différents services*.

Malheureusement, les questionnaires sont seulement disponibles en Arabe, Anglais et Français. Ceci dû à un budget limité.

Les questionnaires sont disponibles dans des boîtes situées à la réception. Alternativement, veuillez demander des questionnaires à un membre du personnel. Les questionnaires remplis peuvent être renvoyés gratuitement en utilisant l'enveloppe fournie.

Merci d'avance pour votre temps,

Gareth Morgan

University of Leicester

Dear participant,

Thank you for taking an interest in the research. The project aims to explore how difficulties you may face as an asylum seeker in the UK relate to wellbeing.

Questions in this pack will ask you about how much stress you may have experienced in the UK in relation to various problems, as well as questions that aim to assess your current wellbeing and mental health. There are also some questions asking you about traumatic experiences you may have had before coming to Britain, as well as questions asking you for information such as your age and nationality. These questions are asked because such factors are believed to affect the relationship between wellbeing and the difficulties of being an asylum seeker.

It is hoped that the research will lead to published articles that could inform Government asylum policy makers, as well as service providers and health professionals, to better support asylum seekers and failed asylum seekers.

All information is confidential and anonymous, and the published report will not include any information that would lead to you or any family members being identified. Your names and addresses will not be asked for. Further, choosing or not to take part in the research does not affect either your asylum application or access to services in anyway.

Completed questionnaires can be posted free-of-charge in the accompanying envelope. Please let friends or family who are also asylum seekers know about the research, and feel free to take questionnaires for others.

You do not have to answer any questions you do not want to.

It is hoped that the questions asked are not too intrusive, however if you become distressed through filling out the questionnaires, please speak to your doctor, or contact staff at…

<div align="right">
_____
_____
_____
_____
</div>

Many thanks for your time

Gareth Morgan

University of Leicester

عزيزي المشارك

شكرا على اهتمامك معنا في هذا البحث.
يهدف هذا البحث الى معرفة و إكتشاف الصعوبات المتعلقة بظروف المعيشة التي ربما يواجهها طالب اللجوء أو الذي لم يحالفه الحظ في الحصول على اللجوء في بريطانيا.

تدور الأسئلة حول مستوى التوتر و الضغط النفسي الذي قد تكون واجهته و علاقته ببعض المشكلات المتعددة، و كذلك أسئلة تهدف الى تقييم وضعك الحالي و مستوى صحتك النفسية. أضف الى ذلك، يوجد بعض الأسئلة عن خبرات صادمة و مؤلمة و التي قد تكون مررت بها قبل مجيئك الى بريطانيا، و أيضا اسئلة عن بعض المعلومات المتعلقة بعمرك و جنسيتك.

انني اسئلك مثل هذه الأسئلة لأنه يعتقد ان هذه العوامل المذكورة سابقا تؤثر على العلاقة بين مستوى العيش الكريم و الصعوبات التي يمر بها طالب اللجوء.
نحن نأمل في أن يتم نشر هذا البحث، و الذي بدوره قد يقود الى توجيه و إرشاد المسؤولين الحكوميين عن اللجوء و مقدمي الخدمات و المهنيين الصحيين الى دعم طالبي اللجوء و الذين لم يحصلوا على اللجوء بشكل أفضل.

كل المعلومات التي يتم الحصول عليها و التقرير الذي يتم نشره محاط بالسرية الكاملة، و لن يحتوي على معلومات تدل على هويتك أو هوية عائلتك. كذلك لن يتم السؤال عن إسمك وعنوانك. إن إختيارك المشاركة أو عدم المشاركة لن يؤثر قطعيا على طلبك للجوء او الخدمات المقدمة لك.

يمكن إرسال الاستبيانات التي تم الإجابة عليها الى الباحث من خلال الظرف البريدي المرفق و دون أي تكلفة مالية. من فضلك أخبر أصدقائك و عائلتك من طالبي اللجوء عن هذا البحث و اشعر بالحرية في إرسال أو إعطاء الاستبيانات للآخرين. يمكنك الامتناع عن إجابة الأسئلة التي لا تفضل الاجابة عليها.

نأمل أن لا تشعر بالضيق أو الإنزعاج من هذه الأسئله ,وإذا شعرت بالإنزعاج أو الضيق أثناء الاجابة على هذا الإستبيان, قم بالتحدث مع
طبيبك, أو الاتصال بفريق العمل على العنوان التالي

مع جزيل الشكر
جارث مورجان

Gareth Morgan

University of Leicester

Cher participant,

Merci de participer à ce projet de recherche. Le projet vise à étudier comment les difficultés auxquelles vous pouvez faire face en tant que demandeur d'asile ou demandeur d'asile dont la demande a été rejetée (« Failed/Destitute asylum seeker ») affectent votre bien être.

Ce questionnaire est constitué de questions qui traiteront de la quantité de stress que vous avez pu éprouver au Royaume-Uni par rapport à divers problèmes, ainsi que des questions qui visent à évaluer votre bien-être actuel et votre santé mentale. Il y a également quelques questions concernant les expériences traumatisantes que vous avez pu subir avant de venir en Grande-Bretagne. Finalement, il y a des questions concernant votre âge et votre nationalité. Nous vous posons toutes ces questions parce que croyons que de tels facteurs affectent le rapport entre le bien-être et les difficultés d'un demandeur d'asile.

Nous espérons que cette recherche mènera à des articles qui pourraient informer les personnes du gouvernement responsables pour la définition de la politique d'asile, ainsi que les fournisseurs de services et les professionnels de la santé. Tout ceci dans le but d'améliorer le soutien des demandeurs d'asile et des demandeurs refusés d'asile.

Toutes les informations que vous donnerez sont confidentielles et anonymes. Le rapport publié n'inclura aucune information qui permettrait ni de vous identifier ni d'identifier aucun membre de votre famille. Vos noms et adresses ne seront pas demandés. De plus, le choix de ne pas participer à la recherche n'affectera en aucune manière ni votre demande d'asile ni l'accès aux différents services.

Les questionnaires remplis peuvent être postés gratuitement à l'aide de l'enveloppe ci jointe. Veuillez informer les personnes demandeurs d'asile de votre entourage à propos de cette recherche. N'hésitez pas à prendre des questionnaires pour en passer à d'autres personnes.

Si vous ne voulez pas répondre à certaines questions, laissez celles-ci sans réponse.

Nous espérons que les questions posées ne sont pas trop intrusives, cependant si vous vous sentez bouleversé en complétant les questionnaires, veuillez en parler à votre docteur, ou contacter le personnel à

_____
_____
_____
_____

Merci beaucoup pour votre temps

Gareth Morgan

Appendix F: The Postmigratory Living Difficulties Checklist (adapted from Schweitzer et al., 2006) (the English version of the questionnaire is given first, followed by the Arabic and French translations)

During the **past 12 months** have any of the difficulties listed below been a problem for you in Britain? Please mark the box that best applies. For example if you have found 'Communication Difficulties' have caused you a lot of stress you would mark 'a very serious problem'. If 'Communication Difficulties' have not caused you much stress you could mark either 'A bit of a problem' or 'moderately serious'.

	No problem at all	A bit of a problem	Moderately serious	A serious problem	A very serious problem
1. Communication difficulties.					
2. Discrimination.					
3. Separation from family.					
4. Worries about family back at home.					
5. Unable to return home in Emergency.					
6. No permission to work					
7. Not being able to find work.					
8. Bad job conditions.					
9. Being in detention (being in a detention centre in England).					
10. Interviews by immigration, the Home Office (NASS), courts or solicitors					
11. Mistakes and delays in processing your application.					
12. Conflict with immigration and other officials.					
13. Fears of being sent home to your country of origin.					
14. Poor access to treatment for health problems:					
- Emergency medical care					
- Long term health problems					
- Dental					
- Counselling					
- Other					
15. Little Government help with welfare					
16. Difficulties obtaining help from Charities					
17. Poverty					
18. Loneliness and Boredom.					
19. Isolation.					
20. Poor access to the foods you like.					
21. Housing problems					
22. Poor acceptance of religious beliefs					
23. Poor access to child-care support					
24. Feeling like you are a burden to others					

١. خلال 12 شهر الماضية هل تعتبر أن الصعوبات الموجودة في الجدول التالي مشكلة لك في بريطانيا؟ من فضلك ضع علامة X في الخانة المقابلة للإجابة الصحيحة. علي سبيل المثال اذا وجدت أن صعوبات في المحادثه سببت لك الكثير من التوتر و الضغط ضع اشارة X أمام الإجابة "مشكلة بالغة الصعوبة جدا". أما اذا كانت مشكلة الصعوبات في التواصل لم تسبب لك ضغطا كثيرا ضع X أمام "مشكلة ضئيلة الصعوبة" أو "مشكلة متوسطة الصعوبة"؟

مشكلة بالغة الصعوبة جدا	مشكلة بالغة الصعوبة	مشكلة متوسطة الصعوبة	مشكلة ضئيلة الصعوبة	ليست مشكلة علي الإطلاق	
					١. صعوبات في المحادثه
					٢. التمييز في المعاملة.
					٣. العزلة عن الأهل.
					٤. قلق علي العائلة في الوطن.
					٥. عدم القدرة علي العودة الي الوطن في الطوارئ.
					٦. عدم وجود تصريح للعمل.
					٧. عدم القدرة علي ايجاد عمل.
					٨. ظروف عمل سيئة.
					٩. وجودي في مركز الإحتجاز في بريطانيا.
مشكلة بالغة الصعوبة جدا	مشكلة بالغة الصعوبة	مشكلة متوسطة الصعوبة	مشكلة ضئيلة الصعوبة	ليست مشكلة علي الإطلاق	
					١٠. مقابلات مع سلطة الهجرة أو وزارة الداخلية (ن.أ.س. س NASS) أو المحامي أو المحكمة.
					١١. أخطاء و تأجيل في طلب اللجوء.
					١٢. خلافات مع سلطة الهجرة و دوائر رسمية أخري.
					١٣. الخوف من إعادتك الي بلادك.
					١٤. خدمات فقيرة لعلاج المشكلات الصحية مثل:
					رعاية الطوارئ الصحية.
					أ. علاج طويل للمشكلات الصحية.
					ب. رعاية الأسنان.
					ت. خدمات الإرشاد و التوجيه.
					ث. أخري.
					١٥. خدمات قليلة لتحسين مستوي المعيشة قليلة من قبل الحكومة.
					١٦. صعوبات في الحصول علي مساعدة من مؤسسات خيرية
					١٧. الفقر.
					١٨. الوحدة و الملل.
					١٩. العزلة.
					٢٠. صعوبة في إيجاد الطعام المفضل.
					٢١. مشكلات في السكن.
					٢٢. قبول ضعيف للمعتقدات الدينية.
					٢٣. صعوبة الحصول علي خدمات رعاية الأطفال.

					24. الشعور بأنك عبء علي الأخرين.

Pendant les <u>12 derniers mois</u>, avez-vous eu des problèmes ou les difficultés énumérées ci-dessous ? Veuillez cocher les cases correspondant le mieux. Par exemple, si vous avez trouvez que des « Difficultés de communication » qui vous ont causées beaucoup de stress, vous cocherez «des sérieux problèmes ». Si au contraire les « Difficultés de communication » ne vous ont pas trop dérangées, vous pouvez cocher « Un petit problème » ou « Plus ou moins sérieux.

	Pas de problème	Un petit problème	Plus ou moins sérieux	Un problème sérieux	Un très sérieux problème
1. Difficultés de communication					
2. Discrimination.					
3. Séparation de la famille					
4. Inquiétude pour la famille restée dans votre pays.					
5. Impossibilité de rentrer chez vous en cas d'urgence					
6. Interdiction de travail					
7. Impossibilité de trouver du travail					
8. Mauvaises conditions de travail					
9. Mise en détention (avoir été dans un camp de détention en Grande Bretagne)					
10. Entretiens avec les bureaux de l'immigration, siège social (NASS), tribunaux ou avocats					
11. Erreurs et retards dans la procédure de votre demande					
12. Conflits avec les agents de l'immigration ou autres officiels.					
13. La peur d'être renvoyé dans votre pays d'origine					
14. Faible accès aux soins ou traitements en cas de problème de santé:					
- Soin médical d'urgence					
- Problème de santé à long terme					
- Soins dentaires					
- Conseils/Assistance socio-psychologique					
- Autres					
15. Peu d'aide gouvernementale pour le bien être					
16. Difficultés pour avoir de l'aide d'organismes caritatifs					
17. Pauvreté					
18. Solitude et ennui					
19. Isolement					
20. Faible accès à la nourriture que vous aimez.					
21. Problèmes de logement					
22. Faible tolérance sur vos croyances religieuses					
23. Peu d'accès au soutien de soins pour enfants					
24. Impression d'être un fardeau pour les autres					

Appendix G Details of modifications to the PLDC

- Item 9: Pilot participants struggled to understand the meaning of this item as it stood (*'Being in detention'*) thus a clarifying statement was given in brackets following the original item.

- Item 10: This item originally read 'Interviews by immigration' One pilot participant identified that asylum seekers in Britain tend to have little direct contact with immigration officials, thus this item was modified to also include Home Office representatives, courts, and solicitors (the latter group of professionals were also identified as a potential stressor by one of the agencies providing feedback.

- Item 11: In response to suggestions that an additional stressor can include mistakes being made with asylum applications (e.g. the Home Office misplacing claims), the item which originally read 'Delays in processing your claim' has been altered to include mistakes in processing claims.

- Item 12: Item 12 originally read 'Conflict with immigration officials'. One professional suggested that there could be an item to reflect stress in dealing with officials in general, therefore this item was modified to incorporate this suggestion.

- Item 13: In Silove et al.'s (1997) version of the PMLD, this item originally read 'Fears of being sent home'. As in Schweitzer et al.'s (2006) version of the PMLD, this item was modified to specify that being 'sent home' meant deported to the person's country of origin.

- Item 14: In Silove et al.'s (1997) version of the PMLD there were four items reflecting: 'Poor access to emergency medical care'; 'Poor access to long term medical care'; 'Poor access to long term medical care'; 'Poor access to dentistry care'; and 'Poor access to counselling services'. As with Schweitzer et al.'s (2006) modified version, these four items have become sub-items of the one question, in addition to the sub-item of 'other' to reflect stressors associated access to non-listed health services.

- Item 15: As suggested by some professionals, in order to reflect common discourse regarding Government assistance with welfare, the term 'NASS support' was included in this item to help clarify the meaning of this stressor.

- Item 21: As suggested by some professionals, the additional item of 'Housing problems' was included to reflect various difficulties an asylum seeker might include (e.g. homelessness, over-cramped housing, poor quality accommodation)

- Item 22: A second additional item, again based on the professionals' responses, explored 'Poor acceptance of religious beliefs'.

- A number of suggestions for additional items made by professionals were not incorporated into the final PMLD as they were thought to relate too closely to additional items. A further reason why some items were not included was that certain

suggestions would apply only to certain sub-groups of the participants, and thus would make analysis of these items complicated (e.g. 'stress associated with someone close to you being pregnant'; 'Accessing education for your children'; 'Poor access to classes to help you learn English').

- Item 24 was suggested by one organisation as a particularly pertinent stressor for failed asylum seekers who often have to survive by staying with and being supported by friends and/or family. Item 23 reflected a stressor raised by a pilot participant. This stressor had also been raised by one of the agencies providing feedback.

Appendix H: The 'Demographics Questionnaire' (the English version of the questionnaire is given first, followed by the Arabic and French translations)

<u>About you</u>

Please mark the box that applies, e.g.   [x]

Please leave blank any questions you do not understand

1. Your gender: Male   ☐

Female ☐

2. Your age:_____ years

3. Are you currently:
    a) Seeking asylum (are you an asylum seeker)?

Yes ☐

Or

b) Someone who's request for asylum has failed (a 'failed/destitute asylum seeker')

Yes ☐ If 'yes', how long ago was your first application in the UK turned down?
_____years, _____months

4. Your country of origin:_____

5. How long have you been in Britain? ____ years, ____months

6. How long did you spend between leaving your country and arriving in Britain?

____ years, ____months

7. Do you have relatives with you in Britain? Yes ☐   No ☐

8. How many years did you spend in education (school, college, university) before coming to Britain? ____ years

9. How well respected was the job or position you had in your home country?: (please tick one):

Very well-respected   ☐   Above average ☐

Below average   ☐   Poorly respected ☐

10a). How good are your English language skills compared to other asylum seekers and refugees?

1. Very good ☐   2. Above average ☐

3. Below average ☐   4. None or almost no English ☐

10b). Is English your first (main) language?

Yes ☐   No ☐

11. How many friends from the same country/culture as yourself do you have in England?

1. Lots ☐   2. Some ☐

3. Few ☐   4. None ☐

12. How many British friends do you have in England?

1. Lots ☐   2. Some ☐

3. Few ☐   4. None ☐

13. How important is it to you that you maintain your cultural traditions and socialise with people from the same country as yourself?

1.Extremely important ☐   2. Important ☐

3. Not so important ☐   4. Not at all important ☐

14. How important is it to you that you adapt to the British culture and socialise with British people?

1.Extremely important ☐   2. Important ☐

3. Not so important ☐   4. Not at all important ☐

A propos de vous

Veuillez cochez les cases de cette manière. ☐ x

Veuillez s'il vous plait laisser sans réponse les questions que vous ne comprenez pas

1. Etes-vous : Un homme ☐

Une femme ☐

2. Votre âge: _____ ans

3. Etes-vous actuellement:

a) En demandeur d'asile (êtes vous un demandeur d'asile)?

oui ☐

Ou

b) Un demandeur d'asile dont la demande a été rejetée « Failed/Detitute asylum seeker »

oui ☐ Si oui, depuis combien de temps votre demande a-t-elle été refusée?

_____ans, _____mois

4. Quel votre pays d'origine: _____

5. Depuis combien de temps êtes-vous en Grande Bretagne? ____ ans, ____mois

6. Combien de temps vous a pris le voyage entre votre pays et la Grande Bretagne ?

____ ans, ____mois

7. Avez-vous de la famille en Grande Bretagne? ☐Oui ☐Non

8. Quel est votre niveau d'études avant de venir en Grande Bretagne (écoles, lycées, universités) ? ____ ans

9. Quel était le niveau de considération de votre travail dans votre pays d'origine?

Très respecté ☐   Plus que la moyenne ☐

Moins que la moyenne ☐   Peu respecté ☐

10. Comment est votre niveau d'anglais comparé à d'autres demandeurs d'asile ou réfugiés ?

1. Très bon ☐   2. Plus que la moyenne ☐

3. Moins que la moyenne ☐   4. Faible ou aucun ☐

11. Combien d'amis venant du même pays / de la même culture avez-vous en Angleterre ?

1. Beaucoup ☐   2. Quelqu'uns ☐

3. Très Peu ☐   4. Aucun ☐

12. Combien d'amis britanniques avez-vous en Angleterre ?

1. Beaucoup ☐   2. Quelqu'uns ☐

3. Très Peu ☐   4. Aucun ☐

13. Est-il important pour vous de garder vos valeurs culturelles et tradi tionnelles et de rencontrez vos cornpatriotes ?

1. Extrêmement important ☐   2. Important ☐

3. Pas très important ☐   4. Pas du tout important ☐

14. Est-il important pour vous de vous adaptez à la culture britannique et de rencontrer des britanniques ?

1. Extrêmement important ☐   2. Important ☐

3. Pas très important ☐   4. Pas du tout important ☐

Appendix I: The Harvard Trauma Questionnaire – Traumatic Exposure Subscale (Mollica et al., 1992) (the English version of the questionnaire is given first, followed by the Arabic and French translations)

Below is a list of traumatic experiences you may have encountered before coming to Britain. Please mark whether or not you have experienced any of the events below.

		Yes	**No**
1	Lack of food or water		
2	Ill-health without access to medical care		
3	Lack of shelter		
4	Imprisonment		
5	Serious injury		
6	Combat situation		
7	Brainwashing		
8	Rape or sexual abuse		
9	Forced isolation from others		
10	Being close to death		
11	Forced separation from family members		
12	Murder of family or friend		
13	Unnatural death of family or friend		
14	Murder of stranger or strangers		
15	Lost or kidnapped		
16	Torture		

2. في الجدول يوجد قائمة بالأحداث الضاغطة و المؤلمة التي قد تكون واجهتها قبل مجيئك ال بريطانيا. من فضلك قم بالإجابة اذا ماكنت تعرضت لهذه الأحداث أم لا.

لا	نعم	
		1. نقصان طعام او ماء للشرب
		2. الإصابة بالمرض مع عدم توفر رعاية صحيه
		3. البقاء بدون مآوى او سكن
		4. سجن / اعتقال
		5. اصابه خطره
		6. التعرض لمواجهه مسلحه او ظروف قتال مسلح.
		7. غسيل دماغ
		8. اغتصاب او اعتداء جنسي
		9. عزل قسري او بالقوة عن الاخرين
		10. التعرض لمواقف مميتة حيث كان الموت شيك الحدوث.
		11. عزل قسري و بالقوة عن بقية أفراد عائلتك
		12. قتل أحد أفراد العائلة او صديق
		13. موت أحد أفراد العائلة او صديق بأسباب غير طبيعيه
		14. تعرض أ شخاص تعرفهم او لا تعرفهم للقتل.
		15. اختطاف او حادث ضياع (أي أن تتوه / تائه)
		16. تعذيب جسدي (جسماني)

Ci-dessous vous trouverez une liste d'expériences traumatisantes que vous avez peut-être rencontrées avant de venir en Grande Bretagne. Veuillez cocher si vous avez vécu ou non les expériences ci-dessous.

		Oui	Non
1	Manque d'eau ou de nourriture		
2	Maladie sans accès aux soins		
3	Se trouver sans abri		
4	Emprisonnement		
5	Blessure grave		
6	Situation de combats		
7	Lavage de cerveau		
8	Viol ou abus sexuel		
9	Séparation forcée des autres		
10	Être proche à la mort		
11	Séparation forcée de membre de votre famille		
12	Meurtre d'un ami ou d'un membre de votre famille		
13	Mort non naturelle d'un ami ou d'un membre de votre famille		
14	Meurtre d'un / d'étranger(s)		
15	Perdu ou kidnappé		
16	Torture		

Appendix J: The Harvard Trauma Questionnaire – Posttraumatic Stress Subscale (Mollica et al., 1992) (the English version of the questionnaire is given first, followed by the Arabic and French translations)

Please read each question carefully, then, select one of the boxes that best describes how much discomfort that problem has caused you during the **past week** including today. Indicate your choice by marking one box for each item.

		(1) Not at all	(2) A little	(3) Quite a bit	(4) Extremely
1	Recurrent thoughts or memories of the most hurtful or terrifying events.				
2	Feeling as though the event is happening again.				
3	Recurrent nightmares.				
4	Feeling detached or withdrawn from people.				
5	Unable to feel emotions.				
6	Feeling jumpy, easily startled.				
7	Difficulty concentrating.				
8	Trouble sleeping.				
9	Feeling on guard.				
10	Feeling irritable or having outbursts of anger.				
11	Avoiding activities that remind you of the traumatic or hurtful event.				
12	Inability to remember parts of the most traumatic or hurtful events.				
13	Less interest in daily activities.				
14	Feeling as if you don't have a future.				
15	Avoiding thoughts or feelings associated with the traumatic or hurtful events.				
16	Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events.				

3. من فضلك أقرأ كل سؤال بعناية ثم قم بإختيار الإجابة التي تصف بدقة حالة عدم الراحة التي سببتها لك تلك المشاكل خلال الأسبوع الماضي حتي اليوم. اختر إجابة واحدة و ضع علامة داخل مكان الإجابة.

بشدة	الي حد ما	قليلا	ليس علي الإطلاق	
				1. ذكريات و أفكار متكررة حول أشد الأحداث ألما و ترويعا.
				2. الشعور و كأن الحدث يتكرر حدوثه من جديد.
				3. كوابيس متكررة
				4. الشعور بالإنفصال و الإنعزال عن الناس.
				5. عدم القدرة علي الاحساس بالمشاعر
				6. عصبي و متحفز و سريع الجفل.
				7. صعوبة في التركيز.
				8. صعوبات في النوم
				9. الشعور بالحذر.
				10. الشعور بالغضب و نزق المزاج.
				11. أقوم بتجنب أي شئ نشاط يذكرني بالحدث الضاغط او المؤلم.

				12. عدم القدرة علي تذكر بعض الأجزاء من الحدث الصادم.
				13. أقل اهتماما بالنشاطات اليومية.
				14. الشعور بأن مستقبلك انتهي و لم يعد لك مستقبل.
				15. تجنب اي أفكار أو مشاعر مرتبطة بالحدث الصادم.
				16. مشاعر مفاجئة و ردود فعل جسدية مزعجة عندما أتذكر اللحظات المؤلمة من الأحداث الصادمة.

Veuillez lire chacun des problèmes avec attention et veuillez choisir une des cas qui décrit le mieux inconfortable généré par ce problème pendant **la semaine dernière** inclus aujourd'hui.

		(1) Pas du tout	(2) Un peu	(3) Assez	(4) Extrêmement
1	Souvenirs ou pensées récurrentes événements blessants ou traumatisants				
2	Sentiment ou impression que cet événement se reproduit				
3	Cauchemars récurrents				
4	Sentiment de détachement, de retrait par rapport aux gens				
5	Incapacité de ressentir des émotions				
6	Se sentir agité, facilement effrayé				
7	Difficultés de concentration .				
8	Troubles du sommeil				
9	Se sentir sur ses gardes				
10	Sentiments d'irritabilité ou excès d'aigreur				
11	Eviter des activités qui vous rappellent des événements traumatiques				
12	Impossibilité de se souvenir certains passages d'évènements les plus traumatisant				
13	Intérêt moindre dans les activités journalières				
14	Sentiment de ne pas avoir de futur				
15	Eviter pensées et sentiments associés avec ces évènement traumatisants				
16	Réaction émotive ou physique soudaine lorsqu'on vous remémore des évènements traumatisants.				

Appendix K: The Hopkins Symptom Checklist (Hesbacher et al.,1980; Winokur et al., 1984) (the English version of the questionnaire is given first, followed by the Arabic and French translations)

Please read each question carefully, then, select one of the boxes that best describes how much discomfort that problem has caused you during the **past week** including today. Indicate your choice by marking one box for each item.

		(1) Not at all	(2) A little	(3) Quite a bit	(4) Extremely
1	Suddenly scarred for no reason				
2	Feeling fearful				
3	Faintness, dizziness, or weakness				
4	Nervousness or shakiness inside				
5	Heart pounding or racing				
6	Trembling				
7	Feeling tense or keyed up				
8	Headaches				
9	Spells of terror or panic				
10	Feeling restless, can't sit still				
11	Feeling low in energy, slowed down				
12	Blaming yourself for things				
13	Crying easily				
14	Loss of sexual interest or pleasure				
15	Feeling hopeless about the future				
16	Feeling sad				
17	Feeling lonely				
18	Thoughts of ending your life				
19	Feeling of being trapped or caught				
20	Worrying too much about things				
21	Feeling no interest in things				
22	Feeling everything is an effort				
23	Feelings of worthlessness				
24	Poor appetite				
25	Difficulty falling asleep or staying asleep				

3. من فضلك أقرأ كل سؤال بعناية ثم قم بإختيار الإجابة التي تصف بدقة حالة عدم الراحة التي سببتها لك تلك المشاكل خلال الأسبوع الماضي حتي اليوم. اختر إجابة واحدة و ضع علامة داخل مكان الإجابة.

	بشدة	الي حد ما	قليلا	ليس علي الإطلاق	
					17. هلع مفاجيء بدون سبب مباشر
					18. الشعور بالخوف
					19. اغماء, دوار (دوخه) ضعف عام
					20. عصبية و الشعور بها بإرتعاش داخل جسمك.
					21. اضطراب و تسارع دقات القلب
					22. ارتعاش,رجفه
					23. اجهاد جسدي, تشنج و توتر في العضلات
					24. صداع
					25. نوبات ارتهاب او رعب (ذعر)
					26. تململ (شعور بعدم الاستقرار او الراحه مع قلق)
					27. شعور بنقصان الطاقه او ابطاء (مهدود الحيل)
					28. لوم النفس على حدوث اشياء حولك او احداث
					29. الانخراط بالبكاء بسهولة
					30. فقدان الاهتمام بالمتعة الجنسية
					31. الشعور باليأس حول المستقبل
					32. شعور بالحزن
					33. شعور بالوحدة
					34. تنتابك أفكار بأنهاء حياتك
					35. الشعور و كأنك متورط في ظروف معينة و عدم القدرة علي التخلص منها.
					36. الافراط في القلق حول الامور و الاشياء حولك
					37. شعور بعدم الاهتمام بألاشياء حولك
					38. الشعور بأن أي شيء يتطلب جهدآ
					39. شعور بعدم قيمة الذات
					40. فقدان / قلة الشهيه للاكل
					41. صعوبة في الخلود للنوم او الاستمرار فيه

Veuillez lire chacun des problèmes avec attention et veuillez choisir une des cas qui décrit le mieux inconfortable généré par ce problème pendant **la semaine dernière** inclus aujourd'hui.

		(1) Pas du tout	(2) Un peu	(3) Assez	(4) Extrêmement
1	Effrayé soudainement sans raison				
2	Sentiment d'être angoissé				
3	Défaillances, vertiges ou faiblesses				
4	Énervement ou tremblements à l'intérieur de soi				
5	Rythme cardiaque élevé, coeur battant vite				
6	Frémissements				
7	Sentiment d'être tendu ou agité				
8	Maux de tête				
9	Passer pour des moments de terreur ou de panique				
10	Sentiments d'agitation, de ne pas pouvoir rester assis				
11	Sentiment de perte d'énergie, ralenti				
12	Se blâmer pour toutes sortes de choses qui arrivent				
13	Pleurs faciles				
14	Perte d'interet sexuel ou perte de la facilite d'y trouver du plaisir.				
15	Se sentir sans espoir au sujet du futur				
16	Sentiment d'être triste				
17	Sentiment d'être seul				
18	Penser à mettre fin à vos jours				
19	Sentiment d'être emprisonné ou attrapé				
20	Se soucier de tout				
21	Sentiment de ne pas s'intéresser à rien				
22	Sentiment que tout représente un effort				
23	Sentiment d'insignifiance				
24	Mauvais appétit				
25	Difficultés à s'endormir ou à dormir				

Appendix M: Descriptive statistics for excluded PLDC items

	%of valid cases endorsing the stressor as problematic (n)
Bad job conditions	44%(27)
Poor access to other healthcare	28%(13)

Appendix N : Comparing present PLDC endorsement with previous studies

	Present study (N=98)	Silove et al., 1997 (N=40)	Silove et al., 1998 (N=62)	Silove et al., 2002 (N=27)	Steel et al., 2006 (N=49)
Fears of being sent home to your country of origin.	96%	81%	68%	85%	92%
No permission to work	91%	42%	45%	33%	-
Worries about family back at home.	89%	39%	71%	89%	96%
Unable to return home in Emergency.	84%	56%	84%	89%	98%
Mistakes and delays in processing your application.	84%	44%	55%	78%	-
Isolation.	83%	-	29%	59%	92%
Not being able to find work.	79%	50%	31%	70%	92%
Separation from family.	78%	33%	63%	85%	96%
Loneliness and Boredom.	76%	10-30%	37%	81%	96%
Poverty	75%	10-30%	18%	70%	92%
Feeling like you are a burden to others	67%	-	-	93%[4]	-
Little Government help with welfare	62%	33%	40%	63%	96%
Interviews by immigration	62%	10-30%	26%	41%	73%
Being in detention	55%	<10%	-	7%	100%
Poor access to the foods you like.	55%	<10%	3%	44%	59%
Conflict with immigration and other officials.	51%	<10%	32%	41%	71%
Housing problems	47%	-	-	-	-
Discrimination.	36%	<10%	16%	19%	78%
Poor access to treatment for long term health problems	34%	39%[5]	70%	52%	69%
Difficulties obtaining help from charities	34%	10-30%	23%	22%	96%
Poor access to child-care support	33%	-	-	-	-
Poor access to dental treatment	32%	39%	63%	52%	63%
Poor access to counselling	28%	10-30%	34%	96%	33%
Poor access to treatment for emergency health problems	21%	10-30%	60%	48%	76%
Poor acceptance of religious beliefs	21%	-	-	-	-
Communication difficulties.	19%	10-30%	16%	74%	100%

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[4] Silove et al.'s (2002) study utilised the item '*Burden to Family*'

[5] Silove et al. (1997) utilised the item '*Worried about not getting treatment for health problems*'

Appendix O: Results for predictors non-significantly associated with distress DVs

Demographic predictors

	Anxiety				Depression				Posttraumatic stress			
	Mean (SD)		**df**	**Z**	**Mean (SD)**		**df**	**Z**	**Mean (SD)**		**df**	**t**
	No	**Yes**			**No**	**Yes**			**No**	**Yes**		
Female gender	.67(.40)	.77(.40)	85	1.15	.78(.43)	.90(.36)	82	1.38	.72(.36)	.80(.30)	83	1.11
High premigratory occupational and social status	.70(.45)	.75(.38)	80	.44	.81(.47)	.84(.38)	79	.26	.72(.32)	.78(.33)	80	.59
	rho	**n**			**rho**	**n**			**r**	**n**		
Years spent in education	-.05	63			-.07	65			-.02	66		

Premigratory-trauma predictors

	Anxiety				Depression				Posttraumatic stress			
	Mean (SD)		df	Z	Mean (SD)		df	Z	Mean (SD)		df	t
	No	Yes			No	Yes			No	Yes		
Lack of food or water	.69(.39)	.79(.41)	84	.95	.78(.40)	.90(.39)	81	1.43	.72(.33)	.83(.32)	83	1.52
Imprisonment	.65(.41)	.77(.39)	79	1.16	.77(.42)	.85(.38)	77	.80	.70(.32)	.81(.33)	80	1.41
Combat situation	.68(.38)	.76(.42)	77	.67	.82(.40)	.82(.40)	75	.07	.74(.32)	.79(.33)	78	.73
Rape or sexual abuse	.66(.39)	.81(.42)	80	1.61	.78(.42)	.89(.37)	77	1.17	.73(.36)	.81(.30)	81	1.19
Forced isolation from others	.64(.38)	.76(.42)	81	1.00	.79(.42)	.85(.40)	79	.58	.66(.33)	.80(.33)	82	1.74
Close to death	.59(.30)	.75(.41)	83	1.19	.72(.41)	.85(.39)	81	1.07	.68(.38)	.77(.33)	82	.86
Murder of family or friends	.66(.42)	.75(.40)	81	.59	.80(.45)	.84(.39)	80	.32	.63(.31)	.80(.32)	82	1.86
Unnatural death of family	.60(.43)	.76(.40)	82	1.25	.80(.50)	.84(.38)	80	.10	.65(.38)	.79(.32)	83	1.47
Murder of stranger	.60(.36)	.79(.41)	77	1.81	.70(.42)	.89(.38)	75	1.76	.70(.31)	.81(.33)	78	1.37
Lost or kidnapped	.71(.40)	.76(.40)	80	.72	.84(.40)	.82(.40)	80	.31	.77(.33)	.78(.33)	81	.03
Torture	.59(.44)	.76(.39)	83	1.30	.79(.51)	.84(.38)	82	.19	.61(.33)	.79(.32)	82	1.68

Postmigratory predictors

	Anxiety				Depression				Posttraumatic stress			
	Mean (SD)		df	Z	Mean (SD)		df	Z	Mean (SD)		df	t
	No	Yes			No	Yes			No	Yes		
Communication difficulties	.71(.38)	.81(.44)	84	.82	.85(.39)	.83(.39)	81	.23	.76(.33)	.80(.34)	82	.38
Discrimination	.72(.44)	.73(.34)	80	.17	.86(.40)	.80(.41)	77	.69	.76(.36)	.76(.28)	78	.06
Separation from family	.64(.40)	.74(.40)	83	1.06	.79(.39)	.84(.40)	80	.53	.63(.33)	.79(.32)	81	1.93
Unable to return home in an emergency	.59(.45)	.74(.39)	84	1.53	.75(.40)	.85(.40)	81	.88	.63(.33)	.78(.33)	82	1.47
Can't find work	.66(.40)	.76(.40)	78	1.01	.78(.44)	.85(.40)	77	.54	.73(.36)	.77(.33)	76	.35
Being in detention	.67(.38)	.79(.42)	80	1.33	.78(.37)	.90(.42)	77	1.56	.76(.28)	.80(.36)	77	.51
Interviews by immigration, courts or solicitors	.68(.40)	.75(.41)	83	.66	.81(.39)	.86(.41)	80	.69	.72(.34)	.79(.34)	81	.91
Application problems	.76(.40)	.72(.41)	83	.32	.87(.43)	.83(.40)	80	.27	.79(.35)	.76(.34)	81	.28
Fears of deportation	.61(.55)	.72(.39)	83	.82	.79(.67)	.84(.39)	80	.07	.59(.54)	.77(.33)	81	1.03
Poor access to treatment for emergency health problems	.72(.40)	.73(.43)	83	.18	.84(.40)	.80(.42)	80	.25	.75(.33)	.77(.36)	81	.22
Poor access to treatment for long-term health problems	.69(.41)	.77(.40)	83	.88	.84(.41)	.83(.39)	79	.21	.74(.80)	.80(.29)	80	.78
Poor access to counselling	.70(.41)	.80(.40)	80	1.11	.85(.41)	.87(.38)	77	.21	.73(.35)	.84(.27)	78	1.31
Difficulties obtaining help from charities	.72(.38)	.79(.43)	79	.85	.82(.39)	.91(.40)	77	1.06	.77(.30)	.83(.34)	77	.88
Poor access to preferred foods	.72(.43)	.74(.37)	83	.45	.85(.43)	.84(.37)	80	.12	.71(.33)	.82(.31)	80	1.48
Housing problems	.68(.36)	.78(.45)	83	1.08	.76(.40)	.93(.39)	80	1.95	.72(.35)	.83(.32)	81	1.42
Poor acceptance of religious beliefs	.68(.36)	.78(.45)	79	1.74	.76(.40)	.93(.39)	77	1.31	.72(.35)	.83(.32)	77	1.60
Presence of relatives	.76(.39)	.70(.40)	82	-.61	.87(.43)	.80(.87)	80	-.86	.81(.32)	.71(.35)	80	-1.20

Non-significant Chi-square comparisons between stressors as a function of whether or not a negative decision has been received on asylum applications

	% of valid cases endorsing stressor (n)		Chi-square*	p(2-tailed)
	Awaiting Decision	Negative Decision		
Torture	85%(34)	82%(46)	.01	.93
Being close to death	78%(32)	86%(48)	.48	.24
Forced separation from family members	83%(34)	77%(41)	.17	.68
Unnatural death of family or friend	76%(31)	74%(40)	.00	1.00
Murder of family or friend	73%(29)	73%(40)	.00	1.00
Murder of stranger or strangers	67%(26)	73%(39)	.21	.65
Forced isolation from others	65%(25)	72%(39)	.27	.60
Imprisonment	64%(25)	54%(27)	.80	.37
Combat situation	66%(25)	54%(27)	.80	.37
Ill-health without access to medical care	68%(41)	53%(29)	1.76	.19
Brainwashing	61%(25)	56%(28)	.07	.79
Serious injury	53%(21)	53%(27)	.00	100
Lost or kidnapped	48%(19)	55%(29)	.23	.63
Rape or sexual abuse	45%(18)	47%(24)	.00	1.00
Lack of shelter	43%(17)	42%(23)	.00	1.00
Lack of food or water	44%(18)	38%(21)	.13	.72

	% of valid cases endorsing stressor (n)		Chi-square*	p(2-tailed)
	Awaiting Decision	Negative Decision		
Fears of being sent home to your country of origin.	98%(39)	95%(54)	.02	.88
No permission to work	91%(40)	91%(53)	.00	1.00
Worries about family back at home.	83%(34)	95%(52)	2.27	.13
Unable to return home in Emergency.	79%(34)	87%(48)	.66	.42
Mistakes and delays in processing your application.	82%(36)	85%(45)	.02	.89
Isolation.	78%(31)	85%(45)	.42	.52
Not being able to find work.	73%(27)	86%(42)	1.43	.23
Separation from family.	76%(31)	82%(46)	.28	.60
Loneliness and Boredom.	74%(29)	78%(42)	.02	.89
Poverty	67%(24)	81%(44)	1.83	.18
Feeling like you are a burden to others	70%(26)	67%(34)	.02	.90
Little Government help with welfare	51%(18)	67%(35)	1.60	.21
Interviews by immigration, courts or solicitors	58%(25)	63%(35)	.05	.82
Being in detention (being in a detention centre in England).	50%(17)	58%(31)	.31	.58
Conflict with immigration and other officials.	41%(15)	59%(32)	2.38	.12
Discrimination.	31%(12)	42%(22)	.70	.40
Poor access to treatment for long term health problems	29%(12)	38%(20)	.62	.43
Difficulties obtaining help from charities	22%(8)	42%(22)	2.76	.10
Poor access to child-care support	33%(12)	31%(16)	.00	1.00
Poor access to dental treatment	28%(11)	31%(55)	.00	.96
Poor access to counselling	26%(9)	29%(16)	.00	1.00
Poor access to treatment for emergency health problems	18%(7)	23%(13)	.09	.76
Poor acceptance of religious beliefs	12%(4)	28%(14)	3.05	.08
Communication difficulties.	16%(7)	19%(11)	.02	.90

Correlation matrixes exploring inter-correlations between predictors

Correlation-matrix for predictors correlating significantly (p<.05) with Anxiety

	1	2	3	4	5	6	7	8	9
1.Anxiety	-								
2.HTQ-TE	.29**(79)	-							
3.Brainwashing	.25*(82)	.53**(88)	-						
4.PLDC	.24*(75)	.12(73)	.04(73)	-					
5.Worries about family back home	.29**(83)	.35**(84)	.17(87)	.43**(75)	-				
6.Conflict with immigration	.31**(81)	.11(83)	.09(84)	.52**(75)	.09(85)	-			
7.Burden to others	.32**(78)	.13(80)	.14(81)	.51**(74)	.20(82)	.20(82)	-		
8.Negative decision	.32**(86)	-.01(88)	-.05(91)	.19(77)	.20(92)	.19(89)	-.06(85)	-	
9.Intra-ethnic support	-.26*(87)	.05(89)	-.09(92)	-.06(78)	.04(93)	-.32**(90)	-.07(86)	-.09(97)	-

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Correlation-matrix for predictors correlating significantly (p<.05) with Depression

	1	2	3	4	5	6	7
1.Depression	-						
2.HTQ-TE	.24*(77)	-					
3.Poverty	.22*(83)	.05(83)	-				
4.Loneliness & boredom	.23*(83)	.21(85)	.41**(89)	-			
5.Burden to others	.34**(77)	.13(80)	.24*(83)	.31**(85)	-		
6.Negative decision	.34**(83)	-.01(88)	.17(90)	.04(92)	-.06(85)	-	
7.Intra-ethnic support	.23*(84)	.05(89)	.06(91)	-.05(93)	-.07(86)	-.09(97)	-

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Correlation-matrix for predictors correlating significantly (p<.05) with PTS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. PTS	-																		
2. Age	.22* (83)	-																	
3. HTQ-TE	.34** (80)	.01(85)	-																
4. Brainwashing	.26** (83)	.14(88)	.53** (88)	-															
5. Forced separation	.23* (85)	-.03(91)	.55** (89)	.16(92)	-														
6. Ill-health	.24* (85)	.01(92)	.50** (89)	.28** (92)	.16(94)	-													
7. Lack of shelter	.27** (84)	-.21* (91)	.48** (89)	.14(91)	.15(93)	.50** (95)	-												
8. Serious injury	.23* (83)	.09(88)	.69** (88)	.35** (90)	.39** (92)	.28** (92)	.12(92)	-											
9. PLDC	.34** (73)	-.06(75)	.12(73)	.04(73)	.01(76)	.01(77)	-.03(77)	.14(74)	-										
10. Worries about family back home	.37** (81)	.12(89)	.35** (84)	.17(87)	.30** (90)	.02(91)	.09(90)	.19(87)	.43** (75)	-									
11.No permission to work	.23* (85)	.15(94)	.19(89)	.13(92)	.11(95)	.03(96)	-.09(95)	.20(92)	.42** (78)	.14(93)	-								
12.Poor access to dental care	.22* (81)	-.04(90)	.12(85)	.05(87)	.05(90)	.04(91)	.02(90)	.12(87)	.56** (77)	.23* (89)	.06(93)	-							
13.Little help with welfare	.23* (77)	-.05(84)	.14(80)	.06(82)	.09(85)	.08(86)	-.15(86)	.23* (83)	.62** (76)	.17(84)	.36** (87)	.21(84)	-						
14.Poverty	.33** (83)	.02(87)	.05(83)	.13(85)	-.05(88)	.05(89)	.02(89)	.04(86)	.48** (78)	.16(88)	.32** (91)	.06(87)	.37** (83)	-					
15.Loneliness & boredom	.31** (81)	-.16(89)	.21(85)	.26* (87)	.21* (90)	.09(91)	.00(91)	.17(88)	.53** (77)	.44** (89)	.19(93)	.14(84)	.35** (85)	.42** (89)	-				
16.Isolation	.24* (81)	-.05(87)	.25* (83)	.11(85)	.18(88)	.09(89)	.03(89)	.11(86)	.51** (77)	.42** (87)	.31** (91)	.09(86)	.29** (84)	.40** (88)	.52** (90)	-			
17.Burden to others	.43** (77)	-.02(82)	.13(80)	.14(81)	.13(84)	.16(85)	.08(85)	.11(82)	.51** (74)	.20(82)	.17(86)	.35** (81)	.35** (79)	.24* (83)	.31** (85)	.30** (83)	-		
18.Maintain culture	.24* (83)	-.02(92)	.20(88)	.17(90)	.09(93)	.05(94)	.16(94)	.28** (91)	-.01(78)	.15(91)	-.11(96)	.06(91)	.00(87)	-.07(90)	.02(92)	-.03(90)	.14(85)	-	
19.Adapt culture	.24* (83)	.14(91)	.12(87)	.21(89)	.19(92)	.02(93)	-.01(93)	.20(90)	-.08(78)	.01(90)	.24* (95)	-.09(90)	.05(86)	.04(90)	.08(92)	.03(90)	.08(85)	.26* (95)	-

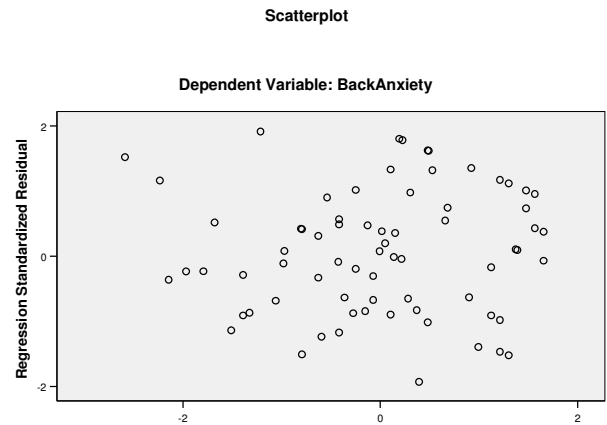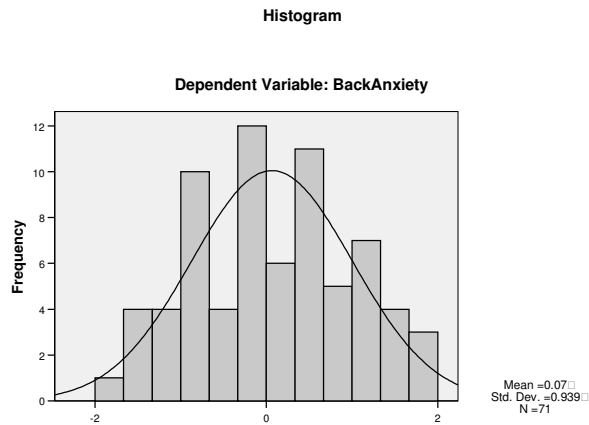** Correlation is significant at the 0.01 level (2-tailed).
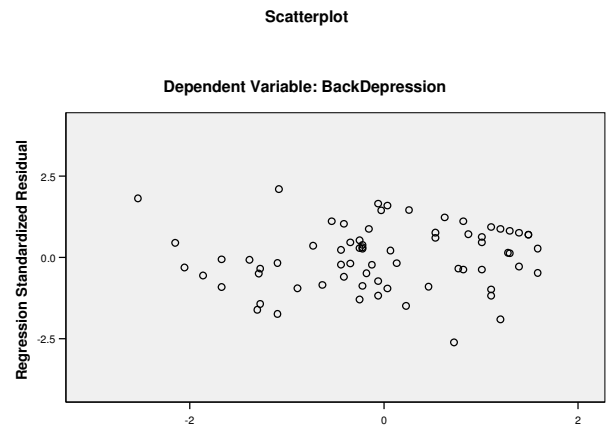*   Correlation is significant at the 0.05 level (2-tailed).

Histograms of residuals (y)
against predicted values (x)

Scatter-plots
of residuals

Anxiety

Histogram

Dependent Variable: BackAnxiety

Scatterplot

Dependent Variable: BackAnxiety

Mean =0.07
Std. Dev. =0.939
N =71

Depression

Histogram

Dependent Variable: BackDepression

Scatterplot

Dependent Variable: BackDepression

Mean =0
Std. Dev. =0.961
N =70

PTS

Histogram

Dependent Variable: BackPTS

Scatterplot

Dependent Variable: BackPTS

Mean =0.1
Std. Dev. =0.955
N =66

184
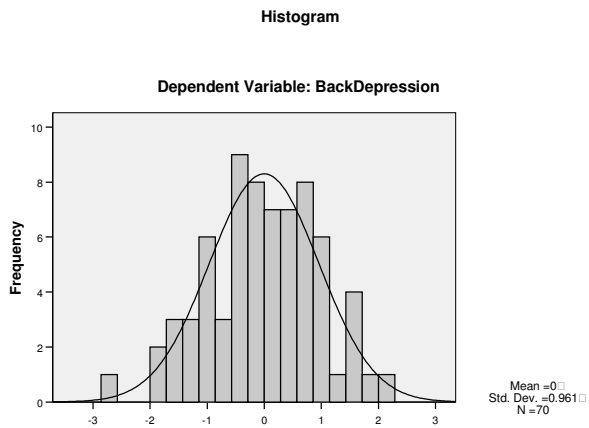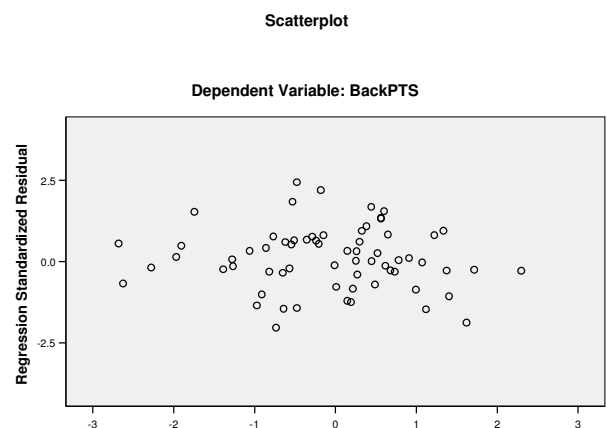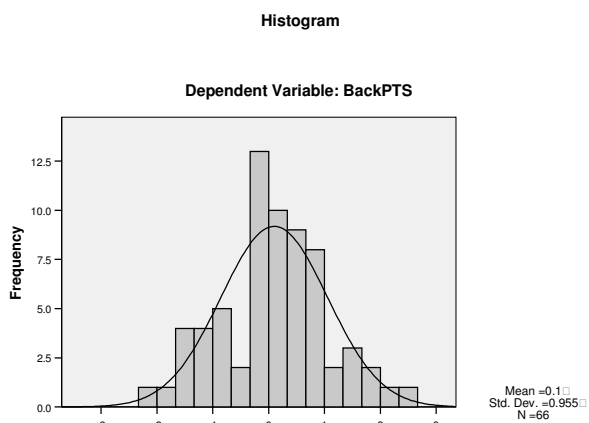
All postmigratory predictors found to be significantly associated with a given distress DV in univariate analyses were simultaneously regressed against the DV to see which postmigratory predictors were most strongly associated with the measure of distress

Predictor	Beta	95% CI	*t*	*p*
Negative decision	.26	.04 to .37	2.48	.02<**.05**
Burden to others	.25	.03 to .40	2.33	.02<**.05**
Low intra-ethnic support	.19	-.02 to .32	1.75	.08
Worries about family back home	.18	-.06 to .53	1.58	.12
Conflict with immigration and other officials	.13	-.07 to .28	1.22	.23
Loneliness & boredom	.01	-.21 to .22	.05	.96

Predictor	Beta	95% CI	*t*	*p*
Negative decision	.34	.11 to .43	3.34	.001<**.01**
Burden to others	.28	.05 to .43	2.52	.01<**.05**
Low intra-ethnic support	.17	-.02 to .30	1.73	.09
Loneliness & boredom	.10	-.11 to .30	.94	.35
Poor access to child-care support	.08	-.12 to .25	.73	.47

Predictor	Beta	95% CI	*t*	*p*
Burden to others	.30	.06 to .37	2.79	.01<**.01**
Worries about family back home	.27	.04 to .54	2.32	.02<**.05**
Poverty	.23	.00 to .35	2.01	.05<**.05**
Orientation towards adapting to British culture	.16	-.05 to .38	1.51	.14
Orientation towards maintaining own culture	.13	-.06 to .25	1.22	.23
Isolation	-.10	-.30 to .13	-.77	.44
No permission to work	.07	.04 to .54	.60	.55
Loneliness & boredom	.03	-.18 to .22	.22	.82
Little help with welfare	-.01	-.17 to .15	-.12	.91