The Impact of Immigration Detention on Migrant Mental Health

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Overview

Migration policies and practices are major global determinants of physical and mental health. This PHR fact sheet is one in a series of three literature reviews which assess current clinical evidence on the mental health harms associated with immigration enforcement practices and immigration detention, and the health benefits of alternatives to detention. This issue brief was authored by Catherine Bianchi, PhD, Corinne Lykins, PsyM, Michael Stoppiello, PsyM, Pauline Levy Frydman, PsyM, Drew Madore, BS, and Don Cohen, BS from the Graduate School of Applied and Professional Psychology, Rutgers, the State University of New Jersey.

Expansion of Immigration Detention: A Global Trend

Estimates from the United Nations suggest that more than 65 million people worldwide are currently displaced by war, armed conflict, or persecution, and that more than 80 percent of these individuals are either displaced internally or have fled to neighboring countries.\(^1\) Although the Universal Declaration of Human Rights ensures the right of these individuals to seek asylum, many western nations have adopted restrictive policies that seek to deter cross-border migration, which may include preemptive interception, stringent refugee determination procedures, deportation without due process, and prolonged detention.\(^2\) All of these policies have been criticized at various points in time, both during and after their implementation, and yet these harmful practices continue. In the United States, the Trump administration has sought to expand family detention, and most recently has announced its intention to bypass the 1997 Flores consent decree, which limits the length of child detention. Instead, the administration seeks to indefinitely detain children and limit licensing requirements.\(^3\)
Immigration detention adversely impacts the mental health of asylum seekers ... [and is] linked to increased rates of depression, anxiety, post-traumatic stress, psychotic episodes, instances of self-harm, and suicide attempts.

The practice of prolonged detention has faced particularly sharp criticism due to consistent findings that it negatively impacts the mental health of asylum seekers. This paper will address the impact of detention on the mental health of child, adolescent, and adult refugees.

The following review was assembled by means of a keyword search using the PsychInfo, PsychArticles, EbscoHost, and Academic Search Premier databases. Search terms included “mental health impact of immigration detention,” “mental health impact of detention on asylum seekers,” and “post-migration stressors.” The review of the literature yielded few research findings regarding United States detention practices. Therefore, this paper will also review findings from other countries, including Australia and Canada.

Review of Data: Adults

The subject of immigration detention and its effects on migrants has become the focus of increased academic interest over the past several decades. As the literature continues to grow, in part due to the increasing urgency of the topic, researchers in multiple nations – including Australia, Canada, Denmark, Japan, the Netherlands, Sweden, the United Kingdom, and the United States – have contributed to a growing understanding of the deleterious effects of migrant detention. The findings across studies from multiple countries converge in demonstrating that immigration detention adversely impacts the mental health of asylum seekers.

A literature review of the major quantitative studies on this topic from all the aforementioned nations concluded that immigration detention is associated with increased mental distress and psychiatric diagnoses. An associated review of qualitative studies found that interviews with past and present detainees highlighted themes of isolation, hopelessness, powerlessness, uncertainty, and loss of agency. A previous review of the mental health outcomes of migrants held in British, American, and Australian detention centers reported that detention was linked to increased rates of depression, anxiety, post-traumatic stress, psychotic episodes, instances of self-harm, and suicide attempts. Similarly, the Human Rights Equal Opportunity Commission identified increased physical symptoms among Australian detainees that included headaches, body numbness, dizziness, and digestive difficulties.

The detention process and detention center physical environments are associated with stressors that may contribute to the psychiatric symptoms of detainees. While detention centers vary in quality, studies from Australia, England, and the United States have
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Identified restricted liberty, uncertainty regarding return to country of origin, social isolation, limited access to resources, abuse from staff, exposure to the forceful removal of detainees, riots, hunger strikes, self-harm, and suicide as just some of the possible stressors that detainees may encounter.\(^9\) Multiple studies performed in Australia and the United States suggest a correlation between length of time in detention and negative mental health outcomes in adults.\(^10\) However, it should be noted that even brief stays in detention under adequate conditions have proven to be detrimental to the mental health of detainees. For instance, even though Sweden is acknowledged to have better quality detention facilities than many other nations, its detainees were found to have a negatively impacted quality of life following release from detention.\(^11\)

In addition to the traumatic stress uniquely associated with detention, the symptoms migrants experience because of previous trauma is likely to be intensified by their experience in detention. Numerous studies from Australia, England, and the United States have found that detainees report high rates of pre-migration trauma, with one study identifying specific traumas, such as imprisonment, torture, sexual assault, and reported murder of a family member or friend.\(^12\) A literature review and a meta-analysis that focused on common post-displacement stressors of refugees from multiple western nations both concluded that these traumatic, pre-migration experiences led to increased incidences of psychiatric illness within migrant populations.\(^13\) The psychiatric illnesses identified as most common included post-traumatic stress disorder (PTSD), anxiety, depression, and suicidality. Multiple authors emphasized that these pre-migration illnesses are compounded by the post-migration stressors that migrants encounter in detention, which may serve to further exacerbate their symptoms.\(^14\)

Even when released from detention, asylum seekers’ experiences of trauma and stress are not yet over. A 2016 review of the existing literature on post-migration stress indicates asylum seekers who are staying in a host-country face significant stressors related to socioeconomic issues (e.g., unstable finances, housing security, etc.), interpersonal problems (e.g., on-going family separation, social isolation, discrimination from host country, etc.), and issues associated with the asylum process (e.g., long processing times, insecure visa status, etc.).\(^15\) In addition, a 2006 study on the impact of the Australian provisions for temporary, rather than permanent, protection visas discovered that families granted a Temporary Protective Visa as opposed to a Permanent Protective Visa demonstrate increased psychological distress related to depression, anxiety, and symptoms of post-traumatic stress.\(^16\)
The experience of being in detention has been shown to have an adverse, long-lasting impact on the mental health of child and adolescent asylum seekers. Even after being released, these children experience ongoing depressive, anxious, and post-traumatic symptoms and familial stress.

Review of Data: Children and Adolescents

Findings from Australia, Canada, and the United Kingdom have consistently suggested that post-migration detention is especially detrimental to the psychological well-being of children and adolescents. This data is consistent with the findings previously discussed for adult detainees. Furthermore, children and adolescents have particular social and developmental needs that exceed those of adult populations. As such, available data regarding the impacts of detention on the social and emotional development of children and adolescents will also be discussed.

A number of factors contribute to post-migration detention being a traumatic experience for child and adolescent refugees. Perhaps the most important of these factors is their experience in the detention center itself, as with adults. Research on the experience of children in detention centers notes that young detainees consistently report experiencing significant emotional distress, even when held in Swedish detention facilities, which are reported to have better detention standards than most others. Findings from studies performed in Australia, Canada, and the United Kingdom found that the most commonly identified stressors children and adolescent refugees face in detention include limited opportunity for safe recreational activity or play, limited or inadequate educational resources, strict daily regimens or schedules, overly crowded living spaces, constant surveillance, negative interactions with guards, and limited access to medical and psychological care and other resources such as interpreters.

Studies performed in Australia and the United Kingdom found that infants and young children in detention demonstrate developmental delays, attachment difficulties, and emotional and/or behavioral disturbances. A majority of school-aged children and adolescents held in these detention centers were found to meet criteria for a number of psychiatric disorders, which most commonly consisted of PTSD and major depressive disorder, but also included separation anxiety disorder, oppositional defiant disorder, enuresis, somatic symptoms, suicidal ideation, and self-harm. Another consistent finding from studies performed in the Netherlands and the United Kingdom associates longer stays in detention with greater negative mental health outcomes for young detainees. However, even short stays in detention proved detrimental to the psychological well-being of child asylum seekers. One study found that although children were held in British and Canadian detention centers for a far shorter period (average of 43-56 days) than Australian centers (average 16-20 months), they still demonstrated high rates of emotional distress, depression, behavioral disturbances, anxiety, sleep problems, and PTSD symptoms.
The ability of children and adolescents to cope with detention-related stressors depends on a number of factors. A study of young asylum seekers held in Australian detention centers found that the severity of their pre-migration experiences, the child’s developmental stage, and the responses of their adult caretakers are all likely to impact the detainees’ response to detention centers. The latter factor becomes especially problematic, as a parent’s ability to provide care and protection to their children is inherently compromised due to the nature of the detention center environment and current separation practices. As previously discussed, adult detainees have also been consistently found to experience high rates of mental illness and psychological distress while living in detention. They often suffer from mental illnesses such as major depression, PTSD, and psychotic disorders, and may engage in self-harm and suicide attempts. As a result, the children of these adults are not only forced to witness the mental and emotional deterioration of their caregivers, but they are also deprived of adults who can provide them with a secure base experience, which serves to help the child co-regulate their distress. The alternative of separation has also been found to induce significant levels of psychological distress for both the parents and the children involved.

The experience of being in detention has been shown to have an adverse, long-lasting impact on the mental health of child and adolescent asylum seekers. Findings from Australia and the United Kingdom suggest that, even after being released, these children experience ongoing depressive, anxious, and post-traumatic symptoms and familial stress. Asylum-seeking families face numerous post-migration stressors that have been shown to have negative effects on their psychological well-being. These include socioeconomic stressors, interpersonal stressors, and the asylum process itself. The data previously discussed documents a significant risk to the social, behavioral, and emotional health of children and adolescents who are exposed to the hardships of detention.

Conclusions

The data reviewed above demonstrates that detention negatively impacts mental health outcomes for refugee children, adolescents, and adults. The marginalizing and restricting environment re-traumatizes asylum seekers, an already vulnerable population with a significant pre-existing history of trauma, instead of providing them with the safety that they need. The experience of detention is associated with increased rates of psychological and developmental disorders among refugees, which include PTSD, major depressive disorders, attachment disorders, separation anxiety, episodes of self-harm, and attempted and completed suicides.

“The mental health effects may be prolonged, extending well beyond the point of release into the community,” states one study, demonstrating a risk for the harmful effects of detention to reach far beyond the length of detention itself.

In addition to post-migration stressors, these refugees have already undergone the traumas and losses that forced them to flee their home countries. This consideration raises concern over the cumulative effects of trauma and the subsequent severe physical and
psychological deterioration that often occurs as a result of these experiences. In response to the United Kingdom’s detention of torture survivors, one study noted that the experience of detention often reconstructs the experiences of injustice, betrayal, isolation, and humiliation to which the asylum seekers were subjected at the hands of their torturers. Furthermore, detention dehumanizes the individual being detained, and can often lead to an increased risk of refugees reliving the traumas they have endured prior to detention. Detention as it is currently being implemented is therefore in direct contradiction to the necessity of ensuring “that the traumas that cause mental suffering in refugees are not compounded as a consequence of immigration policy decisions in recipient countries.”

The human cost of detention can be seen in the narratives of children held in captivity. The following quote is from a teenage migrant detainee about her three-year-old brother:

“All the time I think about how I can kill myself. Life here has no meaning for me, all the time in my mind, over and over, [I think] how can I do it? My [younger] brother doesn’t know what flowers look like. This is not a life.”

Endnotes


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*Immigration Detention Impact on Mental Health*  
*Physicians for Human Rights*  
[phr.org](http://phr.org)


29 Li, Liddell, and Nickerson, “The Relationship.”


34 Silove, Austin, and Steel, “No Refuge,” 360.