

A preliminary qualitative investigation into the relationship between pre-, peri- and post-migration factors/experiences and the psychological well-being of adolescent male Afghani asylum seekers living in the UK.

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Abstract

This qualitative study explores the influence of pre-, peri- and post-migration experiences on the psychological well-being of adolescent male Afghani asylum seekers living in the UK. It aims to provide a preliminary investigation of these experiences using the participants' own voice in order to contribute towards addressing a gap in the research field and guide ongoing outreach, social and clinical work with this population, both locally, and nationally. Eight adolescent Afghani asylum seekers completed semi-structured interviews which were analysed using a thematic, template-driven approach. Findings were comparative with existing literature and theoretical underpinnings highlighting the ongoing and compounding nature of experiences throughout each stage of Bhugra and Jones' (2001) model of migration. Although the psychosocial well-being of this group was shown to gradually deteriorate throughout the migration process, the study found that the course of well-being fluctuated in line with the respective loss or restoration of components of Witmer, Sweeney, and Myers' (1998) wheel of wellness and Silove's (1999) psychological sub-systems. Participants discussed a period of psychological well-being during their early arrival in the UK, before a period of psychological maladjustment thereafter coinciding with the UK's asylum-seeking process. The study developed existing theoretical knowledge by uniquely applying different models to an under-researched, vulnerable and increasing population. Findings also generated useful practical and clinical implications and established a good rapport with the local Afghani community such that future research can continue with the suggestions made.

1. Introduction

1.1. Overview

This thesis is a preliminary exploration of the pre-, peri- and post-migration experiences of adolescent male Afghani asylum seekers in the UK and how these impact upon psychological well-being. This chapter outlines definitions and statistics regarding refugees and asylum seekers before critically discussing the theoretical concepts and models relevant to the research questions. There is a general review and evaluation of the current literature regarding these concepts and asylum seeker/refugee well-being. The relevance of the UK and the legal context surrounding asylum is discussed before a summary and statement of the research questions.

1.2 Asylum Seekers and Refugees

Refugees are individuals who flee their home country for fear of persecution due to race, religion, nationality, membership of a particular social or political group (United Nations High Commissioner for the status of Refugees [UNHCR], 1951). To claim legal protection to stay in another country (asylum), individuals must be outside their original country and, due to the aforementioned fear, be unable to return there to live (UNHCR, 1951). Until a request for refuge is accepted by state decision-makers refugees are referred to as asylum seekers.

In 2011, there were 42.5 million displaced people worldwide, of which 15.2 million were refugees and 0.9 million were asylum seekers (UNHCR, 2012a). Given its context (see Appendices 1-3), Afghanistan has consistently been the largest country of origin, accounting for approximately 25% of refugees and 50% of asylum seekers (UNHCR, 2010; 2011a; 2012a), half of which are

below age 18 (UNHCR, 2012b). Although the majorities flee to neighboring countries, the UK is the third largest European host (UNHCR, 2010; 2011a; 2012a). Afghanis account for the largest population in UK detention centres (Jones, 2010) and asylum claims (UNHCR, 2012a); a third of which are from adolescent males (Home Office, 2012). Despite this, the scarcity of research involving adolescent Afghani asylum seekers in the UK is remarkable (Chatty, Crivello & Hundt, 2005; Panter-Brick, Eggerman, Gonzalez & Safdar, 2009) and urgently required (Fazel & Stein, 2003).

1.3 Theoretical Concepts

Asylum seekers and refugees encounter situations which trigger psychological distress pre-, peri- and post-migration. Psychological research has focussed on traumatic pre-migration experiences and psychological responses/adjustments to this. More recently, research has begun focussing on all phases of migration and included ideas around well-being, identity, resilience and development.

1.3.1 Models of migration.

Prominent within the psychological literature is Beiser's (1990; 1999) conceptualisation of migration and mental health. This model postulates that there is nothing inherent in the migration/resettlement process that jeopardises well-being, but that the surrounding contingencies e.g. pre-migration trauma and post-migration stressors, together with personal resources and socio-demographic factors determine the level of distress an individual incurs. This is consistent with stress-vulnerability models (Kuo & Tsai, 1986; Lazarus & Folkman, 1984; Zubin

& Spring, 1977) and ‘cumulative distress’ ideas whereby compounding effects of migration experiences leads to distress rather than one specific stage or experience.

Beiser’s (1990) model of migration suggests that psychological adjustment follows a set of stages; elation, depression and recovery. Arrival euphoria lasts between three and six months, followed by a period of unhappiness characterised by symptoms of depression, anxiety and feelings of estrangement from the new country and bereavement of the home country. This lasts between 6-24 months (Beiser, 1990) and is followed by a gradual restoration of well-being. This period may be difficult to move on from if there are unresolved difficulties, e.g. trauma or ongoing post-migration stressors (Beiser, 1990). Although this model has received some empirical support (Beiser, Turner, & Ganesan, 1989; Fenta, Hyman, & Noh, 2004; Rumbaut, 1989), it does not represent all experiences. It is descriptive rather than explanatory and cannot make falsifiable predictions or incorporate all factors/experiences in an individual’s migration.

More recently, Bhugra and Jones (2001) developed a model of migration that highlights the prominent factors which research shows affect mental health. The model is shown in Figure 1.

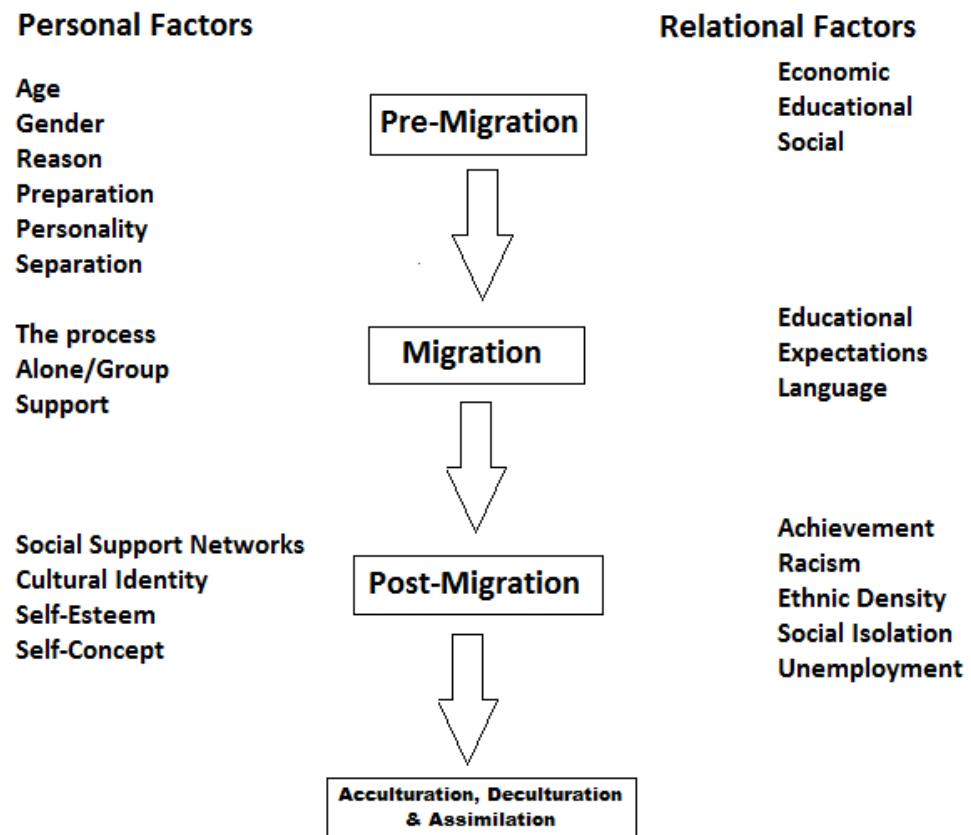


Figure 1. Factors in Migration and Psychological Distress by Bhugra and Jones (2001) in 'Migration and Mental Illness'

This linear model states that vulnerability factors are at each migration stage, claiming that the compounding/interacting effects of these influences well-being. Although their model appears to assert equal weighting to the experiences at each stage, Bhugra and Jones (2001) draw attention to acculturation, assimilation and deculturation experiences during post-migration. 'Acculturation' is the process of integrating host and original countries' cultures (Bhugra & Jones, 2001; Draguns & Tanaka-Matsumi, 2003) involving contact, conflict, crisis and resolution, encompassing both the loss of their original culture (deculturation) and the learning of a new culture (assimilation) (Berry, 1991; 1997; Bhugra & Jones, 2001; Silove, Sinnerbrink, Field, Manicavasagar & Steel,

1997; Williams & Berry, 1991). This precipitates anger, ambivalence and exacerbates survivor's guilt (feeling guilty that they survived when others did not) (Eisenbruch, 1991a,b; Mollica, 1988). Grief may be postponed and losses temporarily offset by the experience of hope for safety and future prosperity in the new country (Keyes, 2000; Sherwood & Liebling-Kalafani, 2012).

This model is significantly more comprehensive than Beiser's (1990) and includes all three migration phases therefore encompassing and explaining more of the current literature (see Section 1.4). However, the model was intended as a generic model of migration and is not specific to refugees and asylum seekers. Consequently it can provide a novel approach to the field, by drawing together multiple concepts in an integrative way across the domains, allowing for greater exploration and understanding.

1.3.2 Integrated Conceptual Framework (ICF) – trauma and posttraumatic stress disorder (PTSD) theory.

Silove's (1999) ICF states that trauma represents a fundamental challenge to one or more adaptive systems supporting a state of psychological equilibrium within individuals. Trauma induces disequilibrium thus precipitating psychological symptoms. The adaptive systems described in the model serve functions of 'safety', 'attachment', 'justice', 'existential-meaning' and 'identity/role'. Given that threat perception is closely linked to PTSD psychopathology (Başoğlu & Parker, 1995; Herman, 1997), Silove (1999) states that safety is a basic human need lost as a result of the life-threat experienced by refugees and asylum seekers which triggers fundamental psychobiological mechanisms associated with preserving safety (Silove, 1999).

Refugee experiences involve multiple and ongoing actual/symbolic losses, and a constellation of symptoms, akin to separation anxiety in children, has been found in adult trauma survivors (Manicavasagar, Silove & Curtis, 1997), thus reflecting disruption to attachment. Silove (1999) reports that the traumatic experiences incurred by refugees and asylum seekers can represent an extreme example of human rights violation. This, together with experiences of inequality, evidences disequilibrium in terms of justice (Silove, 1999). He proposes that injustice is often represented through feelings of frustration, anger and rage and that such experiences can shake the foundations of an individual's view of the world and humankind (belief system), leaving them striving to find coherence and reason for their experience, naming this as a disruption to the existential-meaning system (Silove, 1999). Finally, Silove (1999) reflects that traumatic experiences often undermine/remove individuals' sense of identity, autonomy and control, such that they become dependent and anonymous, often compounded by displacement through acculturation. Therefore, experiences at each level in the process of migration have the potential to deregulate these systems. Although not specifically mentioned in Silove's (1999) original paper, it is assumed that restoration of these systems reduces symptoms, enhancing functioning and well-being.

The ICF offers a useful insight into the psychological processes that may mediate symptoms in these groups. It is a relatively new framework that has received little research attention to date, which may be because it assumes a negative outcome and is unable to explain variable outcomes. Recent research has focused on protective factors and resilience, which are both limited in the ICF with little being known about what restores subsystems. This is, therefore, a

worthy area to expand upon in further research. Equally, the model does not expand upon its concepts in great depth, therefore remaining vague and somewhat descriptive. Subsequently, some of these concepts are explored further below.

1.3.3 Resilience.

Resilience is the ability to rebound or ‘bounce back’ and encompasses strength, flexibility, mastery and resumption of normal functioning after a time of excessive stress or challenged coping (Lazarus & Folkman, 1982; Richardson, 2002). It originates in Kobasa’s (1979) idea of ‘hardiness’; a dimension of personality that encompasses commitment, locus of control (internal versus external), and challenge (individual perception of life events). It develops in early life, remaining relatively fixed over time (Maddi & Kobasa, 1984), and is a combination of innate biological influences and learned behaviours (Epel, McEwen, & Ickovics, 1998; Werner, 1987). Hardy/resilient individuals have a high sense of life and work commitment, experience a greater sense of control and are more open to change/challenge (Maddi & Kobasa, 1984). Consequently, they appraise stressful life events as normal, worthwhile/interesting parts of life (Bartone, 1995), thus reducing symptoms and distress (Kobasa, 1979).

Recently, concepts of resilience have contrasted this fixed disposition view in favour of a more dynamic approach and the concept of ‘thriving’. This explains the variability in the well-being of these groups (see Section 1.4) and the changes that take place over time. ‘Thriving’ encompasses both loss and grief reactions, together with psychological/personality growth following a difficult life event (Epel et al., 1998). Such transformative processes include emphasising action, planning, positive re-interpretation and help-seeking (Maddi &

Hightower, 1998; Schaefer & Moos, 1998; Schweitzer et al., 2006; Tedeschi & Calhoun, 1996; 2004). Thriving may also include ‘stoic’ coping styles such as humour, stoical suffering and religious involvement or spiritualism (Omeri, Lennings & Raymond, 2004; Schweitzer et al., 2006).

Agaibi and Wilson (2005) conducted an extensive literature review of resilience which provided empirical evidence for Wilson’s (2001; 2004) person x situation interaction model of resilience (see Figure 2). This model identifies an extensive range of variables and details how they interact to create a continuum of resilience, capturing the multidimensional nature of trauma and associated individual response differences. However, although comprehensive, it is also highly complex, losing an overarching, coherent sense of what resilience is.

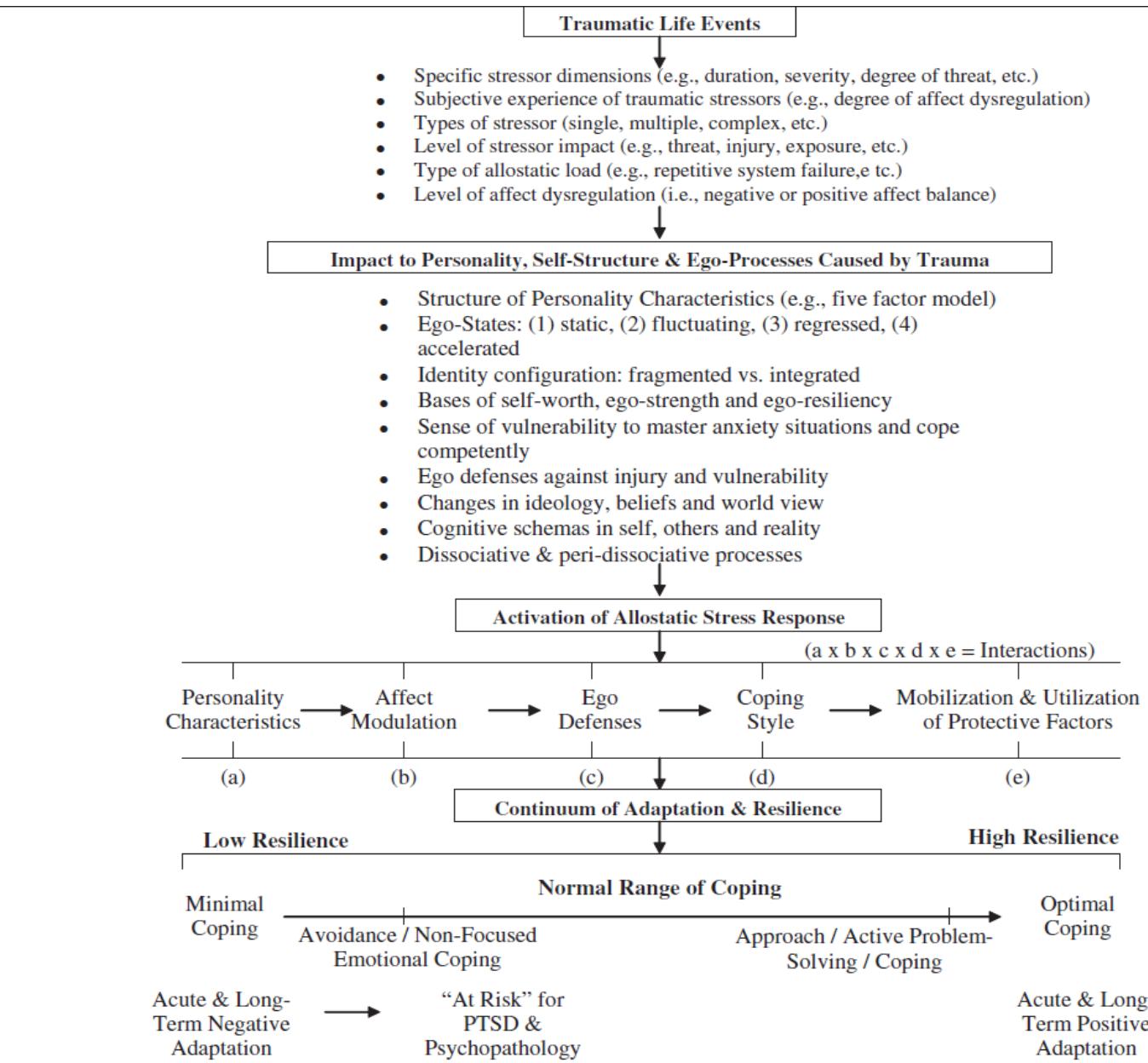


Figure 2. A Model of Resilience in response to psychological trauma © by Wilson (2001; 2004) taken from Agaibi & Wilson (2005), page 210

The majority of the work developing an understanding of resilience is based upon survivors of natural disasters and comparatively less is known about resilience in refugees and asylum seekers (Schweitzer et al., 2006). Research focusses on post-migration coping strategies rather than what has helped cope with experiences at all three stages (Schweitzer et al., 2006). Resilience remains a complex, multi-faceted phenomenon that lacks a universal definition and model, thus warranting further exploration of its relevance to the well-being of this group (Agaibi & Wilson, 2005).

1.3.4 Identity & existential-meaning.

Conceptualizations of the self (identity) are often considered in models of PTSD (Berntsen & Rubin, 2006; 2007; Conway, 2005; Ehlers & Clark, 2000). Self-constructs vary significantly between cultural groups (Jobson, 2009; Markus & Kitayama, 1991; 1994), influencing individual experiences, behaviour, emotion and cognition, hence their consideration in Silove's (1999) model.

Markus and Kitayama (1991; 1994) suggest that people in individualistic (western) cultures like the UK, have an independent self-concept whilst people in collectivist (non-western) cultures such as Afghanistan have an interdependent self-concept (see Appendix 4). Table 1 highlights the differences between these, which have received empirical support (Gu-Yaish & Wang, 2006; Jobson & O'Kearney, 2006; 2008a;b). However, identity can also be sub-cultural whereby differences are found between regions within countries or within different groups in society, regardless of ethnicity and nationality. Thus, identity may be on a continuum rather than categorical.

Table 1. Comparisons between independent and interdependent self-concepts according to Markus & Kitayama (1991, 1994, 2010) in Jobson (2009).

Area of Comparison	Independent Self-Concept (western)	Interdependent Self-Concept (non-western)
Structure	Boundaried, unitary, stable	Flexible and variable
Important Features	Private, internal aspects (abilities, thoughts, emotion)	Public, external aspects (social roles, relationships, status)
Tasks	To be unique, express oneself, realize internal aspects and promote individual goals	To belong, fit in, occupy one's proper place, engage in appropriate action and promote others' goals
Role of Others	Self-evaluation	Self-definition
Responsiveness to Social Environment	Focused on the best way to express self, own goals and attributes	Focused on adhering to goals and reactions of others
Relationships	Means to achieve individual goals	End in and of themselves

Given these differences, the migration experiences of non-western refugees and asylum seekers in western countries are likely to represent significant threats to their identity, thus increasing distress (Ehlers & Clark, 2000; Jobson, 2009; Sato, 2001). However, having a coherent sense of self is thought to be of greater importance in the maintenance of well-being in western cultures (Suh, 2000; 2002). In non-western cultures, social conformity is paramount to well-being and an

otherwise rigid self-consistency can be a sign of arrogance and immaturity (Liu-Constant, 2002; Suh, 2000; 2002). Consequently, those with an interdependent self-concept (Afghanis) are likely to have different requirements to those with an independent (UK) self-concept. Jobson (2009) and Sato (2001) suggest that an independent self-concept requires autonomy, control and self-assertion, whereby the loss of these results in distress. An interdependent self-concept however, requires social harmony, conformity and fulfillment of social obligations such that rejection, isolation and lack of social support create distress (Jobson, 2009; Sato, 2001). Individualistic cultures like the UK may be more intolerant towards those from collectivist cultures who lack autonomy. This will increase alienation and impair their ability to function in that society, increasing threat to identity and related distress (Jobson, 2009; Sato, 2001).

However, it is not just post-migration stress that can threaten identity. Many asylum seekers and refugees have traumatic pre-migration experiences which have often impacted on existential-meaning systems (Dalgleish, 2004; Ehlers & Clark, 2000; Jobson, 2009; Jobson & O’Kearney, 2006; 2008a; b). With regard to the meanings associated with traumatic experiences and memories, those from collectivist cultures focus on families, communities and societies whilst those from individualistic cultures focus on self and individual life change (Jobson, 2008; Summerfield, 1998). Existential-meaning, or the sense a person makes of their experiences is also affected by a person’s beliefs and expectations and how their experience compares to these (Brune et al., 2002; Silove, 1999). Consequently, the type of trauma experienced, how it is remembered and their compatibility with the self-construct and belief system will affect how an individual appraises their experiences and memories, which will mediate their distress (Jobson, 2011; 2009;

Jobson & O’Kearney, 2006; 2008a;b; 2009). Such considerations are directly relevant to this study. However, although findings are consistent, the majority of this research has utilized adult samples rather than adolescents, whereby identity is still developing.

1.3.5 Attachment and development.

Attachment refers to the bonding between an infant and their primary caregiver. Attachment is important in the development of personality and social skills, whereby early attachment patterns form the blueprint for subsequent relationships (Ainsworth, 1989; Sroufe, Egeland & Kreutzer, 1990; Sroufe, Cooper & DeHart, 1992). It is a process thought to be universal rather than culture-specific (Ainsworth, 1963; 1967; Bowlby, 1960; 1973), hence its place in Silove’s (1999) model. Ainsworth (1969; 1972) defined two broad categories of attachment; secure and insecure. Securely attached individuals have reliable, responsive and consistent caregivers, which predict good psycho-social outcomes. Conversely, those with insecure attachment styles have a higher risk of psychosocial malfunctioning (Ainsworth, 1984; Greenberg, Speltz & DeKlyen, 1993; Troy & Sroufe, 1987; Warren, Huston, Egeland & Sroufe, 1997).

The experiences of refugees and asylum seekers may have a negative impact on attachment (Almqvist & Broberg, 1999; Bowlby, 1951; De Haene, Grietens & Verschueren, 2010). Many incur separation, which is known to precipitate significant distress (Ainsworth, 1969; 1972; Bowlby, 1960; 1969; 1973) and can lead to long-term difficulties (Allen, Hauser & Borman-Spurrell, 1996; Bowlby, Ainsworth, Boston & Rosenbluth, 1956). Almqvist & Broberg (2003) found that exposure to violence in Kosovar mothers led them to feel unable to protect their

children and to become less responsive to them, thus leading to greater attachment insecurity. According to findings on the Adult Attachment Interview [AAI] (George, Kaplan & Main, 1996) such effects were found to persist into adulthood (De Haene et al., 2010). On the contrary, parental proximity and support help develop resilient outcomes in refugee children (Ajdukovic & Ajdukovic, 1998; Lustig et al., 2004) (see Section 1.4.3).

Alongside attachment theory Erikson's (1950) stages of psychosocial development are often used in this field due to good cross-cultural validity and reliability (Ochse & Plug, 1986). Erikson's model posits that development takes place through a series of stages, each encompassing a negotiation between biological and socio-cultural demands (Erikson, 1950). It suggests that healthy individuals should confront, and ideally master new challenges throughout each stage, with each building upon the successful completion of the one preceding (Erikson, 1950). Challenges not successfully mastered can often reappear as challenges that disrupt future well-being (Erikson, 1950). Throughout the early stages of development, stability and consistency in care provision are essential for maintaining a secure environment, effectively meeting a child's needs so that they develop a sense of safety and containment (Ainsworth, 1969; 1971; Bowlby, 1944; 1960; 1973; Erikson, 1950). From this secure base, Erikson posits that a child should be encouraged to develop autonomy and independence through exploring the world around them in order to develop as both an individual and as part of a given culture or community (Erikson, 1950). From here into adolescence, a more concrete, coherent sense of identity develops, enabling individuals to function independently and interdependently through building relationships, coping with distress and solving

problems, and reliably meet their own needs, and those of the group, thus maintaining well-being (Erikson, 1950).

Given the extent of disruption refugees and asylum seekers experience, and the need for stability and consistency in attachment and development, it is not surprising that adolescent refugees and asylum seekers are more likely than their peers to encounter poor psychosocial outcomes (Attanayake et al., 2009; Berthold, 1999; 2000; Fawzi et al., 2009; Mollica et al., 1998a, b; Montgomery & Foldspang, 2008; Wiese & Burhorst, 2007). Highlighted within this literature are the effects of childhood bereavement which have been found to specifically impact upon attachment and the successful development of identity. They reduce psychological well-being (Balk, 1991; Ribbens-McCarthy & Jessop, 2005) and become obstacles in the transition into early adulthood (Balk, 1991). War-related paternal bereavement has been found to exacerbate other war-related traumas (Morina Von Lersner & Prigerson, 2011).

1.3.6 Models of psychological well-being.

Psychological well-being is the extent to which a person is in a state of positive functioning whereby they can lead a full life, coping adequately with distress (World Health Organisation, [WHO], 2005). Given the criticisms of psychiatric approaches as too pathologising and culture-bound (see Section 1.4.6), in comparison, this approach is more encompassing and cross-culturally understood than psychiatric terminology (WHO, 2005). It is more informative than confining questions which may not be understood and are based on a concept of mental illness (WHO, 2005).

The most commonly used models of psychological well-being in the refugee and asylum seeker literature are the medical (PTSD) model, Lazarus and Folkman's

(1984) psychosocial-stress model and Berry's (1997) acculturation framework (Ryan, Dooley & Benson, 2008). However, research utilising these models rarely provides explicit details of them, or their theoretical underpinnings, significantly limiting their usefulness in understanding refugee and asylum seeker well-being (Ryan et al., 2008). Additional models therefore need to be considered.

Although yet to be used in the field, Hobfoll's (2001) conservation of resources model of well-being is a worthy consideration (Ryan et al., 2008). The model focuses on the idea that coping and response to adversity is determined by the type and amount of resources available to an individual. 'Resources' are the means by which individuals pursue goals, manage demands and satisfy needs. They include personal resources such as health, problem-solving, optimism and social skills and material resources such as money and social resources such as friends and family (Hobfoll, 2001). Stress occurs when resources are lost, or threatened to be lost, and, or, an individual does not gain a return from their investment of resources (Hobfoll, 2001). However, this model fails to explain how individuals are able to function well despite a lack of resources and vice versa. It also downplays resilience, identity, attachment and existential-meaning and their relative constituents such as social support, work, purpose/role and culture, and the impact of the wider systems such as the media, government and global events such as war, terrorism and recession.

Although encompassing all facets is a major challenge, it is not impossible. Given the variability amongst groups, and the relative novelty of such approaches in this field, it is suggested that broader, more generic models may be more useful as they will allow formulations of well-being for each refugee group to be individually tailored, rather than assume that 'one model fits all'. Witmer, Sweeney and Myers' (1998) holistic model of well-being, as shown in Figure 3, offers just this.

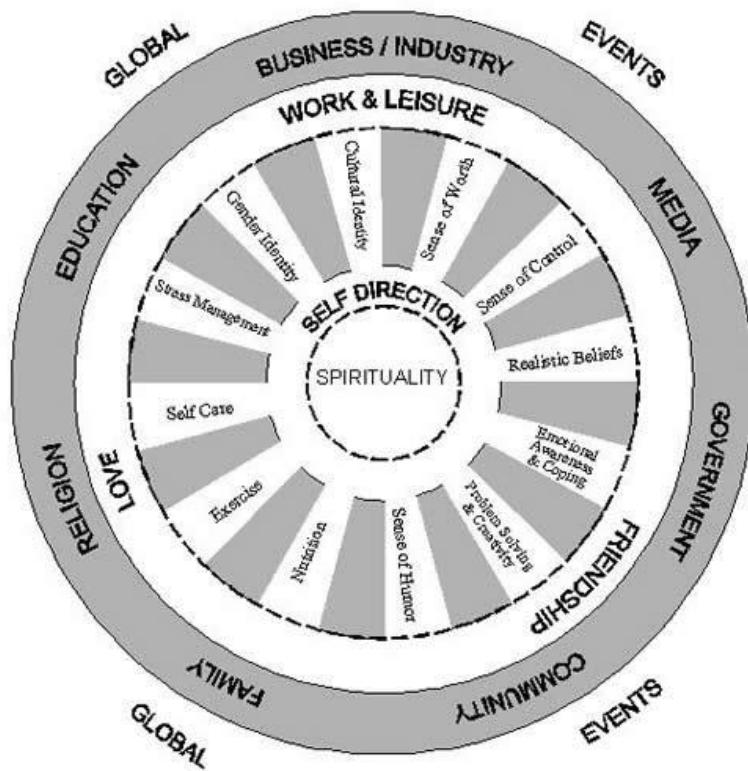


Figure 3. Witmer, Sweeney & Myers (1998) Wheel of Wellness in Counselling ©.

Taken from www.mindgarden.com/products/wells.htm#wheel

Witmer et al., (1998) postulate that the main component of healthy functioning is spirituality defined as 'having a sense of meaning in life'. This is akin to Silove's (1999) existential-meaning sub-system and is a feature in models of identity and resilience (see Sections 1.3.3-1.3.4). This is surrounded by 12 components of 'self-direction', which include *sense of worth* (or self-esteem), *sense of control* (or mastery), *realistic beliefs* (realistic and achievable goals), *emotional awareness* (ability to recognise distress), *coping and stress management* (do things to reduce or alleviate distress), *problem solving* (to help overcome obstacles and achieve goals), *creativity* (to aid expression/communication), *sense of humour*, *ability to self-care through access to nutrition and exercise*, and *sense of identity*, both in terms of the self (gender), and in terms of culture and background. These

work together to regulate or direct the self towards life milestones in terms of *work* and *leisure*, *friendship* and *love*, as well as wider contextual life goals or challenges involving *business* and *industry*, *government*, *media*, *education*, *community* and *religion*, and *global events*. Symptomatic distress is associated with disruptions to these components.

The model reflects all of the psychological factors described in Bhugra and Jones' (2001) and Silove's (1999) models as well as components of resilience and identity. All of the factors included have been found to link to quality of life, well-being and longevity (Myers, Sweeney, & Witmer, 2000). However, it is just a diagram describing pertinent tenets of well-being and does not explain why or how the hierarchical layers have been developed, thus questioning its validity. With no predictive or explanatory power this model needs to be combined with additional theoretical concepts in order to explain how or why the factors relate to one another. That aside, a unique and key strength of this model is that it acknowledges the impact of external systems such as governments, families, communities, businesses, media, education, community and religion as well as global events. It incorporates the relationships between these various factors which together represent a way of life oriented toward optimal well-being and functioning (Sweeney & Witmer, 1991). It has been praised for its positive, integrative, holistic and strengths-based approach (Synder & Lopez, 2002), in direct contrast to medical models (Larson, 1999). Subsequently, this systemic model, (which has never been applied in this area of research before) offers a new perspective that may help develop clinical understandings of this client group and inform practice and service delivery.

1.3.7 Integrated theoretical summary.

According to the theories suggested, the experiences of adolescent asylum seekers may influence well-being in several ways. This includes impeding completion of important developmental tasks and disrupting key psychological systems which maintain components of well-being. This, together with the practical and legal problems many face, may also impact on the systemic aspects of well-being such as social support (friendships, family, community), work, leisure and education, which are likely to further disrupt functioning given their culture background and how this contrasts with the UK.

The following sections review some of the existing literature regarding migration experiences and well-being in asylum seekers and refugees. Although this thesis primarily focuses on asylum seekers, there is comparatively more research available regarding refugees. This, together with the fact that for the most part, experiences are similar between the two groups, means that both are included for the purposes of this review.

1.4 The Well-Being of Asylum seekers and Refugees

1.4.1 Mental health.

Given the experiences of refugees and asylum seekers it is not surprising that they are at high risk of psychiatric morbidity (Hollifield et al., 2002; Fazel, Wheeler, & Danesh, 2005; Murray et al., 2008; Porter & Haslam, 2005; Silove et al., 1997; Tribe, 2002) and that exploring this is the goal of existing research. This, together with the fact that mental ill-health is not the focus of this thesis, means that the following sections have drawn on information from high quality reviews/meta-analyses rather than individual papers.

A meta-analysis by Porter and Haslam (2005) of 56 studies on refugee and asylum seekers' across all UNHCR populations of concern showed that they scored on average 0.4 standard deviations worse on mental health outcomes compared with non-refugee/asylum seeking groups. Within the literature, a robust dose-response relationship exists between levels of exposure to trauma (frequency and intensity), distress, and risk of psychopathology, most notably PTSD, anxiety and depression across a range of groups, whereby all three migration phases mediate risk and symptomatology (Porter & Haslam, 2005; Steel, 2001).

1.4.1.1 PTSD.

PTSD is an anxiety disorder that develops after exposure to an event that involves actual or perceived threat of death, injury or loss of integrity resulting in intense fear, hopelessness or horror (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition [DSM-IV], 2000). It is characterised by reliving experiences such as flashbacks or nightmares, increased arousal and hypervigilance, avoidance and emotional numbing (DSM-IV, 2000). Levels are significantly high in refugee and asylum seeker populations (DSM-IV, 2000), hence, its prevalence, identification and treatment has been an extensive focus within the literature (Kinzie, 2006). Due to vast methodological differences, the epidemiological evidence is conflicting, with PTSD prevalence ranging from 3-86% (Fazel et al., 2005). A recent meta-analysis by Fazel et al. (2005) examined 17 studies of PTSD of around 5,500 refugees across a diverse range of groups. They reported an 8-10% prevalence rate, indicating that refugees in western countries are ten times more likely to have PTSD than the age-matched general population. This rate is much lower than Steel's (2001) meta-analysis reporting a prevalence of 35%, highlighting that the relationship

between asylum seekers, refugees and the development of PTSD remains variable (Steel et al., 2008).

1.4.1.2 Affective disorders.

Depression and anxiety are commonly co-morbid with PTSD (DSM-IV, 2000). Although less extensively studied compared with PTSD, rates of affective disorders are also high amongst refugee and asylum seekers, across a diverse range of groups (Fazel et al., 2005; Porter & Haslam, 2005). However, inconsistencies are frequent, with prevalence estimates ranging between 3-80% (Fazel et al., 2005). In their meta-analysis, Fazel et al. (2005) reviewed 17 papers studying major depression, reporting an overall incidence of 5%, with 71% of those depressed also having PTSD and 44% vice versa. They also reviewed five papers studying generalised anxiety reporting an incidence of 4%. These rates are much lower than those reported by Steel (2001), again highlighting ongoing variability (Steel et al., 2008). Studies by Bhui et al. (2003), Marshall et al. (2005), Momartin et al., (2004) and Steel, Silove, Phan and Bauman (2002) reported that anxiety and depression severity increased in line with exposure to trauma, evidencing a similar dose-response relationship. Although suicidal ideation is high amongst refugees and asylum seekers, overall rates are not significantly greater than the general population (Goosen et al., 2011; Nazroo, 1997; Wardak, 1993).

1.4.1.3 Other psychopathology.

Although sparse within the literature, asylum seekers and refugees are at risk of other psychopathologies including psychosis and substance abuse (Fazel et al.,

2005). Fazel et al. (2005) identified two papers that examined psychosis, reporting an overall incidence of 1-6%. No papers for substance abuse were identified.

1.4.2 Well-being.

Studies exploring the well-being of refugees and asylum seekers have largely categorised mediating factors and experiences into three episodes; (1) pre-migration; whilst still in their country of origin, (2) peri-migration; throughout their exile/flight to safety, and (3) post-migration; during resettlement/repatriation in another country (Bhugra & Jones, 2001; Fazel & Stein, 2003; Miller & Rasco, 2004; Porter & Haslam, 2005; Silove, 2001; Silove et al., 1997). Consistent with stress-vulnerability models of illness (Lazarus & Folkman, 1984; Zubin & Spring, 1977), it is frequently argued that the compounding effect of migration stressors leads refugees and asylum seekers to incur 'cumulative distress' (Bronstein & Montgomery, 2011; Tribe, 2002; Silove, 2003; Silove et al., 1997; Silove, McIntosh & Becker, 1993).

1.4.3 The migration factors/experiences and their impact on the well-being of asylum seekers and refugees.

Unlike survivors of discrete traumatic events, the refugee and asylum seeker experience is characterised by multiple, interrelated events that occur in multiple contexts and persist over time (Porter & Haslam, 2005; Schweitzer et al., 2006; Silove, 1999). The potential sequelae of these experiences, together with other mediating factors, as reported by existing empirical research and review papers are briefly considered in turn, according to the aforementioned categorisation and in relation to the theoretical concepts discussed in Section 1.3.

1.4.3.1. Pre-migration factors/experiences.

Questionnaires, such as the Harvard Trauma Questionnaire (HTQ) (Mollica et al., 1992), are frequently used to ascertain refugees' and asylum seekers' experiences. Findings consistently report that individuals are forced to leave their homes due to war, combat, political violence, and often experience torture and other human rights violations and lose/become separated from their close attachments (Burnett & Peel, 2001a;b; Neuner et al., 2004; Papadopoulos, 2002). The discrete and limited nature of these findings means that qualitative interviews have been used to highlight that these experiences result in a chronic and acute threat to/fear for their safety and threatens their sense of justice (Idemudia et al., 2012; Khawaja et al., 2008; Miller et al., 2008). Increased poverty and deprivation through reductions in employment, education, and amenities also challenge self-esteem and identity (Idemudia et al., 2012; Khawaja et al., 2008; Miller et al., 2008). Social support networks are weakened and destroyed, thus increasing isolation (Khawaja et al., 2008; Miller et al., 2008). Social norms that provide a sense of normality, predictability and security are lost, thus disrupting existential-meaning. This can have a sudden onset that disrupts a previously safe and contented life, thus decreasing preparedness and increasing shock (Buitrago Cuéllar, 2004; Khawaja et al., 2008).

Research that correlates these experiences with mental health symptoms has consistently found strong links between the two (Silove et al., 1999; Steel et al., 2002; 2008), with estimates indicating that 20% of symptoms in asylum seekers and refugees with PTSD is accounted for by pre-migration experiences (Steel et al., 1999) with significant predictors being threat to life, bereavement and torture

(Başoğlu & Parker, 1995; Beiser, 1988; Momartin et al., 2003; Mghir & Raskin, 1999; Silove et al., 2002; Steel et al., 2008).

Some research has explored the relevance of demographic variables, reporting that age, gender, marital status, ethnicity, education and socio-economic status (SES) influence outcomes. Consistent findings report that the young, elderly and female are most vulnerable and those with higher SES, education and spoken English are less at risk (Bhui et al., 2003; Blight, Ekblad, Persson & Ekberg, 2006; Dalgard & Thapa, 2007; Hodes, 2002; Hollander, Bruce, Burström, & Ekblad, 2011; Johnson & Thompson, 2008; Karunakara et al., 2004; Majka & Mullen, 1992; Maximova & Krahn, 2010; Mghir & Raskin, 1999; Schubert & Punamaki, 2011).

1.4.3.2 Peri-migration factors/experiences.

Compared to other migration phases, this is the least studied. In interviews, refugees and asylum seekers have reported that their journey became a time of great distress, exposing them to more life-threatening dangers (Idemudia et al., 2012; Khawaja et al., 2008; Mehraby, 2002a). The decision is often involuntary, with very little time to prepare, thus increasing shock and decreasing autonomy (Berman, 2001; Mayada, 1983). The process involves multiple losses, including, jobs, homes, friends, country and culture and further separation from loved ones, which impact upon identity, attachment and well-being (Idemudia et al., 2012; Khawaja et al., 2008; Tribe, 2002). Poverty, alongside tightened international immigration policies, means that many migrate via smugglers, which increases deprivation and neglect and undermines identity, autonomy and control (Fazel & Stein, 2003; Lustig et al., 2004). Migration can span many months and involve several transitory phases, thus increasing fear for safety and uncertainty about the future (Khawaja et al., 2008;

Papadopoulos, 2001; Silove, Steel, & Mollica, 2001). During migration, refugees and asylum seekers lack meaningful activity such as work, education and leisure, reducing self-esteem, purpose and well-being (Khawaja et al., 2008). Unsurprisingly, when symptoms are compared to those that are internally displaced, refugees and asylum seekers have significantly worse outcomes (Hunt & Gakenyi, 2005; Porter & Haslam, 2005).

Within refugee camps and detention centres, many witness exploitation, suicide, violence, rape and incur further separation from family or friends and malnutrition from deprivation of food, water and medical care, thus threatening well-being (Harrell-Bond, 2000; Idemudia et al., 2012; Khawaja et al., 2008; Mollica et al., 1993; Rothe et al., 2000; Sommers, 2002). Studies comparing outcomes between those that have spent time in refugee camps or detention centres and those that have not, report that the former have significantly more symptoms, which are proportional to time spent in either location (Chung & Kagawa-Singer, 1993; Cohen, 2008; Fazel & Silove, 2006; Goosen et al., 2011; Keller et al., 2003; Mollica & Lavelle, 1988; Robjant, Hassan & Katona, 2009; Silove, Steel & Mollica, 2001; Silove, Austin & Steel, 2007; Steel et al., 2004). This is not surprising given the potential impact camps and detention centres have on a person's identity, safety, attachments and other aspects of well-being.

Consistent with the theoretical concepts described, social support can buffer against these effects as those that migrate with a family member report significantly less distress and symptoms than those that travel alone (Bean et al., 2007a). In part this may evidence the pivotal role of attachment, but may also relate to 'safety in numbers' whereby those that travel alone may be more vulnerable. This is not something research has currently explored. Furthermore, many studies explore these

effects on children, thus it is unknown if the effects would be the same for adolescents.

1.4.3.3 Post-migration factors/experiences.

Transitioning into a country of refuge entails many difficulties including proving asylum claims and reintegrating into a new, unfamiliar society (Hodes, 2002; Khawaja et al., 2008; Papadopoulos, 2001; Silove et al., 1997; Steel et al., 2011) as well as facing the loss of homeland, family, friends, possessions, lifestyle, role, identity and aspirations (Berry, 1991; Khawaja et al., 2008; Miller et al., 2002). This is often referred to as a time of ‘secondary trauma’ during which pre- and peri-migration experiences are highlighted (Fazel & Stein, 2003; Herlihy et al., 2010). ‘Daily stressors’ such as restricted access to accommodation, financial services and amenities, poverty, unemployment, lack of social support, discrimination, racism and social exclusion are common (Idemudia et al., 2012; Khawaja et al., 2008; Miller et al., 2002; 2008; Schweitzer et al., 2006; Sherwood & Liebling-Kalafani, 2012; Silove et al., 1997; 1999) and challenge many components of psychological well-being (Silove, 1999; Witmer et al..1998).

In their meta-analysis, Steel et al. (1999) reported that 14% of symptoms in refugees and asylum seekers with PTSD were accounted for by post-migration experiences. Although the status of a person’s asylum claim remains the greatest predictor of symptomatology (Momartin et al., 2006; Steel et al., 2011), expectations are also important. Refugees and asylum seekers often have high expectations for the future (Bhugra, 2004; Iverson, Berg, & Vaalen, 2010; Stein, 1981), which, if unfulfilled, lead to disappointment, shock and poor adjustment (Bhugra, 2003; 2004). This is exacerbated by the misrepresentations sold to them by smugglers

(Koser, Pinkerton, & Britain, 2002; Maloney, 2002), specifically adolescents, who, by virtue of their development may be more naïve/unrealistic in their expectations and more likely to believe misrepresentations (Kidane, 2001a;b). Examining time since resettlement has produced mixed results within the literature (Silove & Ekblad, 2002). Longitudinal studies following refugees for ten years during resettlement report that increasing time since arrival reduces symptoms (Besier & Huo, 2001; Westermeyer, Neider, & Callies, 1989). However, others have shown that time makes no difference (Mollica et al., 2001). Meanwhile, some report a more curvilinear relationship, whereby symptoms increase initially as a result of post-migration stressors and reduce thereafter (Beiser, 1999).

The impact of acculturation has received the most research attention. Assessed through many different questionnaires and semi-structured interviews, results have consistently shown a loss of meaningful social roles, identities and important life projects, lower levels of daily activity and associated boredom/lack of purpose/meaning, unemployment/economic hardship/deprivation, restricted access to healthcare, social isolation and discrimination, all of which negatively correlate with well-being (Colic-Peisker & Walker, 2003; Knipscheer & Kleber, 2006; Miller et al., 2008; McColl & Johnson, 2006; Silove et al., 1999; Simich, Hamilton, & Baya, 2006).

1.4.3.4 Differences between asylum seekers and refugees.

Although for the most part, pre-, peri- and post-migration experiences are very similar (Momartin et al., 2006; Silove, Steel, McGorry, & Mohan, 1998; Steel et al., 1999), asylum seekers face increased uncertainty and challenge regarding their asylum claim. When compared, asylum seekers report significantly more post-

migration difficulties than refugees (Silove et al., 1998; Steel et al., 1999) which positively correlates with psychopathology (Carswell, Blackburn & Barker, 2011; Iverson & Morken, 2004; Johnston, Vasey & Markovic, 2009; Steel & Silove, 2000; Toar, O'Brien, & Fahey, 2009) whereby symptoms reduce pending a favourable outcome (Nickerson et al., 2011) and vice versa (Silove et al., 2007). Consistent with 'cumulative distress' ideas, symptoms increase with time as final outcomes draw closer, perhaps as a result of increased vicarious trauma from recalling previous events to justify their claims and anticipatory anxiety regarding repatriation/safety (Herlihy et al., 2011; Laban et al. 2004; Nickerson et al., 2011; Rees, 2003; Steel et al., 2011). By virtue, asylum seekers are significantly more likely to be detained, increasing risk further (Cohen, 2008; Goosen et al., 2011; Silove et al, 1998). However, there are some limitations of this research. Refugees are much more likely to have increased residencies during times of study hence 'maturational' effects may mellow symptoms and studies may attract more disordered asylum seekers who want to publicise their predicament, thus inflating group differences (Cook & Campbell, 1979; Silove et al., 1998).

1.4.4 Minors.

Although experiences of migration for minors are often similar to those for adults (Bean et al., 2007a; Fazel et al., 2012; Fazel & Stein, 2003; Smith et al., 2002) specific research on younger populations is lacking (Fazel et al., 2005; Nielson et al., 2008).

Pre-migration children may witness familial stress involving domestic violence and emotional neglect (Panter-Brick, Goodman, Tol, & Eggerman, 2011; Pumariega, Roth, & Pumariega, 2005). Many experience war-related paternal death,

exposing them to familial distress and persecution as a result (Hopkins & Hill, 2008; Thomas, Nafees & Bhugra, 2004; Summerfield, 2000). Some become child soldiers, increasing risk of exploitation, rape, torture and violence (Lustig et al, 2004; Hopkins & Hill, 2008; Thomas et al., 2004). Many have no recollection of times of stability or security (Russell, 1999), thus a significant threat to their attachment and development. Adolescents rarely make the informed, independent decision to leave (Coll & Magnuson, 1997; Guarnaccia & Lopez, 1998). Children are handed to smugglers as families can only afford to send one family representative, and believe that a child would have better chances of gaining asylum alone (Ayott & Williamson, 2001). They are often separated from one or both parents and placed in multiple foster placements or detention for longer periods and face difficult age-disputes (Fazel & Stein, 2002; Thomas et al., 2004). These may be perceived as rejections or abandonments, impeding attachment and associated developmental trajectories (Belsky, 2008; Panter-Brick & Smith, 2000; Panter-Brick et al., 2009). Navigating a foreign territory alone threatens safety and decreases well-being (Humphries & Mynott, 2001; Lustig et al., 2003; Marriott, 2001; Nielson et al., 2008; Stanley, 2001). Consequently, unaccompanied children have significantly worse outcomes than accompanied ones (Bean et al., 2007a; Derluyn et al., 2009; Fazel et al., 2012; Reed et al., 2012). Migration significantly disrupts education, and school adjustment once resettled is extremely difficult, often increasing discrimination (Ellis et al., 2010).

Experiencing war in childhood can lead to enduring psychiatric sequelae (Attanayake et al., 2009). Like adults, refugee and asylum seeking children report high rates of depression, anxiety and PTSD (Bronstein & Montgomery, 2011; Crowley, 2009; Derluyn, Mels and Broekhaert, 2009; Fazel et al., 2012; Heptinstall,

Sethna & Taylor, 2004; Lustig et al., 2004; Nielson et al., 2008; Rousseau, 1995), conduct problems and developmental regression (Chimenti, Nasr & Kalifeh, 1991; Sourander, 1998; Fazel & Stein, 2002). Although the dose-effect remains robust (Bean, Eurelings-Bontekoe & Spinhoven, 2007b; Derluyn et al., 2009; Fazel et al., 2012; Heptinstall et al., 2004; Smith et al., 2002;) findings are mixed in terms of prevalence; outcomes being worse than adults in some studies (Heptinstall et al., 2004), whilst others report high levels of functioning (Fox, Cowell & Montgomery, 1994; Geltman et al., 2005; Sack, Him & Dickason, 1999; Slodnjak, 2000). Longitudinal studies also report mixed outcomes (Almquist and Broberg, 1999; Bean et al., 2007b; Nielson et al., 2008; Panter-Brick et al., 2011; Sack et al., 1993).

Unlike the adult literature, age and gender have mixed outcomes in the child research. In some cases, females have worse outcomes (Reed et al., 2012), in others there is no difference (Fazel et al., 2012) and others indicate boys have higher risk (Heptinstall et al., 2004; Sack et al., 1994). Older age has been found to be a significant predictor of distress (Bean et al., 2007b; Berman, 2001; Heptinstall et al., 2004; Smith et al., 2002). Very young children are often protected as they do not fully understand the magnitude of experiences (Realmuto et al., 2002; Thabet & Vostanis, 1998). Older children are more likely to have more traumatic exposure (Bean et al., 2007b), and to be sent away unaccompanied as they may be deemed more resilient/capable of coping (Jensen & Shaw, 1993). In a study of over 1,000 adolescents, whereby age was correlated with distress, Derluyn et al. (2009) found that those aged 17 had the highest risk, reflecting additional stressors relating to adolescent developmental milestones, lack of support compared to those under 16 (see Section 1.6) and anticipation of claim review at age 18 (Birman et al., 2005; Guarnaccia & Lopez, 1998; Rutter, 1985; 1988). However, others report that older

children have more resources to cope and are less at risk due to their reduced egocentricity and ability to externalise events (Jensen & Shaw, 1993).

Although these inconsistencies are probably due to a variety of mediating factors specific to those under 18, they also question the reliability and validity of existing findings such that understanding what protects and makes minors more or less vulnerable remains unclear. Studies often rely on informants such as teachers or guardians, who have been found to have high disagreement with children (Kramer et al., 2004) and the focus has been upon accompanied children, thus creating a gap regarding unaccompanied minors.

1.4.5 Afghanis.

Existing psychological literature covers an extensive range of populations, and, although there are robust findings with regard to mental health, differences between countries of origin are consistent (Fazel et al., 2005; Jaranson et al., 2004; Porter & Haslam, 2005; Steel, 2001). Population-specific research is important because Afghanis are the largest group of refugees in the UK and essential to clinical understanding is an appreciation of how contextual factors may impinge on them.

Each country of origin has unique ‘push factors’ whereby individuals flee for different reasons, entailing different experiences (Bhugra, 2004; Kuo & Tsai, 1986; Silove et al., 1993), which accounts for some of the differences in distress levels. Other factors associated with country of origin play a role in refugee and asylum seeker well-being. Those from low-income areas, like Afghanistan, are associated with poorer mental health than those from high-income areas due to inherently reduced coping resources associated with the former (Dalgard & Thapa, 2007; Hollander et al., 2010; Mghir & Raskin, 1999). Countries of origin that remain

unstable/under threat during resettlement, like Afghanistan, can increase individuals' fear for the safety of those left behind and theirs if repatriated, increasing symptoms and distress (Mollica, 1988; Nickerson et al., 2010). It is therefore surprising that, despite constituting one of the largest refugee and asylum seeking groups, there is very little research regarding Afghanis. The context of Afghanistan (see Appendices 1-3) means that there is high exposure to war, violence and poverty (Gerritsen et al., 2006; Ichikawa, Nakahara, & Wakai, 2006; Lipson, Omidian, & Paul, 1995; Miller et al., 2008; Panter-Brick et al., 2009; 2011) with little access to education and poor English (Lipson & Miller, 1994; Lipson & Omidian, 1997; Miller et al., 2008; Omeri, Lennings & Raymond, 2006; Trani, 2010). Experiences including detention, refugee camps, separation from family and time spent in other countries before resettlement are common in Afghanis (Coffey, Kaplan, Sampson & Tucci, 2010; Lipson et al., 1995; Omeri et al., 2006; Stack & Iwasaki, 2009; Parvanta, 1992; Steel et al., 2011).

Post-migration issues are the most extensively researched area in Afghanis. Studies have highlighted the stress of acculturation (De Anstiss & Ziaian, 2010; Haasen, Sinaa & Reimer, 2008; Khanlou, Koh & Mill, 2008; Sulaiman-Hill & Thompson, 2011a) and although no specific research has been conducted in the UK, Afghanis resettled in other western countries have reported difficulties and worries regarding asylum claims (Gerritsen et al., 2006; Omeri et al., 2006; Steel et al., 2011), problems with housing, employment and financial strain (Coffey et al., 2010; Steel et al., 2011; Sulaiman-Hill & Thompson, 2011a; Waxman, 2001) and difficulties accessing and understanding information (Lipson et al., 1995; Lipson & Omidian, 1997; Stack & Iwasaki, 2009).

Consistent with the mainstream literature, Afghanis also have a high prevalence of mental disorder (Cardozo, Bilukha & Crawford, 2004; Mghir, Freed, Raskin, & Katon, 2009; Scholte, Olff, & Ventevogel, 2004), including PTSD, anxiety and depression (Coffey et al., 2010; Gerritsen et al., 2006; Haasen et al., 2008; Hollander et al., 2010; Ichikawa et al., 2006; Panter-Brick et al., 2009; Steel et al., 2011), rates which, in comparison to other Middle-Eastern groups, are much higher (Gerritsen et al., 2006; Hollander et al., 2010). Similar effects of age, gender and education are reported in Afghanis (Hollander et al., 2010) and Afghani child and adolescent literature shows much the same as that already discussed (Catani, Schauer, & Neuner, 2008; De Berry et al., 2003; Eggerman & Panter-Brick, 2010; Panter-Brick et al., 2009; 2011).

However, Afghanistan's cultural views on mental health, together with limited service provisions (see Appendices 1-4) can mean that they are unlikely to acknowledge and access help (Benderley, 2006; WHO, 2006) and are more likely to present symptoms somatically (Gerritsen et al., 2006; Hsu & Folstein, 1997; Mehraby, 2002a; Miller et al., 2006; Wardak, 1993). This means that some of the existing literature may under-reflect the true extent of their distress. Alternatively, current evidence may accurately reflect distress levels in this group, thus, given their experiences and associated vulnerabilities, leaves a gap in understanding their resilience.

1.4.6 Protective factors.

The refugee and asylum seeker literature highlights several robust protective factors that buffer against distress and mental health difficulties in both adults and children, across all groups, including Afghanis.

Cognitive style, whereby a strong sense of inner spirituality and self-direction is helpful is commonly noted. Khawaja et al. (2006), Miller et al. (2006), Omeri et al. (2006), Schweitzer, Greenslade and Kagee (2007) and Sherwood and Liebling-Kalafani (2012) conducted semi-structured interviews with a variety of resettled refugees, exploring ways in which participants had coped with migration experiences. Participants reported that religion provided a positive philosophy whereby endurance provided future rewards and prayer was cathartic, providing a sense of emotional support and control. They also reported that constructive appraisal and positive self-talk and forward thinking were helpful, as consistent with Beck's model of emotional disorder (Beck, 1976).

The extent of integration into the new environment appears to be important. Higher levels of integration allow for increased social support which is a robust protective factor as it increases activity/leisure, combating isolation and loneliness and provides support in which to manage distress and ways in which to culturally reconnect and aid the process of acculturation (Khawaja et al., 2008; Miller et al., 2006; Omeri et al., 2006; Schweitzer et al., 2007; Sherwood & Liebling-Kalafani, 2012). Gaining access to work and education is also protective, especially in cultures such as Afghanistan where these are highly valued (Fazel et al., 2012; Panter-Brick et al., 2011). Many report that occupation and social support provide hope, distraction, stability and purpose, providing identity, safety and closeness to others (Khawaja et al., 2008; Miller et al., 2006; Omeri et al., 2006; Schweitzer et al., 2007; Sherwood & Liebling-Kalafani, 2012).

The concept of resilience is used extensively within the literature, although it is ill-defined, particularly within the child and adolescent literature (Bronstein & Montgomery, 2011). Resilience, according to refugees themselves, is likely to be

made up of several different components, including those already mentioned together with habituation to and preparedness for trauma (Başoğlu et al., 1997; Schweitzer et al., 2007), an ability to commit to an overall goal and motivate oneself to take control of and action towards obtaining it (self-direction) (Khawaja et al., 2008; Omeri et al., 2006; Schweitzer et al., 2007; Sherwood & Liebling-Kalafani, 2012) and the ability to make strategic decisions based on calculated risks (Denov & Bryan, 2012).

1.4.7 Critique of the literature.

The literature is extensive and examines pre-, peri- and post-migration experiences/factors and how these impact on mental health. Samples have included both genders, all ages and a variety of host and originating countries. Research has included qualitative and quantitative methods, both longitudinal, cross-sectional, between and within-groups designs. Despite vast methodological differences, there are a good number of review papers that systematically consolidate findings, which in some areas consistently report similar findings, indicative of good validity, reliability and generalisability. However, whilst experiences and mental health difficulties are likely to be similar across groups, persistent variability indicates that the relationship between migration experiences and well-being is not a simple phenomenon, but one that is mediated by a multitude of factors and likely to be unique in each case.

The biggest criticism of the literature is that it focuses too heavily on trauma and its negative sequelae, particularly PTSD, at the expense of considering how other factors contribute to well-being (Linley & Joseph, 2004; Miller & Rasco, 2004; Ryan et al., 2008; Silove, 2001; Silove & Ekblad, 2002; Steel et al., 2002;

Summerfield, 2001). Given the experiences of refugees and asylum seekers, this is not surprising (Miller et al., 2008). However it has led the research to focus on the direct effects of trauma, often ignoring more salient and indirect factors such as daily stressors (Kubiak, 2005; Miller et al., 2008; Nickerson et al., 2011). The PTSD framework is potentially too narrow and does not adequately capture the complexity of the refugee experience (Berman, 2001; Entholt & Yule, 2006; Farwell, 2004; Ryan et al., 2008). It cannot explain the low levels of psychiatric symptoms and high levels of functioning found in studies such as Besier & Hou (2001), Mollica (1993), and Steel et al., (2002; 2005). It can also result in these groups being over-pathologised (Miller & Rasco, 2004) and protective factors being under-researched (Idemudia et al., 2012; Ryan et al., 2008; Watters, 2001).

Given the emphasis on medicalised approaches, most research is quantitative (Hollifield et al., 2002; Kagee & Naidoo, 2004), often using structured assessments such as the HTQ (Mollica et al., 1992) and Hopkins Symptom Checklist (HSCL) (Derogatis et al., 1974). Whilst these measures have demonstrated good reliability and validity (Derogatis et al., 1974; Mollica et al., 1992), they are restrictive in the information provided and have not been validated in all cultural groups (Hollifield et al., 2002), specifically not in Afghans (Miller et al., 1995; 2006). Furthermore, mental health is not uniformly understood across cultures (Andary, Stolk & Klimidis, 2003). Therefore these measures will not translate effectively to some cultures, especially Middle-Eastern ones (Sulaiman-Hill & Thompson, 2011b). Another major problem is that a significant amount of this research is correlational which limits understandings of how and why experiences and symptoms are related. The extensive use of between-groups designs means that ascertaining the true extent of what factors relate to well-being is difficult due to individual differences.

Another overarching, fundamental problem is the definition of ‘trauma’. What exactly constitutes a ‘traumatic’ event is something that is not uniquely understood and differs between individuals, with the usefulness of the term heavily debated in the literature (Bean et al., 2007a; Laban et al., 2004; March, 1993; Weisaeth, 1989). The same debate takes place regarding the term ‘resettlement’. Understanding what exactly constitutes ‘good resettlement’ is a massive challenge to the field, especially given the additional challenges instigated by immigration reforms, which differ between countries (Silove & Ekblad, 2002). This is in contrast to terms such as ‘psychological well-being’ which, despite variable definitions, are thought to be more encompassing and cross-culturally understood (WHO, 2005).

In response to these criticisms, recent research has shifted towards qualitative methods (Miller et al., 2002), with a view to using more complex, holistic and ecological models that emphasise societal, political and cultural perspectives (Farwell, 2004; Harvey, 2007; Hjern & Jeppesen, 2005; Porter & Haslam, 2005; Ryan et al., 2008; Zarowsky, 2004). However, there are still some important gaps. Many papers have extensively studied post-migration and acculturation difficulties with peri-migration factors almost excluded. Very few studies have explored all three domains. This is problematic given that difficulties arise at all three stages with robust cumulative effects (Miller et al., 2002). This is most likely as a result of the considerable problems associated with carrying out prospective studies in these groups. Most studies are retrospective, which despite confounds, is able to capture all three stages. Resilience, is not well-defined nor fully understood and has been under-researched within the literature, (Watters, 2001). Concepts such as identity and existential meaning are frequently overlooked (Miller et al., 2002).

Asylum seekers are understudied in comparison to refugees, probably as a result of recruitment difficulties (Silove et al., 1998). Afghanis remain understudied compared to other groups, and the UK as a host country has received little attention, which is important as those living here may have specific experiences and needs (Hek, 2005). Adolescent research remains lacking in comparison to the adult literature, especially those unaccompanied (Lustig et al., 2004), with very little focus on developmental theories (Idemudia et al., 2012; Sherwood & Liebling-Kalafani, 2012). Subsequently, our understanding of these groups is impoverished (Fox et al., 1994; Lustig et al., 2004; Papadopoulos, 2001; Rousseau, 1993; 1995; Summerfield 1999; 2000; Watters, 2001).

There is a specific gap in the research field regarding adolescents, Afghanis and asylum seekers in the UK, and there is an ongoing need for future research to increase understanding of interrelated migration experiences/factors, well-being and adaptational variances. Within this model, are a wide array of variables that influence well-being (Nickerson et al., 2011; Porter & Haslam, 2005; Porter, 2007; Silove et al., 1997) all of which need to be understood when considering the asylum seeker (Schweitzer et al., 2006). The relationship and interaction between experiences, coping and well-being is very complex and a single universal model does not exist (Loizos, 2002). Consequently, future research needs to be conceptually driven, being sure to consider the multivariate biopsychosocial facets and contexts regarding the person, their well-being, adaptation and host country, both positive and negative sequelae (Fox et al., 1994; Schweitzer et al., 2006).

1.5. The Relevance of the UK: The Asylum-Seeking Process and Legal Context

Asylum policies, resettlement programs and income vary between countries, thus differentially impacting upon post-migration experiences and associated outcomes (Murray et al., 2008; Porter, 2007; Watters, 2008). Equally, how a resettlement country culturally differs from an original country can affect the degree of acculturation experienced and associated mental health trajectory (Bhugra & Jones, 2001; Hofstede 2004; 2010; Murray et al., 2008; Tribe, 2002). Therefore, factors associated with the country of resettlement are important considerations.

The process for seeking asylum and related support protocols in the UK are outlined in Appendix 5. In general, the process is rigorous, time-consuming and in most cases, unsuccessful (Smith, 2012; UK Border Agency, 2011). Minors are provided temporary leave to remain until age 18 where they receive foster care or shared accommodation and access to education which cease at age 18 and they become subject to the asylum-seeking process. Consequently, gaining age-related asylum is even more rigorous. Since the recession, UK immigration controls have tightened and care packages have been reduced, leading the UK to pioneer asylum reforms (Haddal, 2009; Hynes, 2011; Patel & Kelly, 2006).

Sherwood and Liebling-Kalafani (2012) qualitatively explored the impact of the UK's asylum procedure on African women. Participants reported feeling ashamed of seeking asylum in UK because of their negative portrayal in the media and felt they needed to hide away. Many reported fearing for their safety in regard to the claim (Sherwood & Liebling-Kalafani, 2012). During the early stages of their claim, participants reported a sense of safety and associated hopes for a better life if status was secured (Sherwood & Liebling-Kalafani, 2012). Consequently, seeking asylum can be an emotional rollercoaster, and is often a main source of stress,

invalidation, uncertainty and anxiety in asylum seekers (Nickerson et al., 2011; Silove, 1999; Silove et al., 1998; Steel et al., 1999; 2006; 2011; Steel & Silove, 2000).

Although most western countries signatory to the Geneva Convention (UNHCR, 1951) have unanimous policies regarding minors (EQUAL, 2012a;b; Silove, Steel & Watters, 2000), individual service provisions/policies are more varied (Fazel, Reed, Panter-Brick, & Stein, 2012; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012). Although sparse within the literature, some studies have compared the well-being of refugees and asylum seekers resettled in different western countries. Wafar et al. (2012) compared Somalis living in US and UK. They found that those in the UK reported significantly more depressive symptoms, which correlated with unemployment and legal uncertainties. This contrasted with those in the US where refugees/asylum seekers are allowed to work after a given time (United States Citizenship and Immigration Services [USCIS], 2011) and are given 'temporary protection visas' (TPV), allowing those in imminent danger if deported, to stay temporarily (Kjaerum, 1994; Steel et al., 2011). Bogic et al. (2012) compared resettled refugees in Germany, Italy and the UK. They reported that those in the UK had significantly higher prevalence of affective disorders, which correlated with unemployment, not feeling accepted by the UK and asylum uncertainties. They reported low rates of mental disorder in Italy whereby permission to work is granted after a certain time (EQUAL, 2007) and residency is automatically offered to those that work (Cozzoli, 2000). Germany had the highest prevalence of PTSD, thought to be related to automatic residency being granted to those in treatment for PTSD (Kühne & Rüßler, 2000; Silove et al., 2000).

It is therefore, clear that adolescent Afghanis who try and claim asylum in the UK face many challenges that disrupt their psychological well-being as a result of the legal/social systems surrounding them, hence the relevance of the UK in this thesis.

1.6. Synopsis

Despite constituting the largest population of asylum seekers and refugees (UNHCR, 2012), there is very little research concerning Afghanis, which is surprising given the existing wealth of research in this field. The absence of research in a British context is even more surprising given this is where they are the largest group. This is important because the UK is not only in recession, but still at war with Afghanistan, and has been suggested to be politically and socially unfavourable towards immigration (Finney & Peach, 2004) and has become a pioneer country for asylum reform (Haddal, 2009). Adolescents are also a neglected group, and are not only more vulnerable than adults (Sourander, 1998) but are, as a group, increasing in size, especially within the UK (UNHCR, 2010), most likely due to cultural customs and ongoing conflicts in non-western countries such as Afghanistan (see Appendices 1-3). At present, no study has investigated migration factors associated with all three stages, despite theoretical models highlighting that pre-, peri- and post-migration factors contribute to well-being. There is extensive focus on trauma and related psychopathology (Watters & Ingleby, 2004), with little attention on well-being and resilience.

Given these gaps, there is a need to broaden research to holistically examine all psychosocial dimensions of mental health to identify factors underlying vulnerability and resilience in order to inform understandings of well-being in this

group (Barenbaum, Ruchkin & Schwab-Stone, 2004; Betancourt & Khan, 2008; Chatty et al., 2005; Panter-Brick et al., 2009).

1.7 Aims and Research Questions

The aim is to conduct a preliminary investigation into the relationship between pre-, peri- and post-migration factors/experiences and psychological well-being in adolescent male Afghani asylum seekers living in the UK. This will be done by exploring the usefulness of previously unemployed models, including Bhugra and Jones' (2001) model of migration, Silove's (1999) ICF and the model of psychological well-being by Witmer et al. (1998). It is hypothesised that these models might contribute to the field by steering ideas away from PTSD identification and developing understandings of the psychological processes that mediate distress levels in this population, helping explore the impact of wider systems specific to the UK. The findings aim towards informing and guiding local professionals working with this group to develop and improve culturally specific service provisions in order to help meet the needs of this complicated, vulnerable and under-researched population.

2. Method

2.1 Overview

This thesis uses qualitative methods to examine to explore pre-, peri- and post-migration experiences and the impact they have on the psychological well-being of adolescent male Afghani asylum seekers. Semi-structured interviews and a template analysis approach (King, 2004; 2007) were selected on the basis of their relevance to both the exploratory nature of the study and the pre-existing psychological theory and models of migration. An interpreter was used throughout the study.

2.2 Rationale for Qualitative Research

2.2.1 Overview.

Qualitative research is used to investigate areas that are not easily quantified, such as gaining an intricate understanding of lived experiences, feelings, beliefs, thought processes and social/cultural issues (Strauss & Corbin, 1999). The aim for qualitative researchers is to understand and explore broader, more contextual issues than is appropriate in quantitative research (Omidian, 2000) and to gain the ‘insider’s view’ (Ahearn, 2000). Consequently, qualitative methods are ideal for discovery-orientated research due to their flexibility towards data collection and analysis (Omidian, 2000). Furthermore, previous research in this area has been criticised for its focus on quantitative methods which can lack ecological validity (Miller et al., 2006) and be constrained in the information they provide (Omidian, 2000).

2.2.2 Ontological and epistemological position.

The position assumed in this thesis is one of ‘contextual constructionism’ (Madill, Jordan, & Shirley, 2000), a critical stance that sits part-way between realism and radical constructionism. It accepts that there are multiple interpretations of any one phenomenon, depending upon the position of the researcher and the specific context within which the research is conducted. It does not assume that there is a single reality accessible through an appropriately selected methodology, but rather that there is inherent subjectivity in the production of knowledge (Watkins, 1995). This position is of particular use within psychological research, where the researcher and subject of research are both consciously interpreting and acting upon the world around them within their networks of cultural meaning (Giorgi, 1995). Consequently ‘objectivity’ becomes ‘permeability’ in acknowledgement of the capacity for interpretations and understandings to change with observation and experience (Stiles, 1993), telling ‘a more complete account of the research process’ (Pidgeon & Henwood, 1997, p.270).

2.2.3 Rationale for template analysis.

Template analysis (King, 2004; 2007) is a hybrid thematic approach to qualitative data analysis, using both data-driven inductive approaches (Boyatzis, 1998) and a priori concepts to generate a template of themes (Crabtree & Miller, 1999; King, 2007). A priori themes are based upon theoretical ideas (Fereday & Muir-Cochrane, 2006), whilst emergent data-driven themes are derived from the original accounts of participants. Both are identified through the process of thematic coding (Boyatzis, 1998; Braun & Clarke, 2006; Ryan & Bernard, 2000) and subsequent comparisons with the initial template. A priori based themes are combined with data-emergent themes to form a comprehensive template which can

be used to guide and formulate understandings of how well-being is mediated in this group and to suggest areas for future research.

Template analysis offers a flexible approach to qualitative data analysis and is a method consistent with an epistemology of scepticism towards the existence of 'real' internal states discoverable through empirical research (King, 2007). Consequently, the advantage of template analysis over other qualitative methods is that it uniquely matches the aims of the thesis in terms of using a priori psychological themes (see Section 1.5) to guide analysis. This provides the novice researcher with a framework from which to derive and organise themes coherently, which can otherwise be extremely difficult and overwhelming to do, due to a lack of clear agreement and guidelines on qualitative analysis (Attride-Stirling, 2001; Boyatzis, 1998; Braun & Clarke, 2006; King, 2007; Tuckett, 2005). Template analysis is therefore much less time-consuming than other methods such as Interpretive Phenomenological Analysis (IPA) or grounded theory and fewer specific procedures allow researchers to tailor it to their own requirements (King, 2007).

2.2.4 Rationale for interviews.

Interviews provide a unique opportunity to explore complex and diverse issues and processes that are not otherwise captured by quantitative tools such as questionnaires (Burman, 1999). Ritchie (2003) considers interviews more appropriate than focus groups when the nature of the research is confidential and likely to involve/be influenced by issues of power and status. Interviews are not dependent upon literacy or the ability to speak a given language, therefore, they are more inclusive and likely to empower and validate disadvantaged, or otherwise

unheard groups (Burman, 1999), which many report to be a positive and fulfilling experience (Newman, Walker, & Gefland, 1999).

2.2.5. Statement of approval.

This study was approved by Local (Norwich) NHS Research Ethics Committee (LREC) and Cambridgeshire and Peterborough NHS Foundation Trust's (CPFT) Research and Development department (Appendix 6). Subsequent amendments were approved (Appendix 7).

2.3 Participants

2.3.1 Inclusion criteria and sample size.

Eight adolescent Afghani male participants were recruited from a local asylum-seeking community in Peterborough. They were a voluntary 'snowball' sample recruited through three initiation points (recruitment drives, word of mouth or by a personal key worker) which have been found to be the most effective means of recruitment with Afghans (Sulaiman-Hill & Thompson, 2011a). Contact was made with local centres and the Young Asylum Seekers Mental Health Improvement Network group (YASMHIN), a multi-disciplinary forum set up by Dr Gabriel Ardeman, Clinical Psychologist, to help support and develop ongoing work with this community in Peterborough.

Inclusion criteria were being male, aged 16-20 years old, and an Afghani asylum seeker living in the UK. At the time of study, the adolescent asylum-seeking Afghani community in Peterborough only consisted of males, hence all participants were male. Using a sample size of eight helped reach saturation point for themes (Guest, Bunst, & Johnson, 2006; Harper & Thompson, 2011). Exclusion criteria

included suffering from serious mental health problem (such as psychosis), actively abusing drugs or alcohol, those thought to be unsuitable by local services (such as recently bereaved) and those who had already heard the final results of their asylum application/appeal. This was to prevent additional distress to participants and to work towards sample homogeneity in order to make the outcomes relevant to the population in question (Harper & Thompson, 2011).

2.3.2 Sampling, recruitment and involvement at dinner clubs.

Gaining access to participants began with meetings with Dr Ardeman and bi-monthly YASMHIN meetings enabling the researcher to discuss ideas and plans. Once ethical approval was given, YASMHIN members were asked in person at meetings or via email to consider if any of their clients would meet criteria and if so, to ask them if they would consider taking part. In addition to YASMHIN referrals and recruitment drives at local centres, posters were initially part of the recruitment plans. However, feedback from YASMHIN and the interpreter suggested that these would not be successful due to illiteracy and suspicion that unknown professionals might work for the government and would deport them. They suggested that building rapport was an integral part of successful engagement, which was consistent with feedback from Dr Ardeman and Dr Laura Jobson, Primary Research Supervisor and existing research findings (Miller, 2004; Sulaiman-Hill and Thompson, 2011a). Consequently, posters were not used and recruitment focussed on drives and YASMHIN referrals.

Dinner clubs were developed by community-based link-workers and members of YASMHIN at a local NHS/link centre as a means of offering support to the adolescent Afghani community due to concerns about their well-being and little previous success with drop-in sessions. The dinner clubs provided an opportunity for

the Afghanis to socialise, meet and greet staff and a free meal, cooked on the premises and music was provided due to their integral role within their culture (see Appendix 4). The overall aim was to build rapport and break down any suspicion/barriers so as to develop understanding of this relatively new group. Local police and community support officers also attended primarily to support these aims but also as a means of safety and control. Consequently, in addition to providing safe, reliable access to participants, recruiting via these clubs also provided more staff equipped to answer questions, offer support and through-care and ensure no-one was coerced. With the support of Dr Ardemian, Dr Jobson and YASMHIN the researcher attended these throughout the study. Although invited, due to other commitments, the interpreter was unable to attend.

Given Afghanistan's culture (see Appendix 4) some members of the YASMHIN group were concerned about the impact of the researcher as a young, unmarried female on the community and how she and the project may be viewed as a result. Although discussed in more detail in Chapter 4, this was in part, why recruitment drives took place at dinner clubs, where there were a number of professionals, most of whom were older, married females, as well some older males who were already known to the Afghani community. The researcher ensured that she dressed and acted professionally, always wore her ID badge, and involved herself alongside the other staff members throughout the operation of the clubs. Clear instructions regarding the researcher's role, as outlined in Section 2.5.5 was consistently provided by the researcher and all YASMHIN members throughout the the study.

In order to recruit, the principles of volunteer, opportunist sampling were employed. At each dinner club a stand was set up providing details about available

support. This included information about local colleges, social services and other agencies. Nearby on a separate table was information packs about the study which was manned by the researcher. If someone was interested, they were able to take an information pack and had the opportunity to ask questions. It was agreed and approved by LREC and CPFT that a £10 shopping voucher would be given to each participant after completing the study as a means of gratitude. A voucher (which could be exchanged for food or material goods) rather than cash was given as this was more in line with cultural traditions (see Appendix 4). Although detailed in the information sheet, little attention was drawn to this during recruitment so that it did not become a coercive 'point of sale'.

2.4 Development of the Interview Schedule

A standardised open-ended interview method (Gall, Gall, & Borg, 2003) is most commonly used in qualitative research (Turner, 2010). This chosen method ensures that participants are asked identical questions, worded openly such that they remain in control of the level of detail contributed whilst still allowing the researcher to prompt as a means of follow-up (Creswell, 2003; 2007; Turner, 2010). The standardised structure helps reduce researcher bias (Gall et al., 2003; Murphy, Dingwall, Greatbatch, Parker, & Watson, 1998; Stiles, 1993) and the open-endedness is essential when considering questions which may evoke sensitive or upsetting material (Gill, Stewart, Treasure, & Chadwick, 2008) as participants control disclosures, thus minimising distress (Britten, 1995) (see Section 2.5.3).

Interview questions were based on those used by Miller et al. (2002), which aimed to explore migration experiences and coping by asking about each stage in the process, what the experience was and how they coped with it. A major consideration was the inclusion of questions that explored all three phases in the migration process,

within which, prompts were designed to explore the impact of these experiences on well-being and how participants coped. Additional questions were designed to explore the overall impact of migration related experiences on well-being.

McNamara's (2009) suggestions for developing interview schedules were also considered by ensuring that the schedule explained the purpose of the interview, its format, length and limits of confidentiality and allowed time for questions, both at the start and end as well as for the provision of contact details and follow-up advice.

Another major consideration was time and cost. As consistent with previous reports (Pan, 2005), the interpreter advised that interpretation doubled interview time. Therefore in order to ensure that interviews were kept within 60-90 minutes questions were kept minimal with little use of psychological jargon so that there was time for the aforementioned considerations, as well as for reflections and clarifications to ensure understanding, as consistent with published guidance for working with interpreters (Tribe, 2007; Tribe & Thompson, 2008; Thompson, 2011a).

Essential for this type of research, the schedule was developed in consultation with a number of professionals working with the Afghani community (Sulaiman-Hill & Thompson, 2011a). Advice was sought with regards to appropriate content and language to ensure that the questions could be easily interpreted into Pashto or Farsi Dari and answered easily with minimal distress. These included Dr Ardeman, a specialist social worker, an English for Speakers of Other Languages (ESOL) teacher from the local college and the interpreter. Consultation was also sought from Dr Jobson, an expert in trauma and cross-cultural research. She suggested placing a positive mood-induction task at the end to help counteract any low mood or ego

depletion that may incur during the interview (Tice, Baumeister, Shmueli, & Muraven, 2007).

Given that the initial template was developed as an analytical tool, it was not used in the development of the interview schedule, thus did not explicitly inform data collection, as is often the case in template analysis (King, 2004; 2007). The final interview protocol is provided in Figure 4.

1. Welcome and thank participant. Explain purpose of interview and check they have read and understood information sheet. Go through and sign consent form.
2. Explain limits of confidentiality and sign agreement by interpreter and researcher.
3. Confirmation that they meet inclusion criteria e.g. Can you confirm that you are currently seeking asylum in the UK? What stage? Are you under the influence of drugs or alcohol?
4. Demographic information completed on separate sheet (name, age, contact address and phone number, position in family, length of time in UK, education level, where from in Afghanistan, religion and named contact person for follow up letter on separate sheet)
5. Ask if there are any questions before beginning interview.

(Begin recording)

6. Can you tell me what your life was like in Afghanistan?

(Prompts: What did you/family do day to day?)

7. Can you describe what happened/why you left Afghanistan?

(Prompts: What was that like? How did you feel? What went through your mind? What impact did that have on you? How did you cope?)

8. Tell me about your experiences leaving Afghanistan?

(Prompts: What happened next? How did you get here? How did that come about/Why? How did you/family cope?)

9. How was your journey to the UK?

(Prompts: What was it like? How did you feel? What went through your mind? What impact did it have on you? How did you cope?)

10. Can you tell me what your experience has been in the UK since your arrival? (Prompts: What happened to you? What have you been doing/day to day life? How did you feel? What went through your mind? How did you cope?)

11. Tell me how have these experiences affected you/your life?

(Prompts: Do these experiences affect you day to day? How? (e.g. thoughts/feelings) Have there been any positive effects? What sense have you made of all of this?)

12. Can you describe what your life is like now? E.g. day to day life?

(Prompts: How do you cope? What helps? How have you survived?)

13. How would you like your life to be? (role of UK)

(Prompt: How can UK support you?)

14. Positive Mood inducing task e.g. provide a happy memory or positive experience.

(Stop recording)

15. End of interview. Check to see if they have any questions and, or risk assess if needed. Provide voucher and list of contact details. Ask if participant wishes to receive follow-up letter about findings.

Figure 4. Interview Schedule.

2.5 Ethical Considerations

2.5.1 Consent.

Due to illiteracy and, or, lack of English, information sheets (Appendix 8) were provided to all participants in both written and audio-CD form in Pashto and Farsi Dari. Participants could borrow a CD player if needed and were given one week to review information. Volunteer participants were asked to provide contact details in order to gain consent and arrange an interview time. Those recruited by a key worker, were asked to sign a ‘consent to contact form’ (Appendix 9) before the researcher contacted them. Participants could ask questions at anytime and were not coerced to participate at any point. Participants could withdraw at any stage in the research. All participants signed consent forms at the interview (Appendix 10).

2.5.2 Right to withdraw.

Participants’ right to withdraw was outlined in the information sheet and audio-CD (Appendix 8) which participants kept. This provided details of how to contact the researcher should they wish to withdraw from the research. They were informed that they could withdraw at any point before, during or after the interview. If a participant wished to withdraw, the interview was stopped without question. A withdrawal at any point would have resulted in all the participants’ details being deleted. Participants were advised that there would be no adverse consequences to a withdrawal from the study. No participant withdrew from the study.

2.5.3 Adverse effects.

Given the nature of the research, participants may have experienced adverse psychological effects. Trauma researchers have raised questions regarding the

potential risk of research in terms of increasing participants' distress (Seedat, Pienaar, Williams, & Stein, 2004). However, recent studies tend to suggest that trauma survivors and community samples do not experience increased distress as a result of research (Cromer, Freyd, Binder, DePrince, & Becker-Blease, 2006; DePrince & Chu, 2008). On the contrary, participants have described their research experiences as having provided personal gain (DePrince & Freyd, 2004; Newman, Walker, & Gefland, 1999) and, according to a review by Newman and Kaloupek (2004), have consistently rated the benefits of taking part as outweighing the costs. Moreover, Pennebaker (1997) indicates that disclosing traumatic experiences can benefit an individual both psychologically and physiologically and a review by Newman, Risch and Kassam-Adams (2006) reported that participants felt this was the case despite experiencing mild distress during the research.

Within the current study, steps were taken to reduce the potential for distress and protocols put in place to help reduce it if observed. First, participants were informed at each stage that the research would ask questions about migration experiences. Second, participants were informed that they could stop at any point during the interview. Third, in the event that participants did become distressed, they were given the opportunity to break/withdraw from the study without any consequences. Fourth, the information sheet contained the details of the researcher, who participants were able to contact after the study if they felt distressed. The information sheet also encouraged participants to contact their GP if they continued to feel distressed and additional contact numbers were given at the end of the interview (Appendix 11).

As part of the consent process, participants were asked to provide details of their GP or another named contact (Appendix 12) for the researcher to send a letter

informing them of their participation in the study (Appendix 13) enabling them to offer relevant support. It was explained that if there was evidence of significant or imminent risk, then referrals would be made without the permission of the participant, as outlined in the information sheet and compliant with CPFT risk management and confidentiality policies. The interview schedule (Figure 4) consisted of general, open-ended questions, allowing participants to be in control of their disclosures. The schedule was designed so that the last questions looked towards the future with a view to instilling hope and a sense of having contributed in a positive way followed by a positive mood-inducing task, all of which reduce the likelihood of participants leaving in a state of negative affect. The interviewer as a clinical psychology trainee was able to provide empathy and validation throughout the interview process, and could make professional clinical judgements with respect to distress levels and manage these accordingly. The researcher was regularly supervised by Dr Ardeman and Dr Jobson who were consulted if there were adverse effects. The need to manage distress and utilise these protocols only occurred in two instances as detailed in Section 2.5.3.1.

The possibility that the researcher and interpreter may experience vicarious trauma or re-traumatisation as a result of the interviews was considered. Time was allocated after each interview for the researcher and interpreter to ‘debrief’. The interpreter was given the same support numbers as the participants, and was encouraged to contact the researcher if he needed. He stated that he also had access to a local support group and supervision from Cambridge Interpretation and Translation services (CINTRA). The researcher’s regular supervision helped safeguard herself.

2.5.3.1 Management of distress.

In two instances participants incurred distress whilst talking about their experiences. In both cases the participants were given space and the interview paused. The researcher offered empathy and validation during this time. The researcher's concern for their welfare was made explicit and participants were assessed for risk of harming themselves or others, which indicated no imminent risk. They were asked if they would like to terminate or reschedule the interview, to which both stated 'No', they wished to continue. Once they indicated they were ready, the interview re-commenced, highlighting that if it became too much, then they could stop again, and, or, decide to terminate.

Both were given a list of contact numbers to use should they feel their distress became worse. Dr Ardeman was also consulted for advice. He agreed that there were no imminent risks and advised that the numbers provided were sufficient. It was also agreed that the named contact should be notified, which both participants consented to. The named referees were contacted by phone and informed of the distress incurred. They stated they would arrange a follow-up call or visit. Although encouraged to if they wanted, neither of these participants, nor their referees made any further contact with the researcher thereafter.

2.5.4 Confidentiality and anonymity.

Participants were assigned a unique pseudonym in order to preserve anonymity. This was assigned to their transcript so that these remained anonymous. Names and contact details were kept separate from pseudonyms and interview data; only the researcher had access to these. Interviews were recorded digitally and stored on an encrypted memory stick and were password protected once stored on the

researcher's PC. They were later transcribed with all identifying details removed. Only the researcher and supervisor had access to these during the study. All members of the research team were asked to sign a disclaimer (Appendix 14) to ensure confidentiality and anonymity. All transcripts and completed forms were kept separately in line with the Data Protection Act (1998). Once complete, this data was transferred to the lockable archives at UEA, and removed from the researcher's PC onto a disc which is locked together with the transcripts at UEA for up to five years. Participants were informed that confidentiality would only be broken should there be a risk of harm to self and or others.

2.5.5 Other ethical issues.

Due to the nature of the research the interactions between the researcher and participants were more prolonged than that in quantitative research (Schmidt & Brown, 2012). In each case there was an interview that lasted 60-90 minutes, and in five out of the eight participants who volunteered there was contact prior to interview at the dinner clubs. In two of these cases, the participants were regular attendees, thus somewhat known to the researcher at the time of the interview. The remaining three were sporadic attendees, whom like the three YASMHIN referrals were unknown to the researcher. One of the participants declined an interpreter as he spoke fluent English. In both cases where the participants were known to the researcher, the interview data was more enriched. Except during this one instance where an interpreter was declined (which was agreed in supervision with Dr Jobson), the researcher was never alone with any of the Afghanis, primarily for safety and communication reasons, and also because of how she, as an unmarried, single female

may be perceived by this group and the relative vulnerability of both parties as a result.

During the interviews, it became apparent that some of the participants considered the researcher capable of helping them find work, education or gain asylum. This was not unreasonable given the researchers attendance at dinner clubs alongside staff that could help with these matters and the availability of research information near information about these things. Having discussed this in supervision it was agreed that the response would continue to be the same: that this interview was purely for research purposes and that the researcher is unable to influence any of these matters but that support was still available through their YASMHIN key worker. This was also discussed at YASMHIN team meetings so that the team could inform participants in the same, consistent way.

2.6 Procedure

A basic flow chart illustrating the procedure can be found in Appendix 15.

2.6.1 Amendments.

Initial plans were to work with those with refugee status, which at the time of research planning was the indication for the Afghani adolescents that were known to YASMHIN. However, once ethical approval was gained most of the community were still in the process of seeking asylum. This was briefly discussed with the interpreter, who agreed that in his experience, most Afghani adolescents would not yet have refugee status. Subsequently, an amendment to include asylum seekers rather than refugees was made and approved (Appendix 7).

Initial protocols also considered using a local interpreter for the purposes of rapport building within the community and subsequent recruitment, and another, unknown, professionally registered interpreter for the interviews. However, the local interpreter became un-contactable during the early part of the project after ethical approval had been gained. Therefore, as recommended by Dr Ardeman and Dr Jobson, the project was amended (Appendix 7) to use one interpreter for the entirety of the project who was CINTRA registered and not from the local area/known to the participants.

2.6.2 Interpretation arrangements.

Recommendations made by Tribe (2007), Tribe and Thompson (2008), Thompson (2011a) and Wallin and Ahlstrom (2006), for working with interpreters in clinical and research settings (e.g., considering the interpreter's role/involvement in the research process, their competence and style of interpreting and their impact on the findings) were considered from the outset. Issues of confidentiality, trustworthiness and suitable qualifications were considered in choosing a suitable interpreter in addition to being male, from Afghanistan, who could translate English, Pashto and Farsi Dari in verbal and written form. Initial meetings between the interpreter and researcher took place in order to explain the research process, his role within it and to gain an understanding of the background of the interpreter (see Section 2.7.10). It was agreed that he would translate all materials into both Pashto and Farsi Dari and record both on a digital recorder for the production of audio-CDs. It was also agreed that interview questions would be open, clear and asked one at a time, avoiding layering, for ease of translation (Tribe, 2007; Tribe & Thompson, 2008). It was also agreed that translation would be consecutive so as to avoid

distraction and enable maximum understanding for all (Tribe, 2007; Tribe & Thompson, 2008).

2.6.3 Recruitment.

Having taken information and provided contact details (and, or, consent to sharing these) a telephone call was made after one week to those interested to ascertain if they would like to take part. If so, an interview was arranged and if not, they were thanked for their time and no further contact was made. An interpreter was not used for this as feedback from the YASMHIN group indicated that the Afghans could converse in this way.

2.6.4 Conducting interviews.

All interviews took place in a quiet CPFT consultation room where there were few distractions as recommended by McNamara (2009). This vicinity was where Dr Ardeman and some of the YASMHIN members worked so that their support could be easily accessed if needed. All interviews were conducted as per the schedule (Figure 4) with the interpreter (if required), participant and researcher sat in a triangle (Tribe, 2007). The interviews were recorded digitally with permission before being transcribed. As suggested by Dr Jobson, Dr Ardeman and YASMHIN, interviews conducted consecutively contained at least an hour break in between to allow time for debriefing and to counteract lateness or other delays which are frequently incurred when working with such groups (Carteret, 2013). On two occasions participants did not attend their interview due to forgetting and asked to be rescheduled. Due to the cost implications of this, Dr Jobson, Dr Ardeman and YASMHIN suggested that the researcher issue reminders as these had been helpful

to them when experiencing similar difficulties. When initially contacted to arrange an interview, all participants gave verbal consent to be contacted 24 hours before their interview with the time, date and location of their interview.

2.6.5 Transcribing interviews.

Each interview was transcribed (researcher's questions and interpreted responses) with all identifying details removed and replaced with generic terms, e.g. 'place name' replaced with 'city'. Each line of the interview was numbered and participants assigned a unique pseudonym (see Section 2.5.4) to provide a more personal feel to the data, as consistent with King's (2007) suggestions for writing-up template analysis.

2.6.6 Analysis.

After all eight interviews had been conducted the researcher independently analysed the data by hand, basing her approach on the steps suggested by King (2007). Consultations with others took place throughout this process. These, together with additional considerations, were made as a means of quality control which is discussed in Section 2.7. The analytical protocol is outlined below. A detailed commentary of stage in the template analysis can be found in Appendix 16.

1. Template Construction.

The initial template was constructed hierarchically based on the theories outlined in Section 1.5. Bhugra and Jones' (2001) model of migration provided the main framework with the addition of themes from the models of Silove (1999) and Witmer et al. (1998) (see stage 1, Appendix 16).

2. Transcription of Data.

Interviews were transcribed into word documents in the order in which they were conducted. The researcher's questions and the participants' interpreted responses were transcribed as well as any non-verbal communications such as tears, coughs, pauses and utterances (Braun & Clarke, 2006; Poland, 2002). Origins were distinguished by using 'R' and 'P' with the addition of a number 1-8 according to which number interview was being transcribed. The interpreter was available for contact should the researcher struggle to understand his interpretations (Tribe, 2007; Tribe & Thompson, 2008), but this was not needed. Once all eight interviews were transcribed, the researcher re-listened to each interview alongside reading the transcript in order to help immerse herself in the data (see Section 2.7) and check that the transcripts accurately reflected the interviews (Braun & Clarke, 2006) and amend if necessary. Each participant was then assigned a unique pseudonym. An internet search for 'Afghan boy's names' was conducted to identify pseudonyms that were different to their actual names but matched for age and social background (King, 2007). Before initial coding began, advice was sought from a local qualitative research forum (QRF) run by a qualitative research expert (see Section 2.7). This expert suggested that all transcripts be 'prepared' for coding by formatting the word documents into landscape view, adjusting the right hand margin to approximately half the width of the page before double spacing. All transcripts were prepared in this way.

3. Initial Thematic Coding/Analysis of Data.

In order to begin identifying themes, the first transcript was taken to the QRF¹. Here, the qualitative research expert, two clinical psychology trainees and the researcher began to identify themes. However, due to time, this was only completed for the first page. One at a time, the transcript contents were coded thematically focussing mainly on the interpreted responses (see Section 2.7). Themes were also developed from the researcher's clarifications and reflections of responses, but only when these had been validated by the participant within the interview (see Appendix 16). The transcripts were read thoroughly by the researcher and parts that may indicate a theme (codes) were underlined and ideas for what theme they might evidence was written in the right hand margin. A sample of this process, using the excerpt taken to the QRF can be found in Appendix 17. Data-driven codes were transferred onto post-it notes, with codes from each participant written in a different colour so that origin could be easily determined.

4. Initial Template Comparison.

The initial template was written out onto flip-chart paper in hierarchical order, with one sheet designated for each of the overarching themes. Possible main and sub-themes denoted in the template were then written onto the relevant flip-chart allowing plenty of space in between. The data-driven codes were then compared against these themes. If a code appeared to fit into one of the themes, then the post-it note was stuck to this theme on the flip-chart. If, not, a new 'emergent' theme was created and written onto the flipchart. Once complete, as discretionary by the researcher (Braun & Clarke,

¹ At the time of the QRF this was the only interview fully transcribed, hence the reason only this one was taken.

2006), themes that had no post-it notes (codes) or post-it notes (codes) from only one participant, were deemed to have insufficient evidence and thus the theme was discarded (King, 2007) and the evidence placed within another theme(s). Where there was evidence for a theme from a different flip-chart, this theme was moved to the relevant flip-chart. As evidenced in Appendix 16 and 17, codes often reflected more than one theme (King, 2007), in which case, post-it notes were duplicated so that the codes could be placed in more than one theme.

5. Template Development.

Given the emphasis on the hierarchical nature of template analysis (King, 2004; 2007), each overarching theme was then reviewed in more detail and the a priori or emergent main themes within them were broken down into additional sub-themes to reflect the data-driven codes. This also aimed towards the provision of a clear, coherent and distinguishable template (King, 2007). An example of the hierarchical organisation of codes and themes in this way can be found in Appendix 17 and the first stage of the template can be found in stage 2 of Appendix 16.

6. Initial Review.

The initial version of the template (see stage 2, Appendix 16) was discussed in supervision with Dr Jobson (King, 2007). The flipcharts containing the codes and organisation of themes was presented to her alongside a detailed account of her analytical steps in order to justify how this initial template had been reached (King, 2007). Feedback from Dr Jobson resulted in the addition of two sub-themes; ‘changed people’ and ‘survivor’s guilt’ in order to encompass her interpretations of the data given her experiences working with

asylum seekers. Dr Jobson alongside Dr Deirdre Williams and Professor Malcolm Adams, both Clinical Psychologists with qualitative research expertise, also reflected that the template appeared highly repetitive and lacked coherence, primarily because they felt that there had been too much focus on ‘descriptive’ elements of the data, rather than psychological conceptualisations, which is a common mistake made by novices during the initial phases of template analysis (King, 2007). Consequently, it was agreed that the template needed some additional refinement, thus, in line with King’s (2004; 2007) protocol, the data was used to refine the initial template and vice versa. This panel of professionals suggested that concentrating on Silove’s (1999) subsystems as overarching themes (as opposed to stages in migration) would reduce the number of themes and develop psychological coherence and rigour.

7. Template Development.

From here, the template was developed and refined, involving constant flipping between the template(s) and the data. Initially this involved re-organising the template to focus on Silove’s (1999) psychological subsystems rather than Bhugra and Jones’ (2001) stages of migration. This involved deleting descriptive themes (in favour of psychological ones) and combining similar themes in order to reduce repetition. A detailed account of this process can be found in Appendix 16 (stages 3 and 4).

8. Final Template.

Once an overall final template was reached, consistent with King (2004; 2007) the researcher then re-read each transcript alongside the template to ensure ‘goodness of fit’. This resulted in some additional refinements such as

re-ordering of themes and addition of new themes. A detailed account of this process can be found in Appendix 16, stage 5 and 6.

9. Interpretation and Review.

The final template was then reviewed with Dr Jobson which resulted in some additional refinements (see Appendix 16, stage 7). The final template (and its interpretations) was then sent by email to the YASMHIN group and the interpreter (see Appendix 18) in order to gain feedback and, or, other perspectives on the analytical outcomes (King, 2007), the results from which are discussed in Section 3.10.

2.6.7 Dissemination of results.

During interviews, participants were asked if they would like to be informed of the findings. All eight stated they wished to be informed by mail with written and audio information which can be found in Appendix 19. A formal dissemination meeting was not held due to the uncertainty regarding the participants' asylum applications and associated difficulties arranging contact.

2.7 Quality Control

Unlike quantitative research, there is no single set of criteria that researchers agree should be used in assessing the quality of qualitative research (Hammersley, 1992; King, 2007; Murphy et al., 1998; Seale, 1999; Willig, 2001). Consequently, as highlighted by several review papers, the literature is rife with opposing accounts, discussions and debates (Murphy et al., 1998; Seale, 1999; Willig, 2001) such that the process of quality control is extremely difficult and overwhelming, especially for novices (Kitto, Chesters, & Grbich, 2008). Therefore the researcher focussed largely

on King's (2007) suggestions for using common quality control checks within template analysis, each of which are discussed in Sections 2.7.1-2.7.4. Deciding which protocols to use was down to the methodological and epistemological positions as well as cost and time constraints of the study (King, 2007; Murphy et al., 1998). Ultimately, these decisions involved a trade-off between enhancing validity and maintaining the relevance of the findings (King, 2007; Murphy et al., 1998).

2.7.1 Reflexivity and rationale for reflective diary.

King (2007) and Malterud (2001) state that researchers conducting template analysis within an epistemological framework of contextual constructionism need to be more concerned with reflexivity than ascertaining reliability of coding (see Section 2.7.3). King (2007) emphasises the need to reflect on the researcher-participant relationship and how this, alongside prior assumptions impact upon data collection and interpretation. Reflexivity is an important part of research with ethnic minorities because their views and experiences can often go unrecognised due to researchers' generalisations and assumptions (Chakraborti, Garland, & Spalek, 2004). Examining issues of reflexivity is most commonly achieved through the completion of a research diary (King, 2007; Lincoln & Guba, 1985; Mauthner & Doucet, 2003). Novice qualitative researchers are specifically encouraged to keep this diary in order to develop critical thinking and provide transparency in relation to thoughts and feelings to be able to reflect on how these influence ideas, methodologies and analytical processes (Clarke, 2009; King, 2004; 2007). Consequently, excerpts from the researcher's reflective diary will be referenced throughout Chapter 4 in order to aid the critical appraisal of the current study.

2.7.2 Audit trail.

It is suggested that qualitative researchers compile a detailed record of all the steps and decisions made in their analytical process and template analysis lends itself well to this (King, 2007). Choosing to analyse the data by hand (see Section 2.6.6) ensured that a ‘paper trail’ detailing all the stages in coding and subsequent template development/analysis were automatically provided (Appendix 16). Additional information regarding decision-making was complied as part of the reflective diary (see Section 2.7.1).

2.7.3 Independent scrutiny of analysis.

Although arguably of less importance compared with reflexivity within the epistemological framework of this study (King, 2007; Malterud, 2001), some consideration was given to ascertaining the reliability of coding. King (2004) suggests that template analysis can be scrutinised in three ways depending on methodology;

1. Members of a research team code transcripts separately then meet to discuss similarities and differences
2. Same as above but using one ‘expert’ from either the substantive topic, and, or, qualitative methodology
3. Defending final outcomes to a professional/expert panel or individual

Consistent with King’s (2007) first two suggestions and theories of interpretive triangulation (Guion, Diehl, & McDonald, 2011), the researcher’s initial plans aimed to gain independent coding of data via the QRF and Dr Jobson. Unfortunately, due to time limitations this was not completed, resulting in only a small section of data being reviewed by the QRF (see Section 2.6.6). However, King

(2007) has later argued against the use of formal inter-rater reliability measures within a contextual constructionist framework because they are based on the assumption that there is a single, objective interpretation of data, creating a tendency to infer results as ‘correct’ or ‘incorrect’ (Murphy et al., 2008; Patton, 2002; Thurmond, 2001). Consequently, the usefulness of independent coding remains an ongoing debate (Murphy et al., 2008; Seale, 1999; Willig, 2001), rarely featuring in checklists for ascertaining ‘good’ quality thematic analysis (e.g. Braun & Clarke, 2006), but rather exists like King (2007) suggests as one of many techniques which can be used (see Section 2.7).

Subsequently, the scrutiny of analysis was mainly derived from defending the analytical steps to a variety of professionals and experts as outlined in Section 2.6.6. This was most suitable given the limited research time frame and budget constraints, and was most consistent with the overall aim of scrutiny to help the researcher consider multiple interpretations from those most able to comment e.g. experts in the field (Dr Jobson), qualitative experts (Dr Williams and Professor Adams) and those that know the cohort (YASMHIN). Their input and the changes made to the themes as a result are discussed in Section 2.6.6. The final results and details of the analysis and interpretations were then emailed to all YASMHIN members and the interpreter. Email was preferred due to poor attendance at meetings. Transcripts were not sent for a number of reasons including; confidentiality, data security, email size limitations and time needed to review them in accordance with the analysis which the YASMHIN members stated they would not be able to provide. Some feedback and challenge was received via email and is discussed in Section 3.10.

2.7.4 Respondent feedback.

Respondent feedback is the process of asking participants to comment critically on the transcripts or analytical procedures in a similar way to those outlined in Section 2.7.3 (King, 2007; Lincoln & Guba, 1985). Due to financial and practical limitations, the researcher, in agreement with Dr Jobson, decided that formal respondent feedback would not be sought. Due to the difficulties in gaining asylum, it was feared that most of the participants would not be able to commit to this and that re-reading their transcripts may incur unnecessary distress (Bloor, 1997; Lillibridge, Cox, & Cross, 2002). Respondent feedback processes have been criticised as difficulties have been highlighted including participants changing their views, poor recall, and new experiences occurring between the time of the interview and the member check task (Johnson & Waterfield, 2004; Pope, Ziebland, & Mays, 2006; Sandelowski, 2002). Additionally, by virtue of her professional expertise and role as questioner, the researcher was in a position of relative power in relation to the participants thus, respondents may feel unable/uncomfortable questioning her findings (King, 2007; Willig, 2001) and, or, be motivated to agree with her findings for motives besides those relating to quality (King, 2007) thus reducing validity (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

2.7.5 Additional considerations.

Based on research evidence for enhancing quality and rigour in qualitative research, the following considerations were made.

2.7.5.1 Triangulation.

Triangulation often features as a component of validity in qualitative research (Golafshani, 2003; Guba & Lincoln, 1989; Stiles, 1993). There are many different ways in which to achieve triangulation (Guion et al., 2011). Within this study, the use of multiple theories to develop the template and multiple professionals to contribute towards final ideas evidences theoretical and investigative triangulation, respectively (Guion et al., 2011).

2.7.5.2 Grounding.

Examples of transcript excerpts are used throughout Chapter 3 in order to illustrate the analytical process (King, 2007) and embed the findings within participants' accounts (Fine, 2002) and develop trustworthiness (Braun & Clarke, 2006; Guba & Lincoln, 1989; Murphy et al., 2008; Rolfe, 2003).

2.7.5.3 Transparency.

All aspects of the research process were explained explicitly to participants and YASMHIN and a letter was prepared to inform participants of the findings (Appendix 19). Section 2.6.6 (and Appendices 16-17) offers transparency regarding the analytical procedure which is an essential feature of quality and credibility (Braun & Clarke, 2006; King, 2007). Positions of the researcher and interpreter are made explicit in Sections 2.8-2.9 thus increasing transparency and related credibility (Holloway & Todres, 2003; Marshall, 1985). The reflective diary also contributes towards researcher transparency within Chapter 4 (see Section 2.7.1).

2.7.5.4 *Context*.

As evidenced in Appendices 1-4, the researcher conducted extensive anthropological, historical and political research of Afghanistan. This, together with consultations with the interpreter enabled her to be sensitive to contextual issues, cultural traditions, views, beliefs and language barriers throughout the research process, thus enhancing cultural validity (Larkin, Dierckx de Casterlé, & Schotsman, 2007; Stiles, 1993).

2.7.5.5 *Transferability*.

Transferability in terms of implications for service development and delivery as well as the contribution to theoretical models and research literature are considered in Chapter 4.

2.7.5.6 *Relevance to participants*.

Given the exploratory nature of the study, it was not expected that there would be any direct benefits to the participants involved. It was hoped that allowing participants an opportunity to share their experiences and views would enable local services to provide better support to their community in the future.

2.8 Researcher's Position

Born in a rural East Anglian village, I would describe my ethnicity as 'White-British'. I am currently an unmarried female in my late 20s. I would classify my upbringing as 'Church of England' and have always believed in caring and helping out those less fortunate than myself. I do not consider that there is one 'Christian' God but rather a God that may be perceived in many different ways, and that religion

can have both positive and negative consequences. I do not hold any strong political views. My parents grew up in the local area, thus, my childhood and adolescence was spent in a non-diverse population. I moved to Nottingham to study my degree and found myself surrounded by a multi-cultural society, becoming intrigued by those with different backgrounds and experiences to my own. After graduating I worked in Kenya, enabling me to experience a different culture and support those in need and gain informal experience of working with interpreters. I feel that this experience has been especially important in the development of my own values in terms of wanting to help those who are otherwise unheard and in sustaining my interest in learning more about those from different backgrounds to my own.

As a Clinical Psychologist in training, I have developed skills that help me view a person, and formulate their difficulties from many different angles. I consider both quantitative and qualitative methods to be of equal importance in research. Consequently, and as a result of my previous research experiences being largely quantitative, I wanted to pursue the opportunity of learning and developing qualitative skills before qualifying. Having spent a lot of my working life to date serving within the Prison Service, I have been struck by the number of Black, Ethnic and Minority (BME) prisoners and the struggles they face day to day. My experiences on placement whilst in training have, however, been extremely limited in terms of cultural and ethnic diversity and I had not had any previous experience or training regarding working clinically with interpreters. Therefore I viewed this thesis as a unique opportunity for me to meet these learning needs prior to qualification in order to help me achieve my longer term goals of working in the Prison Service.

The ongoing conflicts and difficulties in Afghanistan have been represented in the UK media for most of my adult life and I have always wondered about what it

was like for those living in and fleeing from this country, especially those who come to the UK, a country actively at war with Afghanistan. My review of the literature confirmed what I had suspected: that little existed in terms of psychological research into finding out more about the experiences and well-being of those who have fled Afghanistan and come to the UK. When I heard from a colleague that there was a newly arrived group of adolescent Afghanis nearby I considered this to be a unique opportunity to conduct research with this cultural group and contribute to the field. I expected them to be vulnerable, due to having experienced horrific traumas, and that the UK media and current political climate towards immigration would play a pertinent role in exacerbating stress. This is because the media frequently portray asylum seekers and refugees negatively (Information Centre for Asylum-seeker and Refugees in the UK [ICAR], 2004). Immigration frequently takes centre stage in political campaigns fostering an unwelcoming environment leading to significant impacts on well-being (Mind, 2009). I also expected that the Islamic faith may be a protective factor (Omeri et al., 2006; Rassool, 2009) and would shape the way in which they spoke about distress, e.g. somatisation (Gerritsen et al., 2006; Hsu & Folstein, 1997; Mehraby, 2002a; Miller et al., 2006; Wardak, 1993) but that this may also become a risk factor due to the social stigma that can be associated with Muslim activities (Lustig, 2003). I was sceptical about recruitment, fearing that no-one would volunteer, and thus ensured that I made significant efforts over an 18-month period to build rapport with the YASMHIN group. I was also sceptical that due to Afghani culture (see Appendix 4), fear, and suspicion, the participants may feel uncomfortable discussing emotional matters with me (Mehraby, 2002a) and may find have difficulty understanding psychological language (Tribe, 2007; Tribe & Thompson, 2008).

2.9 Interpreter's Position²

Born in Kabul, Mr Ahmad Javed Noori is an Afghani of Tajik ethnicity. He is aged 33 and married with two young sons. He currently lives in Leicester. Mr Noori described life in Kabul as being significantly better than in the provinces, such that he was able to complete his education before going onto study English. He then worked in newspaper editing before gaining a role as a financial officer for the Electoral Commission. He later joined the Afghani Independent Human Rights Commission as a liaison officer, which involved travelling abroad to various Human Rights Conventions. In 2003 Mr Noori was awarded the Chevening Scholarship, enabling him to come to the UK to complete a Masters Degree in Human Rights at Manchester University. Once completed, he decided to apply for permanent asylum in the UK rather than return to Afghanistan. He reports that the process of gaining asylum was not that complicated as his case was very straightforward. After six months, Mr Noori was recognised as a refugee and granted indefinite leave to remain and has been in the UK for approximately eight years. He currently works for CINTRA, working in both research and clinical settings, in both Pashto and Farsi Dari. Mr Noori is hopeful that one day he will return to Afghanistan to see the rest of his family and offer his skills to the people there. He reports that his overall experience of UK is very positive as the people are very kind and understanding and he feels that the rule of law in the UK country is exemplary.

Mr Noori was very interested in this research project and to act as an interpreter because he felt that it highlighted the challenges and experiences of adolescent Afghani asylum seekers in the UK. Mr Noori was keen to get involved as he wished to help publicise the situation of this group in any way possible. Mr Noori

² The interpreter's verbal consent was gained in order to share this information which he willingly provided for the purposes of this section. There was additional information that he did not consent to sharing, the impact of which is discussed in chapter 4.

and I came to meet through Dr Ardeman who recommended Mr Noori to me in the absence of the local interpreter (see Section 2.6.1). Mr Noori's bicultural experiences have helped inform and guide the study from the outset. His advice was sought on several occasions including the asylum status of potential participants (see Section 2.6.1), the best ways in which to recruit participants and was invited to dinner clubs (see Section 2.3.2), the interpretability and suitability of the interview schedule (see Section 2.4) and with regards to interpretation arrangements during interviews (see Section 2.6.2). He provided all of the interpretation services for the production of written and audio materials and that throughout the interviews and helped build rapport with those taking part. Mr Noori was available for consultation during the transcription of interviews in order to clarify his interpretations (see Section 2.6.6) and was a member of the group of professionals shown the final template and interpretations of results (see Sections 2.6.6 and 2.7.3).

3. Results

3.1 Overview

This section discusses the characteristics of the sample before presenting a summary of the results, together with a copy of the a priori and final templates. Each theme is discussed in detail before concluding with a summary of the feedback from the interpreter and some of the YASMHIN group members and an overall summary of the findings.

3.2. Sample Demographics

Eight male Afghani asylum seekers aged 16-19 from Peterborough were interviewed. Five volunteered through recruitment drives at dinner clubs, whilst three were referred by their YASMHIN key workers. All participants stated their religion was 'Muslim'. Six had been in contact with their GP and one had been known to the local Community Mental Health Team (CMHT). An interpreter was present in seven interviews. A summary of participants' biographies and unique pseudonyms is given in Table 2.

Table 2. Participant Biographies

Participant	Summary
1	Latif, age 16, volunteered to participate at a dinner club. He currently lives with his cousin. He left Afghanistan aged 13/14 and has been in the UK for about 2 years. He currently has a temporary visa. Latif originates from the Paktya province. His father was a commander in the Taliban and was killed as a result. He is the eldest child and was told to migrate by his uncle and mother in order to increase his chance of survival. Latif is very keen to develop his education whilst in the UK and is currently at college full time.
2	Naman, age 18, volunteered to participate at a dinner club. He reported that he currently lives in shared accommodation. He left Afghanistan aged 15/16 and has been in the UK for over 2 years. He has applied for asylum and been refused twice. He is currently on his third appeal. He originates from the Logar Province and is an only child. Both he and his father were captured by the Taliban. He escaped, but his father was murdered. His uncle and mother arranged for his migration to the UK. Naman has completed courses with the local college and is currently unemployed.
3	Tajik, age 18, was referred by a YASMHIN Social Worker. He currently lives with a single foster-carer. Tajik left his home in the Ghazni province with his elder brother when he was aged 7/8. His father was involved with the Taliban and his family was attacked, killing his father, once their community discovered this. He and his brother, with their mother's approval, decided to run away to Iran in order to seek safety. They stayed in Iran for 4-5 years where Tajik worked in a shop selling handbags and purses. Tajik reported that Iran began deporting those from Afghanistan. Therefore Tajik, aged 11/12 years old, decided to use his savings to escape and migrate to the UK. He did this without informing his elder brother, who he reported was unable to come to the UK having lost a leg during fighting in Afghanistan. Tajik has been in the UK for around 6 years. He was initially placed in foster-care with a Pakistani family which he described as an invalidating and uncaring environment which precipitated his move to his current placement. He has completed GCSEs and Level 1 in plumbing but is currently unemployed. He has applied for asylum and is awaiting an initial outcome.
4	Amir, aged 19, volunteered at a dinner club. He currently lives in shared accommodation. Amir reported that he left Afghanistan aged 14/15 years old under the guidance of his sister and brother-in-law. Amir reported that his parents were both shot by the Taliban whilst he was at school (Madrasa) in their home town in the Laghman province. He returned home to an empty house and was eventually kidnapped by the Taliban but managed to escape. He found his sister who was married and living in the city (Kabul). He reported that he was unable to leave their house due to fear and felt that he was getting in their way, hence they encouraged him to come to the UK for a better life. He stated that he taught himself English whilst staying with his sister and since being in the UK has completed various courses at college. He aspires to become an interior designer. He is currently unemployed and awaiting the outcome of his first asylum application. Amir did not want an interpreter.

5 Ahmad, age 19, volunteered to participate at a dinner club. He is currently in shared accommodation. He has been in the UK for around 3 years and currently has a 5 year temporary visa. He reports that this was given this visa as a result of his injuries which he incurred during a period of conflict in the Helmand province. This wound has required intensive and long-term medical intervention. This visa is due to expire in two years after which he will have to apply for asylum. Ahmad reports that he lost both his parents in a bomb attack on the family home which was brought about because his father refused to join the Taliban. He is the elder son. His younger brother is still in Afghanistan. He has completed several courses at college and reports that he currently works very long hours in a local take-away.

6 Abdul, age 19, volunteered for the study at one of the dinner clubs. He is currently in shared accommodation. He is now the eldest son in his family and was sent to the UK after his father and elder brother were killed for leaving/not joining the Taliban. He has left behind his mother, younger brother and sister in the Nangahar province. Abdul reports that he was kidnapped by the Taliban and encouraged to become a suicide bomber, but was turned down by an elder who felt he was too young. He ran back home and his mother and uncle decided to send him to the UK for safety. He has been in the UK for 3 years and has been refused his initial asylum application and is now partway through his first appeal. He has completed ESOL classes at college and is currently unemployed. He has recently been discharged from the local CMHT having received psychological therapy from a Clinical Psychologist.

7 Shazeb, age 19, was referred by a YASMHIN Social Worker. He currently lives in shared accommodation. He reports that he left the Kunduz province aged 16 and has been in the UK for around 3 years. He is the eldest child in his family and was sent to the UK after the disappearance of his father. His younger brother was sent to follow him but is currently missing. Shazeb has completed ESOL in the UK and is currently unemployed. His initial application for asylum has been refused and he is awaiting the outcome of his appeal.

8 Zahir, aged 19, was referred by a YASMHIN Social Worker. He is currently without a fixed abode. He reports that he was the elder son from a farming family in Jahalabad. Zahir was sent to the UK shortly after feuds began over land and he was kidnapped by the Taliban. Having escaped, he returned home to find that his mother had passed away from a long-term illness and that his father was becoming too old to run the farm. He has been in the UK for four years and is awaiting the outcome of his final asylum appeal. He has completed some education and has no employment. He reports that he has chosen to 'go on the run' out of fear that he may be found and deported back to Afghanistan.

3.3 Summary of Findings

In order to illustrate the findings, direct quotations have been used within this chapter. The following details explain the marks used in quotations;

... = words within a sentence left out

..... = words between a sentence left out

(Amir, 178) = participant pseudonym, line number

Given the use of an interpreter, the English translations do not always flow smoothly. These have not been changed in order to preserve reliability. In seven cases, the transcripts are quoted verbatim according to the interpreted responses. In one case (Amir) the participant's own responses are used as Amir requested an interpreter not be used. Figures 5 and 6 illustrate the a priori and final versions of the template.

Overarching Themes	Main Themes	Sub-Themes
Safety		
Attachment	Separation Social Support (vs Social Isolation)	
Identity/Role	Age Sense of Control Gender & Cultural Identity Occupation, Activity & Leisure Personality & Resilience	<i>Acculturation</i> <i>Deculturation</i> <i>Assimilation</i> <i>Achievement</i> <i>Self-direction</i> <i>Problem-solving & creativity</i> <i>Good sense of humour</i>
Existential Meaning	Spirituality & Religion Expectations	
Justice	Racism	
Self-Care & Well-being	Emotional awareness & coping	

Figure 5: Initial (a priori) Template

Overarching Themes	Main Themes	Sub-themes
Safety	Exposure to Violence & Trauma	<i>Threat (to life & safety)</i> <i>Fear of Authorities</i>
Attachment	Separation Social Support (vs Social Isolation) Loss	<i>Rejection & Abandonment</i>
Identity/Role	Vulnerable Age Lack of Control & Choice Gender & Cultural Identity Occupation, Activity & Leisure Personality & Resilience	<i>Culture Shock</i> <i>Survival Instinct</i> <i>Cognitive Style</i>
Existential Meaning	Spirituality & Religion Expectations	
Justice	Discrimination & Invalidation	
Self-Care & Well-being	Deprivation & Neglect Overwhelming Emotion & Difficulties Coping	<i>Depression & Anxiety</i> <i>PTSD</i> <i>Changed People (self & other)</i>

Figure 6: Final Template (a priori and emergent themes)

3.3.1 Themes and subthemes – a commentary.

3.3.1.1 *A priori themes kept.*

All six overarching themes were kept. These included; ‘safety’, ‘attachment’, ‘identity and role’, ‘existential meaning’, ‘justice’ and ‘self-care and well-being’. Seven out of the eleven main themes were kept; ‘separation’, ‘social support (vs social isolation)’, ‘gender and cultural identity’, ‘occupation, activity and leisure’, ‘personality and resilience’, ‘spirituality and religion’ and ‘expectations’.

Three of the remaining four main themes were also kept, but their names were changed in order to reflect the data. The main themes ‘age’, ‘sense of control’ and ‘emotional awareness and coping’ were amended to ‘vulnerable age’, ‘lack of control and choice’, and ‘overwhelming emotion and difficulties coping’ respectively.

3.3.1.2 *A priori themes discarded.*

One main theme (‘*racism*’) was discarded due to lack of specific evidence from more than one participant (see Section 2.6.6). All seven subthemes were discarded for similar reasons. These were; ‘*acculturation*’, ‘*deculturation*’, ‘*assimilation*’, ‘*self-direction*’, ‘*problem-solving and creativity*’ ‘*achievement*’ and ‘*good sense of humour*’. Once discarded, the evidence for these themes was used to illustrate other themes. For example, Amir was the only participant to imply racism (see Section 3.7.1). Other participants spoke about general discriminations and inequalities. Amir’s evidence was therefore placed within the generic theme of ‘*discrimination and invalidation*’, thus more consistent with others in the group. Similarly, the evidence for having a ‘*good sense of humour*’ and ‘*achievement*’ was not strongly evident within the text. Hence, this evidence was combined within the themes of ‘*cognitive style*’, ‘*survival instinct*’ and ‘*occupation, activity and leisure*’ respectively.

3.3.1.3 *Data-driven/emergent themes.*

The thematic coding of the data created five new main themes. Within the overarching themes of ‘*safety*’ and ‘*attachment*’ the main themes ‘*exposure to violence/trauma*’ and ‘*loss*’ emerged respectively. Within the overarching theme of ‘*justice*’ the main theme of ‘*discrimination and invalidation*’ was created. Lastly, the main theme of ‘*deprivation and neglect*’ was created within the overarching theme of ‘*self-care and well-being*’.

There were also some emergent sub-themes. Within the main theme ‘*exposure to violence and trauma*’ the subthemes of ‘*threat (to life and safety)*’ and ‘*fear of authorities*’ emerged. Within the main theme of ‘*social support (vs social*

isolation)’ the subtheme of ‘*rejection and abandonment*’ emerged. Within main theme of ‘*gender and cultural identity*’ the subtheme ‘*culture shock*’ emerged and within the main theme of ‘*personality and resilience*’ the subthemes ‘*survival instinct*’ and ‘*cognitive style*’ were created. A further three subthemes were added to the overarching theme of ‘*self-care and well-being*’ organized under the main theme ‘*overwhelming emotion and difficulties coping*’. These were; ‘*depression and anxiety*’, ‘*PTSD*’ and ‘*changed people (self and other)*’.

Throughout Sections 3.4-3.10 quotes are used to illustrate themes in more detail. One example is usually given per example which provides the best illustration or represents more than one theme. Additional quotations can be found in Appendix 20.

3.4 Overarching Theme 1: Safety

This theme surrounds participants’ experiences of safety, including both positive experiences of feeling safe and negative experiences of feeling unsafe due to ‘*exposure to violence and trauma*’ due to ‘*threat (to life and safety)*’ and ‘*fear of authorities*’.

Although sparse, there were times when participants reported feelings of being safe, which consistent with Silove (1999) was associated with lack of distress. Pre-migration participants spoke about life being ‘good’, ‘normal’ and ‘safe’ until something happened to disrupt or threaten it, as highlighted by Abdul.

Abdul: Life was good because we were going to school with the other kids, we were playing and everything was normal, nobody was telling us anything and there was no threat for us. When my dad passed away then things started to change (14-16).

Similarly, participants spoke about feeling safe in the UK within initial post-migration experiences. This was largely due to the removal/lack of threat and exposure to harm, which is consistent with restoration to Silove's (1999) safety subsystem and subsequent reduced distress, as illustrated by Tajik.

Tajik: When I arrived in England, in the UK, I felt a bit safe because I was thinking I will not be beaten by authorities, I will not be killed by someone so on this aspect I was feeling better (249-251).

Additional illustrations of experiencing safety can be found in Appendix 20.1.

Consistent with Silove (1999) throughout the stages of migration participants largely focused on feelings/experiences of being unsafe/a need to be safe. This was largely due to '*exposure to violence/trauma*' which led to '*threats to life/safety*' and '*fear of authorities*'.

3.4.1 Main theme 1: exposure to violence and trauma.

Consistent with Panter-Brick et al. (2009) and Thomas et al. (2004) participants experienced a high level of exposure to violence and trauma. Pre-migration they spoke of exposure to war and fighting in Afghanistan and how this threatened their safety. For example; "There was fighting and wars going on...it was

not very good and it was not safe at all" (Naman, 13-15). Participants also spoke about the use of violence by the Taliban.

Amir: They'd beat you up with sticks and stuff if you don't learn it (Qu'ran), they grab you and beat you like an animal. Once, when I couldn't learn it, one of my teachers, they stuck it (the stick) down my neck (77-78)

Consequently, most participants experienced subthemes of '*threat to life and safety*' and a '*fear of the authorities*' during this time. For example; "The Taliban took me...that was a threat to my life.....I was frightened that if I stayed there that they could have me become a suicide bomber or something so I was afraid for my life" (Zahir, 32-40). There was further exposure to violence and trauma during the peri-migration stage which led to similar experiences; "All sorts of things I faced in my journey...it was quite traumatic...most of the guys died on the way...the feeling of uncertainty, whether you will get there, the fear and everything, it was quite traumatic" (Shazeb, 77-83).

Safety was also threatened during the post-migration phase. Upon arrival there was some initial fear of the authorities; "My cousin explained that now I had to introduce myself to the UK Border agency... I was very scared...because people are normally very scared of the Police and local authorities in Afghanistan" (Latif, 191-192). The largest threat to their life/safety was that of deportation, which many feared would be inflicted upon them by UK authorities during this phase. For example; "They will deport me.....I don't feel safe because if they (the UK authorities) really want to chase me they can find me and take me and we won't be

able to do anything and that is scary" (Zahir, 121-143). Additional quotations to illustrate these experiences relating to safety pre-, peri- and post-migration can be found in Appendix 20.1.1.

3.5 Overarching Theme 2: Attachment

This overarching theme concerns factors surrounding the impact of participants' experiences on their relationships with others and includes main themes of '*separation*', '*social support (vs social isolation)*' and '*loss*' with subthemes of '*rejection and abandonment*'.

3.5.1 Main theme 2: separation

Consistent with Thomas et al. (2004), when considering the impact of their migration experiences, participants spoke about being separated from their families and friends. Participants described a sense of fear/anxiety/uncertainty in relation to this, akin to separation anxiety, evidencing disruption to attachment (Silove, 1999). During the pre-migration stage, participants described separation from fathers and elder brothers due to them being killed or disappearing; "My father disappeared, and my brother also, we didn't know where they were...most of the time we were at home, crying, thinking about them, so I found the situation very difficult" (Latif, 16-19). Further separation was encountered when participants left Afghanistan; "It was really difficult because leaving my parents, my mum and dad, that was not easy" (Zahir, 57-58). This ongoing separation continued throughout their journey to the UK and continued to distress them post-migration, as described by Tajik.

Tajik: At the moment he is far from me so I feel very stressed and I really miss him which I find difficult....It was very smelly inside the container and all my thoughts were of my brother 'cos I left him behind so that was my concern..... I really feel sad, especially when I am home alone and I look at my brother's picture and I think about him (34-35; 116-118; 238-239).

Post-migration, participants also experienced separation from those that they had met either peri- or post-migration; "I met some Afghan guys on the way but I haven't seen any one of those guys that travelled with me" (Zahir, 63-64) and "I feel very sad seeing those people (friends) deported" (Ahmad, 129). Additional examples to illustrate separation pre-, peri- and post-migration can be found in Appendix 20.2.1.

3.5.2 Main theme 3: social support (vs social isolation)

In Afghani culture (see Appendix 4), social support is highly valued. Subsequently, throughout the interviews participants stated that they felt best when they had social support, evidencing that collectivism may help them meet the human need for attachment. Pre-migration this simply referred to 'normal' community life as indicated by Latif.

Latif: In the beginning everything was fine with our villagers because most of the people were with the Taliban...my father was a commander in the Taliban and he was receiving money for the Taliban and distributing it to the villagers.....you know life in the village is very, people are helping one another (43-46; 63)

Peri-migration, although participants travelled alone, they were part of a group of asylum seekers which some stated was good because it reduced fear (Bean et al., 2007a; Bhugra & Jones, 2001). For example; “There were other people, but I didn’t know them...it was better that there was other people around as well ‘cos if I were alone I might have been scared more” (Abdul, 85-90) (see also Appendix 20.2.2).

Consistent with UK asylum protocols (see Section 1.6) practical and social support was provided during minors’ period of temporary asylum. This included shared accommodation with other, often elder Afghanis, thus mimicking traditional elder/community support in collectivist culture. Social support (including dinner clubs) resulted in feelings of being cared for and increased coping, as consistent with restoration of the attachment system (Silove, 1999) and social elements of well-being such as love, closeness and friendship, according to Witmer et al., (1998). An example is given below with additional ones in Appendix 20.2.2.

Abdul; When I met some other Afghans so I was feeling better...I felt that I am not alone..... It was very helpful meeting other Afghans because some of them had come before us and they had got to know one another and they were helping us in terms of language and getting to know the area, how the system works here so we were asking them questions (138-153).

Conversely, when social support was reduced, participants experienced the subtheme of '*rejection and abandonment*', and subsequent social isolation and aloneness. Pre-migration collectivist social support was reduced when participants experienced '*rejection*' from their community or family which resulted in several '*losses*' (see Section 3.4.3) consistent with findings of Hopkins and Hill (2008) such as persecution, maternal distress and loss of father. An example is outlined by Latif below (see also Appendix 20.2.2).

Latif: After the collapse of the Taliban the new government came to our villages so the people looked down on us because my father was involved in the Taliban.....when he (father) passed away we didn't receive any help and support from our community and they looked down on us and speaking behind us and so we couldn't go to them for help and we stayed at home all the time and were very sad all the time...mum was crying all the time...they didn't count us as part of their community, we were kind of isolated from them (44-62).

Consistent with UK protocols (see Section 1.6), post-migration social support ceased when the asylum seeking procedure began at age 18, which precipitated multiple '*losses*' (see Section 3.4.3) and a sense of '*abandonment*', as illustrated by Zahir.

Zahir: We were very happy because they (UK) treated us in a very nice way, they give us house and they provided us everything, but when I, we got to the age of eighteen, we were abandoned by the authorities...when you are under eighteen they give you all the pleasantries but when you was eighteen they abandon you, they don't take care of you and nobody ask you how things are (92-96).

For many participants this resulted in anticipated or actual '*rejection(s)*' (and loss of '*safety*', see Section 3.3.1) when asylum cases were refused by the authorities (hence their fear of them, see Section 3.3.1). For example; "Then I claim my asylum and after some time waiting my case was refused and I made an appeal to the tribunal and they refused so now is actually my third time applying so it's very uncertain" (Abdul, 133-135) (see also Appendix 20.2.2).

3.5.3 Main theme 4: loss

Throughout the stages of migration participants reported that they encountered multiple '*losses*'. Regarding attachment, '*loss*' was encountered due to the death of, or separation from, loved ones and the loss of love/comfort/closeness and related sense of safety this caused as indicated by Abdul and Amir below.

Abdul: It (death of father) had a great impact on me and I was not feeling well and I was in a very bad situation, I was so scared.....and my mum was so scared and my little brother and sister, we were crying all the time (48-57).

Amir: I cry until I go to sleep at night. No-one is there to hug you and give you hug and say be quiet, no-one is there to help me even go to sleep and say whatever they do, sing or that.....I am alone, no parents no nothing. I didn't see them, I can't even remember what my mum's love, what is was like and my dad's love (55-56, 117-119).

Consistent with previous findings, these losses tended to focus on the death of the father at war (Hopkins & Hill, 2008; Summerfield, 2000). Participants reported that pre-migration, this loss of the family's elder male (and loss of community support), resulted in a loss of financial security and subsequent loss of the family home/life; “After my father they didn't, we didn't receive much help from them (community)...so our financial situation was not good so we had to move to a different place” (Latif, 63-69). Amir specifically spoke about the ongoing loss of elder male support; “We haven't got any elders to say to us, listen, I am older than you and you got to do this, you got to do that, never, no-one say it to us” (Amir, 359-360).

Post-migration loss of social support also resulted in other losses such as a sense of losing '*control*' (see Section 3.5.2) and loss of '*occupation, activity and leisure*' opportunities (see Section 3.5.4) and financial support as detailed by Tajik below. Further examples can be found in Appendix 20.2.3.

Tajik: Life is getting very difficult because when of course I get to eighteen so I had done my level one plumbing and now I couldn't continue my education so it has really affected me...we don't receive any support from the government now and it is very difficult (197-201).

The theme of '*loss*' is summarised by Ahmad when he describes deportation marking a sense of having lost everything; "I feel very sad seeing those people get, being deported because they have lost everything in their life" (Ahmad, 129-130).

3.6 Overarching Theme 3: Identity/Role

This overarching theme is broken down into a number of main themes concerning the personal attributes and individual roles and experiences that influenced participants' distress levels. These included '*vulnerable age*', '*lack of control/choice*', '*gender/cultural identity*', '*occupation, activity and leisure*' pursuits and '*personality/resilience*' factors.

3.6.1 Main theme 5: vulnerable age.

Participants were aged 13-15 when they left Afghanistan. One participant (Tajik) was age seven. This sense of vulnerability was evident in their discussions surrounding pre- and peri-migration experiences where they commonly identified themselves as 'little' and 'young' which for some impacted upon their ability to understand or make sense of what was happening to them. When discussing pre-migration experiences many stated 'I can't remember' (see Appendix 20.3.5) which could reflect their '*cognitive style*' (see Section 3.5.5), but could also reflect a

symptom of 'PTSD' (see Section 3.8.2). For many participants, their pre- and peri-migration experiences did not fit with their '*expectations*' of what a 'normal' childhood should entail such as going to school and getting an education, thus also disrupting '*existential-meaning*' and '*justice*' systems (see Sections 3.6-3.7 respectively). An example of this main theme is given below. Additional examples can be found in Appendix 20.3.1.

Abdul: At that age it was very difficult...the age I was in Afghanistan, I was too young. That was the age that was studying and continue my education and that was not the age that I should take such a great risk and come to your country (95-96).

This sense of age related vulnerability continued post-migration when under the threat of deportation and craving social support as detailed by Naman below and in Appendix 20.3.1.

Naman: The government should provide more facilities to the young asylum seekers because they are quite young and inexperienced and they don't know about life, what to do, so they don't know what they're about and they get lost. There should be more services to show them what is the best thing for them (136-139).

3.6.2 Main theme 6: lack of control and choice.

Throughout phases of migration participants experienced a lack of control and choice, limiting their expression/fulfillment of their personal identity. In the pre-

migration phase, this centered upon not being able to access education and other facilities, as highlighted below and in Appendix 20.3.2.

Latif: There was no, any proper education and it was a matter of concern to me because the only place of education was religious madrasses and I was so interested in other subjects like science, maths and computers but unfortunately these subjects are not allowed in Afghanistan. I am also interested in sports but there are not any facilities so it was very difficult for me (3-7).

Those who did try and exert their own choices reported that they often faced harsh punishments, such as death (see Section 3.3.1 and Appendix 20.1.1).

Consistent with previous findings (Coll & Magnuson, 1997; Guarnaccia & Lopez, 1998), participants rarely felt they had a choice in coming to the UK, due to being unable to decide as a result of their age, because there was no other option, or because their families made them. For example; “There isn’t any option except just to leave” (Zahir, 58) and “They (family) decided that they say you have to go and leave this country.....I couldn’t decide for myself because they were the ones who decided” (Shazeb, 60; 69-70) (see also Section 3.5.3 and Appendix 20.3.2). This lack of control and choice continued during their plight to the UK; “I couldn’t do anything else, we had to follow those people, the smugglers, we didn’t have any freedom of choice to decide what we want” (Abdul, 105-106). Further examples are in Appendix 20.3.2.

Post-migration, participants initially felt they had been given freedom, choices and control initially as described below and in Appendix 20.3.2.

Latif: I am very happy now because I can study...I can do what I like.....I am quite happy because people have got their rights and people respect everybody's individual rights.....When I came out of the container I felt like I had been released from some kind of prison (204-205;233-234;288)

However, this control and choice was diminished during the asylum seeking process (see Section 3.4.3) where participants reported that they felt completely out of control as evidenced below, by Zahir in Section 3.3.1 and in Appendix 20.3.2.

Abdul: I don't have control of my life because I can't do anything about myself and I can't decide my future, all my life is at the hand of the Home Office, they will decide about me and that will be it, I have lost control of my life, I can't do anything and it is something that really bothers me, I feel very angry inside (171-174).

3.6.3 Main theme 7: gender and cultural identity.

Given the participants' age, their time spent in the UK coincided with the developmental stage concerning identity (Erikson, 1950). Hence a potential disruption to identity development, as indicated by the sense of becoming 'lost' indicated by Naman in Section 3.5.1. However, aspects of their culture still featured during discussions about pre-migration experiences, whereby participants made direct references to gender roles consistent with that in Appendix 4. Additionally, some participants may have adopted the identity of 'provider' through becoming the

next elder in line to provide for the family due to death of father (Summerfield, 2000) as highlighted by Latif in the excerpt below.

Latif: Since my father disappeared and my brother also...my mum was a housewife and you know the women in Afghanistan is very different from the women here. They are not allowed to do anything and most of the time she is at home, crying, thinking about my elder brother...my mother's brother also sometimes wanted to support us but he couldn't so that's why they decided if I could go outside, I could (15-22).

Another feature of this collectivistic cultural identity was the value of community/social support, in particular that from elders and the distress this causes when disrupted (see Section 3.4.2). Consequently, many participants experienced some form of '*culture shock*' post-migration. Although Bhugra and Jones (2001) state this involves '*acculturation*', '*deculturation*' and '*assimilation*', there was not enough evidence to support these as separate sub-themes. Therefore, they were discarded in favour of a more generic emergent subtheme of '*culture shock*' (see Section 3.2.1.2). Consistent with Beiser (1990), this experience of '*culture shock*' provided positive emotions such as excitement, in the sense that their new identity marked an end to their troubled time in Afghanistan (see Latif below). It also precipitated negative emotions such as shock and sense of '*loss*' (see Section 3.4.3), because there was a lot to learn and a difficulty remembering their life in Afghanistan (see Amir below). Additional examples are in Appendix 20.3.3.

Latif: My uncle brought me new clothes with western style and when I changed my clothes I looked very different and I was so excited at that point, that I am leaving Afghanistan and am going to another country (95-101).

Amir: Everything is different there compared to here, with the shock of it.....the food is different, lifestyle is different.....things are very different...the culture is different the people were different, everything. Compared to this now, I can't even remember what the life there (4-16).

3.6.4 Main theme 8: occupation, activity and leisure.

Having meaningful activities, such as education, employment and leisure pursuits were reported to help participants, as they kept them occupied and provided them with a sense of achievement and self-esteem (see Section 3.4.2). Activities were often consistent with '*cultural roles*' such as accessing support from other Afghans, including elders (see Section 3.5.3) and their '*expectations*', such as being able to pursue education (see Section 3.6.2), which links to the overarching theme of '*existential-meaning*' and the attainment or non-attainment of migration goals (see Section 3.6.2). This was evident both pre- and post-migration; "Providing sports facilities for us to keep busy, like clubs for people to go to, for exercise and keep them involved in some sort of activity, it helps their stress" (Latif, 278-179) and "I've achieved some certificates which is a very positive thing for me" (Naman, 128). A further example is below with more in Appendix 20.3.4.

Shazeb: Daily life was quite tough in Afghanistan.....but most of the day sometimes I was going to the mosque and also I was busy 'cos we were farmers and I was involved in the farmings with watering the vegetables and all these things, keeping myself busy (16; 48-50).

When this was lost (see Section 3.4.3), participants reported that they struggled to find meaningful activities as evidenced by Amir and Abdul.

Amir: I used to wake up everyday at 7:30, get my shower, get out the house and to go college at 9:00. Everyday was like this, for three years. But now, I got nothing to do.....if I got something to do it's gonna help me with carrying on my stuff (450-455).

Abdul: I find it difficult to get worries out of my mind but I am trying to cope with it, sometimes I am going out and I am wanting to keep busy by doing different activities, for example sometimes I watch TV and I read some books (230-232).

3.6.5 Main theme 9: personality and resilience.

A defining feature of this cohort throughout their migration process was that they had survived where many others had not and, despite adversity, were finding ways in which to cope. Participants reflected positively on having survived, as reflected below (see also Appendix 20.3.5).

Abdul: I can say is that I saved myself from the last few years because if I were in Afghanistan then I would have been killed and now I can see that despite all these difficulties that I am going through, I am still alive, this is a positive thing (209-212).

This sense of having survived was associated with positive emotions including ‘relief’, ‘happiness’ and ‘excitement’ and indicated some restoration to well-being as highlighted in the excerpt below which also reflects achieving ‘safety’, further evidencing this overarching theme (see Section 3.3).

Latif: It was a very exciting day for me actually (when arrived in UK), I almost forgot my troubles and pains...I had reached my destination...I had arrived safely...I was so thankful that I was still alive...my happiest moment was when I arrived in the UK (140-176; 287-290).

This evidence of survival was also thought to indicate participants’ protective features of personality and resiliency. Most participants spoke about having run away or escaped from threat. This expressed an element of determination and proactivity towards ascertaining their goals and of surviving in general hence the sub-theme of ‘*survival instinct*’. For example “We just did as much as we could to survive” (Tajik, 56-57) and

Amir: It's up to me to make it better.....I wanna get something of myself (education), that's my mission...I shall do it.....someone told me you get a girl and you speak English quickly so I got a girl.....don't lose hope is the moral of the story (338; 468; 376; 580).

Additional examples can be found in Appendix 20.3.5.

Post-migration, '*survival instinct*' also included the gaining of life experience which participants felt reduced their fears about the future (seeking asylum) as it enabled them to adjust their '*expectations*' (see Section 3.6.2). For example; "By now we knew these things can happen so it is not something new so I wasn't as scared" (Ahmad, 10) (See also Appendix 20.3.5).

Lastly, throughout the interviews, the participants spoke about various aspects of the subtheme '*cognitive style*'. This involved looking forward rather than dwelling on the past; "There is no point thinking about the past" (Latif, 245; Amir, 48). It also involved being able to appraise experiences positively as previously shown by Latif and Abdul in Section 3.5.5. Further positive appraisals were facilitated through their identity within the Muslim faith (see Section 2.6.1). Common elements also included positive self-talk and an ability to engage with humour as evidenced below, with further examples in Appendix 20.3.5; "Just close your eyes and say nothing is going to happen" (Amir, 415) and "We talk about things and we laugh" (Ahmad, 189). Further elements included other, less positive strategies such as avoidance, which can also feature as a symptom of '*PTSD*' '*depression and anxiety*' (see Section 3.8.2); "I am trying not to, I don't want to think about it (the past)" (Latif, 212, 226) (see also Appendix 20.3.5).

3.7 Overarching Theme 4: Existential-Meaning

Silove (1999) stated that disruptions to existential-meaning systems occurred when individuals experience a sudden disruption to normal life. This was evident in Section 3.3 when Abdul spoke about his ‘normal’ life being suddenly disrupted by the death of his father. Similarly, in Section 3.3.2 Latif spoke about his ‘normal’ life relying on community support which was suddenly disrupted when the Taliban collapsed and his family were rejected from their community. A further example from Amir can be found in Appendix 20.4. Post-migration, this ‘*loss*’ of normality was also encountered when the support that participants had become accustomed to was lost during the asylum-seeking process as illustrated by Ahmad in the quote below and in Appendix 20.4.

Ahmad: It is extremely difficult, especially these young minor Afghans, they come to this country (UK) and the government gives them some help until they get eighteen and by this time they now start to get used to the education system, they go to college and by the time they get eighteen they get deported which I believe is very unfair because if they get deported they won’t have the chance of education and they won’t have a good life ‘cos the government won’t give them a visa that they can stay and live in peace (131-137).

Silove (1999) states that disruptions to this system can leave individuals confused and asking ‘why?’ in an attempt to ascertain the meaning of their experiences because they do not fit with their understandings of how things should be, an example of which is given by Amir with further examples in Appendix 20.4;

“Why, I’m asking you isn’t it? These lot, they let us come here, everything, and at the end of the day we haven’t got the facilities” (Amir, 162-164)

Existential-meaning can also refer to the sense a person makes of their life experiences, which is often influenced by their beliefs and expectations, hence the main themes of ‘*spirituality and religion*’ and ‘*expectations*’.

3.7.1 Main theme 10: spirituality and religion.

Within the Islamic faith there is respect for elders and the dead (Hedayat & Pirzadeh, 2001), as indicated by Latif’s beliefs about his father; “I believe that my father when he was with the Taliban...he was very helpful to other people” (Latif, 54). Although not necessarily unique to this religion (hence the term ‘spirituality’) participants talked about their belief in an omnipotent God which appeared helpful in terms of providing them with hope for a better life and that there would be a reunion in heaven, as shown below. Alongside this, Amir stated that prayer was a useful coping strategy for managing the loss of his parents and separation from his sister and supports his identity as a ‘Muslim’.

Amir: Life is hard without them, but I can at least do this, pray for my Mum and Dad everyday, even for my sister...sometimes when it comes to my head about my parents I just think that they are not in this world and just rise my hands to there (actions raising hands above his head and looks up) and pray for them, that's all I can do...if you pray you feel better, being a Muslim it says you can pray for them anywhere you like.....Islam says do pray for Mum and Dad because you can see them when you're dead. Us Muslims yeh, we believe that we have another life waiting when we die...we, us Muslims we trust in this, it is our Islam...so you got to prepare for it in this life (311-318; 476-484).

Equally, when discussing coping strategies, Latif's belief/trust in God appeared to enable him to combat his fears/uncertainties about those he left behind; "I think about my family sometimes, I don't know how their life is there, but, God knows though and maybe things have changed for the better for them" (Latif, 73-75). Additionally, in terms of providing meaning to life, the Islamic faith seemed to be protective against suicide, and elevate components of resilience (Omeri et al., 2006; Rassool, 2009) as illustrated below.

Amir: It's facing the Qu'ran yeh, if we give you birth then we (God and his representatives) have to take your life as well, you've just got to wait for it, when is, when we gonna take your life, we give you life first, you're a little kid and we're gonna grow you up and the Qu'ran says this yeh, you're not allowed to hang yourself...if you did you're gonna burn in hell, you're not going to heaven (148-153).

3.7.2 Main theme 11: expectations.

The main expectation or goal for migrating to the UK was to seek a better life, and seek restoration to the disrupted psychological subsystems such as '*safety*', '*attachment*' (support) and '*identity/role*' (access to and choice of education/facilities) which is evident in Sections 3.3-3.5 with further examples in Appendix 20.4.1. However, there were times when participants' migration experiences did not fit with these goals or expectations, as well as those considered as part of 'normal' development, thus resulting in distress.

Consistent with previous literature (Kidane, 2001a;b) it appeared that participants had naive/unrealistic expectations about what their peri- and post-migration experiences would entail. Also consistent with Koser et al. (2002) and Maloney (2002), in most cases, this was due to the misrepresentations sold to them by smugglers. Consequently, expectations and associated goals were not met/achieved, thus undermining their sense of '*existential-meaning*' and '*identity/role*', disrupting their well-being (Bhugra, 2003; 2004) as highlighted by the following excerpt from Shazeb. Additional evidence can be found in Appendix 20.4.1.

Shazeb: It is quite difficult because most of the guys when we were in Afghanistan they was saying that life could be very easy and that there's loads of facilities in Britain...and that they (UK) can give you everything, that's why I think people come here, so they can prosper in life, but when they get here I know lots of Afghans since 2008 that most of their asylum cases have been refused and they are wondering around... they don't know why or what to do (99-105).

However, given the UK's asylum protocols, expectations for their migration and of growing up, such as being able to complete education, get a job, live in peace and be cared for were initially met when support was received (see Section 3.4.2 and Appendices 20.2.2, 20.3.4 and 20.3.5). This facilitated participants to appraise their experiences positively, describing this initial period of time in the UK as a happy time in their life as highlighted below and in Appendix 20.4.1, which is consistent with restoration of '*existential-meaning*' (as well as '*identity/role*' and '*justice*', see Sections 3.5 and 3.7) and improved well-being (Silove, 1999)

Shazeb: When I initially came here I was just looking for a good life and I think I am happy with that, with the decision that I took, to come to this country, I'm quite happy with that...I like a lot of things about Britain...everything is going well so I am happy (220-226).

As time progressed this support was reported to have reduced. This created a conflict between their expectations and what they were able to achieve, thus

reducing the positive sense of '*existential-meaning*' that had been achieved when they were able to access this support. Alongside this was a tone of shock/anger/frustration, which is also consistent with a sense of injustice through '*invalidation*' (see Section 3.7.3), as detailed below and in Appendix 20.4.1 and 20.5.

Shazeb: They don't tell us all the trauma that we might face...they tell us it's very straightforward...then later on...we realised how tough it would be...us Afghans, we should receive the proper help and support and should be given the right to stay because they (UK) are quite aware of the risk these people take in coming to Britain and the situation back home and how tough it is (86-93; 111-114).

3.8 Overarching Theme 5: Justice

According to Silove (1999) the justice sub-system concerns the need for individuals to be treated fairly/in equality with others. There were times during the participants' initial post-migration phase when there was a sense of justice because they felt they were being provided with what they should be. However, when this support stopped, and they experienced the threat of deportation, participants explicitly felt that this was unfair, as stated by Shazeb in Section 3.6. An additional example is provided by Amir; "I don't want to go back to Afghanistan, that's my opinion, that's my mind, what my head is saying to me, but what if these lot force me to go? It's not fair though is it?" (Amir, 540-543) (see Appendix 20.5).

Silove (1999) also proposed that disruptions to the justice subsystem are commonly expressed through the experience of anger and frustration. Participants

used these terms in their descriptions of the emotional impact of their pre and post-migration experiences as shown by Abdul in Section 3.5.2 and this quote; “Our country (Afghanistan) is f***ed in the head...just remove it off the map and say that there isn’t any Afghanistan in this world” (Amir, 408-412). Further examples are in Appendix 20.5.

In addition to this unfairness associated with *‘loss’*, there were several other types of experiences which were related to this sense of fairness and equality each of which derived an additional main theme.

3.8.1 Main theme 12: discrimination and invalidation.

‘Discrimination’ concerns the prejudicial treatment of an individual or group of individuals in a way that is worse (unequal) than how people are normally treated due to their actual or perceived membership to a certain group or category (Oxford Dictionary, 2013), hence its relevance to the overarching theme of *‘justice’*.

Discrimination was experienced pre-migration when participants experienced *‘rejection’* from their community on the basis of their family’s allegiances or non-allegiances to the Taliban (see Section 3.4.2). *‘Discrimination’* was also experienced post-migration when participants felt treated unequally through not being able to access employment and social/learning support facilities as evidenced below and in Appendix 20.5.1.

Amir: Compared to these Pakistani people yeh, they've got their own communities and stuff, if they got a problem they just got to their community leader...us lot, we haven't got that....We don't get the opportunity to work in shops like John Lewis and stuff or go to some nice places...but what I am saying is that I see these Pakistani people, they got their own peoples working in there. Us lot, we haven't got that, how we gonna get that?...Afghans are f***ed (160-162; 226-233).

Post-migration participants also frequently experienced '*invalidation*' when their reported age, experiences, fears and requests for support were discredited or disbelieved as consistent with Fazel & Stein, (2002) and Sherwood & Libeling-Kalafani (2012). Similar to '*discrimination*', this was associated with being judged negatively for seeking asylum, which, given the police and prison (detention) involvement, was often associated with a sense of having been unlawful or wrong, hence the relationship within the overarching theme of '*justice*'. This also impacts upon '*existential-meaning*' due to the involvement of wider beliefs about right and wrong. An example of this is provided below by Zahir when he was discussing his deportation. Further examples are available in Appendix 20.5.1.

Zahir: I came here because my life was in danger...I didn't come here because I have to get money...People (society) are saying you are not working and that that's not very good...but I don't have a visa so I can't...I have not rang any police or ambulance and all my records show that I have been very clear and that I haven't done and that I have not come here to do something wrong and I have been very good (112-113; 210-216).

Both experiences of '*discrimination and invalidation*' also link to the overarching theme of '*identity/role*' as they evolve from participants' identity as an 'Afghan' or an 'asylum seeker'. This sense of '*discrimination*' against and '*invalidation*' of '*identity*' is summarised by Amir below.

Amir: These people (UK government, society etc) they say that your nationality is Afghan. I ain't got no status in being British, I haven't got there yet. If I get there, then that's different then. But still I am Afghan, but I don't want to be Afghan.....I want to be British, but I am Afghan now innit, it says on my label as well (521-526).

3.9 Overarching Theme 6: Self-care and Well-being.

This main theme refers to the impact of migration experiences as transpired through symptoms indicative of poor physical and emotional well-being and lack of/inability to self-care.

3.9.1 Main theme 13: deprivation and neglect.

Peri-migration all participants reported that they experienced '*deprivation and neglect*'. This often involved lack of access to basic human rights and essential needs such as food, water, sunlight, sleep, toileting, freedom and personal space; "There were times when there was no drinking water when we were there and it was very suffocating and there was no food for some days" (Naman, 75-76) (see Appendix 20.6.1). Upon arrival in the UK, the care and provisions offered through the UK asylum protocols, enabled participants to meet these needs. When this support was later removed, the experience of '*deprivation and neglect*' continued, as evidenced in Section 3.4.2 ('*neglect*') and in the excerpt below ('*deprivation*'). Further examples can be found in Appendix 20.6.1.

Amir: I ain't got no background, nothing in the bank, no parents to buy me food or clothes or something like that. I got a social worker and she, how money they pay you, £50 for clothes once a year. What, you got to wear one boxer all year? And you know was £50 is like yeh? For £50 you can't even buy trouser! (219-222).

This theme of '*deprivation and neglect*' was further contributed to by the participants themselves in the post-migration phase due to experiences of '*overwhelming emotion and difficulties coping*'.

3.9.2 Main theme 14: Overwhelming emotion and difficulties coping.

When discussing the impact of experiences there was a lack of emotional narrative (see Appendix 21) and the terms 'difficult' and 'not good' were used

frequently. This is reflected upon in Chapter 4. However, Latif describes how participants' migration experiences were felt to be the worst of their life, which alongside phrases such as 'crying all the time' and 'don't know what to do' and actual sobbing during interviews indicated that the emotional impact of these experiences was overwhelming and difficult to talk about/cope with.

Latif: It was very emotional...I was weep and cry all the time.....It was a very difficult journey. When I think back I become very emotional and I don't feel very good about it. I'm trying not to think about it because now I have seen and I have experienced what I went through, and suppose that I go back to Afghanistan and if people give me millions of pounds, or millions of money to me that you have to go through that journey again, I will not accept that.....it was the worst thing (125-131;211-220).

At times throughout their pre-, peri- and post-migration experiences participants labeled specific emotions such as 'anger', 'frustration' together with subtheme of '*depression and anxiety*'. '*Anxiety*' was associated with terms such as 'worry' 'uncertainty' and 'scared' and '*depression*', although a term used in itself, was also coupled with adjectives such as being 'sad' and physical complaints such as lack of pleasure and difficulties concentrating and sleeping. Many participants found that at times (mainly post-migration) these emotions became overwhelming and consequently difficult to cope with. An example illustrating this subtheme is given below with further evidence in Appendix 20.6.2.

Naman: I constantly think about what will happen to me if they send me back to Afghanistan and I can't have good sleep at night....even if I go to college I am subconsciously thinking about my case and what will happen to me...I try not to think about it but the concern and tortures come back to us automatically.....I'm trying to put these things (worries) aside, but in the past I was going to socialise with my friends...but now when I go to play with them or see them I don't enjoy it as much as I did before because I am worrying about my future.....I am always thinking about my case.....If I get to distressed anything can happen and I can't say if I will do it (self-harm) or not, when I get so depressed anything can happen (sobs)...I cannot make any suggestions about what I want or what I don't want (105-209).

Consistent with Afghani culture (see Appendix 4) indicators of '*depression and anxiety*' were often reported somatically (Gerritsen et al., 2006; Hsu & Folstein, 1997; Mehraby, 2002a; Miller et al., 2006; Wardak, 1993) including problems sleeping, headaches, bodily tensions and weight loss which resulted in some degree of self '*deprivation and neglect*' (see Section 3.8.1); "Two years ago...my waist was 36"....it went down to 28" 'cos there was too much tension to think about" (Amir, 322-324) (see Appendix 20.6.2).

Many participants spoke about additional symptoms of distress and difficulties coping through the subtheme of '*PTSD*'. Although present throughout all stages of migration, these symptoms were most notable during the post-migration phase when the asylum-seeking process and threat of deportation appeared to exacerbate distress and reduce coping.

Within the subtheme of 'PTSD' participants reported memory problems and avoidant strategies (see Sections 3.5. and 3.5.5) and spoke about their being frequent reminders of their country's troubles in the UK's media. An example of this involved the news in December 2011, when interviews took place, of a ship carrying Afghani asylum seekers en route to Australia sank in the Indonesian Ocean, killing many (Sky News, 2011). The impact of this, together with other bad news and reminders on mood is evidenced below with further examples in Appendix 20.6.2.

Amir: I go on the news channel...I read the newspaper everyday...Hamid Karzai says the other day my NATO, his army and stuff, they got fail, they couldn't save their own people so how they gonna protect these other people being sent back? (506-510).

Ahmad: We talk about things and we laugh and we are very happy... we just try to distract our minds by talking about something else, but if someone, one of us is talking about deportation or refusal so the mood changes and it's very, well, everybody starts to think about their own (188-195).

Many participants experienced flashbacks which is a prominent feature of 'PTSD'; "We try not to think about it, but the concern and tortures come back to us automatically" (Naman, 112) (see also Appendix 20.6.2). 'PTSD' frequently involves experiences of anticipatory anxiety and related sense of depression thus overlapping with the subtheme of '*depression and anxiety*' due to their comorbidity

(DSM-IV, 2000). This was previously evidenced by Naman when he described his symptoms. An additional example is given below and in Appendix 20.6.2.

Abdul: I had a lot of trauma back in Afghanistan, sometimes when I am sleeping, all of these memories are coming back in front of my eyes and I see all these things and because I am worried and I am depressed and sometimes when I heard the news about them refusing my case and my uncertain future then I see myself going back to Afghanistan and being killed by those people (sobs)...and all these things (symptoms) has really affected my sleep and I have got nightmares and I feel very bad and I am feeling very depressed (167-170).

Another feature of '*PTSD*' is survivor's guilt. This refers to the experience an individual has when they perceive themselves to have done wrong in surviving traumatic events when others did not (DSM-IV, 2000), thus also impacting upon the subtheme of '*justice*'. It can often be expressed through terms such as 'feeling bad' or 'awful', coupled with 'worry', as evidenced below and in Appendix 20.6.2.

Abdul: I was a bit glad that I got to this place but on the other hand I was very worried about my family because I left them behind and I felt awful that this country might give me the right to stay here and start my life here (113-115).

Participants reported that these experiences/symptoms '*changed people*' including changes in themselves and in others, which also evidences disruption to the '*identity*' subsystem. This is evident in Ahmad and Naman's descriptions of change above, but also in the excerpt below and Appendix 20.6.2

Amir: There is no more looking out for each other...they lie to each other, looking at each other like they're going to kill each other...they never want to do with friendship.....You see them now yeh...they are speaking with themselves...and you just think, woah, what the f***?!...its 'cos of tensions and stuff.....If they (UK) just said here's your British passport...then they would never be like this...they would not get changed (366-371; 527-528; 560).

3.10 Feedback

Results were sent to YASMHIN members via email (see Appendix 18) and discussed at a team meeting. However, due to time pressures many were unable to attend the meeting or offer feedback. Feedback was received from a few people, including the interpreter. The comments generally supported the themes and were consistent with individuals' experiences of this cohort. One member specifically reported that she felt, having migrated from a war-torn country herself, that pre-migration traumas were almost 'normalised' as far as migrants were concerned, hence, the reason for experiencing most distress and requiring the most support post-migration where everything is different and new. They stated that they found the results interesting and detailed and considered them to be useful in terms of guiding their practice. However, there was some pessimism as one YASMHIN member, an

ESOL teacher from the local college commented that they felt some of the answers may have been ‘put on’ or ‘played up’ in order to try and gain asylum. She felt that there was another side to this cohort that was not being portrayed, namely challenging behaviour/developmental regression which she reported was a major problem for the college. The absence of this is reflected upon in Chapter 4.

3.11 Summary

Participants generally experienced a pattern of ongoing disruptions to the psychological subsystems proposed by Silove (1999) interspersed with some periods of stability and containment. This led to experiences of overwhelming emotion and difficulties coping that appeared compounding throughout the migration process, with experiences worsening at each level, whereby post-migratory experiences had the most impact, as consistent with Bhugra and Jones (2001) and Silove (1999) as well as the wider literature (see Chapter 1).

Throughout the stages of migration, participants experienced a lack of safety often due to exposure to violence and or trauma which resulted in subsequent fear of authorities. Simultaneously, participants also experienced significant disruptions to their attachment system due to being separated from friends, families and communities. This frequently involved the loss of loved ones as well as the loss of social support which was often associated with feelings of rejection and abandonment. Many encountered discrimination and invalidation as well as deprivation and neglect. Participants also felt they had a lack of freedom of choice and sense of control over their lives. These experiences conflicted with their sense of identity and often left them struggling to find meaning and angry/frustrated due to

feelings of injustice and reduced their ability to cope with distress and care for themselves.

Consistent with UK asylum protocols (see Section 1.6) and the literature, the initial post-migration phase (and to some extent the initial pre-migration phase) was a time of psychological equilibrium in terms of Silove's (1999) subsystems.

Participants experienced safety, social support and had opportunities to pursue occupational activities and leisure pursuits, providing them with autonomy and choice. This was consistent with their expectations, which appeared somewhat naive due to being misled by smugglers. These experiences often nurtured their sense of identity/role and restored a sense of existential-meaning and justice. At this time, participants reported that they were happy and content with their lives. However, at age 18, when the formal asylum-seeking process began, all of this was reduced, and it appeared worse because of the significance of these losses in terms of re-experiencing pre- and peri-migration psychological disequilibrium. Here, it appeared that well-being was at a low point. Many experienced symptoms reminiscent of depression, anxiety and PTSD and reported an increase in distress relating to the past which they felt led to significant changes in them and their peers.

Despite being vulnerable in terms of age, this population survived where many had not. Within their personalities, and indicative of components of resilience, was evidence of survival instincts which enabled them to escape from and cope with danger and adversity. Many reported that their religion was helpful alongside specific cognitive styles that focused on the future, rather than the past. Social support from external services and government providers were useful and social support, activity and occupation was of high value in terms of maintaining a psychological equilibrium and well-being, both of which are consistent with Silove

(1999) and Witmer et al. (1998). As time passed, the individuals appeared to mature, developing resilience and gaining life-experience which may have been present innately and, or, facilitated by period of stability, as consistent with developmental theories (Erikson, 1950).

4. Discussion

4.1 Overview

The current study was a preliminary investigation into the relationship between pre-, peri- and post-migration factors/experiences and psychological well-being in a cohort of adolescent male Afghani asylum seekers currently living in the UK. It aimed to explore the usefulness of models by Bhugra and Jones (2001), Silove (1999) and Witmer et al. (1998) in examining this question. This chapter addresses this research aim in relation to the current findings, making links with existing theoretical and empirical research. There is an in-depth discussion regarding the theoretical implications of the findings and how they can be used to develop and extend the models of Bhugra and Jones' (2001) and Witmer et al. (1998) in reflecting the needs and experiences of this group. Implications for clinical practice are discussed before a detailed critical appraisal of the study. This chapter closes with conclusions and recommendations for future research.

4.2. The Pre-, Peri- and Post-Migration Factors/Experiences of Adolescent Male Afghani Asylum seekers currently living in the UK and their impact on well-being

4.2.1 Pre-migration factors/experiences.

All participants were adolescent, single males, who were separated from their families. As a consequence of paternal loss most had become their family's elder male which is a consistent finding across young male asylum-seekers (Hopkins & Hill, 2008; Thomas et al., 2004; Summerfield, 2000). They all had low levels of education and had originated from Afghanistan, a low-income country that has

remained unsafe (Central Intelligence Agency [CIA], 2010). Such characteristics have been found to increase the likelihood of distress in refugees (Dalgard & Thapa, 2007; Hollander et al., 2010; Mghir & Raskin, 1999; Mollica et al., 1988; Nickerson et al., 2010).

Participants' pre-migration experiences were found to be consistent with the existing literature and context of Afghanistan including war, conflict, exposure to violence and associated danger/threat to life and fear of authorities. Due to the country's political instability, most participants experienced a lack of stability (Russell, 1999) and sudden disruptions to normal life (Silove, 1999) which included being rejected/outcast by their community and the subsequent loss of support and cultural identity, together with the sudden loss of close attachments through death or disappearance. Many did not have freedom of choice to express their identity through educational and leisure opportunities which were significantly restricted in Afghanistan (see Appendices 3-4).

These characteristics and experiences were, and have been, associated with reduced levels of well-being (Dalgard & Thapa, 2007; Fazel et al., 2005; Hollander et al., 2011; Sourander, 1998). Compared with their peers, refugee adolescents have increased risk of poor psychosocial outcomes such as depression, anxiety, PTSD, conduct problems, social problems and poor school performance (Berthold, 1999; 2000; Fawzi et al., 2009; Mollica et al., 1998a; b; Montgomery & Foldspang, 2008; Wiese & Burhorst, 2007), symptoms which participants reported. Specifically, war-related parental loss (in particular father) in childhood can exacerbate the effects of other war-related experiences (Morina et al., 2011). As acknowledged by the participants, this may be because parental loss is associated with restricted access to social and financial support. As highlighted in this study, childhood bereavement has

the potential to affect many areas of an adolescent's life, including interpersonal relations and attachments, self-concept and identity, and overall psychological well-being (Balk, 1991; Ribbens-McCarthy & Jessop, 2005). Consequently it can impede successful completion of developmental tasks and present obstacles in transition to young adulthood (Ainsworth, 1969; 1971; Balk, 1991; Bowlby, 1960; 1973; Erikson, 1950; Panter-Brick & Smith, 2000; Panter-Brick et al., 2009) placing them at higher short- and long-term risk of mental and physical disorders (Agid et al., 1999; Felitti et al., 1998).

Cultural background, in terms of conceptualisations of identity, gender roles and means of accessing support, were also found to play a role in mediating well-being. Afghanistan's culture is collectivistic, therefore an interdependent identity is emphasized (Hofstede, 2004; 2010; Jobson, 2009). In such cultures support is accessed at a community level and families (often extended) and communities work together rather than seek individual gain (Hofstede, 2004; 2010). This need for social support appeared an important pre-migration factor that influenced experiences throughout the migration process. Specifically post-migration where participants reported feeling better when they were able to access social support, which features significantly in the well-being of refugees within existing research, not just those from collectivist cultures. Similarly, as elder male, the role of breadwinner fell upon participants, thus contributing toward their migration (Neshat-Doost et al., 2012) (see Appendix 4 and Section 3.5.3). Consequently, meaningful activities such as education and employment formed an essential part of participants' future expectations (Fazel et al., 2012; Panter-Brick et al., 2011). Participants reported that migration was forced upon them by their families with little or no preparation/choice, which is the hallmark vulnerability factor associated with

refugees and asylum seekers compared to other forms of migration (Kuo & Tsai, 1986; Vega, Kolody, & Vale, 1987), especially in minors whose age also increases vulnerability (Coll & Magnuson, 1997; Guarnaccia & Lopez, 1998).

Being a vulnerable age was another significant pre-migration factor. In general, this cohort were young when they left Afghanistan. Consequently, exposure to traumatic experiences took place at ages younger than this, which given Afghanistan's history is likely to have spanned their entire childhood (Panter-Brick et al., 2009, 2011). This reduced experiences of safety, thus impacting upon their development and subsequent psychological well-being, heightening their level of vulnerability (Balk, 1991; Erikson, 1950; Panter-Brick & Smith, 2000; Panter-Brick et al., 2009; Silove, 1999). Given their age pre-migration, additional disruptions and difficulties caused by peri- and post-migration experiences may also have affected developmental processes.

4.2.2 Peri-migration factors/experiences.

Consistent with previous research, all participants migrated with smugglers which exposed them to deprivation and neglect through not having access to basic needs such as food, water, sleep, light and comfort, thus undermining identity, autonomy and control (Fazel & Stein, 2003; Lustig et al., 2004). The journey involved further exposure to violence and threat to life, often mirroring that previously experienced in Afghanistan (Idemudia et al., 2012; Khawaja et al., 2008; Mehraby, 2002a), thus increasing fear for safety, uncertainty about the future and sense of being out of control (Khawaja et al., 2008; Papadopoulos, 2001; Silove, Steel, & Mollica, 2001). All participants travelled without their families in unknown groups. This increased loss and separation is consistent with Bhugra and Jones'

(2001) model as well as previous research indicating that most refugee children travel alone due to financial cost or belief that the child has a better chance if alone (Ayott & Williamson, 2001). This lack of support and attachment is likely to have increased their vulnerability to distress (Cassel, 1976; Cobb, 1976; Silove, 1999) as participants frequently reported a lack of comfort during this time.

Additional distress was encountered when expectations of migration were not met. This was often due to expectations being unrealistic due to being misled by smugglers, thus creating further vulnerability (Bhugra, 2003; 2004; Kidane, 2001a,b; Koser et al., 2003; Maloney, 2002; Stein, 1981). Being young at this time was likely to result in limited resources to cope thus heightening vulnerability further (Balk, 1991; Erikson, 1950; Panter-Brick & Smith, 2000; Panter-Brick et al., 2009; Silove, 1999).

4.2.3 Post-migration factors/experiences.

Generic experiences associated with the post-migration phase were also consistent with previous findings. Participants commonly experienced ‘culture shock’ due to inherent differences between the UK and Afghanistan (De Anstiss & Ziaian, 2010; Haasen, Sinaa & Reimer, 2008; Khanlou, Koh & Mill, 2008; Sulaiman-Hill & Thompson, 2011a). Other common experiences included survivor’s guilt, frequent reminders or ‘bad news’ from home, discrimination and invalidation, age disputes and concerns about asylum (Coffey et al., 2010; Ellis et al., 2010; Fazel & Stein, 2002; Gerritsen et al., 2006; Omeri et al., 2006; Steel et al., 2011). Such experiences were linked with distress due to the impact they have on Silove’s (1999) psychological sub-systems, such as justice and identity.

Consistent with Beiser (1990; 1999), and directly linked with UK immigration protocols, was participant's reports that there was an initial period of adjustment followed by a decline in well-being/coping. Fazel et al. (2012) and Reed et al. (2012) highlighted that a host country's ability to provide support for asylum seekers was paramount to their future. The current service provisions in the UK were a hallmark feature of initial post-migration experiences. Consistent with that detailed in Section 1.6, initially, participants were provided with support, safety and containment and had access to various resources, such as education and social support. This appeared to fulfil their hopes and expectations, increased resources to cope and restored stability through psychological equilibrium via Silove's (1999) proposed sub-systems. This facilitated adjustment and reduced distress. These experiences were largely positive, which is somewhat inconsistent with the majority of previous research which has tended to focus on negative experiences (Linley & Joseph, 2004; Miller & Rasco, 2004; Ryan et al., 2008; Silove, 2001; Silove & Ekblad, 2002; Steel et al., 2002; Summerfield, 2001).

Once the asylum-seeking process began participants' experiences were consistent with the majority of previous findings in that common experiences included restricted access to amenities, boredom and social isolation due to lack of social support. Consistent with Momartin et al. (2006) and Steel et al. (2011), a dominant feature and main predictor of distress was ongoing worries and uncertainties associated with the threat of deportation and disrupted sense of safety, justice and existential-meaning. Participants reported that post-migration experiences appeared to worsen with time, such that increased psychopathology changed them and their friends into different people. This is consistent with previous findings,

including Nickerson et al. (2011) and Steel et al. (2011), indicating that overall, there is a more curvilinear relationship between time and well-being in this group.

4.3 Psychological Well-Being

Throughout each stage of migration participants discussed overwhelming/distressing emotions, such as fear, anxiety and uncertainty as well as sadness, helplessness and hopelessness. Consequently, participants reported difficulties coping. This is not surprising given their frequently reported lack of social support, which has an important role in their cultural identity and is an important human need. It also features heavily in Silove's (1999) attachment system, in the well-being model by Witmer et al. (1998) and in models of trauma, depression and anxiety (Beck, 1976; De Jong, 2002; Fennell, 2009; Herman, 1997; Wells, 1997). Consistent with existing literature, this reduced psychological well-being appeared to worsen with time and appeared compounded by the experiences at each stage which appeared to repeatedly disrupt psychological subsystems and impair elements of well-being in accordance with models of Silove (1999) and Witmer et al., (1998). This is consistent with survivors of chronic/persistent exposure to trauma, as opposed to single incident trauma (Ehring & Quack, 2010). These experiences of distress and becoming 'changed people' as a result is also consistent with models of PTSD (Ehler & Clark, 2000).

It is not surprising that there were recurrent experiences of memory difficulties, which is a consistent finding amongst asylum seekers and refugees (Herlihy et al., 2012). Although poor recall may be a useful cognitive strategy, it may also reflect the developing nature of cognition and memory during adolescence (Piaget & Inhelder, 1973) and the brain's ability to dissociate during trauma and

related dissociative amnesia (De Zulueta, 2011; Herlihy & Turner, 2007; Putnam, 1985; Steel, Frommer, & Silove, 2004). It may also be in part, due to the methodology, which is reflected upon in Section 4.6 or due to autobiographical memories becoming more generalised over time (Williams et al., 2007).

However, psychological well-being was not quite a simple downward slope, but rather characterised by ups and downs, as despite compounding effects, there were times when well-being was more stable. Despite adversity, during the pre-migration phase most of the participants were able to function normally. This was perhaps due to ‘survival instincts’ whereby resilience may have developed through the normalisation of adversity, in line with the internal independent components of well-being according to Witmer et al. (1998) such as spirituality and self-direction, and external interdependent features, such as family, friendships and support from governments and communities. This is also consistent with psychological equilibrium according to Silove’s (1999) framework and models of identity (Hofstede, 2004; 2010; Jobson, 2009). Well-being appeared settled until an extraordinary external event took place, such as parental loss or forced migration, which disrupted the layers in the well-being model from the outside working inwardly (Witmer et al., 1998) as well as disrupting psychological subsystems, causing disequilibrium (Silove, 1999). Despite this, along the migration journey, there appeared some hope and optimism for a better life in the future which appeared to buffer distress, perhaps representing the relative intact nature of the inner facets of well-being according to Witmer et al. (1998), such as spirituality and self-direction, determination and resiliency (see Section 1.3.3).

Well-being appeared most intact during the initial post-migration phase. In this phase participants’ experiences were conducive with their collectivistic cultural

identity in terms of being able to access social support and spend time with other Afghanis. Experiences were also consistent with their expectations, thus restoring psychological equilibrium in accordance with Silove's (1999) subsystems. Additionally, it appeared that the majority of the components of well-being according to Witmer et al. (1998) were intact/ available, hence well-being reached a peak. Functioning remained restored, until again, an extraordinary external event took place, namely the asylum-seeking process and threat of deportation. Thereafter distress increased, reducing coping resources, such that well-being declined in line with a gradual loss or disruption to the layers in the wheel of wellness, beginning with external (global) events such as asylum, working inwardly in terms of losses (Witmer et al., 1998). This is consistent with previous findings suggesting that external events or stressors exacerbate distress in asylum seekers compared with refugees (Carswell et al., 2011; Iverson & Morken, 2004; Johnston et al., 2009; Silove et al., 1998; Steel et al., 1999; Steel & Silove, 2000; Toar et al., 2009), whereby symptoms reduce pending a favourable asylum outcome (Nickerson et al., 2011) and vice versa (Silove et al., 2007). As participants grew closer to their final outcomes they reported an increase in symptoms and somatic complaints, including those reminiscent of PTSD, anxiety and depression which they felt led them to become 'changed people'. This is consistent with stress-vulnerability models of mental illness (Zubin & Spring, 1977) and 'cumulative distress' ideas (Herlihy et al., 2012; Laban et al. 2004; Nickerson et al., 2011; Rees, 2003; Steel et al., 2011) and Miller and Rasmussen's (2010) model of mental health in post-conflict settings, whereby daily stressors mediate the relationship between trauma, PTSD symptoms and co-morbidities such as depression and anxiety.

The study also found that there were specific individual factors that influenced experiences. This included a sense of survival instinct and determination as well as a range of useful cognitive strategies and religious beliefs, consistent with models of resilience and effective-coping (see Section 1.3.3). All of these were protective in nature (Bartone, 1995; Myers et al., 1998; Silove et al., 1999; Wardak, 1993) as they appeared to buffer against distress by providing some sense of existential-meaning and identity (Silove, 1999) largely through provisions within the inner components of well-being (Witmer et al., 1998). Such factors are consistent with an ability to develop hardness or resilience (Kobasa, 1979). Although perhaps underdeveloped due to age, these inner facets of well-being may have been a protective factor throughout the phases of migration, and perhaps the reason why this cohort survived where many had not, as further discussed in Sections 4.4.3 and 4.4.4. However, it could also be that this cohort was just ‘lucky’.

4.4 Theoretical Implications

4.4.1 Bhugra and Jones’ (2001) model of migration.

The findings were largely consistent with most aspects of Bhugra and Jones’ (2001) model of migration both in terms of relational and social aspects (see Figure 3). However, aspects of distress were not found to be isolated at each stage as they initially proposed. Instead they tended to recur throughout the phases. The study’s findings did not strongly support specific experiences of acculturation, deculturation and assimilation at the post-migration phase as described in the 2001 model (see Figure 3). This may be unique to this group of adolescent Afghani asylum seekers. For example, given their age and developing identities, together with Afghanistan’s political instability, this cohort may have lacked opportunity (in comparison to adults

from a stable country) to incorporate their original culture coherently into their identity. Hence there were less specific experiences associated with cultural shock post-migration. Alternatively, it could have been that the methodology utilised did not provide the opportunity for them to discuss these elements in detail, as there was evidence to suggest that cultural identity was important to them throughout the migration process.

In terms of well-being, the study generally found a pattern of compounding effects, with each stage of the migration process increasing complexity and distress. Bhugra and Jones' (2001) assume a linear model whereby pre-, peri- and post-migration experiences have an equal but compounding effect on well-being. However, the accounts of the participants in this study suggest that it is potentially more triangular with each level of migration increasing distress. Levels of well-being worsened with time and experience, with post-migration being a particularly important and complex time, whereby after some initial stability, the threat of deportation appeared to predict that their experiences would be relived in reverse. Figure 7 provides a preliminary triangular reformulation of Bhugra and Jones' (2001) original model to encompass the findings of this study and create a model more specific to adolescent Afghani asylum seekers in the UK.

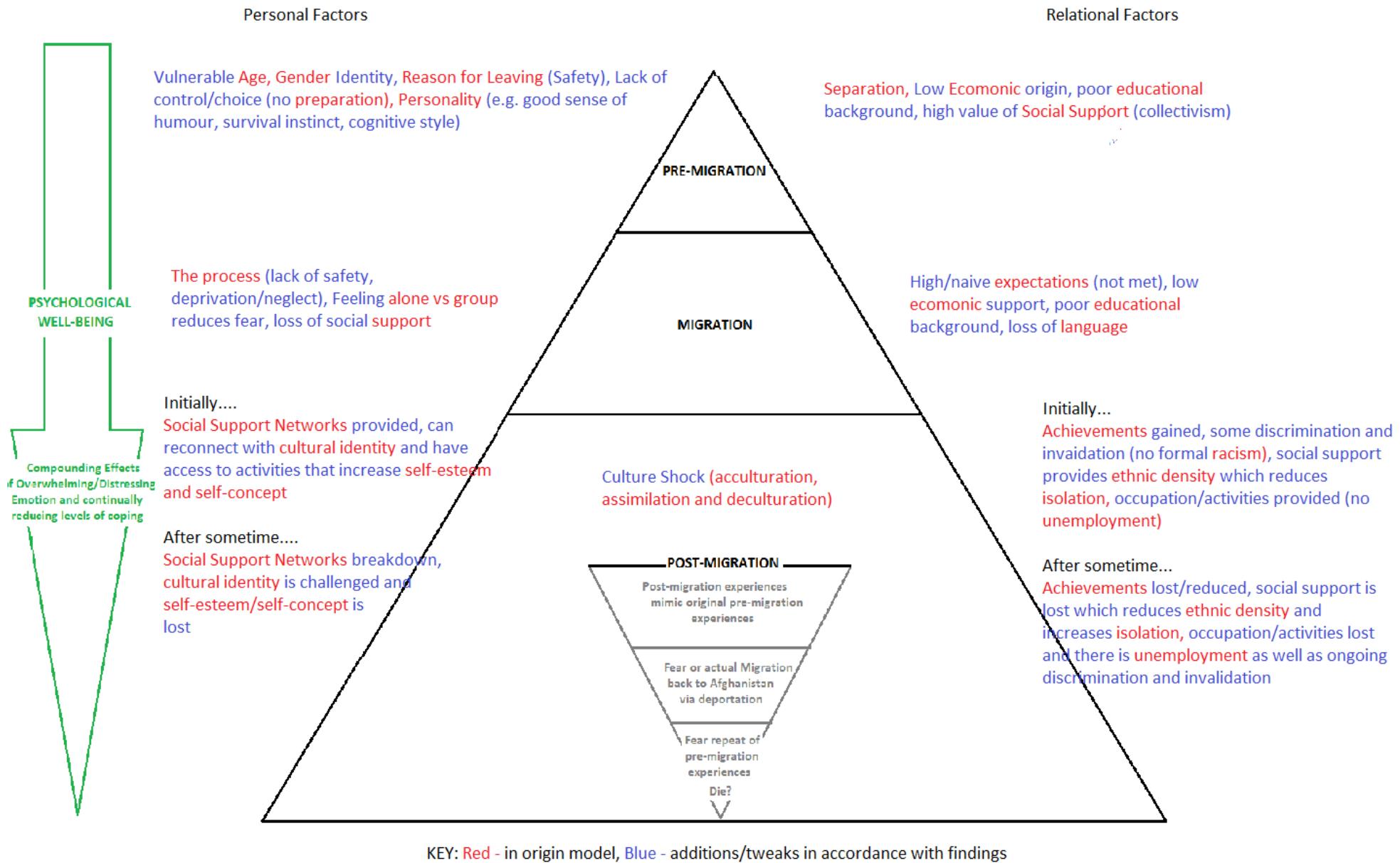


Figure 7. Triangular Reformulation of Bhugra and Jones' (2001) Model of Migration

4.4.2 Silove's (1999) ICF.

The study corroborated disruption to each of the psychological subsystems outlined in Silove's (1999) ICF. At each stage of the migration process there was evidence of deregulation to these subsystems induced by migration experiences, resulting in distress. Table 3 shows a summary of the phases of migration and the subsystems affected.

Table 3. A summary of the psychological subsystems affected at each stage of the migration process

Migration Stage	Safety	Attachment	Justice	Existential-Meaning	Identity/Role
Pre-migration	✓✗	✓✗	✗	✓✗✓	✓✗
Peri-migration	✗	✗✓	✗	✗✓	✗
Post-migration	✓✗	✓✗	✓✗	✓✗✓	✓✗

Key: ✓ potential/actual system stability/restoration ✗ system deregulation

✓ potential/actual buffering of system deregulation

Pre-migration there were experiences consistent with disruptions to all systems as the participants experienced a sudden disruption to their normal lives (existential-meaning) involving loss/separation from loved ones (attachment) and threat to their own life (safety), and a lack or loss of control/choice and 'normal' life (justice, identity/role). For some, prior to these traumatic disruptions, life, albeit not great, was stable, thus indicating some sense of safety, attachment, meaning and identity/role. However, due to the context in Afghanistan, even with this so-called sense of stability, many still experienced a sense of injustice through not being able to have freedom and choice in terms of educational pursuits. Participants' positive

and optimistic expectations were associated with some buffering of the disruption to their sense of existential-meaning, thus potentially reducing distress.

Peri-migration the systems were further disrupted by compounding experiences of separation and isolation (attachment, identity/role), fear for their own lives (safety), together with a marked sense that this was not what they expected (existential-meaning/justice). Consequently, participants reported experiencing distress. However, for some, being in a group with others (attachment) was associated with reported reductions in fear. In addition, participants' spirituality and expectations and the positive associations with cognitive style appeared to buffer against some of the deregulation of their existential-meaning system and alleviate some distress/aid coping.

Post-migration it appeared that although there were some initial experiences of distress due to further disruptions to these psychological subsystems, such as culture shock (identity/role), ongoing separation and frequent reminders (attachment, existential-meaning and justice) and discrimination and invalidation (safety, justice), systems were gradually restored by the support offered through the UK's asylum protocols. Initially participants received accommodation and support from community services and friends (attachment, safety), were able to study at college and enjoy social activities (identity/role), thus providing an experience consistent with their expectations (justice, existential-meaning). Therefore, distress was alleviated and functioning somewhat restored. As time progressed there was a gradual loss of this support which resulted in system deregulation, precipitating an increase in distress and decline in functioning. However, participants' spiritual optimism and survival instinct (and associated cognitive style) appeared to buffer

against some of the deregulation to existential-meaning and alleviate some distress/aid coping.

Consistent with Silove's (1999) ICF, the findings of this study suggest that the more psychological subsystems are disrupted, the poorer the individual's well-being. The findings also highlighted that distress was most frequently buffered through the subsystem of existential-meaning whereby spirituality and religion (and associated cognitive style) as well as sense of survival instinct and determination to meet expectations/goals enabled participants to cope with distress and motivate them to survive. This is consistent with the inner most facet of spirituality defined in the model of well-being by Witmer et al. (1998) and models of resilience (Kobasa, 1979), hence, the ability of this subsystem to reduce distress.

4.4.3 The wheel of wellness model of well-being by Witmer et al., (1998).

The study showed evidence for most aspects of the well-being model by Witmer et al. (1998). A key finding was that, given their cultural identity, the participants' responses to global/external events, such as war, migration, disruption and loss, relied heavily on external support mechanisms consistent with the outer layers of the model, such as family, community, education and government. This was highlighted during the post-migration phase, and to some extent the pre-migration phase, when most of these were intact and life was 'normal'. It was during these times that well-being appeared most intact as reflected by lower reported levels of distress. Likewise, when these external sources of support were disrupted or removed, distress levels increased, most notably reflected during the latter part of the post-migration phase.

Additionally, the study's findings, in relation to protective factors and ways of coping, highlighted the inner most levels of the model, namely spirituality and 'survival instinct' (combined self-concept and self-direction/determination). These inner levels consistently appeared as features of the participants' ability to survive, thus reflecting a 'survival core'. Surrounding this survivor core are layers of additional coping styles and facets to well-being. The findings evidenced most of these but not in much detail. This might be reflective of age and the possible underdevelopment of specific self-soothing abilities associated with early childhood trauma (Erikson, 1950; Ehring & Quack, 2010). Alternatively it could be that this apparent lack of individual coping styles was resultant from the loss of the outer most, systemic facets of well-being during the asylum-seeking phase when well-being was reduced, which was the current position of most participants, thus reflecting the difficulties with study's retrospective nature. The current lack of external support during the time of interview is likely to have reduced participants' access to these individual ways of coping within the well-being model. For example, having no money or accommodation impairs an individual's ability to self-care (diet and exercise) and a lack of access to education or employment will impact upon being able to generate a sense of self-worth. In contrast, when this external support was in place during the initial post-migration phase, these individual coping styles were made more accessible as result of the support received, thus nurturing and allowing them to continue developing through the provision of stability. This period may have contributed to the development of resilience or hardiness as defined by Kobasa (1979), which encompasses all of the inner most components of the well-being model or 'survivor core'. However, it is more likely due to cultural specificity whereby the collectivistic cultural background of Afghanistan places more emphasis

on community and family support rather than individual coping styles. It may also be due to the methods chosen, which is discussed more in Section 4.6.

The study's findings can therefore help develop the wheel of wellness model. Figure 8 highlights the 'survival core', a resilient or 'hardy' quality of the adolescent Afghans in the current study surrounded by a generalised layer of individual coping styles which appeared to develop over time alongside the survivor core. These were notably aided by external layers of support which provided cultural reconnection, stability, containment and increased access to practical coping strategies. When all layers were intact, well-being was robust. However, when the external layers became disrupted, this appeared to have knock-on effects on their abilities to cope as represented within the inner layers, hence the decline in wellbeing.

WELL BEING MODEL

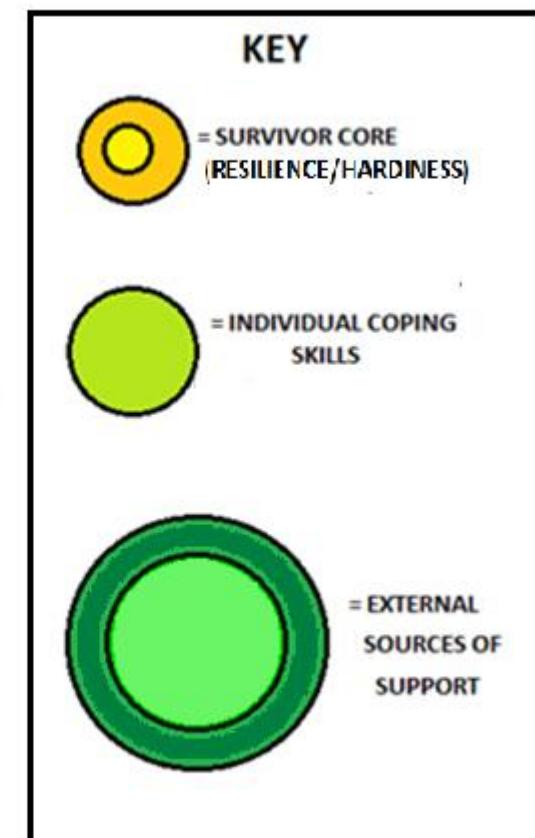
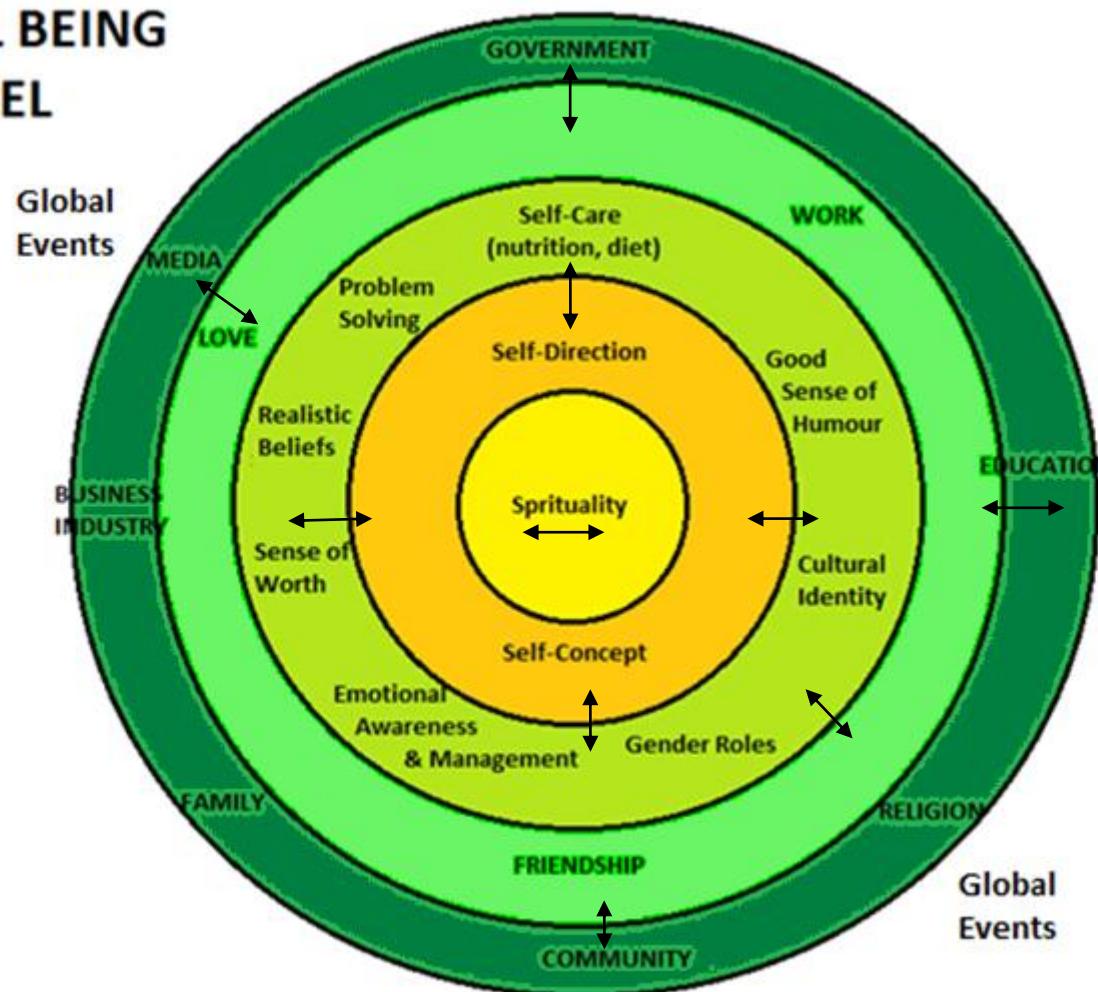


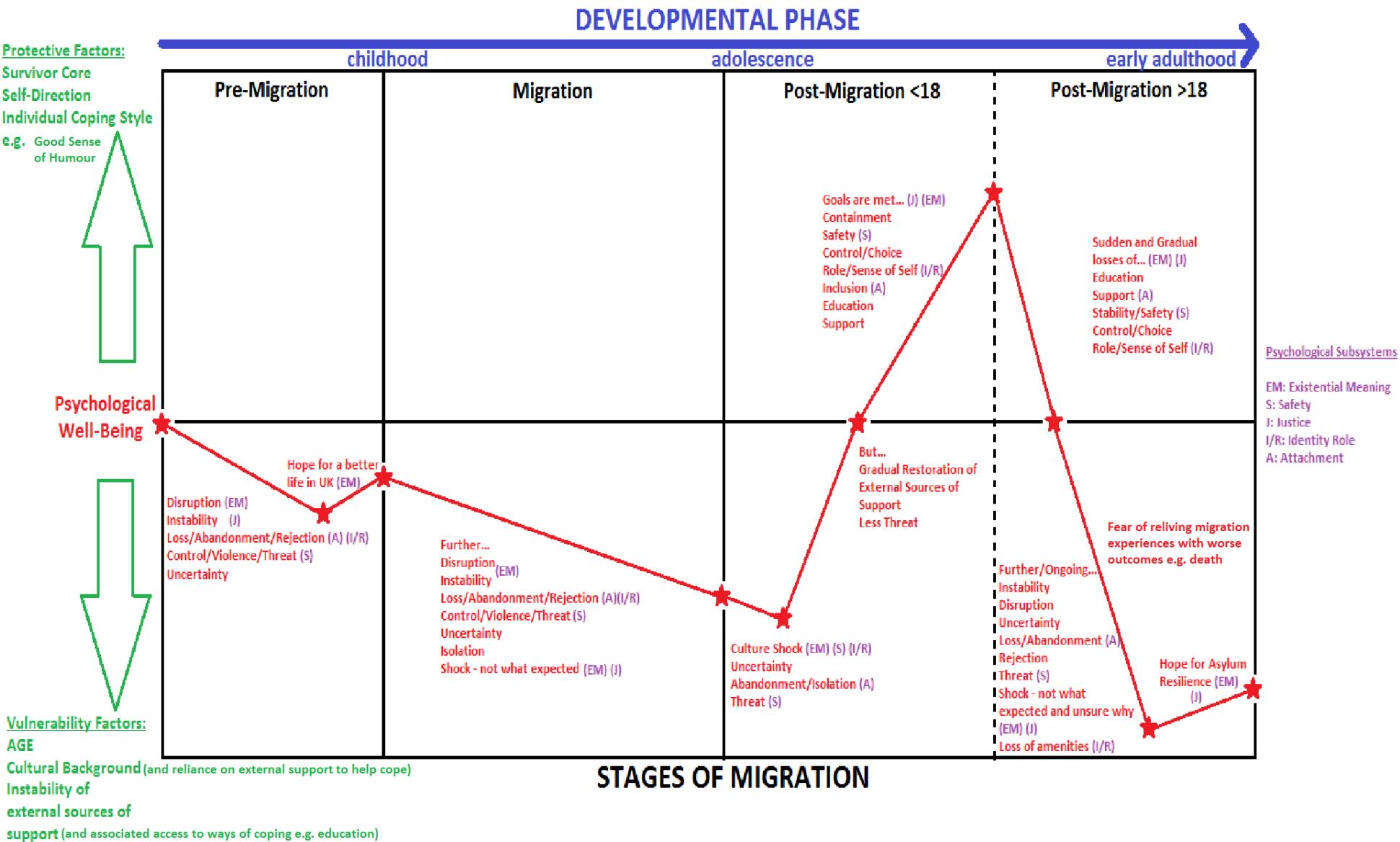
Figure 8. Reformulation of the Wheel of Wellness by Witmer et al. (1998).

4.4.4 Integrated theoretical summary

Given the considerable overlap between the theoretical underpinnings of the study, in order to address the research questions they have been integrated into a single theoretical framework in Figure 9. This group of adolescent Afghani asylum seekers, despite their age and early experiences, appeared to have a ‘survivor core’. This ‘survival core’ encompassed spiritual and religious beliefs (and associated helpful cognitive styles) which contributed towards maintaining a sense of existential-meaning as well as a sense of self-direction and determination to achieve their goals. Together, these traits/features enabled participants to stay alive, persevere and develop resilience, despite ongoing adversity.

However, participants’ collectivistic cultural background and young age denoted that they relied heavily on external sources of support. Therefore, despite this strong internal core, they experienced a gradual reduction in well-being as their ongoing migration experiences consistently and repeatedly destroyed these outer layers of support and disrupted the internal psychological systems that maintain well-being (Silove, 1999), which is consistent with previous findings (Carswell et al., 2011; Iverson & Morken, 2004; Johnston et al., 2009; Silove et al., 1998; Steel et al., 1999; Steel & Silove, 2000; Toar et al., 2009) and ideas surrounding ‘cumulative distress’. However, participants also experienced an initial increase in well-being when, in addition to their survival core, they had a strong outer shell of support consistent with their culture and wheel of wellness during the initial post-migration phase (Witmer et al., 1998) which increased accessibility to coping resources and restored psychological equilibrium (Silove, 1999). This, given their age, is likely to have restored part of their developmental process (which relies heavily on stability, Erikson, 1950), hence the increase in well-being. Therefore, withdrawing this external support as their asylum case progressed resulted in a steady decline in well-

being which became worse the closer they became to their hearing. Consistent with previous research, this was as a result of the frustration (and possible re-traumatisation) in recalling previous events to justify their claims and anticipatory anxiety regarding repatriation/safety (Herlihy et al., 2012; Laban et al. 2004; Nickerson et al., 2011; Rees, 2003; Steel et al., 2011). Consequently, in addition to a loss of the shielding layers of well-being and subsequent lack of resources of cope with present difficulties, this cumulative distress is likely to have further disrupted psychological subsystems. Hence their level of well-being was lowest at this point.



This is however, based on retrospective accounts, meaning that the formulation in Figure 9 is not an accurate, prospective account of experiences. Initial experiences may not have been as positive as reported, but were recalled this way because of the participants' comparisons with their current state and context, an effect known as mood-congruency (Bouton, 1994; Parrott & Sabini, 1990). The accounts may have been recollections of a happier, more optimistic time in their life, rather than one that was as utopic as they stated which would be more consistent with existing findings regarding refugees and asylum seekers such as Beiser (1990). This would mean that well-being increased to a point before a plateau. It is also suggested that the decline in well-being after 18 is likely to have begun whilst aged 17 in anticipation of the changes they face at 18 as consistent with Derluyn et al., (2009). Given that the sample did not contain anyone in this position, this is difficult to ascertain. A possible reformulation encompasses these considerations in Figure 10 below and such limitations are discussed in Section 4.6.

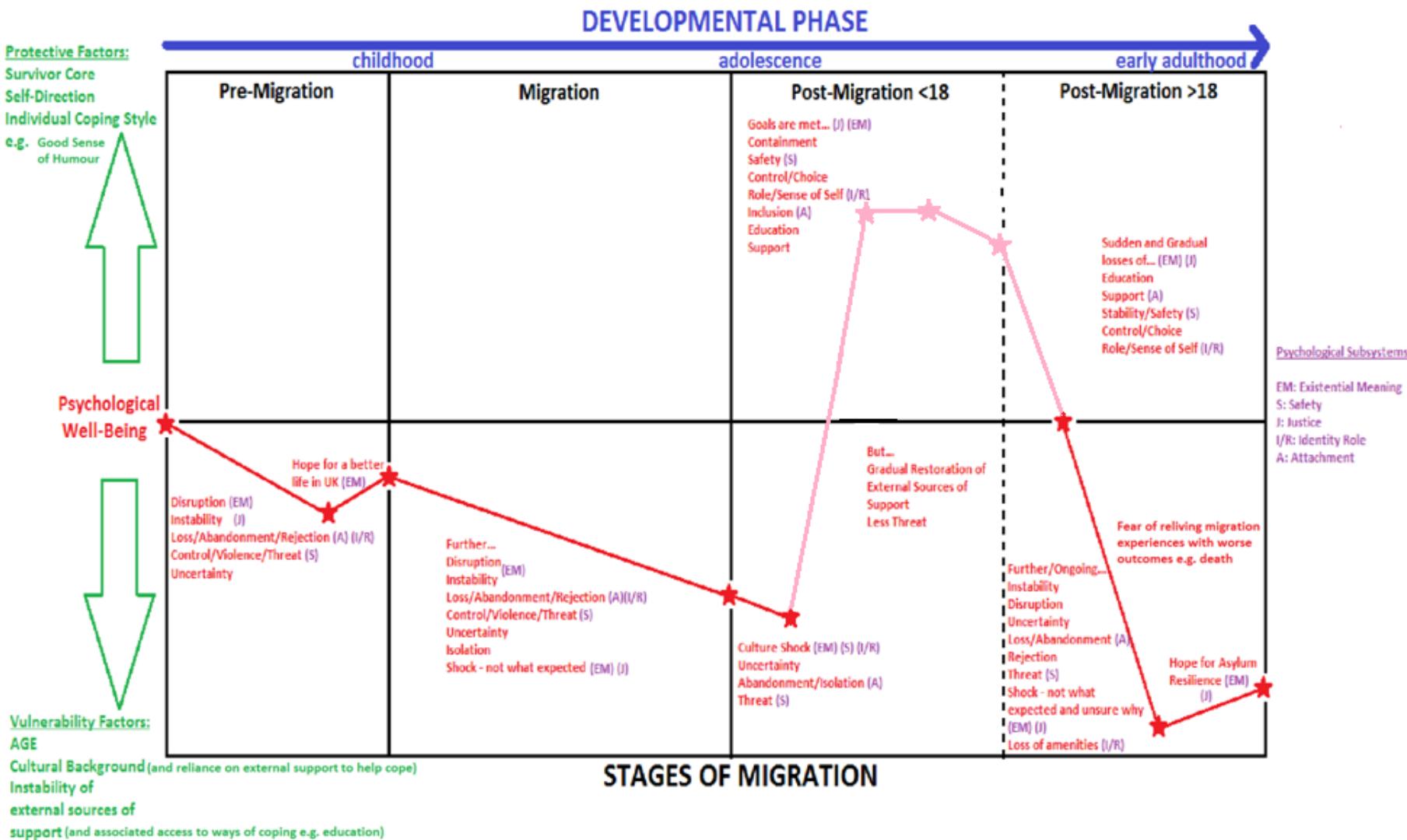


Figure 10. A Possible Reformulated Integrated Theoretical Summary.

The models of Silove (1999) and Witmer et al. (1998) can also be combined to create a single model of psychological well-being which can illustrate more specifically how migration experiences mediate distress in this group in accordance with the findings of this study. Figure 11 below shows an integrated model of well-being whereby the inner most layers reflect the ‘survivor core’ (sense of existential meaning and resiliency), surrounded by various layers of support including individual self-caring and coping styles (part of an individual’s identity/role) and external support from others in the form of attachments (such as friends and family) as well as support from wider systems such as governments and communities which provide a person’s sense of safety and justice.

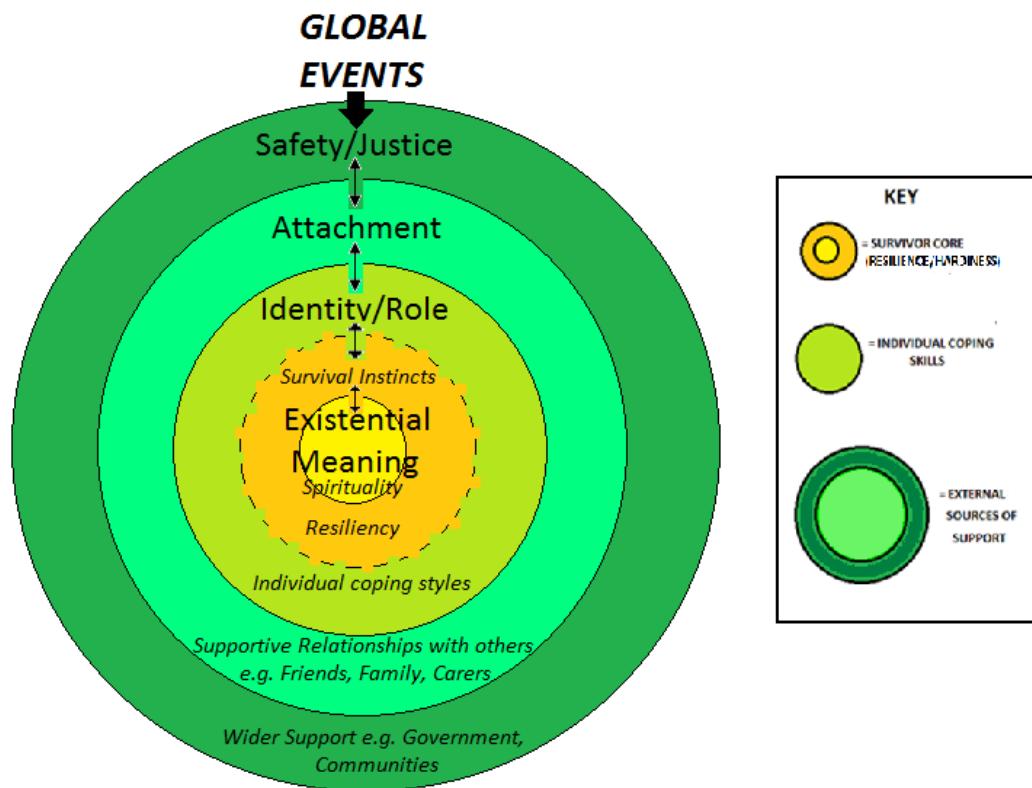


Figure 11. Integrated Model of Well-being

The findings of this study indicate that migration experiences affect well-being by disrupting the layers in this model from the outside in, e.g. an event

threatens life/safety and sense of justice, close attachments are lost due to this, which then disrupts a person's identity/role due to the value of others, especially in collectivistic groups. The inner most layers, which reflect a sense of existential meaning (expectations, beliefs, spirituality) and 'survival instincts', are however, the most robust and contribute towards the resiliency of this group. Distress was alleviated by restoring the layers of well-being from the inside-out e.g. providing activities (e.g. education) and social support (e.g. care) helped participants nurture their identity/role and develop attachments thus enabling them to feel safe and treated fairly.

4.5 Clinical Implications

Clinical implications of the study in terms of assessment, treatment and national policy regarding this specific group as well as general implications for those from other collectivist cultural groups and, asylum seekers or refugees are now considered.

4.5.1 Assessment.

According to Arrindell (2003), accurate assessment in multi-cultural societies is an essential part of providing adequate and effective services. However, unconsciously and unintentionally, clinicians are biased towards their own perspective (Dana, 2000) and are at risk of misinterpreting deviance from the norm as a disturbance and vice versa. Given the focus of research on the negative effects of experiences in these groups, professionals are also in danger of over-pathologising clients (Draguns & Tanaka-Matsumi, 2003).

During assessment a clinician explores the meaning of experiences and how a person has internalised them. This study highlighted that those from non-western cultures are most likely to involve families and communities. Western clinicians may overlook this in favour of exploring individual coping styles (Jobson, 2009). Emotional well-being is another major tenet of assessment, which given Middle-Eastern culture (see Appendix 4) and this study's findings may be particularly difficult for Western clinicians to access (Mehraby, 2002a). This, together with the aforementioned difficulties accessing relevant cognitions/appraisals could threaten the validity and reliability of diagnoses and formulations. Clinicians and clients may not know about immigration procedures. Therefore, the results of this study can be used to inform them about the impact of the UK immigration protocols and guide assessment in the following ways.

Firstly, it will be important for clinicians to ascertain where clients are in terms of claiming asylum. Given the age disputes participants experienced, ascertaining a true reflection of age may be difficult. This will be important as the NHS may not be able to treat those whose case is refused hence clinicians will need to be able to inform individuals where else they can access support and know what is/is not available. Consistent with interdependent identity (Jobson, 2009), assessing the extent of daily stressors is important, as well as individual coping styles. It is likely that interpretation services will be required, both written and audible, and that those looking to work with these groups will require some knowledge of the client's culture and history. As this study evidenced, there is a lot of suspicion regarding services, therefore professionals will need to consider allocating time to build rapport. In Afghani culture, there is a high value given to support from elder males, meaning that considerations regarding the age, gender, marital status and ethnicity of

the clinician will be important. It is possible that non-Western asylum seekers and refugees may prefer to meet with an older, married, same gender clinician. However, as highlighted by Amir, this may not be the case for all, so it is important to check with the individual. Symptoms may be expressed somatically in terms of 'tensions' or headaches, which professionals will need to consider during assessment and aspects relating to spirituality and religion are important.

4.5.2 Treatment.

Given that a non-western individual's well-being is heavily bound to their wider community (Jobson, 2009), the standard western individualised approach to treatment may be inappropriate (Bracken, Gillen, & Summerfield, 1995; Jobson, 2009; Summerfield, 1998). Treatment protocols should not disregard the autonomous self, but rather be expanded to include greater considerations for the public, social and communal aspects of the self (Jobson, 2009). Formulations and treatment goals should encompass the issues affecting the individual's well-being at their community level (Bostock, 1998; Jobson, 2009; Tarrier, 2006) and therapeutic models should be adapted to target social roles and support within communities and systems (Harvey, Bryant & Tarrier, 2003; Iwanasa, Hsai, & Hinton, 2006; Jobson, 2009; Ryan, 1992; Tarrier & Humphreys, 2003). However, identity is only one cultural dimension that may affect treatment. Others, such as gender roles, religion and language can also have an effect.

Mehraby (2002a) claims that effective services should include a high proportion of employees from refugee and non-English speaking backgrounds who can enrich services with their knowledge and experience (Bowles, 2001), which would, in accordance with the results, help continue to restore psychological

subsystems such as identity and attachment and facilitate aspects of well-being.

However, such workers are tightly woven into their clients' communities which can make professional boundaries hard to manage, which was an anxiety when considering interpreters in this study. Given that assessments and formulations should be holistic, multi-level procedures, interventions must also reflect this. Distress should be formulated at the level of the individual, family and community and encompass systemic issues and multiple facets of well-being, including religion and spirituality. This is consistent with suggestions by Sato (2001) and Woodcock (1994) for the provision of psychological interventions for refugees and those from collectivist origins, as well specific intervention advice for working with PTSD (Jobson & O'Kearney, 2008a;b).

Given that participants reported that most support came from being around other Afghans, it is suggested that offering individual and family contact, consultation with the community and multi-agency (MDT) networking are important features (Mehraby, 2002a). Peer support or 'buddy' type schemes might work well with this group in terms of offering readily available and meaningful support. Conducting social gatherings such as dinner clubs are extremely useful, as these are ways in which individuals can gain a sense of achievement and build self-esteem and identity, which will be particularly useful for those who may be anticipating difficulties with their asylum and may not meet requirements for other forms of support.

The results show that distress can be effectively reduced by increasing access to external support, e.g. social services, income support, access to amenities such as education and employment (Miller & Rasmussen, 2010). Ensuring practical support should be a first priority for anybody working with these clients. Practical help with

housing and employment are suggested as good foundations for building rapport as well as means of alleviating distress (Bowles, 2001). Other practicalities such as transport ought to be kept minimal and paid for, due to the deprivation in these groups. It is recommended that there is an emphasis on normalising symptoms and an equal balance between psycho-education regarding the Western approach to well-being and immigration protocols/procedures and an appreciation of Afghani expectations and concepts.

There is a clear need for these efforts to focus on those who are approaching or currently undergoing the asylum-seeking process. This is the time when most will present to services because external support is often lost and distress increases. Suggestions could involve support groups, perhaps specifically to help promote well-being, educate and support those going through the asylum-seeking process (Kohli & Mather, 2003). It could also include the development of volunteer and work-experience programs which would help not only in terms of distraction and building a sense of self-esteem through achievement, but would also help develop language and employability skills, thus increasing future prosperity. A service user group/forum could work well towards collaboratively developing service provisions with stakeholders, and fits with a community development approach advocated by 'Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England' (National Institute for Mental Health in England, [NIMHE, 2004]).

Further implications could involve offering more psycho-education to these groups about how services work, what is likely to happen to them and what impact this might have (Kohli & Mather, 2003). There is likely to be a role for clinical psychologists in terms of consultancy and training to help increase knowledge and

awareness of how to outreach to these groups. Specific training may be required for those that work on the ‘front line’ with this population e.g. social services and GPs.

4.5.3 Policy.

The National Service Framework (NSF) for Mental Health (Department of Health [DofH], 1999) outlines a set of standards to guide the development and provision of mental health services across the UK. As evident in this study, many asylum seekers face discrimination and exclusion. Hence it is important for services to promote mental health within communities to help raise awareness and prevent disadvantage and discrimination (DofH, 2005; 2012; Health Education Authority [HEA], 2000; NIMHE, 2003; 2004). This is especially important to refugees and asylum seekers, and those from Afghanistan who are of high risk of exclusion (DofH, 1999; Finney & Peach, 2004). This should involve improving access to mental health services, increasing communication, education and training, through systemic MDT working (DofH, 2005; 2009; HEA, 2000; NIMHE, 2003; 2004). Such approaches were implemented in this study’s methodology, highlighting that they were vital in breaking down barriers between the Afghans and professionals so that services could be useful.

In 2005, NICE published guidelines for the management of PTSD, specifically highlighting that those vulnerable to developing the disorder, such as refugees and asylum seekers should be routinely screened (NICE, 2005). However, the over-emphasis on PTSD in these groups, and the fact that recent research, including this study, highlights the potential resiliency within this group, means that protective factors and external circumstances need to be considered alongside vulnerability factors to avoid just seeing a psychological disorder.

At a national level, more research is needed to inform decision-makers about the impact of current provisions for these vulnerable groups. Consistent with previous research, the asylum-seeking process was found to be the most difficult time for participants. In contrast to the UK, countries such as Belgium and China operate 'return houses' with on-site 'coaches' who provide support, advice and guidance on all possible outcomes of their asylum applications (UNHCR, 2011b). Similarly, Denmark and Finland provide reception centres for asylum seekers which provide subsistence allowances, employment, education, healthcare, legal advice, counselling and social/leisure activities (EQUAL, 2012b). Such centres could offer a more 'problem-solving' approach to asylum which can draw upon the resiliencies and resources these groups may have to help them plan how to manage deportation. Currently there is not any research comparing the well-being of those in these provisional centres compared to the provisions in the UK, which would be a consideration for future research.

4.6. Critical Appraisal

In qualitative research, data is embedded within the circumstances surrounding its production. It is imperative that the discussion of a qualitative study includes careful reflection on how the data has been shaped by the research process. A detailed reflective diary was used from the outset throughout the research process to enable the researcher to reflect on the impact of herself, the interpreter and other circumstantial factors on the data collected. This diary included discussions about how data compared to previous literature, clinical and theoretical ideas, as well as ethnographic accounts. It provided a rich source of reflective and reflexive accountability and transparency which will be drawn upon throughout this appraisal

and referenced in Appendix 22, evidencing a strength of this study. Another strength of this study's approach is the holistic and 'user-friendliness' associated with the models used. Consequently findings have been easily transmitted to multi-disciplines of staff and participants, some of whom may not be familiar with psychological concepts. The fact that the study was solidly grounded and driven by theoretical ideas is a further strength.

Given the constraints of the research timetable, the relatively small sample provided a manageable amount of data that the researcher could spend time analysing. Consistent with Guest et al. (2006) eight interviews reached saturation point, thus strengthening the finding's content validity. However, given the relatively small, localised and unrepresentative nature of the sample, the wider relevance of these findings is limited. Although the sample contained eight males from Afghanistan living in Peterborough currently seeking asylum, they were all noted to have originated from different tribes, which previous research has shown to significantly affect their experiential trajectory (Mghir & Raskin, 1999). Thus the sample was not as homogenous as initially thought. It was also clear from the YASMHIN feedback (see Section 3.9) that the current sample did not contain any 17 year olds or those with high levels of distress, thus, having important implications for the trajectory of well-being in this group throughout the post-migration phase. This may reflect the anxiety associated with the impact that participating in the project may have had on someone with high baseline distress levels, and a sense of 'demand characteristics' from YASMHIN referrals. It may also reflect the potential exclusion of such individuals from services and dinner clubs.

This lack of distress/emotional narrative was further exacerbated by the fact that participants were not probed about their experiences in the interview which is

resultant from several methodological problems. Allowing participants to take responsibility for their disclosures through open-ended questions aimed to increase reliability and validity through reducing the imposition of potential themes upon informant thinking (Murphy et al., 2008). It also aimed to reduce distress (see Section 2.5), as culturally, young Afghani men would not speak about emotions outside of their family (Mehraby, 2002a), least of all to an unknown, single, female. It may have been the case that some participants may have volunteered with ulterior motives, such as building a relationship with the researcher in pursuit of asylum. Although there was sound MDT support and collaboration with an elder male interpreter, it is likely that the demography of the researcher may have prevented the generation of emotionally rich narratives. Given the gender roles in Afghanistan, participants may have felt threatened/uncomfortable around a single female in power, thus even more suspicious, which together with a general lack of trust will have meant they were less likely to provide details in the interview, thus questioning the study's validity further.

These concerns led to some anxiety and subsequent avoidance of emotion by the researcher and to some extent the interpreter also, which is evidenced by the reflective diary excerpts in Appendix 22.1, further limiting the level of distress that could be accessed. In hindsight, given the relative resilience of this group, it is likely that more probing would have been acceptable and would have provided more detailed results. It was also clear that at times, the researcher felt under pressure due to the time and financial constraints of the study (Potter & Hepburn, 2005) which, together with a lack of experience in conducting qualitative research also contributed to limited probing. The interview schedule further exacerbated this problem. Although the use of the standard interview ensured that there was consistency

throughout the interviews and kept them to within 90 minutes enhancing replicability, as highlighted by the reflective diary (see Appendix 22.2), participants felt that the questions were akin to those in an asylum interview with the UK Border Agency. This may have created defensiveness and the potential for accessing emotionally censored stories (Herlihy et al., 2012) and predisposed them to provide the ‘right’ answers. For most participants, the timing of the study would have coincided with them having to recall their experiences to the UK Border Agency in order to claim asylum, thus providing rehearsed stories which will have become emotionally desensitised.

In addition, given the ethos of Afghanis in terms of wanting to learn and support one another at a community level (Mehraby, 2002a) there may have been an underlying sense of pressure to ‘do a good job’ in order to earn the money as well as to help the rest of their community. As evident in Section 2.5, some participants considered the researcher capable of helping them seek asylum or sort out practical problems. This was not the case, and was made clear in the information sheet (see Appendix 8) together with a consistent message from professionals throughout the research. In part, this may have been due to the promotion of the study at dinner clubs, whereby information about these services was also available (albeit on a separate stand). However, this assumption was also held by some of those who had been referred by a YASMHIN key worker who had not necessarily been to a dinner club. It is therefore plausible that the response given would have led to disappointment, rejection and ultimately frustration, leading to additional suspicion and defensiveness during interviews, which will have contributed towards the lack of emotional narrative. That aside, the study was ethically approved and clear,

consistent information was provided throughout the study and participants had the right to withdraw at any point.

The lack of emotional narrative was potentially worsened by the researcher's relative naivety in the field, whereby it was evident that she became caught up in descriptive accounts, leaving less time at the end of the interviews for reflections on well-being. This naivety, together with time constraints, may have also led the researcher to lack confidence in straying too far from the schedule. Such apprehension and anxiety is very common in practitioners who have not worked clinically with interpreters before, especially asylum seekers, whereby this anxiety is heightened by the knowledge that they have experienced a range of traumas (Tribe, 2007). The setting in which interviews took place will have also threatened the validity of the study (Murphy et al., 2008). Given the narratives associated with mental health in Afghani culture (see Appendix 4), participants may have been deterred from taking part due to the connotations of the setting. For those that did take part, the data they provided may well have been 'censored' in some ways in order to protect themselves from any perceived threat associated with being around 'mental health' professionals. That aside, the location was easy for participants to find and provided a sense of safety and containment throughout the study, as well as maintaining ongoing links with services in the area, enabling better through-care for participants.

Consequently, the findings have limited generalisability and questionable validity. The problems associated with the data collection could have been overcome through the use of a pilot study or grounded theory approach, which would highlighted some of these issues allowing the interview schedule to be amended and adjusted in accordance with the needs of the participants and retrieve higher quality

data. Furthermore, the template used in the analysis could have been produced earlier within the protocol and used to inform the development of the interview schedule.

Equally, the method could have been improved through the use of mixed methodology through the inclusion of questionnaires that access psychological well-being. This would have produced more well-rounded data (Turner, 2010) as well as enhancing the quality through improved methodological triangulation (Guomi, 2011; Thurmond, 2001).

The results were impacted by other aspects of the methodology.

Retrospective study had the advantage of being able to assess all three migration phases within a limited time frame. However, as noted in Section 4.4, this potentially skewed the accounts as they were being recalled from memory (Fazel & Stein, 2002), rather than reported in-vivo. This is a likely confound given that asylum seekers with PTSD are renowned for having memory difficulties (Herlihy et al., 2012) and that recalling pasts experiences during different emotional states biases recall (Parrott & Sabini, 1990). This directly challenges the credibility of the reported positive experiences during the temporary asylum stage. Subsequently, in order to assess experiences more reliably, future longitudinal study would be needed (Betancourt, 2011). Although by virtue, prospective study would be more time and financially consuming, it would also have the advantage of developing greater trust and rapport with the community, thus enabling more reliable and detailed data to be produced. Equally, theoretical ideas could have been developed more through the use of grounded theory. A grounded theoretical approach would have enabled the participants' responses to shape the development of the interview, thus enabling them to provide more meaningful data. However, this would have taken considerable time, and required significantly more participants, who would have needed to

commit to more than one interview, which may not have been practical. However, this would not be the case had the study been longitudinal/prospective.

A further criticism of the methodology includes the interpretation of the data. Although the study was grounded within Afghanistan's anthropological and historical context (see Appendices 1-4) the use of an unknown interpreter with a significantly different experience to the group, may have had implications on the data. Carefully selecting the interpreter for his age, culture, gender, expertise and associated ability to use sensitive and appropriate language reduced the likelihood of generalisations and assumptions (Chakraborti et al., 2004; Tribe, 2007) and provided consistency, confidentiality and anonymity. However, seven of the eight participants may have felt disempowerment through being dependent upon him, thus mirroring previous experiences of being controlled by those in power. Equally, his ethnicity was Tajik, which was different to that of the majority of participants, which may have made participants reticent with him (Mghir & Raskin, 1999). This was why his attendance at dinner clubs may have been helpful and why a community-based interpreter was considered. Participants may have also been reticent with Mr Noori because his experiences of coming to the UK were significantly different to theirs (see Section 2.9), indicating that he may have had opportunities that participants did not. Prior to coming to the UK, Mr Noori worked in Afghanistan's government, and when questioned, he was particularly reluctant to talk about his own experiences. This could have meant that he was at risk of re-traumatisation but could also indicate some avoidance of his role in government back in Afghanistan and the potential effects it may have had on participants. Equally, given his award of the Chevening Scholarship, an award funded by the Foreign and Commonwealth Office for services rendered to British Forces indicates that he was from a privileged, well-educated

background which is significantly different to that of the participants, which may have made him hard for the participants to relate to. Neither Mr Noori, nor the participants wished to disclose whether they were Suni or Shi'a Muslims. This is not surprising given the ongoing inter-tribal warfare between these groups in Afghanistan and their relationships with the Taliban and terrorism and the fear of conflict and disruption if disclosed.

Another consideration is the extent of data lost in the process of translation, which is a phenomenon not yet fully understood and one which has significant implications for the validity of interpreted data, especially when the mother language is Eastern, and that of interpretation is Western (Tribe, 2007). That aside, Mr Noori was professionally registered with CINTRA with extensive experience in clinical and research settings. Although McNamara's (2009) suggestions for conducting interviews were taken into consideration, the researcher's anxiety, together with time pressures led to the layering of questions at times, which would have created significant interpretive difficulty and subsequent loss of meaning in the process of translation. Furthermore, Amir, who requested that an interpreter not be present, was able to provide more detailed and rich information, as was Latif who was also known to the researcher through regular attendance at dinner clubs. Although highlighting a potential confound in the systematic protocol and the potential for the presence of an interpreter to confine data this also highlights the importance of having good rapport with the community in this type of research (Miller, 2004; Sulaiman-Hill & Thompson, 2011a) which is further highlighted by the diary excerpts in Appendix 22.3. Consequently, lack of rapport and trust may have also contributed to impoverished data in some cases. This could have been overcome through the utilisation of a community-based approach, separate from the dinner clubs. Focus

groups could have been used to help build rapport evenly amongst participants, which would have been less intensive and intimidating for participants than a 1:1 interview and, in accordance with their collectivistic culture may have been inherently more supportive and meaningful. However, there is often considerable problems in running focus groups, namely in regards to attendance and confidentiality (Ritchie, 2003).

Another area of weakness in the study concerns the analytical procedures used. The study clearly highlights the researcher's novice approach to qualitative analysis. Although due to a lack of training in these areas (Rae, 2004) this was also due to the relative newness of template analysis and subsequent lack of literature compared to other, more well-established methods such as IPA (King, 2004; 2007). Thematic analysis approaches, from which template analysis is derived, are generally criticised for being demarcated (Murphy et al., 2008) which can result in an 'anything goes' approach (Antaki, Billig, Edwards & Potter, 2003) due to a lack of clear, concise guidelines (Antride-Stirling, 2001; Boyatzis, 1998). Consequently, novice researchers frequently become overwhelmed by the mass of conflicting positions (Seale, 1999), which was highlighted in the researcher's reflective diary (see Appendix 22.4).

Although done so alone, the analytical procedure allowed the researcher to become immersed within the data, forming an essential part of the overall trustworthiness of findings (Belenky et al., 1986; Stiles, 1993; Stiles, Mershon, Anderson & Sloan, 1992). However, it was clear that the researcher became too content focussed, which is a common mistake made by novices in the use of template analysis (King, 2004). As a result, the researcher struggled to consolidate data into a coherent template. This difficulty was exacerbated by the interview

schedule whereby the open-ended questions, although needed for validity, made coding procedures very difficult (Creswell, 2007) together with the decision to analyse the data by hand, which is arguably less robust and reliable than computer generated approaches. However, the latter can also be very expensive and time consuming to learn how to use. This could have been overcome by a more systematic approach to the analytical procedure or the choice of a more well-established analytical method such as IPA, grounded theory, discourse or content analysis.

The researcher read and coded all transcripts first before consulting with and developing the template. With hindsight, a better approach would have been to read one or two interviews, then consult/develop the template (and, or interview schedule) and so forth, which is more reticent with a grounded theory approach. Grounded theory would have also made an independent coder easier to fit into the process. An independent coder was not utilised in this study as outlined in Section 2.7. Instead, quality control was mainly exerted via peer review of the template with several professionals/experts. This consideration of multiple interpretations of the data as evidenced in extracts from the researcher's diary in Appendix 22.5 will have led to some reliability in the findings (King, 2004; 2007). However, given the lack of qualitative experience already discussed, the use of an independent coder would have been exceptionally useful and may have increased reliability and resulted in greater interpretive triangulation (Guomi, 2011).

According to King (2007), within a framework of contextual constructionism, independent coding does not necessarily improve reliability because everyone will have a different opinion or view on the data, which will also differ according to time, experience, and knowledge. Instead, he proposes that independent coding helps

researcher's consider multiple views, which was an oversight in this study. Using an independent coder would have helped the researcher acknowledge her emotional involvement with the stories of participants and possibly prevent this from impacting upon the development of themes. An example of this is the theme of 'overwhelming/distressing emotion and difficulties coping' which is perhaps more of a reflection of the researcher's experience rather than that of the participants. In addition, independent coding may have also helped generate additional themes, for example the theme of 'hope', which was not coded in this study, but is a theme that, in retrospect, could have been included. Equally, the use of an independent coder may have helped the researcher to be more acknowledging of the impact of her own assumptions on the data. This was in part controlled for through the use of a diary, however, the ability to keep a robust and high quality reflective diary is also something that novices can find difficult (Ortlipp, 2008). The assumptions that the researcher held were made transparent in Section 2.8. These included assuming that participants would not want to/be comfortable talking to a young, unmarried, white female, that they might lack emotional language and that they would be vulnerable. It is therefore not surprising that as a result of these, the researcher experienced some anxiety and failed to probe sufficiently, thus creating a self-fulfilling prophecy. Being transparent about such influences does offer the study complete transparency, adding to rigour within qualitative research (Braun & Clarke, 2006; Holloway & Todres, 2003; King, 2007; Marshall, 1985).

Additional analytical criticism concerns the fact that the majority of those who reviewed the analytical process were white, unmarried, western females. Those that reviewed final results, such as the interpreter and YASMHIN team, included males, and those from different cultures, but did not include anyone with similar

experiences to the group, thus challenging validity. Formal member validation would have been helpful, but again, due to the nature of their asylum cases, it was felt that they would not have been able to commit to this. Attempts were made throughout the data collection process to validate responses through summarising, reflection and paraphrasing, and the interpreter and some members of the YASMHIN team largely confirmed that the findings were consistent with their own experiences, as well as highlighting differences, such that there can be some confidence that this validation process was honest and sincere. Had there been no time or financial constraints these limitations could have been overcome by the increased use of the cohort and YASMHIN team as co-facilitators through a more prospective, longitudinal, community-based approach to the research.

Criticisms aside, the study has contributed towards fulfilling a much needed gap in the research literature. Combining theoretical models that have not been combined before or used in this field provided a useful and novel insight into a very under-researched cohort, enabling ideas to begin moving away from PTSD and work towards developing a more psychological understanding of what influences the well-being of this group and how. It has aimed for rigour throughout the process and was of sound ethical quality. Despite some methodological problems, the study was found to have useful practical and clinical implications as evidenced by the excerpt from the researcher's diary in Appendix 22.6. As such, the study has generated findings that help validate and develop existing models. However, the concept of resilience remains elusive, and there is yet to be any formal participant validation of the development and applicability of models used in this study, highlighting that further research is needed in order to build upon these preliminary ideas of what influences and, or, protects from distress in this group and how. Given the

limitations proposed, future research would largely benefit from a longitudinal/prospective community psychology approach whereby ideas and protocols can be developed over time, with and within the group. This, in itself, is a useful outcome given the lack of research literature that exists regarding this specific population.

4.7 Future Directions

Consistent with existing recommendations (Nickelson et al., 2010; Thakker, Ward, & Strongman, 1999) the findings of this study suggest the importance of considering the impact of pre-, peri- and post-migration experiences on the psychological well-being of adolescent Afghani asylum seekers, together with protective factors which help nurture and maintain well-being rather than focus purely on diagnostic categories and negative outcomes. However, given the limitations of this study, the current results offer only a preliminary exploration of these, rather than an extensive, robust account.

Consequently, future research would largely benefit from taking a community-based approach in order to access larger more representative samples inclusive of those with higher distress levels. Future research should also aim to reduce the impact of interpretation and formal interview procedures by allowing the cohort to co-facilitate the research adding to validity, reliability and overall rigour within the research (Bracken & Petty, 1998). Specific areas of research could include the development and evaluation of community outreach projects to maintain well-being and provide meaningful support, occupation and education for this group in order to further develop theoretical models in this area and to explore the applicability of quantitative measures and the newly developed models to other

refugee and asylum seekers populations. This research is much needed given that immigration controls are unlikely to change, thus there is an ongoing need to develop our understanding of resilience and what influences distress so that services can work towards not only providing appropriate support but also through-care that works alongside them to prepare for the future in a constructive way.

5. Conclusion

Eight male Afghani asylum seekers, aged 16-19 took part in this study aiming to explore the impact of pre-, peri- and post-migration experiences on psychological well-being. This provided a unique contextual opportunity to amalgamate some prominent theoretical ideas within the field to an under-researched population using a qualitative approach.

Socio-cultural background and age were pertinent pre-migration factors highlighted throughout the exploration of migration experiences and psychological well-being. This, together with experiences of compounding disruption to psychological sub-systems, led to experiences of overwhelming/distressing emotion and difficulties coping which were reported throughout the stages of migration. Consistent with previous research, there was an initial period of stability and security post-migration. This was reported to be a happy and contented time during which psychological sub-systems, cultural reconnection and development were restored and well-being increased. As time progressed, in line with UK asylum protocols this support was withdrawn and the nearing threat of deportation caused many to predict further trauma, increasing distress and reducing well-being. However, despite such turbulence it was also found that survival instincts, together with an ability to find existential meaning to experiences and events, were robust protective factors and facets of resiliency.

The results facilitated a critique of different theoretical paradigms including models of migration, trauma and well-being and an integrated framework for consolidating these was developed (see Figures 11-13). The clinical relevance of these findings highlighted the need for MDT working, provision of practical and social support in addition to education and peer support regarding life and experience

in the UK. The findings also highlighted the importance of services changing from within in terms of how they approach working with this group, as well as change from outside in terms of how they link with wider communities in terms of outreach and support. Together this further supported the relevance of social and cultural factors in the promotion of well-being which fits with the advocated community development approach which is the suggested future direction for research.

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7. Appendices

Appendix 1: Ancient Historical and Political Background to Afghanistan³

The first recorded foreign invasion dates back to the sixth century BC during the pre-islamic period when Darius I of Persia took control (Misra, 2004). This was later followed by invasions from Alexander the Great and his Macedonian army in 328 BC and Chandragupta Maurya (also known as Sandrocottos) in 321 BC, the latter of which gave rise to the Indian Maurya Empire who introduced Buddhism to the country (Ewans, 2001). Throughout the centuries that ensued, the country was kept under the successive control of a series of nomadic groups including Scythians, Parthians and Kushans (Misra, 2004). It was during the fifth and sixth centuries that Hephthalites (or White Huns), a Central Asian nomadic confederation, ruled over Afghanistan (Ewans, 2001). It was not until the seventh century AD when Afghanistan witnessed the conquest of the Arab Muslims (Ewans, 2001), whose introduction of Islam, although accepted in many regions, caused revolt in many others. However, by the eleventh century the majority of the country had become Islamized by the Ghaznavids, which created the Afghanistan which was ruled by a succession of important empires such as the Tahirids, Saffarids, Samanids, Ghaznavids, Ghurids, and Timurids (Dupree, 1978). Afghanistan was overrun in 1,219 CE by the invasion of Genghis Khan who caused massive destruction, (McCauley, 2002) depopulating many major cities and causing many locations to revert to a rural lifestyle. Mongol ruled until the Timur invasion and subsequent Timurid Renaissance which lasted just over a century (Ewans, 2001). It is the ruling eras of the Timurid, Ghaznavid and Ghurid that are considered some of the most

³ This section is also intended as an overview of Afghanistan's vast and complicated ancient history, i.e. that prior to the Cold War (1945-1991). For more information, please refer to the references cited.

important periods in Afghanistan's history as they produced fine Islamic monuments as well as numerous scientific and literary works (Ewans, 2001; McCauley, 2002).

Babur, a descendant of both Timur and Genghis Khan captured and ruled Kabur until 1526 (Rasanayagam, 2003). From the 16th to 18th centuries, Afghanistan was contended for by three main powers; Khanate of Bukhara (north), Persian Safavids (west) and the remainder was controlled by the Indian Moghul Empire (east) (Rasanayagam, 2003).

The political history of Afghanistan began in the 18th century when the Pashtuns rose to power in 1709 (Ewans, 2001). The Safavids were defeated by the Hotaki tribe (Ewans, 2001; Rasanayagam, 2003) who ruled the Persian Empire from 1722-29 and declared the Kandahar region independent from Persian rule in 1709 (Misdaq, 2006). This was shortly followed by the reign of Ahmad Shah Durrani, who gained control of Kandahar in 1747 and within a few years conquered the entire present-day Afghanistan, Pakistan, Khorasan and Kohistan provinces of Iran, along with Punjab in India (McCauley, 2002) declaring Afghanistan an independent state (Misdaq, 2006). Consequently, Durrani and his empire are often considered to be the founders of modern Afghanistan (Dupree, 1997; McCauley, 2002). The reign of the Durrani (or Afghan) empire was passed onto various descendants, one of whom transferred the capital from Kandahar to Kabul (Ewans, 2001; McCauley, 2002).

The Sikhs later invaded in 1809 and gained control of a large part of the Afghan empire creating what is now the modern region of Pakistan. The Durrani Empire remained under threat from the Sikhs but was eventually overthrown by Dost Mohammed Khan in 1826 (Ewans, 2001; Rasanayagam, 2003). Dost Mohammed, founder of the Barakzai dynasty, continued to lose parts of the country to Sikh invasion. In order to gain support, Dost Mohammed considered an alliance with

Britain, who were in India and feared a Russian invasion and thus wanted Afghanistan's help in fighting the Russians (Rasanayagam, 2003). However, the British were less keen to support Afghanistan in their fight against the Sikhs. Subsequently, Dost Mohammed turned to Russia instead, which lead to the British invasion in the First Anglo-Afghan War 1839-1842, one of the first major conflicts in 'The Great Game', the fight for control of Central Asia between Britain and Russia (Misra, 2004).

A second Anglo-Afghan War took place between 1878 and 1880 in which the British failed to conquer Afghanistan (Misra, 2004; Rasanayagam, 2003).

Subsequently, 'the British sought a ruler who could establish a government stable enough to make Afghanistan a barrier to the Russians whilst not posing a threat to India' (Magnus & Naby, 1998, p. 35), which came in the form of Abdur Rahman Khan (Misra, 2004). By playing these countries off one another, Khan's leadership consolidated Afghanistan's independence (McCauley, 2002; Misra, 2004).

Afghanistan gained enough resources from neighbouring power to sustain control and internal stability, (Stobdan, 1999). In 1919 during the reign of King Amanullah Khan, after the third and final Anglo-Afghan War, Afghanistan attained international recognition and complete independence (McCauley, 2002; Misra, 2004). It was then 'blissfully ignored' internationally until 1979 when the former Soviet Union invaded (Misra, 2004).

During his reign, King Amanullah Khan established diplomatic relationships with many major countries (Misra, 2004) and made several reforms in an attempt to modernise the nation (McCauley, 2002; Rasanayagam, 2003). These reforms were later dropped by succeeding King Nadir Shah (McCauley, 2002; Rasanayagam, 2003) in favour of a more gradual approach to the modernisation of Afghanistan.

This plunged the country into civil war until peace was established in 1926 (Misra, 2004), followed by strict controls over modernisation attempts (Rotberg, 2007). By the 1950s, Shah has been assassinated and was replaced by King Mohammed Zahir Shah who reigned until 1973 (Rasanayagam, 2003). During this time, various members of the King's family held the position as Prime Minister. In 1953 the post filled by Mohammed Daoud Khan who encouraged a closer relationship with the Soviet Union and created a distance from neighbouring country Pakistan (McCauley, 2002; Misdaq, 2006).

Appendix 2: The last half century (1960s-2010s)⁴

Afghanistan's location at the crossroads of Central Asia is considered the most influential factor in shaping its history, ethnic diversity and political and economic situation (Dupree, 1997; Magnus & Naby, 1998). Its important geostrategic location connecting the Middle East with Central Asia and India have meant that, since antiquity, Afghanistan has been subjected to military invasions and control from external powers (Misra, 2004). Afghanistan has also witnessed the rise of various local dynasties which have established empires of their own. The last twenty years have been especially influential and are most relevant to the young asylum seekers of interest in this study, however, details of the ancient history of Afghanistan can be found in Appendix 1.

During the Cold War (1945-1991), Afghanistan remained a neutral territory between the United States of America (USA) and the Soviet Union, who both vied for influence in exchange for building vital infrastructure (Misra, 2004). However, a later dispute with Pakistan forced Afghanistan to seek support from the Soviet Union, a decision which had a major impact on the country's modern history (Rasanayagam, 2003; Rotberg, 2007). This coincided with a decade of major political changes and 'democratic experiments' between 1963 and 1973 (Misdaq, 2006). Daoud Khan was replaced as Prime Minister by a commoner, Dr Mohammed Yousef (Misdaq, 2006). This new constitution, together with unchecked press and media freedom opened a 'Pandora's box' of many different political parties and groups, from Afghan traditionalists, to radical Islamists and pro-soviet communists (Misdaq, 2006, p.80). One major party was the People's Democratic Party of

⁴ This section is also intended as an overview of Afghanistan's vast and complicated history over the last fifty years. For more information, please refer to the references cited.

Afghanistan (PDPA) established in 1965 (Rasanayagam, 2003). These posed a major political opposition to the government (Rasanayagam, 2003), such that they ran into major problems and government after government continued to fall (Misdaq, 2006).

The rise of these new political elites (Mujahidin) also brought a mass of destruction and violence upon the nation such that the state of Afghanistan began to disintegrate (Misra, 2004). This rise in conflict instigated the invasion from the Soviet Union in 1979 (Misdaq, 2006) who feared a threat to their country's borders (Misra, 2004). This turned Afghanistan into a hotspot of the Cold War (Rotberg, 2007). The Soviet War in Afghanistan spanned a total of 10 years, killing over one million civilian Afghans (McCauley, 2002) whilst another six million fled to neighbouring countries Iran and Pakistan (Rasanayagam, 2003), before tens of thousands made their way to other countries for refuge (Bureau of Population, Refugees and Migration, 2009). Soviet Forces eventually withdrew in 1989, but continued to support the succeeding President Mohammed Najibullah until 1992 (Rasanayagam, 2003).

The withdrawal of Soviet Forces in 1989 left the Najibullah government to fend for itself against the Mujahidin, which was the catalyst in the first phase of the Afghan Civil War (Misra, 2004). This first phase overthrew the soviet backed Najibullah government in 1992 (Misra, 2004) and established a peace and power sharing agreement between groups (Peshawar Records), creating the Islamic State of Afghanistan with elected President Burhanuddin Rabbani (Rasanayagam, 2003). However, neighbouring countries Iran, Pakistan and Saudi Arabia, as competitors for regional hegemony, continued to encourage regional Afghan Militias' hostility against one another. Consequently, not all factional leaders signed the treaty (Rasanayagam, 2003), namely Hekmatyr, head and founder of one of the parties,

previously part of the PDPA and the governments most formidable enemy (Gohari, 2000). Although the Mujahidin had recently fought together against the Soviets, they now continued to fight for power amongst themselves (Misra, 2004). Subsequently, war continued, denying the new government and Islamic State of Afghanistan the chance to establish itself and the country became divided into and controlled by five regional armed political forces; Dostum (north), Haqhani (Paktia - south-east), Khan (Herat – West), Qadir (east) and Massoud (Kabul and north of Kabul) (Misra, 2004).

With the absence of a powerful, central government, peripheral forces grew stronger and further atrocities were committed by the various armed factions and the capital Kabul descended into lawlessness (including murder, rape and extortion) and complete anarchy (Human Rights Watch, 2005; Misra, 2004). The failure to bring about peace after the Soviets left and a total of 20 years of civil war (Rasanayagam, 2003) led to the creation of the Taliban (McCauley, 2002), a revolutionary Islamist political and militant group led by Mullah Omar in Kandahar (Matinuddin, 1999). This group developed out of disillusioned and outraged young men and mujahideen (Misdaq, 2006; Takeyh & Gnosdev, 2002) in response to the crimes being committed as part of ongoing civilian war and a united decision to take control and reinstate Islamic law to punish those responsible (Rasanayagam, 2003).

By the end of 1994, the Taliban, who were heavily supported by Pakistan (Rasanayagam, 2003), had recruited approximately 12,000 young Afghan and Pakistani students (McCauley, 2002), largely from the refugee camps and madrasses (religious schools) (Ewans, 2001). They took control of the city in 1994 and other provinces in central and southern Afghanistan (Misdaq, 2006; Saikal, 2006) and began imposing the strictest of controls (McCauley, 2002) to de-modernise the country and establish Islamic utopia (Misra, 2004). Whilst trying to take control of

Kabul, the Taliban were defeated by the forces of Islamic State Government's Secretary of Defence, Ahmad Shah Massoud, who then preceeded to try and restore law and order (Misra, 2004), and invited the Taliban to join him. The Taliban declined this and went onto to overthrow the Islamic State Government in 1996, establishing the Islamic Emirate of Afghanistan, as a male dominated country, methodically and violently reducing women into second class citizens (Misra, 2004; Physicians for Human Rights, 1998).

As a result of the fall of Kabul, Massoud and others created the United Front against the Taliban (Rashid, 2008), who went onto kill over 3,000 Taliban soldiers (Human Rights Watch, 2001). However the Taliban continued to fight for the control of the remainder of Afghanistan and were successful in gaining control of 90% of Afghanistan by 1998 (Misdaq, 2006). United Nations (2011) report that in trying to gain control, the Taliban, with continued support from Arab and Pakistan troops committed 15 systemic massacres against civilians between 1992 and 2001. They methodically targeted those of Shi'a sect or Hazara background, executing and, or, torturing between two and five thousand civilians (Gargan, 2001; Tarrock, 1999). Those who survived the onslaught were told to adopt the Sunni sect, pay a special tax as a non-muslim, face death or emigrate to Iran (Cooper, 1998).

From 1996 to 2001 a sub-state within the Taliban began to grow (Rashid, 2008). Led by Osama Bin Laden, Al Queda joined together with the Taliban to fight the United Front (Rashid, 2008). Together, Al Queda and the Taliban produced a force of 45,000 against the 14,000 Afghans of the United Front (Grad, 2009). Massoud continued to fight the Taliban, desperately seeking support from European Parliament, until his assassination in 2001, which instigated the fleeing of over 1 million Afghans from the Taliban (National Geographic, 2001). Massoud was

assassinated by two Arab suicide attackers in Afghanistan, two days before 3,000 people were killed in the September 11th terrorist attacks on USA, thought to have been led by Bin Laden (Rashid, 2008). The Taliban refused to hand Bin Laden over to the US and disband Al Queda bases in Afghanistan, which precipitated the US and British (combined with the United Front) war against the Taliban towards the end of 2001 (Rashid, 2008), a war which has continued until the present day.

Upon invasion from the west, Taliban troops fled to Pakistan, leaving the Afghan government to be taken over by Hamid Karzai, (Fossler, 2010). During this time, in 2003 North Atlantic Treaty Operation (NATO) assumed control in 2003 allowing the country a chance to rebuild itself (Fossler, 2010). The response to this was for Taliban forces to begin an insurgency campaign against this regime (Rothstein, 2006). Afghan, US and British troops led many defensives against the Taliban, but failed to defeat them fully. By 2009, a Taliban shadow government was operating in many parts of the country, instigating the deployment of thousands more soldiers to help fight against the Taliban efforts to undermine the country's newly formed regime (Dombey, 2009). However, civilian unrest was exacerbated when five of these soldiers, killed a series of unarmed Afghan Soldiers in the Kandahar province (Gebauer & Kazim, 2011).

At the 2010 International Conference on Afghanistan in London, Karzai discussed his plans to initiate peace talks with the Taliban (Trofimov, 2010). This resulted in an intensification of bombings, assassinations and ambushes due to the concern held by oppositional groups regarding Karzai's plans and corruption with his government (Trofimov, 2010). Further assassinations followed the May 2011 killing of Osama Bin Laden in Pakistan, together with further large scale attacks from Pakistan based, anti-Afghanistan terrorist Haqhani troops (Wendle, 2011).

Afghanistan currently remains one of the poorest in the world due to the years of war, corruption and Taliban insurgency (CIA, 2010). The Taliban, and other militants, have been reported to be responsible for 76% of casualties in 2009 (Roggio, 2010), 75% in 2010 (United Nations Assistance Mission in Afghanistan (UNAMA), 2011) and 80% in 2011 (Haddon, 2011). However, their foundations in Islamic law and practice, together with a non-discriminatory approach to their recruitment made them an attractive cause, who many would not have perceived to have been a criminal syndicate (Rana, 2009). Many muslims simply want to live in a free country, without control or restriction from external sources and fear of discrimination ensued by the post 9-11 media (Ali, Liu & Humedian, 2004). Therefore, the passionate and pro-active approach demonstrated by the Taliban, offered Afghans hope and acceptance (Rana, 2009). Consequently, the control, uncertainty and fear placed on the country by western occupant troops increased motivation to liberate the country, which given its history, was a cause that catalysed Taliban insurgency and increased fear and panic within the government (Rana, 2009). The country remains governed by the Karzai administration, who were elected in 2004, 2009 and 2010, but have been subjected to major fraud allegations (Katzman, 2010). While Afghanistan remains on good diplomatic terms with many countries, its relationship with Pakistan remains somewhat turbulent given the historical context and its housing of Taliban troops (Grare, 2009). India and Iraq remain solid allies and have been the major participants in the re-construction over the last decade (McFaul, 2002). However, Afghanistan remains under nationwide threat from Taliban led insurgents, preventing an end to war such that it has become one of the longest wars in history (Laqueur, 2003). Overall this has cost the country two million dead, two million internally displaced and more than six million

refugees worldwide (Mehraby, 2002a). The country also faces severe environmental problems such as soil degradation, deforestation and desertification (Ewans, 2001). Its infrastructure has been largely destroyed and its largest cities such as Kabul and Kandahar were left in ruins (Ewans, 2001).

Appendix 3: The Current Context of Afghanistan

Afghanistan is a land-locked country located in South Central Asia (see Figure 1) and forms part of the Greater Middle East Muslim World. Afghanistan is currently divided into 34 provincial states, which are further divided into 398 districts (see Figure 2). Each province has its own capital, the largest of which is, Kabul.



Figure 1. Map of Modern Afghanistan. This figure illustrates Afghanistan's geographic location. Taken from www.ya-wa.org.



Figure 2. Afghanistan Provinces. This figure illustrates the location and size of all 34 provinces. Taken from http://www.afghanweb.com/geography/provincial_divisions.html

Afghanistan's last census was held in 1979 but was not completed due to Soviet invasion. Current estimates indicate that the population of Afghanistan is approximately 29 million (CIA, 2011a). Afghanistan is a multi-ethnic Muslim country in which Persian (Dari) (50%) and Pashtu (35%) are the main languages (CIA, 2011b). The majority follow the Sunni sect of Islam (80-85%) whilst 15-20% of the populations follow Shi'a (Pew Research Centre, 2009). The main ethnicities are Pashtun (42%), Tajik (13%), Hazara (10%) and Uzbek (9%) (The Asia Foundation, 2010) as well as Baluchis, Turkmens, Aimaqs and Kirgiz, most of which are further sub-divided into different tribes (Dupree 1997; Ewans, 2001). It is thought that these inter and intra-ethnic divisions are a primary source of perpetual conflict (Misra, 2004).

Afghanistan is one of the least developed countries in the world. As many as 42% of the population survive on less than \$1 per day (Irin News, 2009). Whilst agriculture is the country's main source of income (Dupree, 1978), the country's supplies of crude oil, natural gas and minerals are likely to be the main staying power of Afghanistan's economy (Risen, 2010). Literacy rates are extremely low with approximately 43% males and 12.8% of females being literate (Australia Aid, 2011). Average life expectancy in Afghanistan is 43.8 years and infant mortality rates are extremely high (UNICEF, 2000). As many as one million Afghans are disabled (USAID, 2006), and many more endure the long-term effects of war-related injuries (Taylor, 2008), a figure that continues to rise (Ewans, 2001). Due to poor sanitation and water supplies, exacerbated by the drought of 1999-2002, infectious and parasitic diseases such as tuberculosis, malaria and diarrhoea are rife and malnourishment is pervasive (Ewans, 2001).

The country is frequently subjected to earthquakes, mainly towards the north-west of the country. The last major earthquakes took place in 1998, which together killed an estimated 6,500 people, injuring and making homeless thousands more, in addition to ruining livelihoods through the loss of livestock (United States Geological Survey [USGS], 2011).

Since antiquity, Afghanistan has been plagued by military invasion and control from external powers and has endured constant instability through the rise and fall of various dynasties (Misra, 2004). Whilst a more extensive review of the country's history can be found in Appendices 1(Ancient History) and 2 (The last half century – 1960s-2010s), the following section provides a brief summary of the last twenty years which has been notably influential and most relevant to the young asylum seekers who are of interest in this study

Since the invasion from the Soviet Union in 1979 (Misdaq, 2006), Afghanistan has remained a modern hotspot of war (Rotberg, 2007). The Soviet War in Afghanistan spanned a total of ten years, killing over one million civilian Afghans (McCauley, 2002), causing six million to flee to neighbouring countries, Iran and Pakistan (Rasanayagam, 2003), and tens of thousands more to other countries for refuge (Bureau of Population, Refugees and Migration, 2009). The withdrawal of Soviet Forces in 1989 was the catalyst in the first phase of the Afghan Civil War (Misra, 2004) which descended Afghanistan into twenty years of lawlessness and anarchy (Human Rights Watch, 2005; Misra, 2004; Rasanayagam, 2003). In response to the disillusionment and outrage of ongoing civil war (Misdaq, 2006; Takeyh & Gnosdev, 2002) and a united decision to take control and reinstate Islamic law to punish those responsible (Rasanayagam, 2003), a revolutionary Islamist political and militant group called the Taliban was created (McCauley, 2002). By the end of 1994, the Taliban had recruited approximately 12,000 young Afghan and Pakistani students (McCauley, 2002), largely from the refugee camps and madrasses (religious schools) (Ewans, 2001). They took control of the city and other provinces in central and southern Afghanistan (Misdaq, 2006; Saikal, 2006) and began imposing the strictest of controls (McCauley, 2002) to establish an Islamic state (Misra, 2004); a male dominated country, whereby those of Shi'a sect or Hazara background were methodologically targeted and executed or tortured (Gargan, 2001; Tarrock, 1999) and women were reduced to second class citizens (Misra, 2004; Physicians for Human Rights, 1998). Those who survived were forced to adopt the Sunni sect and pay a special tax as a non-Muslim or face death or emigration to Iran (Cooper, 1998).

Due to ongoing war and civil unrest, militant occupants from various foreign countries, including the United States of America (USA) and United Kingdom (UK) resided in various parts of Afghanistan's territory and throughout the Middle East and were associated with the death of many Muslims during this time (Esposito, 2002). This further unsettled hope for an Islamic state as many Muslims felt the presence of such occupants was oppressive (Esposito, 2002). This fuelled the jihad (religious war) and from 1996 to 2001 a sub-state within the Taliban called Al-Qaeda began to grow (Rashid, 2008). This produced a total force of 45,000 people (Grad, 2009), which instigated the fleeing of over one million Afghans from the Taliban (National Geographic, 2001). Around this time, Al-Qaeda were also thought to be responsible for the 9-11 attacks due to grievances against the USA for their militant occupancy and perceived control and oppression of Muslims in the Middle East (Esposito, 2002) The Taliban and Al-Qaeda refused to consider peace talk initiatives and associated demands instigated by the USA, which precipitated the USA and their allies (including the UK and Afghan military) to launch a war against the Taliban towards the end of 2001 (Rashid, 2008), a war which continues in the present day.

Although the Taliban have been implicated in over 80% of casualties in 2011 (Haddon, 2011), their foundations in Islamic law and practice, together with a non-discriminatory approach to their recruitment, made them an attractive cause that many would not have perceived to be a criminal syndicate (Rana, 2009). Many Muslims simply wanted to live in a free country, without control or restriction from external sources and fear of discrimination by the international community ensued by the post 9-11 media (Ali, Liu, & Humedian, 2004). Therefore, the passionate and pro-active approach demonstrated by the Taliban, offered Afghans hope for a better

life (Rana, 2009). Consequently, the control, uncertainty and fear placed on the country by western occupant troops increased motivation to liberate the country, which given its history, was a cause that catalysed Taliban insurgency and increased fear and panic within the government (Rana, 2009). The country remains governed by the Karzai administration and whilst Afghanistan remains on good diplomatic terms with many countries, its relationship with Pakistan remains somewhat turbulent given the historical context (see Appendices 1 and 2) and its housing of Taliban troops (Grare, 2009). India and Iraq remain solid allies and have been the major participants in the re-construction of the state over the last decade (McFaul, 2002). However, Afghanistan remains under nationwide threat from Taliban led insurgents, preventing an end to war such that it has become one of the longest wars in history (Laqueur, 2003). Overall this has cost the country two million dead, two million internally displaced and more than six million refugees worldwide (Mehraby, 2002a). Additionally, the country faces severe war-related environmental problems such as soil degradation, deforestation and desertification and its infrastructure has been largely destroyed with its largest cities left in ruins (Ewans, 2001).

Appendix 4: Beliefs, customs and values in Afghanistan⁵

Islam

Islam is the main religion in Afghanistan (McCauley, 2002). Islam, meaning submission (Eickelman, 2002), is a derivative of the Arabic word ‘salām’, meaning peace (McCauley, 2002). The religion follows that set by the prophet Mohammed whose divine inspirations and mission was to end the feuds and conflicts which were commonly part of Middle Eastern history (Eickelman, 2002). The Qu’ran, written amidst a history of violence, was designed as a means of hope towards restoring peace (McCauley, 2002). According to this holy book, the only acceptable form of violence is self-defence (McCauley, 2002). Although religious wars (jihad) do not officially form one of the five pillars of Islam (confessing the faith, prayer, fasting, giving of alms and pilgrimage to Mecca, (Lippman, 1995) , some Muslims consider jihad a sixth pillar and often perceive Islam as under threat from secular forces (Ali et al., 2004). It is the Qu’ran, together with rules derived from a consensus of religious beliefs (ijma), analogous reasoning (qiyas) and collections of traditions abided by the prophet Mohammed, that comprise the Sharia or Islamic Law (McCauley, 2002). Islam can be crudely split into two major groupings; Sunnis and Shi’as. Sunni Muslims, meaning ‘custom’, are considered the orthodox line whilst the Shi’a Muslims are considered to be a breakaway sect (Dupree, 1978; Eickelman, 2002).

⁵ The following sections are intended as an overview of Afghanistan’s culture. For more detailed information, please refer to the references cited.

Culture and customs

Afghanistan's culture is largely nomadic with over 60 different multi-ethnic tribes (Eickelman, 2002). Although each tribe may differ slightly in terms of culture and customs, the main components of this ancient way of life are currently preserved (Eickleman, 2002). There is a high regard for personal honour and tribal loyalty and it is customary for force (e.g. violence) to be used as a primary means to settle disputes (Heathcote, 2003). The key part of Afghan life is kinship; 'a reciprocal set of rights and obligations which not only satisfies but also limits an individual's status and role in relation to others both inside and outside of their group' (Dupree, 1978, p. 181). Subsequently, Afghan's often identify themselves as extensions of a collective group identity, rather than self-actualising individuals (Hofstede, 2010), which would involve rejection and condemnation (Mehraby, 2004).

Afghan society is considered 'patriarchal (authority in hands of elders), patrilineal (inheritance through male line) and patrilocal (female moves to husbands family once married)' (Dupree, 1978, p.181). The extended family serves as a major economic and social unit in Afghanistan (Dupree, 1997). Few Afghans have family names but instead are called 'son of....'. Family names tend to only be necessary when a person leaves Afghanistan at which point a name is often selected on the basis of personal identification, for example, ethnicity, adjective relating to their occupation or place/tribe of origin (Dupree, 1997). The older child (especially the male), is expected to take on the role of breadwinner to support parents and thus, it is the parents' responsibility to make sure that their children are looked after so that ultimately, they can fulfil this role (Mehraby, 2004). Subsequently, during periods of war and Taliban recruitment, elder Afghan males were frequently sent abroad to prepare economic footing in another country and escape combat recruitment, in

which they may lose their life and be unable to provide for their parents (Mehraby, 2002b; Rousseau & Carey, 1995).

Gender

Traditional customs involve women staying at home to look after the family and home (Ahmed, 1992) whilst the men work in order to provide financially (Hessini, 1994). Although it may appear that women have little power, they are influential in home-decision making and in extra-family economic activities, such as selling homemade items, and are valued for being more compassionate than men (Dupree, 1997; Eickelman, 2002). Boys are commonly regarded as 'capital investments' and are thought to contribute more to a family's prestige (Eickelman, 2002). Conversely, girls can be seen as burdensome and a potential source of shame and are carefully protected until their marriage (Eickelman, 2002). Males and females tend to form separate groups and are differentially treated during their young adulthood, with females expected to reach maturity far earlier than boys, and be married at a younger age (Eickelman, 2002). That aside, prior to the Taliban regime, some women did challenge the traditional roles and go on to gain a good education and subsequent rise in social status, however, with this came increased seclusion from men (Eickelman, 2002). Those who cannot be provided for by a male, such as those widowed, divorced, or child-less, are often forced into factory jobs or other roles considered to be socially marginal (Eickelman, 2002). Men and women do not freely associate with one another on an individual basis, and during the height of the Taliban regime, women were formally segregated (Hunter, 1999). Should men and women need to greet one another, responsibility for initiating a handshake lies with

the female (Mehraby, 2005). Prolonged eye contact, although important between males, is forbidden between genders (Mehraby, 2005).

Conduct, law and order

Sharia law governs the Islamic state and regulates every aspect of a Muslim's devotional and personal life (McCauley, 2002). There are many rules pertaining to non-Muslims, who are regarded as second class citizens and must abide by strict rules to reinforce this lower level status (McCauley, 2002).

In Sharia law court appearances are an infrequent last resort and punishments are strict, for example, amputation of hands for theft and of legs for highwaymen, stoning for adulterers and sex offenders (Misdaq, 2006), and converting to another religion is considered treason, which is punished by death (McCauley, 2002). Sharia law considers women to be different to men, which is reflected by the numerous rules in relation to preservation of female modesty (McCauley, 2002). There is not a single Islamic state that follows the Sharia in its entirety, and thus, the aim of Islamic radicals is to accomplish this (McCauley, 2002). Radicals such as the Taliban, are trained with a view that holy warriors, or those that die during a jihad, die as a martyr and will be rewarded with an eternity in paradise (McCauley, 2002).

Statistically, recruitment for radical Islamic groups is largely forced upon young male refugees, who by virtue of their position, are highly vulnerable (Kakar, 2000). Friendships predominantly take place within a kinship and male friends and strangers are often very expressive towards one another, such as kissing upon meeting and holding hands (Dupree, 1997; Mehraby, 2005). Talking distances are often closer than in western cultures (Eickelman, 2002; Mehraby 2005). Greetings are very important in Middle Eastern cultures. Handshakes must always use the right

(clean) hand, and not the left hand which is considered ‘unclean’ (Mehraby, 2005).

People are expected to stand when a visitor enters a room and a warm smile is customary (Mehraby, 2005). It is considered offensive to use the ‘thumbs up’ sign and to sit crossed legged bearing the sole of the shoe to another is also considered rude (Mehraby, 2005).

Dress

It is customary for men and women to wear Shalwar Kameez. Shalwar refers to loose fitted linen trousers and Kameez refers to the dress or tunic that is worn on top. It is traditional for men and women cover their head in public by either a Turban (male) or Burka or veil (female) due to the high value placed upon morality, privacy and modesty (Marsden, 1998).

Entertainment

Persian and Pashto poetry play an important part in Afghan culture (Clammer, 2007; Dupree, 1978). Poetry in Afghanistan is essentially a spoken art form, as opposed to a written one, thus uniting both literates and non-literates (Dupree, 1978). Folklore and folk music have many functions in Afghanistan’s culture. They are considered forms of instruction, often detailing and justifying a group’s existence and the rules that they abide by, stressing a group’s values, customs and in-group/out-group relations (Dupree, 1978). Given the lack of access to education in Afghanistan, most knowledge and understanding of an Afghan’s background is learned through folklore (Dupree, 1978). Many Afghans continue to enjoy music, dance and, in more developed areas, Bollywood movies (Clammer, 2007). Entertainment was tightly controlled by the Taliban but since 2004 has

become increasingly more relaxed (Dartnell, 2006). However, defamation of individuals and, or, material contrary to the beliefs of Islam remain prohibited (Dartnell, 2006). Football, cricket and Buzkashi (a traditional Afghan game similar to polo) are common sporting pastimes (Clammer, 2007).

Education and employment

The years of war inflicted upon Afghanistan destroyed most of the educational system and many teachers and academics fled the country (Ewans, 2001). In 1996 the Taliban banned women from schools and took over the educational system with their religious madrasses. Since 2001, the education system has been slowly rebuilt but the Taliban continued to attack schools (Ewans, 2001). Very few receive higher education due to the lack of universities and lack of earlier education (Library of Congress Federal Research Division, 2008). Subsequently, most Afghans are employed in more traditional areas such as agriculture, craft, mining, forestry and associated trade. Afghanistan was the world's leading producer of opium which provided employment for many. However, it was banned by the Taliban regime, having a massive downfall in the country's economy (United Nations Office on Drugs and Crime, 2010).

Views on health (physical and mental)

The incessant military conflict has destroyed most of the existing health provisions (Library of Congress Federal Research Division, 2008). Outside of the main cities, there are few hospitals or healthcare provisions (Ewans, 2001). Islam considers good health to be a God given blessing, which individuals are accountable for through various religious practices, such as cleansing and purification (Haytham,

1997; Sachedina, 2009). God's overall omnipotence within Islam encourages resignation to suffering such that many would not necessarily seek medical support for complaints but instead turn to elders (Sachedina, 2009). Responsibility for well-being of individuals, even as adults, resides with the parents (Mehraby, 2004). Subsequently, poor health may be blamed on individuals' families, which can bring shame upon the individual and their family. Consequently, individuals experiencing difficulty may deny any individual responsibility and depend on elders, and, or professionals for help (Mehraby, 2004).

Mental health provisions in Afghanistan are extremely poor. There is little public knowledge about mental health, which has not been prioritised in healthcare until recently. Presently, there is only one 60 bed psychiatric hospital within the entire country (Benderley, 2006).

Conceptualisations of mental health

Traditional Islamic views of mental illness are that it is a condition that results from an unbalanced lifestyle (diet, sleeping patterns, spiritual activities, and remembrance of God) or an unbalanced body (Rahman, 1998). Many believe that mental illness is a punishment from God or possession of an evil spirit (Pridmore & Pasha, 2004). Although supernatural causes are very real to those following the Islam faith, there is some acknowledgement of other causes (Rahman, 1998). Therefore different theories, treatments and healing practices continue to develop (Rowe 2003). However, the God-centric view remains pertinent such that any other treatment is seen as complimentary (Sachedina, 2009). Subsequently, psychological problems incur a heavy stigma and sufferers are often labelled 'mad' 'crazy' or 'insane' (Mehraby, 2002a).

Afghans have three categories for mental health problems; (a) those caused by biology (e.g. psychosis) (b) those caused by jihns or evil spirits, and (c) those caused by life experiences (Miller et al., 2006). As far as 'treatment' is concerned, there is nothing formal due to the lack of a mental health system. Given the common conceptualisations of mental health difficulties, it is not surprising that recitations of the Qu'ran, prayer, meditation and other Islamic rituals can be therapeutic (Mehraby, 2002a) and that most Afghans accept traditional healing as the main foundation of help (Driss, 2000). Counselling is conducted by older family members and usually involves concrete advice, direction giving, emotional and financial support and other forms of material assistance (Mehraby, 2002a). Problems are strictly kept within a family and rarely discussed with outsiders (Mehraby, 2002a). There is an expectation that men are stoic and thus, expressions of emotion by men are viewed as inappropriate. It is considered shameful to cry as there is a belief that men should be strong enough to tolerate suffering without tears as all pain and suffering is derived from God who will also provide the strength to survive (Mehraby, 2002a).

Psychological problems amongst Afghans are often expressed somatically (Mehraby, 2002a). Distress is frequently experienced and communicated in the form of physical problems such as headaches, backaches, general body tension, blurred vision, vertigo and dizziness (Hsu & Folstein, 1997; Wardak, 1993). Given the significant stigma of mental illness, physical symptoms are likely to be more socially acceptable and the denial of individual responsibility of physical health problems may also be intuitively appealing (Mehraby, 2002a). However, research has indicated that when asked explicitly about mental health symptoms, those from Middle-Eastern cultures report symptoms in psychological terms (Lin & Cheung, 1999). Afghans are also likely to endorse indigenous indicators of distress such as

lack of sleep, thinking too much, 'jigar khun' (a specific form of sadness involving grief and loss), 'asabi' (nervousness or feeling stressed) and 'fusher' (reference to feeling pressured) (Miller et al., 2006). It is these symptoms that are commonly reported to professionals and for which many self-medicate with herbal and illegal substances (Miller et al, 2006). Suicide is often a taboo subject, due to its inherent conflict with the Islamic faith (Bhugra & Bhui, 2007). Instead, Afghans are more likely to report 'death wishes' rather than suicidal ideation. Although the overall risk of suicide is low in the Middle East compared to the UK, this may be due to bias in reporting due to the taboo associated with suicide and it's condemnation in the Qu'ran (Pritchard & Amanullah, 2007).

Appendix 5a: Current UK Service Provisions for Asylum-Seekers & Refugees

The process for seeking asylum in the UK is three-fold; offering an account (making a claim), a first decision (often by the state) and, if unsuccessful, an appeal process (Herlihy, Jobson, & Turner, 2012). It relies on a single interview (Macklin, 2006; Noll, 2005), hence the process can be subjective, inconsistent and unfair (Herlihy, Gleeson & Turner, 2010). In 2011, 68% of UK Border Agency initial decisions were refusals (Home Office, 2012) and only 26% of appeals were granted (Home Office, 2012). Between 2001 and 2010, half (51%) the number of Afghani asylum applications were granted in the UK, the highest for any given nationality (Home Office, 2011).

There is an exception to this, which concerns those under age 18. They receive temporary leave to remain until age 18, when they become subject to the asylum process described above (Home Office, 2011; UK Border Agency, 2011) (see appendix 5b). Subsequently, the process for gaining age-related temporary asylum is a rigorous process with only 8% success in 2011 (Home Office, 2012). Many claims are age-disputed, the majority (30%) of which are Afghanis (Home Office, 2011; 2012; UK Border Agency, 2011). Furthermore, since 2005 any permission to stay in the UK expires after five years and cases can be reviewed at any time (Fell & Hayes, 2007; Refugee Council, 2012).

Overtime there have been numerous government legislations pertaining to asylum-seekers and refugees, the recurrent themes of which have speeding up claims, reducing appeals and support, aiming to streamline decision making and deter arrivals (Haddal, 2009; Hynes, 2011; Patel & Kelly, 2006). This reflects the negative media discourse that asylum-seekers ‘abuse benefit systems’ and that increased demands caused the recession (Finney & Peach, 2004; Lewis, 2005; Patel

& Kelly, 2006; Summerfield, 2001) which have been made worse by the post-9-11 media (Ali, Liu, & Humedian, 2004; Lewis, 2005). This may lead to stigma, criminalisation and discrimination, which may impact upon psychological systems involving identity, safety, justice, and existential meaning, as well as reducing support and limiting coping resources.

In 1999 a separate welfare system for asylum-seekers was created (National Asylum Support Service, [NASS]). NASS focuses on reducing benefits by offering asylum-seekers a single package of care with a reduced cash handout (Haddal, 2009; Hynes, 2011). Financial support was replaced by vouchers, worth only 70% of standard income support, (Burnett & Peel, 2001a), which were abolished in 2002 and replaced with 'smart card' identification to prevent fraud (Haddal, 2009). NASS' strategy involves the compulsory dispersal of asylum-seekers throughout the UK in order to relieve pressures in key areas (Hynes, 2011). However, NASS only supports those aged 18 and above. In these cases, asylum-seekers are often dispersed, but become the responsibility of local authorities (Hynes, 2011; Perry, 2005). Those under 15 are deemed 'looked after children' and placed in foster care, whilst those aged 16-17 are placed in independent housing (Bann & Tennant, 2002; Department of Health [DofH], 1995; 2003). Once they turn 18, this ceases and they become eligible for NASS support whilst their claim is in progress (Smith, 2010; Stanley, 2001) (see appendix 5b).

Although NASS' support is very basic, asylum-seekers have free access to legal advice and the National Health Service (NHS) and there are multiple organisations available for help, including free English for Speakers of Other Languages (ESOL) classes, which facilitate education, health, purpose and meaning, thus increasing well-being. Asylum-seekers are not allowed to work in the UK

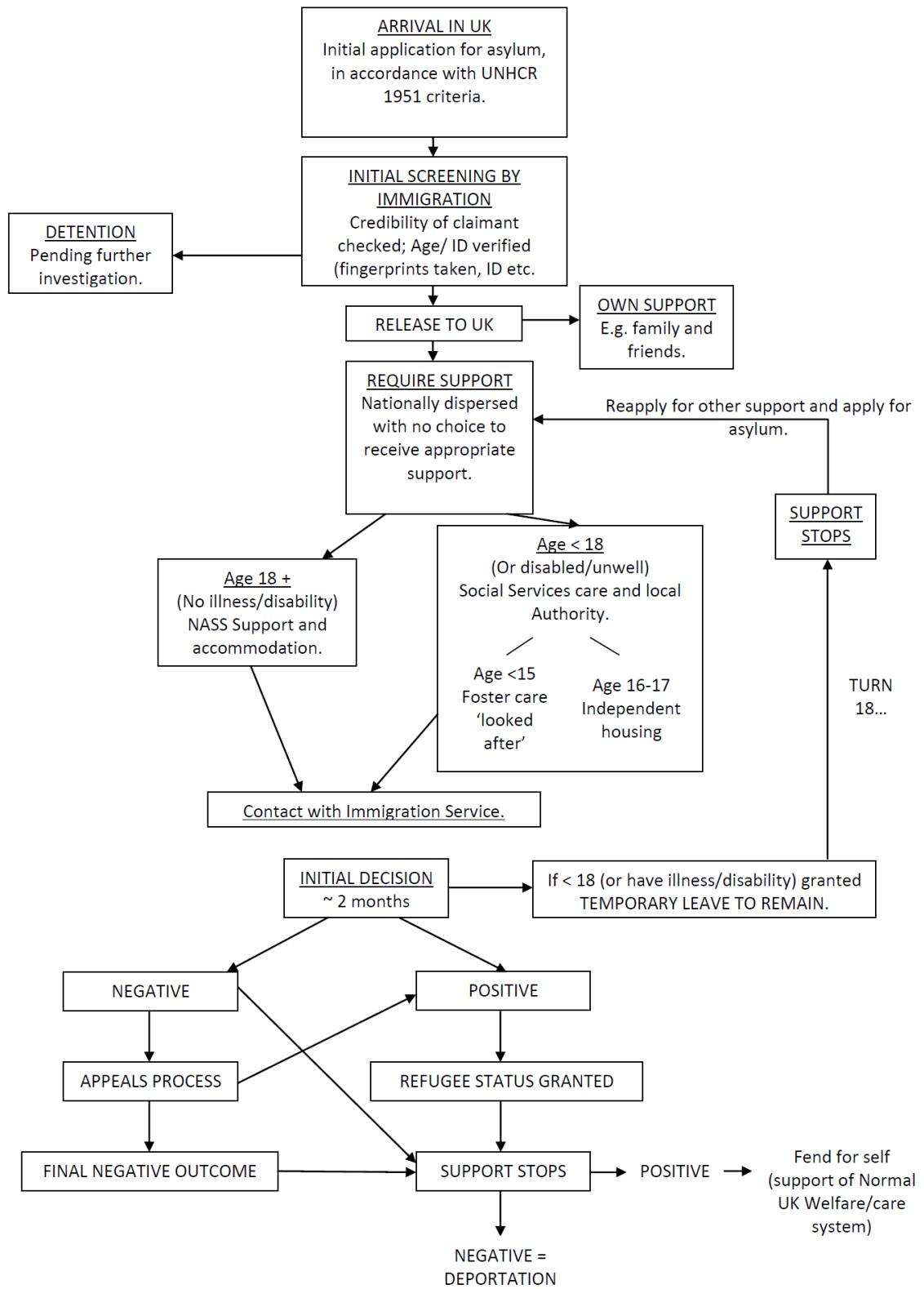
unless they have not received feedback about their claim within one year (Refugee Council, 2012; Smith, 2010). This is rare, and even then, access to jobs is restricted to 'shortage occupations' (Smith, 2010). Once their case is refused, their entitlements cease and they generally face deportation (Smith, 2012; UK Border Agency, 2011).

Consequently, UK service provisions have received considerable criticism (Fazel & Silove, 2006; Hassan, 2000; Silove, Steel & Watters, 2000; Stevens, 2004). Segregating and reducing welfare provisions and use of smart-cards can appear punitive and may increase deprivation, social exclusion and criminalisation, fuelling negative public perceptions and make asylum-seekers more visible as a group (Hynes, 2011; Watters, 2001), thus threatening safety and identity. Frequent changes to legislation can cause confusion thus creating a barrier to services (Patel & Kelly, 2006), which together with regional differences in levels of care creates inequalities in provisions, threatening a sense of justice. This may be heightened for those aged 16-17 who do not meet 'looked after' criteria but are simultaneously not categorised in terms of need, with adults (Patel & Kelly, 2006). That aside, asylum-seekers are generally placed with those from a similar background, which may help in terms of cultural re-connection and identity, however, this may increase acculturation difficulties if mis-matched. Dispersal protocols may mean asylum-seekers are relocated several times, interrupting social networks, attachments and support, reinforcing 'limbo' and disrupting well-being (Johnston et al., 2009; Nielson et al., 2008; Warfar et al., 2012). 'No choice' protocols limit autonomy, disempowering individuals' sense of self-direction (Watters, 2001). Given the strong evidence for its long-term benefits (Bhugra, 2004; Eastmond, 1998) and the robust relationship between unemployment and distress (Beiser & Hou, 2002; Schweitzer, Melville, Steel & Lacherez, 2006), employment is has a pivotal role in resettlement

(Bloch, 2000). Therefore, not being permitted to work may be a hurdle in terms of self-esteem and identity, particularly given Afghani culture and their motivation for migration (see appendix 4).

Appendix 5b: Flowchart outlining the UK asylum protocol

Adapted from Perry (2005) p.16



NASS = National Asylum Support Service.

Appendix 6a: LREC Approval Letter



National Research Ethics Service NRES Committee East of England - Norfolk

Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

Telephone: 01223 597597
Facsimile: 01223 597645

20 July 2011

Miss Rebecca Button
Trainee Clinical Psychologist
Cambridgeshire & Peterborough NHS Foundation Trust
Faculty of Health, Elizabeth Fry Building
The University of East Anglia
Norwich
NR4 7TJ

Dear Miss Button

Study title: The Influence of Pre-Migration, Migration and Post-Migration Experiences on the Psychological Well-Being of Young Male Afghan Refugees in the UK
REC reference: 11/EE/0237

The Research Ethics Committee reviewed the above application at the meeting held on 11 July 2011. Thank you for attending to discuss the study. Please pass on the Committee's thanks to Dr Jobson for attending as well.

You were invited to join the meeting and thanked for attending. A summary of the items discussed and your responses to the issues raised is given below:

1. You were asked to explain why the participants would be refugees. You explained that the eldest son is sent abroad for education and work. Most have links with Peterborough College and this is how you will make contact. Dr Jobson confirmed that the UK Border Agency will have classified the participants as refugees. They are fleeing trauma in Afghanistan and are not economic migrants. Members then asked how long they will have been here for. You explained that you are not sure and that this is one of the things that may come out during the study.
2. You were asked if this study will give you the information required for your thesis. You confirmed that this is the case and that the results will be published.
3. You were asked about the £10 voucher and whether £10 was a large amount for this group. You said that you had taken the minimum wage into consideration and thought of a suitable figure to make up for one and a half hours of paid work. You felt that it was important to acknowledge that the study subject may be difficult to talk about. There is also a cultural element in the giving of the gift voucher as it is usual for this population to give a gift of food and the voucher will be for a local supermarket. The Committee was satisfied with this response.
4. Members asked about the interviews and whether Afghan males will be comfortable talking to a woman. You explained that the participant, interpreter and yourself will be present for the interview. In Afghanistan the participants would

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the National Patient Safety Agency and Research Ethics Committees in England

usually only talk to female relatives but they will now have had dealings with women through education, help with mental health issues etc. The participants will know in advance that the interviews will be conducted by a woman and so can choose not to take part if they are uncomfortable with this.

5. You were asked if you felt that the questionnaire would give the information you are looking for. The first eight questions in particular will only lead to short answers. You agreed but explained that it is the later questions that are more probing. You added that you want the refugee to have control and aims to limit the invasion of their privacy and not to cause distress.
6. The Committee asked for more information on the Key Worker involved in promoting the study. You advised that you have only had brief talks with him so far but that the study will be fully explained to him and that he will be asked to sign a disclaimer. He is from Afghanistan and will know many of the participants. You reassured members that he will not coerce potential participants into taking part.
7. Members asked if it were likely that some participants may return home during the study. You said this was unlikely because of their refugee status.
8. The Committee asked how many potential participants there are and their age range. You advised that there are 70 and that you are hoping that 10 -12 will participants. The age range is generally 16 to 20 but some can be as young as 14.

Ethical opinion

The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rforum.nhs.uk>.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

Other conditions specified by the REC

(i) Participant Information Sheet:

On the forth page of the sheet the paragraph ' You will be allocated a unique study number.....' should be moved to the section Will my taking part in this study be kept confidential.

It is responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

You should notify the REC in writing once all conditions have been met (except for site approvals from host organisations) and provide copies of any revised documentation with updated version numbers. Confirmation should also be provided to host organisations together with relevant documentation

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
Advertisement	1	13 May 2011
Covering Letter	Miss Rebecca Button	31 May 2011
Evidence of insurance or indemnity	Zurich Municipal	16 June 2010
GP/Consultant Information Sheets	1	13 May 2011
Interview Schedules/Topic Guides	1	13 May 2011
Letter from Sponsor	UEA	27 May 2011
Other: Procedure flow chart	1	13 May 2011
Other: CV for Rebecca Joan Button		
Other: CV for Laura Jobson		
Other: CV for Malcolm Adams		06 May 2011
Other: CV for Gabriel Ardeman		19 May 2011
Other: Consent to contact form	1	13 May 2011
Other: Follow up GP contact details	1	13 May 2011
Other: Confidentiality disclaimer	1	13 May 2011
Other: Support contact details for participants	1	13 May 2011
Participant Consent Form	1	13 May 2011
Participant Information Sheet	1	13 May 2011
Protocol	1	13 May 2011
REC application	82376/219683/1/185	31 May 2011
Referees or other scientific critique report	Laura Jobson	20 May 2011

Membership of the Committee

The members of the Ethics Committee who were present at the meeting are listed on the attached sheet.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating

This Research Ethics Committee is an advisory committee to East of England Strategic Health Authority

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Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

11/EE/0237

Please quote this number on all correspondence

With the Committee's best wishes for the success of this project

Yours sincerely



Michael Sheldon MA, PhD
Chair

Email: lynda.mccormack@eoe.nhs.uk

Enclosures: *List of names and professions of members who were present at the meeting and those who submitted written comments*

"After ethical review – guidance for researchers"

Copy to:

Tracey Moulton
Research, Enterprise & Engagement Office
The Registry
University of East Anglia
Norwich
NR4 7TJ

Professor Ed Bullmore
Cambridgeshire & Peterborough NHS Foundation Trust
Addenbrookes Hospital R & D Hospital
S4 Box 277
Hills Road
Cambridge
CB2 0QQ

NRES Committee East of England - Norfolk

Attendance at Committee meeting on 11 July 2011

Committee Members:

Name	Profession	Present	Notes
Reverend Bill Bazely	Senior Hospital Chaplain	No	Apologies given
Mr Ron Driver	Lecturer/Statistician	Yes	
Miss Sheila Ginty	Senior Sister - Surgery	Yes	
Mr Colin Green	Drugs & Therapeutics Pharmaceutical Advisor	Yes	
Ms Leanne Groves	Occupational Therapist	No	Apologies given
Mrs Janette Guymer	NHS Administrator	Yes	
Dr Linda Harvey	Research Scientist	Yes	
Dr Gillian Hawkes	Research Associate	No	Apologies given
Mrs Pamela Keeley	East Anglian Eye Bank Nurse Manager	Yes	
Dr Peter E Langdon	Clinical Senior Lecturer and Clinical Psychologist	No	Apologies given
Dr Elizabeth Lund (Alternate Vice-Chair)	Research Scientist	Yes	
Michael Sheldon MA, PhD (Chair)	Retired Clinical Psychologist	Yes	
Dr Robert Stone (Vice-Chair)	General Practitioner	Yes	

Also in attendance:

Name	Position (or reason for attending)
Mrs Sarah Blount	Observer
Mrs Lynda McCormack	REC Co-ordinator

This Research Ethics Committee is an advisory committee to East of England Strategic Health Authority

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the National Patient Safety Agency and Research Ethics Committees in England*

Appendix 6b: R&D Approval Letter

Cambridgeshire and Peterborough **NHS**
NHS Foundation Trust

Understanding mental health, understanding people
Research and Development Department

21 August 2011

R&D Ref: M00458

Miss Rebecca Button
Faculty of Health
Elizabeth Fry Building
The University of East Anglia
Norwich
NR47TJ

Box 277
Addenbrooke's Hospital
Hills Road
Cambridge
CB2 0QQ

Direct Dial: 01223 596371 ext 6371
E-mail: rachel.kyd@cpft.nhs.uk
www.cpft.nhs.uk

Dear Miss Button

11/EE/0237 Influence of Migration Related Experiences on Afghan Refugees in UK

In accordance with the Department of Health's Research Governance Framework for Health and Social Care, all research projects taking place within the Trust must receive a favourable opinion from an ethics committee and approval from the Department of Research and Development (R&D) prior to commencement.

R&D have reviewed the documentation submitted for this project, and has undertaken a **site specific assessment** based on the information provided in the SSI form, and I am pleased to inform you that we have no objection to the research proceeding within Cambridge and Peterborough NHS Foundation Trust.

Sponsor: University of East Anglia

Funder: No external funding

End date: 21/02/12

Protocol: v1, 13/05/11

The project must follow the agreed protocol and be conducted in accordance with all Trust Policies and Procedures especially those relating to research and data management.

Honorary Research Contracts (HRC)

All researchers with no contractual relationship with any NHS body, who are to interact with NHS patients in a way that directly affects the quality of their care, should hold honorary NHS contracts (Access Letter or Research Passport). For more information on whether you or any of your research team will require an HRC please liaise with the R&D office. **It is your responsibility to inform us if any of your team does not hold NHS contracts.** Any additional researchers who join the study at a later stage must also hold a suitable contract.



HQ Elizabeth House, Fulbourn Hospital, Cambridge CB21 5EF.
T 01223 726789 F 01480 398501 www.cpft.nhs.uk

In partnership with the University of Cambridge

Risk and Incident Reporting

Much effort goes into designing and planning high quality research, which reduces risk; however untoward incidents or unexpected events (i.e. not noted in the protocol) may occur in any research project. Where these events take place on trust premises, or involve trust service users, carers or staff, you must report the incident within 48 hours via the Trust incident reporting system on www.cpft.nhs.uk. Alternatively, you may contact the R&D department for further guidance

Research Governance, Confidentiality and Information Governance

Whilst conducting this study, you must fully comply with the Research Governance Framework. This can be accessed at <http://www.dh.gov.uk> website then use the DH search facility. All personnel working on this project are bound by a duty of confidentiality. All material accessed in the Trust must be treated in accordance with the Data Protection Act (1998).

All parties involved in this research should familiarise themselves and comply with the Trust's policies and procedures available on the Trust website:

<http://www.cpft.nhs.uk/Publications/DocumentsthatGuidePractice/DtGP/tabid/486/language/en-US/Default.aspx>

Protocol / Substantial Amendments

You must ensure that the approved protocol is followed at all times. Should you need to amend the protocol, please follow the Research Ethics Committee procedures and inform all NHS organisations participating in your research.

Monitoring / Participant Recruitment Details

Your proposed local end date is 21/02/2012. At this time your study will be closed at CPFT if no reports or extensions are sought from the R&D office, and CPFT R&D approval will be revoked.

Updating Records

It is your responsibility to keep the R&D department informed of any changes to your contact details, or any changes to the research team and their contact details.

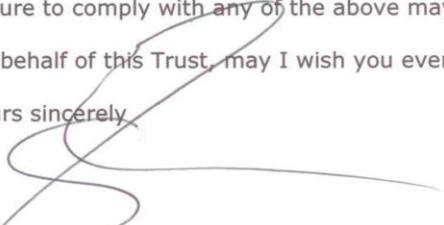
Final Reports

At the end of your research study, we will request a final summary report so that your findings are made available to local NHS staff. The details from this report may be published on the Trust intranet site to ensure findings are disseminated as widely as possible to stakeholders.

Failure to comply with any of the above may result in withdrawal of Trust approval.

On behalf of this Trust, may I wish you every success with your research.

Yours sincerely


Stephen Kelleher

Senior Research and Development Manager

Appendix 7a: Amendment 1 LREC Approval Letter



Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

Tel: 01223 597597
Fax: 01223 597645

25 October 2011

Miss Rebecca Button
Trainee Clinical Psychologist
Faculty of Health, Elizabeth Fry Building
The University of East Anglia
Norwich
NR4 7TJ

Dear Miss Button

Study title: The Influence of Pre-Migration, Migration and Post-Migration Experiences on the Psychological Well-Being of Young Male Afghan Refugees in the UK
REC reference: 11/EE/0237
Amendment number: Amendment 1
Amendment date: 07 October 2011
Amendment content: The researchers wish to remove refugee status as an inclusion criteria and use asylum seekers instead to enable them to recruit those who are seeking refugee status but have not officially been granted it.

The above amendment was reviewed by the Sub-Committee in correspondence.

Ethical opinion

The members of the Committee taking part in the review gave a favourable ethical opinion of the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
Notice of Substantial Amendment (non-CTIMPs)	Amendment 1	07 October 2011
Covering Letter	Rebecca Button	07 October 2011

Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.

This Research Ethics Committee is an advisory committee to the East of England Strategic Health Authority
The National Research Ethics Service (NRES) represents the NRES Directorate within
the National Patient Safety Agency and Research Ethics Committees in England

R&D approval

All investigators and research collaborators in the NHS should notify the R&D office for the relevant NHS care organisation of this amendment and check whether it affects R&D approval of the research.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

11/EE/0237:

Please quote this number on all correspondence

Yours sincerely



Michael Sheldon MA, PhD
Chair

E-mail: lynda.mccormack@eoe.nhs.uk

Enclosures: *List of names and professions of members who took part in the review*

Cc: Tracey Moulton
Research, Enterprise & Engagement Office
The Registry
University of East Anglia
Norwich
NR4 7TJ

Professor Ed Bullmore
Cambridgeshire & Peterborough NHS Foundation Trust
Addenbrookes Hospital R & D Hospital
S4 Box 277
Hills Road
Cambridge
CB2 0QQ

NRES Committee East of England - Norfolk

Attendance at Sub-Committee of the REC meeting on 17 October 2011

Name	Profession	Capacity
Michael Sheldon MA, PhD	Retired Clinical Psychologist	Lay
Dr Robert Stone	General Practitioner	Expert

Also in attendance:

Name	Position (or reason for attending)
Mrs Lynda McCormack	REC Co-ordinator

Appendix 7b: Amendment 2 LREC Approval Letter



National Research Ethics Service NRES Committee East of England - Norfolk

Victoria House
Capital Park
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Tel: 01223 597597
Fax: 01223 597645

25 October 2011

Miss Rebecca Button
Trainee Clinical Psychologist
Faculty of Health, Elizabeth Fry Building
The University of East Anglia
Norwich
NR4 7TJ

Dear Miss Button

Study title: The Influence of Pre-Migration, Migration and Post-Migration Experiences on the Psychological Well-Being of Young Male Afghan Refugees in the UK
REC reference: 11/EE/0237
Amendment number: Amendment 2
Amendment date: 07 October 2011
Amendment Summary: Change of translator to do all the translation of materials and recording of the mp3 versions of the information sheets.
All information will now be translated into Dari rather than Pashto since this will appeal to the majority of Afghans.

The above amendment was reviewed by the Sub-Committee in correspondence.

Ethical opinion

The members of the Committee taking part in the review gave a favourable ethical opinion of the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Document	Version	Date
Notice of Substantial Amendment (non-CTIMPs)	Amendment 2	07 October 2011
Covering Letter	Rebecca Button	07 October 2011

Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.

This Research Ethics Committee is an advisory committee to the East of England Strategic Health Authority
The National Research Ethics Service (NRES) represents the NRES Directorate within
the National Patient Safety Agency and Research Ethics Committees in England

R&D approval

All investigators and research collaborators in the NHS should notify the R&D office for the relevant NHS care organisation of this amendment and check whether it affects R&D approval of the research.

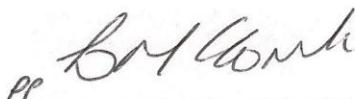
Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

11/EE/0237:

Please quote this number on all correspondence

Yours sincerely



Michael Sheldon MA, PhD
Chair

E-mail: lynda.mccormack@eoe.nhs.uk

Enclosures: *List of names and professions of members who took part in the review*

Copy to: Tracey Moulton
Research, Enterprise & Engagement Office
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Professor Ed Bullmore
Cambridgeshire & Peterborough NHS Foundation Trust
Addenbrookes Hospital R & D Hospital
S4 Box 277
Hills Road
Cambridge
CB2 0QQ

NRES Committee East of England - Norfolk

Attendance at Sub-Committee of the REC meeting on 17 October 2011

Name	Profession	Capacity
Michael Sheldon MA, PhD	Retired Clinical Psychologist	Lay
Dr Robert Stone	General Practitioner	Expert

Also in attendance:

Name	Position (or reason for attending)
Mrs Lynda McCormack	REC Co-ordinator

This Research Ethics Committee is an advisory committee to East of England Strategic Health Authority

*The National Research Ethics Service (NRES) represents the NRES Directorate within
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Appendix 7c: R&D Approval of Amendments (email)

CPFT_Amendments 1& 2 approval - R&D ref: M00458

23/12/2011

[Reply](#) [v](#)

[Add to contacts](#)

To 'rebeccabutton375@hotmail.com'

Dear Miss Button

REC No.: 11/EE/0237

Study Title: Influence of Migration Related Experiences on Afghan Refugees in UK

Amendment no.: Amendments 1 and 2

Thank you for submitting the documents outlined below for amendments 1 and 2.

I can confirm that these changes do not affect research governance and therefore the study can continue.

Documents received:

- Notice of substantial amendments dated 07/10/11
- Favourable ethics opinion letters both dated 25/10/11
- Other supporting documents

Please refer to the conditions of approval for carrying out this study as outlined in the R&D approval letter.

Best wishes

Rachel

Rachel Kyd, PhD | R&D Officer | R&D Department
Cambridgeshire and Peterborough NHS Foundation Trust
Box 277 | Addenbrooke's Hospital | Hills Road | Cambridge | CB2 0QQ
T: 01223 596371 | **Ext:** 6371 | **F:** 01223 348494

Appendix 8: Participant Information Sheet



Information sheet for:

The Influence of Pre-Migration, Migration and Post-Migration Experiences on the Psychological Well-Being of Young Male Afghan Refugees in the UK

You are being invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish.

Part 1 tells you the purpose of this study and what will happen to you if you take part.

Part 2 gives you more detailed information about the conduct of the study.

Please ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

PART 1

1. What is the study for?

The aim of the study is to understand the experiences of young male Afghan Refugees living in the UK in order to help find better ways of providing services to Afghan refugees living in the UK.

This study will be part of the Clinical Psychology Doctorate being undertaken by Becky Button, University of East Anglia.

2. Do I have to take part?

It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care you receive from any of the support services involved in this project. If you chose to withdraw, your study data will be destroyed.

In order to take part, you must have current refugee status, and be 'fit' to take part. This means that you must not have a serious mental health problem or be misusing drugs or alcohol, and you should feel OK to talk about your experiences.

3. What do I have to do?

If you agree to take part you will be asked to complete and sign a consent form. If you are interested and are given the information from a contact that is not the researcher, you will be asked to sign a consent to contact form in order for your contact details to be given to the researcher and for them to contact you.

Expenses and payments: We will reimburse out-of-pocket expenses, such as return travel for the interview, should that be required. It would be helpful if you could keep any travel receipts. You will also receive a £10 shopping voucher as a reward for taking part at the end of the interview.

4. What will happen to me if I take part?

If you agree to take part a trainee Clinical Psychologist will interview you and encourage you to talk about your experiences surrounding your life in Afghanistan, your migration to the UK and your experiences since being in the UK and how you feel these have affected you. The interview is expected to last for approximately one and a half hours and will be recorded on a digital recorder. You may request breaks during the interview. The interview will take place in one of the private rooms at St Johns NHS building, located off Thorpe Road, opposite the City Care Centre. If after the interview you feel that you would like to talk further about any issues related to your experiences and well-being a referral for an appointment can be made for you to see a member of staff at St Johns.

5. What are the possible disadvantages and risks of taking part?

There is a small risk that you may be upset by some of the questions. If this should happen you will be asked if you want to talk about what is upsetting you, skip the question or stop the interview without having to explain why. Your care from the local support services will in no way be affected. If you are upset at the end of the interview and would like some more support then this will be arranged for you.

6. What are the possible benefits of taking part?

We feel that it is important to find out your experiences and well-being so that local services can provide better support to Afghan refugees in the future.

7. What if there is a problem?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

8. Will my taking part in the study be kept confidential?

All the information about your participation in this study will be kept confidential. The details are included in Part 2.

9. Contact Details:

In the first instance please contact Becky Button, Trainee Clinical Psychologist on rebecca.button@uea.ac.uk or 01603 591158.

The other members of the research team are: Dr Laura Jobson, l.jobson@uea.ac.uk 01603 591158, Prof. Malcolm Adams, m.adams@uea.ac.uk 01603 593600 and Dr Gabriel Ardeman, Gabriel.ardeman@cpft.nhs.uk.

If you have any concerns during the study and wish to speak to an independent person, please contact:

Patient Advice and Liaison Service (PALS)

Tel: 0800 587 4132

If the information in Part 1 has interested you and you are considering participating, please continue to read the additional information in Part 2 before making your decision.

PART 2

10. Will my taking part in this study be kept confidential?

An interpreter will be present at the time of your interview who will be different to the interpreter you may have met already so that the contents of your interview will remain strictly confidential. This is to protect your privacy and also to encourage you to speak freely about your experiences and well-being. No information about your personal contribution will be given to anyone but we would like to inform your GP that you have taken part so that they can provide support for you afterwards if you feel you need it. They will not be told any details of the interview and will not contact you. It will be up to you to contact them if you wish to talk to them about your experiences.

All information about you will be kept strictly confidential. However, there are occasions when we have no choice about what has to be communicated to others: if we believe a child or adult is at risk or we are required to do so by law, for example when a crime has been committed.

11. What if there is a problem?

Complaints:

If you have a concern about any aspect of this study, you should ask to speak with Laura Jobson the primary research supervisor who will do her best to answer your questions (Tel: 01603 591158). If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure. Details can be obtained from the Patient Advice and Liaison Service (PALS), Tel: 0800 587 4132

Harm:

In the event that something does go wrong and you are harmed during the research study there are no special compensation arrangements. If you are harmed and this is

due to someone's negligence then you may have grounds for a legal action for compensation against Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) but you may have to pay your legal costs. The normal National Health Service complaints mechanisms will still be available to you (if appropriate). NHS Indemnity does not offer no-fault compensation i.e. for non-negligent harm.

You will be allocated a unique study number. Paper records regarding your participation and your study number will be kept in a locked filing cabinet at the University of East Anglia. The digital recording of the interview will be anonymised i.e. it will not have details of your name or any other personal details before being taken to the researcher's home in order for transcription and analysis to be carried out. The digital voice recordings will be destroyed at the end of the research. The paper records will be stored for 15 years in a locked filing cabinet at the University of East Anglia. The Research and Development Department will also have access for audit and monitoring purposes to ensure that the study has been conducted properly. The custodian for study-related paper records and data will be Miss Becky Button. The procedures for handling, processing, storage and destruction of study data are compliant with the Data Protection Act 1998. All data will remain anonymous in all published reports.

12. What will happen to the results of the research study?

The results of the study will be analysed by Becky Button at the University of East Anglia. They may be published in scientific journals or presented at scientific meetings. This may involve using quotes from your interviews and while every effort will be made to ensure you are not identifiable, people who know you, may be able to identify you from your ways of speaking.

The results are also to be presented as part of Becky's doctoral thesis.

You will not be identified by name in any report/publication.

You will be allowed to see and hear of the results of the study if you would like.

13. Who is organising and funding the research?

The study is being organised and funded by the School of Medicine, Health Policy and Practice at The University of East Anglia .

The research team conducting the research are not receiving additional payments for including you in this study.

14. Who has reviewed the study?

{This study was given a favourable ethical opinion for conduct in the NHS by the Norfolk Research Ethics Committee.}

You will be given a copy of the information sheet and a signed consent form to keep.

Thank you for taking time to read this sheet and for considering taking part in this study.

Contact Details for Further Questions:

Becky Button – Trainee Clinical Psychologist
Tel: 01603 591158
Email: Rebecca.button@uea.ac.uk

Dr Laura Jobson – Lecturer in Cross-Cultural Clinical Psychology and Trauma
Professor Malcolm Adams – Co-director for Clinical Psychology Doctorate
Programme

School of Medicine, Health Policy and Practice
University of East Anglia
Norwich NR4 7TJ
Tel: 01603 593600
Fax: 01603 593604
Email: l.jobson@uea.ac.uk and m.adams@uea.ac.uk

Appendix 9: Consent to Contact Form



PARTICIPANT CONSENT TO CONTACT FORM

The Influence of Pre-Migration, Migration and Post-Migration Experiences on the Psychological Well-Being of Young Male Afghan Refugees in the UK

Main Investigator: Becky Button, Rebecca.button@uea.ac.uk

PLEASE SIGN AT THE BOTTOM AND INITIAL EACH BOX.

1. I confirm that I have an interest in taking part in the above study and have not been coerced in any way.
2. I agree to my contact details will be passed onto Becky Button, main researcher.
3. I agree to Becky Button contacting me about the above research project.
4. I understand that this does not mean that I have to take part in the research and that I am free to withdraw at any time.
5. I understand that if I choose to not take part my contact details will be destroyed.

..... Name of participant (*please print*) Date Signature

..... Name of witness (*please print*) Date Signature

Appendix 10: Consent Form



PARTICIPANT CONSENT FORM

The Influence of Pre-Migration, Migration and Post-Migration Experiences on the Psychological Well-Being of Young Male Afghans in the UK

Main Investigator: Becky Button, Rebecca.button@uea.ac.uk

PLEASE SIGN AT THE BOTTOM AND INITIAL EACH BOX.

1. I confirm that I have read and understood the 'participant information sheet' and, or listened to the CD mp3 version of the above study and have had an opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without the support I receive from local services or my legal rights being affected.
3. I agree to my interview being recorded and understand that it will be anonymised and stored safely in a locked cabinet.
4. I understand that all information I provide will be kept confidential and that confidentiality may only be broken if there is risk of harm to myself or others or if a crime has been committed.
5. I understand that I may access additional support if needed and that I am free to ask questions at any point, and that I have the researchers contact details should I wish to contact them for additional information.
6. I agree to a letter being sent to my GP or other named contact informing them of my participation in this study.
7. I agree to the storage of my study-related data in accordance with the Data Protection Act 1998.
8. I agree to take part in the study.

.....

Name of participant (*please print*)

Date

Signature

.....

Researcher (*please print*)

Date

Signature

Appendix 11: Additional Support Contact Details for Participants

Migration Experiences Research

If you continue to feel distressed or would like to talk to someone please contact:

1. Researcher – Becky Button

Email - Rebecca.Button@uea.ac.uk
Phone (01603 591158)

2. Your GP or GP out of hours service

Phone (01603 488488)

3. A Mental Health Support Service such as

MIND – Phone (08457 660163)
Samaritans – Phone (08457 909090)

Appendix 12: Follow Up Named Contact Details



PARTICIPANT NAMED CONTACT FORM

PARTICIPANTS NAME _____

NAME OF CONTACT _____

ADDRESS OF NAMED CONTACT _____

NB: THIS FORM WILL BE SHREDDED ONCE THE LETTER HAS BEEN
SENT. THEREFORE IT WILL NOT BE LINKED TO YOUR INTERVIEW IN
ANY WAY.

Appendix 13: Letter to GP or Other Named Contact



University of East Anglia

Norwich NR4 7TJ

Tel: 01603 591158

Fax: 01603 593604

Email: Rebecca.Button@uea.ac.uk

To whom it may concern

RE: The Influence of Pre-Migration, Migration and Post-Migration Experiences on the Psychological Well-Being of Young Male Afghan Refugees in the UK

I am writing to inform you that *<insert participant's name here>* has recently taken part in a study which is investigating the influence of migration related experiences of young male Afghan Refugees and the impact these have on their psychological well-being.

Given the nature of the research, some participants may have experienced some distress, and we have encouraged them to seek support if they need it. Please do not contact them about the study, but be aware that they may contact you for support if they need it.

If you have any questions about this, or the research in general then please do not hesitate to contact me.

Best Wishes

Becky Button

Trainee Clinical Psychologist, UEA

Supervised by Dr Laura Jobson, Clinical Psychologist, UEA

Appendix 14: Confidentiality Disclaimer for Interpreters



CONFIDENTIALITY DISCLAIMER

The Influence of Pre-Migration, Migration and Post-Migration Experiences on the Psychological Well-Being of Young Male Afghan Asylum Seekers in the UK

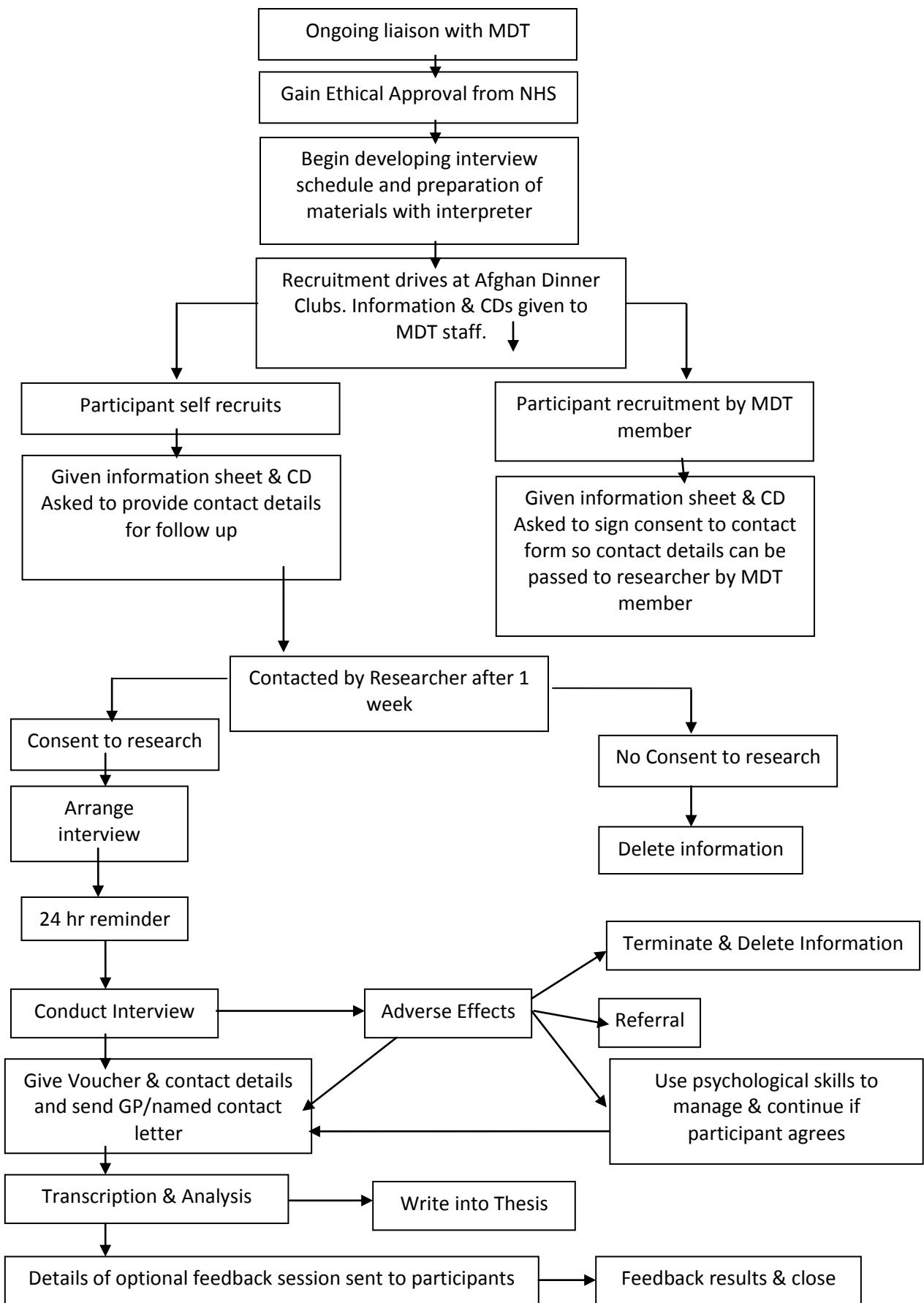
Main Investigator: Becky Button, Rebecca.button@uea.ac.uk

**I HEREBY DECLARE THAT I WILL NOT DIVULGE ANY DETAILS
REGARDING THE IDENTITY OF ANY OF THE PARTICIPANTS IN THE
ABOVE STUDY AND WILL MAINTAIN AND RESPECT THE
CONFIDENTIALITY OF THEIR PARTICIPTION AT ALL TIMES UNLESS
OTHERWISE NECESSARY IN ACCORDANCE WITH THE LAW.**

.....
Name of INTERPRETER (*please print*) Date Signature

.....
Name of RESEARCHER (*please print*) Date Signature

Appendix 15: Procedural Flow Chart



Appendix 16: Stages of Template Development – Commentary

Stage 1: Initial Template (from theories)

Combined theoretical models to ascertain migration experiences and the impact of these

Major Theme 1: Pre-Migration

1.1 Main Theme: Factors/Experiences (Bhugra & Jones, 2001)

Sub-themes: age, gender, reason for leaving (experiences), preparation, personality, separation, economic, educational, social

1.2 Main Theme: Consequences/Impact on well-being

Sub-themes: safety, attachment, identity/role, existential meaning, justice (Silove, 1999)

Major Theme 2: Peri-Migration

2.1 Main Theme: Factors/Experiences (Bhugra & Jones, 2001)

Sub-themes: process (experience), alone vs group, support, educational, expectations, language

2.2 Main Theme: Consequences/Impact on well-being

Sub-themes: safety, attachment, identity/role, existential meaning, justice (Silove, 1999)

Major Theme 3: Post-Migration

3.1 Main Theme: Factors/Experiences (Bhugra & Jones, 2001)

Sub-themes: social support, cultural identity, self-esteem, self-concept, achievement, racism, ethnic density, social isolation, unemployment,

acculturation, deculturation, assimilation

3.2 Main Theme: Consequences/Impact on well-being

Sub-themes: safety, attachment, identity/role, existential meaning, justice (Silove, 1999)

Major Theme 4: Maintaining well-being/coping (Witmer et al., 1998)

Sub-themes: spirituality, self-direction, cultural/gender identity, sense of worth, sense of control, realistic beliefs, emotional awareness/coping, problem-solving/creativity, good sense of humour, nutrition, exercise, self-care, stress-management, love, friendship, work/leisure, media, government, community, family, religion, education, business/industry, global events

4 major themes, 6 main themes, 66 subthemes = 76 Total

Major Theme 1: Pre-Migration

1.1 Main Theme: Factors/Experiences

Sub-themes

1.1.1 Vulnerable age

1.1.2 Gender/ cultural identity

1.1.3 Reason for leaving (experiences)

1.1.3.1 Global Events

1.1.3.1.1 War/conflict

1.1.3.1.2 Political instability

1.1.3.2 The Taliban

1.1.3.2.1 Lack of control/choice

1.1.3.2.1 Violence/Trauma

1.1.4 Lack of preparation (forced migration)

personality

separation

economic

educational

social

1.2 Main Theme: Consequences/Impact on well-being

Sub-themes

1.2.1 Safety (lack of safety/threat to/fear for life)

1.2.2 Attachment

1.2.2.1 Separation

1.2.2.2 Multiple Losses

1.2.2.2.1 Father/Elder brother

1.2.2.2.2 Loss of Closeness/Love

1.2.2.2.3 Loss of Community Support (Rejection)

1.2.3 Identity/Role

1.2.4 Existential Meaning

1.2.5 Justice (frustration)

1.2.6 Overwhelming/Distressing Emotion and Difficulties Coping

Major Theme 2: Peri-Migration

2.1 Main Theme: Factors/Experiences

Sub-themes

2.1.1 Expectations

2.1.2 Cost (economic)

2.1.3 The process (Journey)

2.1.3.1 The Human Smugglers

2.1.3.1.1 Lack of control

2.1.3.1.2 Deprivation and Neglect

2.1.3.1.3 Violence/Trauma

2.1.4 Alone in a Group (alone vs group)

support

educational

language

2.2 Main Theme: Consequences/Impact on well-being

Sub-themes

2.2.1 Safety (lack of safety/threat to/fear for life)

2.2.2 Attachment

2.2.2.1 Further Separation and Loss

2.2.2.2 Alone in a group

2.2.3 Identity/Role

2.2.4 Existential meaning

Justice

2.2.5 Overwhelming/Distressing Emotion and Difficulties Coping

Major Theme 3: Post-Migration

3.1 Main Theme: General Factors/Experiences

Sub-themes

3.1.1 Achievement (survival)

3.1.2 Abandoned in a foreign land (by Human Smugglers)

3.1.3 Arrest (Criminalisation)

3.1.4 Discrimination and Invalidation

Racism

3.1.5 Culture Shock

Acculturation, Deculturation, Assimilation

3.1.6 Frequent reminders

3.1.6.1 Ongoing Separation

3.1.6.2 Bad news via the Media (about Afghanis)

3.2 Main Theme: Consequences/Impact on well-being

Sub-themes

3.2.1 Safety – (feeling unsafe in foreign land/fear of authorities)

3.2.2 Attachment

3.3.3 Justice

3.3.4 Existential Meaning – Survivor Guilt

Identity/Role

3.3.5 Overwhelming/Distressing Emotion and Difficulties Coping

{ 3.3.6 Additional Feelings (Relief and Survivor Guilt) }

3.3 Main Theme: Under 18 – Temporary Asylum

Sub-themes

3.3.1 Factors/Experiences

3.3.1.1 Achievement

3.3.1.2 Social Support

3.3.2 Impact on well-being/coping

3.3.2.1 Safety (feeling of being safe/not at risk)

3.3.2.2 Attachment

3.3.2.3 Identity/Role

3.3.2.4 Existential Meaning – met expectations

Justice

3.4 Main Theme: Aged 18 and Over – The Asylum Seeking Process

Sub-themes

3.4.1 Factors/Experiences

3.4.1.1 Multiple Losses (sudden and forced)

3.4.1.1.1 Loss of control

3.4.1.1.2 Loss of Social Support

3.4.1.1.3 Loss of activity/lack of occupation (unemployment)

3.4.1.2 A Long wait (with compounding effects)

3.4.2 Impact on well-being/coping

3.4.2.1 Safety (lack of) – threat of deportation

3.4.2.2 Attachment – Rejection/abandonment

3.4.2.3 Justice – anger towards the UK

3.4.2.4 Existential Meaning – unmet expectations

Identity/Role

3.4.2.5 Overwhelming/Distressing Emotion and Difficulties Coping

3.4.2.6 Symptoms (evidences distress/poor coping?)

3.4.2.6.1 Depression (helpless/hopeless)

3.4.2.6.2 Anxiety (uncertainty/worry/anticipatory anxiety)

3.4.2.6.3 Flashbacks/Flashforwards

3.4.2.6.4 Changed People (self and other)

cultural identity

self-esteem

self-concept

ethnic density

social isolation

unemployment

Major Theme 4: Maintaining well-being/coping

Sub-themes

4.1 Personality

4.1.1 Survival Instinct

4.1.2 Good sense of humour

4.2 Life experience (resilience)

4.3 Spirituality and Religion

4.4 Cognitive Strategies

4.5 Social Support

4.6 Activities/Occupation/Leisure

self-direction

cultural/gender identity

sense of worth

sense of control

realistic beliefs

emotional awareness/coping

problem-solving/creativity

nutrition

exercise

self-care

stress-management

love

friendship

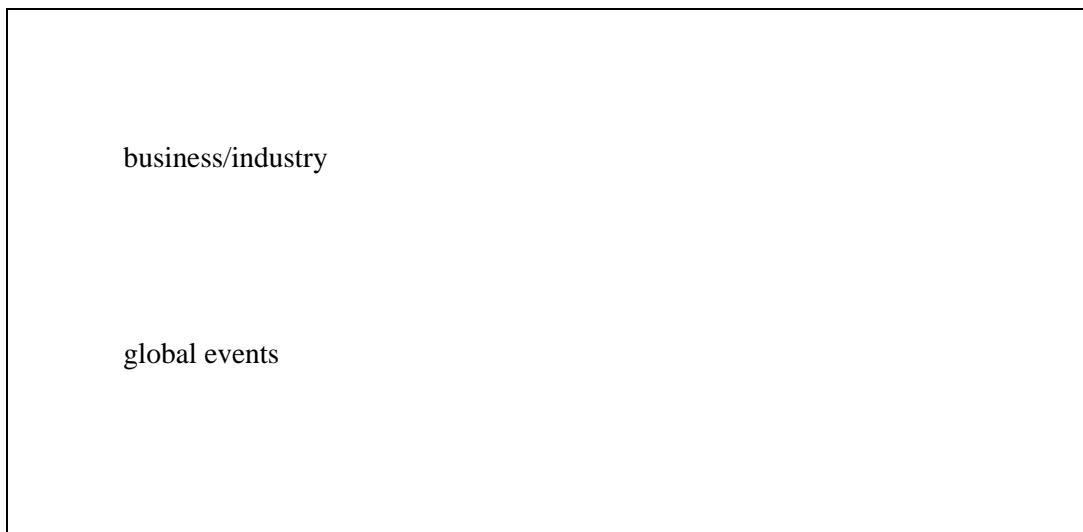
work/leisure

government

community

family

education



business/industry

global events

Summary

	A Priori (kept)	Emergent	Discarded
Major Theme	4/4	0	0
Main Theme	6/6	2	0
Subtheme	52/66	33	14
Total	62	35	14

Total = 97 themes

Too many themes – King (2007) states no more than 50! King (2007) does state that this is a problem novices commonly incur.

Highly repetitive and descriptive – as it is, incoherent and lacking psychological
 Use this to refine template – focussing on psychological themes which repeat throughout
 template and can encompass descriptive elements.

Major Theme 1: Pre-Migration

1.1 Main Theme: Factors/Experiences (Bhugra & Jones, 2001)

Sub-themes: age, gender, reason for leaving (experiences), preparation, personality, separation, economic, educational, social

1.2 Main Theme: Consequences/Impact on well-being

Sub-themes: safety, attachment, identity/role, existential meaning, justice (Silove, 1999)

Major Theme 2: Peri-Migration

2.1 Main Theme: Factors/Experiences (Bhugra & Jones, 2001)

Sub-themes: process (experience), alone vs group, support, educational, expectations, language

2.2 Main Theme: Consequences/Impact on well-being

Sub-themes: safety, attachment, identity/role, existential meaning, justice (Silove, 1999)

Major Theme 3: Post-Migration

3.1 Main Theme: Factors/Experiences (Bhugra & Jones, 2001)

Sub-themes: social support, cultural identity, self-esteem, self-concept, achievement, racism, ethnic density, social isolation, unemployment, acculturation, deculturation, assimilation

3.2 Main Theme: Consequences/Impact on well-being

Sub-themes: safety, attachment, identity/role, existential meaning, justice (Silove, 1999)

Major Theme 4: Maintaining well-being/coping (Witmer et al., 1998)

Sub-themes: spirituality, self-direction, cultural/gender identity, sense of worth, sense of control, realistic beliefs, emotional awareness/coping, problem-solving/creativity, good sense of humour, nutrition, exercise, self-care, stress-management, love, friendship, work/leisure, media, government, community, family, religion, education, business/industry, global events

Step 1: Remove migration phases (Bhugra & Jones, 2001) and repetition of Silove's (1999) themes. Overall aim to focus the template on the latter of these to make more psychological and less descriptive.

(Silove, 1999)

1. Safety
2. Attachment
3. Identity/Role
4. Existential Meaning
5. Justice

Bhugra & Jones (2001)

Sub-themes: age, gender, reason for leaving (experiences), preparation, personality, separation, economic, educational,

Sub-themes: the process (experiences), alone vs group, support, educational, expectations, language

Sub-themes: social support, cultural identity, self-esteem, self-concept, achievement, racism, ethnic density, social isolation, unemployment, acculturation, deculturation, assimilation

Witmer et al. (1998)

Sub-themes: spirituality, self-direction, cultural/gender identity, sense of worth, sense of control, realistic beliefs, emotional awareness/coping, problem-solving/creativity, good sense of humour, nutrition, exercise, self-care, stress-management, love, friendship, work/leisure, media, government, community, family, religion, education, business/industry, global events

Step 2: Delete 'descriptive' (non-psychological) elements of models:
reason for leaving (pre-migration experiences)
process (migration experience)
economic
preparation
global events
government
media

Step 3: Combine similar elements from each model to reduce repetition. This was also informed by the data itself using the template created in Stage 2 which began to evidence similarities across themes, thus informing how they could be usefully combined into something more psychological and coherent.

Safety

Although already deleted, **reason for leaving (pre-migration experiences), process (migration experience), global events** and **government**, given what is known about the current context of Afghanistan and what participants described, together with the definition of refugees/asylum-seekers, these descriptive themes links with 'safety'.

Attachment

Love and **friendship** are both types of attachment, thus **love** and **friendship** were deleted. **Family** and **community** are also reflected here as these are other forms of attachments relevant to Afghani culture (Appendix 3).

Social Support (vs Social Isolation)

Combines various networks of social support; **social, alone vs group, support, social support, social isolation, ethnic density, community, family, government**. May also involve **language**.

Identity/Role

Same as **self-concept**, thus **self-concept** was deleted.

Gender/Cultural Identity

Combines **gender, cultural identity, cultural/gender identity**. Given what is known about Afghanistan's culture and eastern cultures conceptualisations of identity (Jobson, 2009) this is also likely to involve **community, family, ethnic density** and **language** and overlap with Social Support (Jobson, 2008; 2009; Jobson & O'Kearney, 2008 a; b).

Achievement

Self-esteem is the same as **sense of worth**. Both are generated through **achievement** (Bhugra & Jones, 2001; Witmer et al., 1998), thus all combined.

Expectations

Expectations refers to the beliefs a person holds about what their experiences are likely to involve (Bhugra & Jones, 2001) – maybe unrealistic/realistic, thus combined with **realistic beliefs**.

Self-Care/Well-being

In order to be 'well', a person must care for themselves (**self-care**) which includes **nutrition, exercise** and **stress-management**.

Spirituality and Religion

Spirituality is very similar to **religion**. Both refer to sets of beliefs (Witmer et al., 1998).

Occupation, Activity and Leisure

Combines **education (x2), unemployment, work/leisure, education** and **business/industry**.

Acculturation, deculturation, assimilation by definition will involve problems surrounding **language** (Berry 1991; 1997; Bhugra & Jones, 2001; Silove et al., 1997; 1999) thus no need for language to remain a separate theme therefore delete.

Step 4: Organise remaining a priori themes hierarchically, driven by relevant theories/research evidence (namely Bhugra & Jones, 2001; Silove, 1999; Witmer et al., 1998).

From this.....

Safety

Attachment

Social Support (vs Social Isolation)

Identity/Role

Gender/Cultural Identity

Achievement

Expectations

Self-Care/Well-being

Spirituality and Religion

Occupation, Activity and Leisure

Acculturation

Deculturation

Assimilation

Justice

Existential Meaning

Age

Racism

Personality

Separation

Self-direction

Sense of control

Emotional awareness/coping

Problem-solving/creativity

Good sense of humour

To....

1. Safety

2. Attachment

2.1 Separation

2.2 Social Support (vs Social Isolation)

3. Identity/Role

3.1 Gender/Cultural Identity

3.1.1 Acculturation

3.1.2 Deculturation

3.1.3 Assimilation

3.2 Occupation, Activity & Leisure

3.2.1 Achievement

3.3 Age

3.4 Personality/Resilience

3.4.1 Self-direction

3.4.2 Problem-solving/creativity

3.4.3 Good sense of humour

3.5 Sense of Control

4. Existential Meaning

4.1 Spirituality and Religion

4.2 Expectations

5. Justice

5.1 Racism

6. Self-Care/Well-being

6.1 Emotional awareness/coping

Separation placed within attachment as this is the absence/withdrawal of an attachment figure and can create separation anxiety (Ainsworth, 1969; 1972; Silove, 1999).

By definition, the term identity refers to attributes about the person i.e. personality, , age, thus personality and age themes included within identity/role.

Silove (1999) also talks about autonomy, choice and control being specific threats to identity (as they reflect components of the self), thus, sense of control also moved to here.

Spirituality and Religion alongside Expectations both refer to beliefs or belief systems, from which individuals derive meaning, hence placed in existential meaning theme.

Summary

(number in previous version of a priori template, stage 1)

	Number
Overarching (Major)Theme	6 (4)
Main Theme	11 (6)
Subtheme	7 (66)
Total	24 (76)

Much more manageable/psychologically coherent.

Major Theme 1: Pre-Migration

1.2 Main Theme: Factors/Experiences

Sub-themes

1.1.1 Vulnerable age

1.1.2 Gender/ cultural identity

1.1.3 Reason for leaving (experiences)

1.1.3.1 Global Events

1.1.3.1.1 War/conflict

1.1.3.1.2 Political instability

1.1.3.2 The Taliban

1.1.3.2.1 Lack of control/choice

1.1.3.2.1 Violence/Trauma

1.1.4 Lack of preparation (forced migration)

1.2 Main Theme: Consequences/Impact on well-being

Sub-themes

1.2.1 Safety (lack of safety/threat to/fear for life)

1.2.2 Attachment

1.2.2.1 Separation

1.2.2.2 Multiple Losses

1.2.2.2.1 Father/Elder brother

1.2.2.2.2 Loss of Closeness/Love

1.2.2.2.3 Loss of Community Support (Rejection)

1.2.3 Identity/Role

1.2.4 Existential Meaning

1.2.5 Justice (frustration)

1.2.6 Overwhelming/Distressing Emotion and Difficulties Coping

Major Theme 2: Peri-Migration

2.3 Main Theme: Factors/Experiences

Sub-themes

2.1.1 Expectations

2.1.2 Cost (economic)

2.1.3 The process (Journey)

2.1.3.1 The Human Smugglers

2.1.3.1.1 Lack of control

2.1.3.1.2 Deprivation and Neglect

2.1.3.1.3 Violence/Trauma

2.1.4 Alone in a Group (alone vs group)

2.4 Main Theme: Consequences/Impact on well-being

Sub-themes

2.4.1 Safety (lack of safety/threat to/fear for life)

2.4.2 Attachment

2.4.2.1 Further Separation and Loss

2.2.2.2 Alone in a group

2.4.3 Identity/Role

2.4.4 Existential meaning

2.2.5 Overwhelming/Distressing Emotion and Difficulties Coping

Major Theme 3: Post-Migration

3.4 Main Theme: General Factors/Experiences

Sub-themes

3.4.1 Achievement (survival)

3.4.2 Abandoned in a foreign land (by Human Smugglers)

3.4.3 Arrest (Criminalisation)

3.1.4 Discrimination and Invalidation

Racism

3.1.5 Culture Shock

Acculturation, Deculturation, Assimilation

3.1.6 Frequent reminders

3.1.6.1 Ongoing Separation

3.1.6.2 Bad news via the Media (about Afghanis)

3.5 Main Theme: Consequences/Impact on well-being

Sub-themes

3.2.1 Safety – (feeling unsafe in foreign land/fear of authorities)

3.2.2 Attachment

3.3.3 Justice

3.3.4 Existential Meaning – Survivor Guilt

3.3.5 Overwhelming/Distressing Emotion and Difficulties Coping

{ 3.3.6 Additional Feelings (Relief and Survivor Guilt)}

3.6 Main Theme: Under 18 – Temporary Asylum

Sub-themes

3.6.1 Factors/Experiences

3.3.1.1 Achievement

3.3.1.2 Social Support

3.6.2 Impact on well-being/coping

3.6.2.1 Safety (feeling of being safe/not at risk)

3.6.2.2 Attachment

3.6.2.3 Identity/Role

3.3.2.4 Existential Meaning – met expectations

3.4 Main Theme: Aged 18 and Over – The Asylum Seeking Process

Sub-themes

3.4.1 Factors/Experiences

3.4.1.1 Multiple Losses (sudden and forced)

3.4.1.1.1 Loss of control

3.4.1.1.2 Loss of Social Support

3.4.1.1.3 Loss of activity/lack of occupation (unemployment)

3.4.1.2 A Long wait (with compounding effects)

3.4.2 Impact on well-being/coping

3.4.2.1 Safety (lack of) – threat of deportation

3.4.2.2 Attachment – Rejection/abandonment

3.4.2.3 Justice – anger at the UK

3.4.2.4 Existential Meaning – unmet expectations

3.4.2.5 Overwhelming/Distressing Emotion and Difficulties Coping

3.4.2.6 Symptoms (evidences distress/poor coping?)

3.4.2.6.1 Depression (helpless/hopeless)

3.4.2.6.2 Anxiety (uncertainty/worry)

3.4.2.6.3 Flashbacks/Flashforwards

3.4.2.6.4 Changed People (self and other)

Major Theme 4: Maintaining well-being/coping

Sub-themes

4.1 Personality

4.1.1 Survival Instinct

4.1.2 Good sense of humour

4.2 Life experience

4.3 Spirituality and Religion

4.4 Cognitive Strategies

4.5 Social Support

4.6 Activities/Occupation/Leisure

Summary

	A Priori (Kept)	Emergent	Discarded
Overarching (Major) Theme	6/6 (4)	0 (0)	(0)
Main Theme	11/11 (6)	1 (2)	(0)
Subtheme	1/7 (52)	17 (33)	6 (14)
Total	18 (62)	18 (35)	6 (14)

(previous version)

Overall number of themes in template reduced from 97 to 36 – much more consistent with King (2007)

Stage 5: Refined final template – check over applicability to data

1. Safety (*general feelings of being unsafe/safe*)
 - 1.1 Exposure to violence/trauma
 - 1.2 Threat to/Fear for life/safety
2. Attachment (*reflects relationships with others*)
 - 2.1 Separation
 - 2.2 Social Support (vs Social Isolation)
 - 2.3 Rejection & Abandonment
 - 2.4 Multiple Losses
3. Identity/Role (*reflects personal attributes, values and roles*)
 - 3.1 Gender/Cultural Identity
 - 3.1.1 Culture Shock
 - 3.2 Occupation, Activity & Leisure
 - 3.2.1 Achievement
 - 3.3 Age
 - 3.4 Personality/Resilience
 - 3.4.1 Survival Instinct
 - 3.4.2 Good sense of humour
 - 3.4.3 Life Experience
 - 3.4.4 Cognitive Style
- 3.5 Sense of Control
4. Existential Meaning (*reflects 'sudden disruptions' and/or meanings derived from/given to experiences*)
 - 4.1 Spirituality and Religion
 - 4.2 Expectations
 - 4.3 Survivor Guilt
5. Justice (*reflects fairness, equality, right/wrong – morality*)
 - 5.1 Discrimination & Invalidation
 - 5.2 Anger & Frustration
6. Self-Care/Well-being (*reflects general emotional/physical well-being*)
 - 6.1 Emotional Awareness/Coping
 - 6.1.1 Overwhelming Emotion/Distress and Difficulties coping
 - 6.1.2 Frequent Reminders
 - 6.1.3 Depression
 - 6.1.4 Anxiety
 - 6.1.5 Flashbacks/Flashforwards
 - 6.1.6 Changed People (Self & Other)
 - 6.2 Deprivation & Neglect

In order to check for final suitability, this template was applied to the transcripts. As a result some additional changes were made in order to ensure a 'good fit' (King, 2007)

This included:

(a) Re-ordering themes and subthemes so that they in order as they occurred within the phase of migration, and/or how they related to other themes to help with readability and flow within write-up.

(b) Theme names tweaked to reflect data.

‘Age’ changed to ‘Vulnerable Age’ as essence of data relating to age reflected vulnerability e.g. vulnerable when experienced trauma (pre-migration) but also at a vulnerable age when arrive in UK due to age disputes (asylum-seeking difficulties) ‘Sense of Control’ became ‘lack of control/choice’ as participants did not describe feeling in control/having choices, thus ‘lack of’ was added to reflect this.

‘Flashforwards’ deleted from combination theme with flashbacks and incorporated within theme ‘anxiety’ as data reflected anticipatory anxiety.

‘Emotional awareness/coping’ was discarded in favour of becoming ‘overwhelming emotion/distress and difficulties coping’ to reduce repetition and improve coherency

(c) Sub-themes moved to different main/overarching theme to reflect data.

‘Survivor Guilt’ moved from existential meaning to justice. Content was more reflective of feeling bad about leaving family behind (i.e wrongness) rather than questioning the wider meaning of why they survived when others didn’t (trying to find a meaning to/of their survival).

(d) New sub-themes created

It was also felt that the sense of rejection and abandonment that were experienced by the participants was subsequent to loss of social support (e.g. asylum rejection by UK government, rejection from the community in Afghanistan, abandoned by UK services) so this was moved to become a subtheme of the main theme ‘Social Support (vs Social Isolation)’.

Also, within the overarching theme of ‘Safety’ the main theme of ‘threat(to life/safety)’ was moved to becoming a sub-theme as it was evident that the threat they perceived was as a result of the exposure to violence and trauma. Similarly, a separate sub-theme relating to ‘fear of authorities’ was created in order to specifically reflect the data. Authorities were feared due to the threat they imposed due to the violence/trauma that the participants had already been exposed to e.g. Taliban – threat of violence/death, UK authorities – fear of deportation (which was feared due to what they had already experience in Afghanistan and feared would happen again if sent back there).

Stage 6-7: Final Templates (to be used in write up pending feedback from Supervisor)

Initial Template – a priori themes

Total themes = 24; Overarching themes – 6, main themes – 11, sub-themes - 7

Overarching Themes	Main Themes	<i>Sub-Themes</i>
Safety		
Attachment	Separation	
	Social Support (vs Social Isolation)	
Identity/Role	Age	
	Sense of Control	
	Gender/Cultural Identity	<i>Acculturation</i>
		<i>Deculturation</i>
		<i>Assimilation</i>
	Occupation/Activity/Leisure	<i>Achievement</i>
	Personality/Resilience	<i>Self-direction</i>
		<i>Problem-solving/creativity</i>
		<i>Good sense of humour</i>
Existential Meaning	Spirituality & Religion	
	Expectations	
Justice	Racism	
Self-Care/Well-being	Emotional awareness/coping	

Final Template – a priori & emergent (data-driven) themes

Total themes: 37; Overarching themes- 6, Main themes – 17, subthemes - 13.

Overarching Themes	Main Themes	Sub-themes
Safety	Exposure to Violence and Trauma	<i>Threat (to life and safety)</i>
		<i>Fear of Authorities</i>
Attachment	Separation	
	Multiple Losses	
	Social Support (vs Social Isolation)	<i>Rejection & Abandonment</i>
Identity/Role	Vulnerable Age	
	Lack of Control and Choice	
	Gender and Cultural Identity	<i>Culture Shock</i>
	Occupation, Activity & Leisure	
	Achievement	
	Personality and Resilience	<i>Survival Instinct</i>
		<i>Good sense of humour</i>
		<i>Life Experience</i>
		<i>Cognitive Style</i>
Existential Meaning	Spirituality & Religion	
	Expectations	
Justice	Survivor Guilt	
	Discrimination & Invalidation	
	Anger & Frustration	
Self-Care/Well-being	Deprivation & Neglect	
	Overwhelming Emotion/Difficulties Coping	<i>Frequent Reminders</i>
		<i>Depression</i>
		<i>Anxiety</i>
		<i>Flashbacks</i>
		<i>Changed People (self & other)</i>

Feedback from Supervision with Dr Jobson

Main feedback was that themes could be further consolidated. Dr Jobson reflected that some themes were not as robust as others and questioned whether these less robust themes could be incorporated into other, more robust themes in order to strengthen the results.

When discussed in supervision with Dr Jobson, it was felt that the experiences of '*anger and frustration*' were more consistent with generic experiences of injustice (Silove, 1999) therefore this theme was deleted and the evidence used within the overarching theme of '*Justice*'.

It was also suggested that the evidence for having a '*good sense of humour*' was not as robust as other themes e.g. not well illustrated by quotes in the text, due to some sense of this being lost in translation. Subsequently, it was decided to delete this theme and use existing evidence within the theme of '*cognitive style*' which was more robust. Similarly, it was also felt that the subtheme of '*life experience*' was also not as robust as other subthemes within the main theme of '*personality/resilience*' hence this too was deleted as a subtheme and instead incorporated into the theme of '*survival instinct*'.

It was also felt that the theme '*Multiple Losses*' should be changed to '*Loss*' to reflect the attachment, with other losses e.g. money, education etc being reflected upon in '*Occupation, Activity and Leisure*'.

It was also felt that the theme of '*Achievement*' could be discarded as the evidence for this theme could be incorporated into the themes of '*Occupation, Activity and Leisure*' and '*Survival Instinct*'.

Given Dr Jobson's experiences in the field, it was felt that '*frequent reminders*' and '*flashbacks*' could be usefully combined (together with evidence from other themes such as poor memory and avoidance from '*cognitive style*') could reflect '*PTSD*' hence this theme was created. Consequently, it was then decided to delete '*Survivor Guilt*' as a separate theme within Justice and add this evidence to the theme of '*PTSD*' as survivor guilt is most commonly associated with PTSD. It was also felt that given their association with mood (and comorbidity with PTSD) that themes of '*depression*' and '*anxiety*' could also be combined to create the subtheme of '*Depression and Anxiety*'.

Overarching Themes	Main Themes	Sub-themes
Safety	Exposure to Violence & Trauma	<i>Threat (to life & safety)</i> <i>Fear of Authorities</i>
	Separation	
Attachment	Loss	
	Social Support (vs Social Isolation)	<i>Rejection & Abandonment</i>
Identity/Role	Vulnerable Age	
	Lack of Control & Choice	
	Gender & Cultural Identity	<i>Culture Shock</i>
	Occupation, Activity and Leisure	
	Personality & Resilience	<i>Survival Instinct</i> <i>Cognitive Style</i>
Existential Meaning	Spirituality & Religion	
	Expectations	
Justice	Discrimination & Invalidation	
Self-Care & Well-being	Deprivation & Neglect	
	Overwhelming Emotion & Difficulties Coping	<i>Depression & Anxiety</i>
		<i>PTSD</i>
		<i>Changed People (self & other)</i>

Overarching Themes: 6, Main Themes: 14, Subthemes: 9, TOTAL: 29

A Priori Themes Kept in their entirety

All 6 overarching themes: Safety, Attachment, Identity/Role, Existential Meaning, Justice and Self-Care & Well-Being.

7/11 Main themes: Separation, Social Support (vs Social Isolation), Gender/Cultural Identity, Occupation, Activity & Leisure, Personality & Resilience, Spirituality & Religion, Expectations.

A Priori Themes Discarded

(due to lack of specific evidence from more than one participant)

1/11 Main Themes: Racism

7/7 Subthemes: Acculturation, Deculturation, Assimilation, Self-direction, Problem-Solving & Creativity, Good Sense of Humour

A Priori Themes kept but tweaked to reflect the data

3/11 Main Themes: Age – Vulnerable Age, sense of control – Lack of Control & Choice, Emotional awareness/coping – Overwhelming emotion and difficulties coping

Data-Driven/Emergent Themes (in their entirety)

4 Main Themes: Exposure to violence/trauma, loss, discrimination & invalidation, deprivation & neglect

9 Subthemes: Fear of Authorities, Threat (to life &safety), rejection & abandonment, culture Shock, survival instinct, cognitive style, depression & anxiety, PTSD, changed people (self & other)

Appendix 17a: Example of Initial Coding (by hand on transcripts and hierarchical using post-its and flipcharts)

R1: Can you tell me what your life was like in Afghanistan before you came to the Uk?

P1: My life was not very good in Afghanistan. As you know, I grew up in a time of war and also there was no, any proper education, and it was a matter of concern to me because the only place of education was the religious madrasses and I was so interested in other subjects like science, maths and computers , I am very interested in computers, but unfortunately these subjects are not allowed in Afghanistan. And also, I am very interested in sports but there are not any facilities there so it was very difficult for me and with all these troubles both political and war, so I was finding it very difficult being a child and being growing up in these kinds of situations, I found it very difficult.

R1: So it sounds like you weren't able to do the things that you liked and wanted to do and that was frustrating.

P1: Yes it was, of course, yeh
R1: Can you tell me what your life was like in Afghanistan before you came
to the Uk?

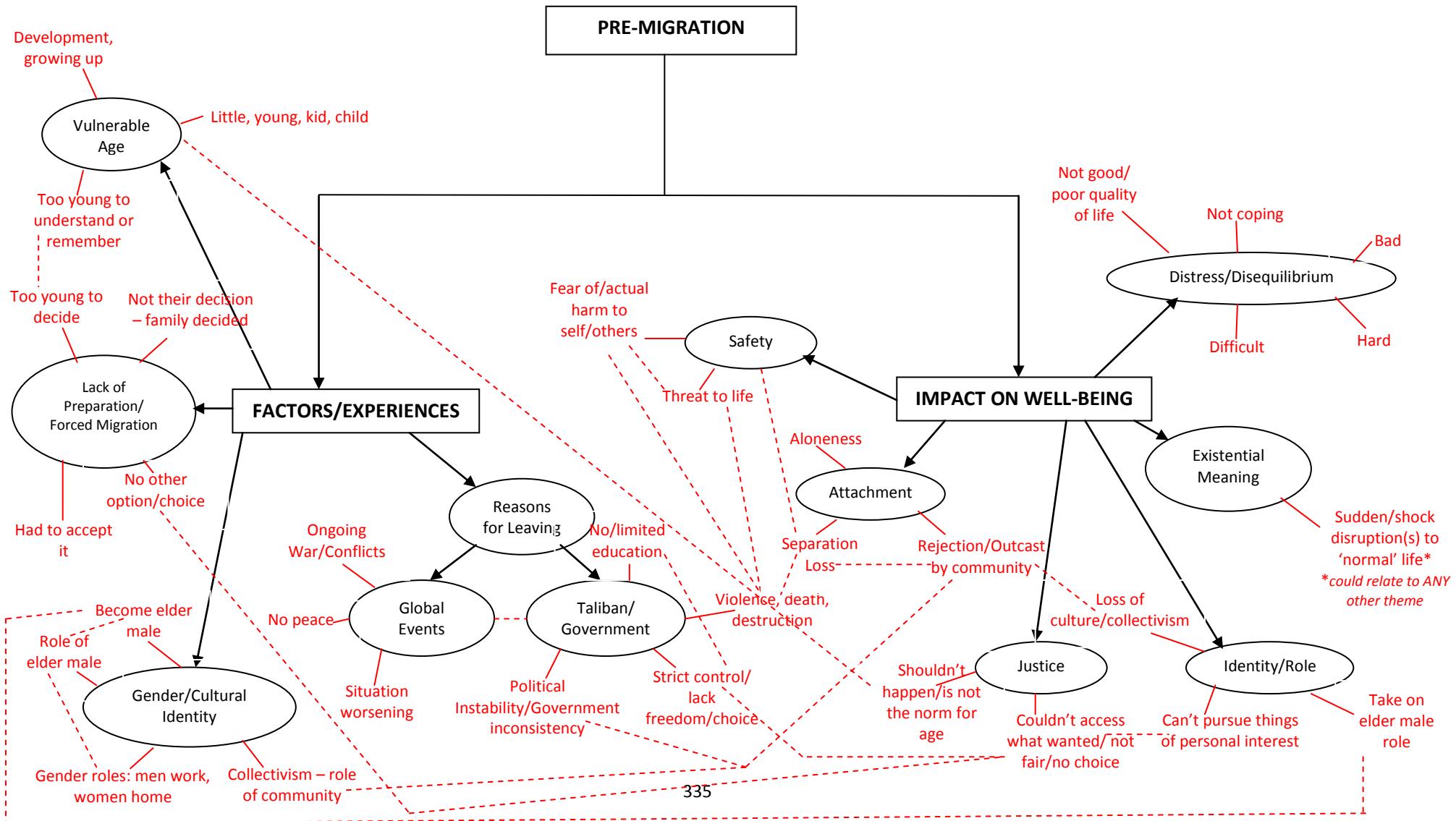
P1: My life was not very good in Afghanistan. As you know, I grew up in a time of war and also there
was no, any proper education, and it was a matter of concern to me because the only place of education
was the religious madrasses and I was so interested in other subjects like science, maths and computers , I
am very interested in computers, but unfortunately these subjects are not allowed in Afghanistan. And
also, I am very interested in sports but there are not any facilities there so it was very difficult for me and
with all these troubles both political and war, so I was finding it very difficult being a child and being
growing up in these kinds of situations, I found it very difficult.

R1: So it sounds like you weren't able to do the things that you liked and wanted to do and that was
frustrating.

P1: Yes it was, of course, yeh

KEY
 = main theme
 = sub-theme

— main belonging of code to sub-theme
 - - - Red = codes belonging to multiple sub-themes
 Red = main Codes used in construction of the



Appendix 18: Email sent to MDT

From: rebeccabutton375@hotmail.com

To: [REDACTED]

Subject: RE:YASMHN Meeting

Date: Fri, 6 Apr 2012 09:51:49 +0000

Hello Everybody

I hope this email finds you well.

Unfortunately, I will have to send my apologies for the next meeting as I'll be on mandatory training for my new placement.

I am in the process of finishing writing up the results/analysis of the interviews I did with some of the young Afghans just before Christmas that explored the impact of pre-migration, migration and post-migration experiences on psychological well-being. The findings are very useful. I was wondering if you would be able to read the attached summary and give me some feedback. Do my results fit with your experiences of these boys? Do you think they are useful findings, if so how? Are the findings a surprise to you? Any comments gratefully received.

Hope that makes sense. Also, I am aware that what is attached may not make sense to everyone so I do apologise in advance. Please do contact me and I can get back to you with some more clarity. Obviously I would have loved to have done this in person, but given time, work commitments etc it's just not possible.

Once again thank you so much for your support with my thesis, I couldn't have done it without you and have acknowledged you all in the write up.

Best Wishes

Becky

Appendix 19: Letter to Participants explaining the results



University of East Anglia

Norwich NR4 7TJ

Tel: 01603 591158

Fax: 01603 593604

Email: Rebecca.Button@uea.ac.uk

To <Participant's Name>

RE: The Influence of Pre-Migration, Migration and Post-Migration Experiences on the Psychological Well-Being of Young Male Afghan Refugees in the UK

Thank you for recently taking part in the above study. I am writing to give you a summary of the results of the study and how they will be used.

A total of eight young male Afghan asylum seekers aged 16-20 took part in interviews. The recordings to these interviews were then typed up with all personally identifying details removed and given a unique number. The transcripts were then read in depth in order to explore the results. These are the themes that were found;

1. Pre-Migration Experiences – what life was like in Afghanistan.

Participants described being very young when they went through traumatic experiences such as war, instability, violence and disruption and that this was often associated with the Taliban. Many feared for their life, lost family members and were sometimes outcast by their communities. All were forced to migrate to the UK and found their experiences very distressing and hard to cope with. They hoped that coming to the UK would give them a better life and that the journey would be easy.

2. Migration Experiences – about the journey from Afghanistan to the UK

Participants spoke about being isolated and alone and often feared for the safety of those left behind. The journey to the UK via human smugglers cost a lot of money and was uncertain. It involved a lack of food, water, and freedom, violence, shock, and threat to life. This experience was distressing and hard to cope with.

3. Post-Migration Experiences – what life has been like in the UK

Since being in the UK participants felt relieved. They also felt alone and unsure of the police and sometimes felt that they weren't supported. They found the new culture to be a shock. They experienced frequent reminders about Afghanistan which were upsetting and they often felt guilty that they had survived and missed their families.

When under 18 the participants found the UK to be very safe, caring and supportive. They had accommodation, money, education and leisure activities which made them feel happy.

After age 18 they had to start the long application for asylum and this changed things dramatically. They described feeling threatened by this and worried about deportation. They experienced loss of support, education and activities which was a big shock to them. This was very distressing and made them feel worse. They worried about the future, felt sad and hopeless and angry with the UK.

4. Maintaining Well-Being – ways of coping

All the participants were ‘survivors’ with strong determination and a good sense of humour who had developed life experience and resilience. They found religion and thought blocking techniques useful and also had poor memories for the past. They found practical help, social support, activities/occupation and professional guidance very helpful.

Summary

Overall life was been ‘up and down’ for all those that took part. Having to go through a lot of trauma at a very young age made it difficult to cope, as was coming to a country that was very different culturally to Afghanistan. When support was given under age 18, then people felt much better because they were happy and safe and not overly worried about their past. However, when this support was withdrawn at age 18 all the bad memories came back and people began to get very distressed and worried about their future.

These results have been written up and submitted as part of my doctoral training in Clinical Psychology. They have also been shared with the large range of professionals working in the community e.g. Doctors, Social Services, Education and they have found these results very helpful. They feel that they now understand a bit more about the young Afghans and how best to help them.

Suggestions that have been made to help the young Afghans in the local area are;

1. Provide more support e.g. peer support from elder, more experienced Afghans who have been through the process, more social clubs that include dinner, dancing and sport, more education about what life is likely to be like in the UK, more support around the time of 18 and the asylum seeking process, being sure to offer more activity at this time e.g. volunteer groups to help train and educate
2. Ensure that there is enough practical help e.g. access to education, other Afghans, money etc
3. For staff working with young Afghans to spend time learning about Afghanistan and what it has been like for those that have had to leave and to spend time getting to know their clients so that trust can be built up and to have

access to an interpreter and audio information to ensure information is accessible to everyone

It is hoped that this study will be written up and published in a professional, academic research journal so that these results can be shared worldwide. I trust that this information is useful to you. If you have any further questions then please do not hesitate to get in contact with me at the above address. Thank you again for taking part. I am personally very grateful, but beyond that, I hope that your participation in this study will go onto help many other young Afghans.

Best Wishes

Becky Button

Trainee Clinical Psychologist, UEA

Supervised by Dr Laura Jobson, Clinical Psychologist, UEA

Appendix 20: Additional Evidence to Illustrate Themes

20.1 Overarching Theme 1: Safety

Feeling safe/normal in Afghanistan pre-migration (before a disruption)

“In the beginning life was good.....everything was fine...but after the collapse of the Taliban...when he died...the people were blaming my father.....we didn’t receive any violent threats.....but they were not considering us part of their community...there were verbal comments that were disturbing for me...things were not good so we had to move from that place” (Latif, 34-68)

Feeling safe in the UK (due to lack of threat/exposure to harm) and that this results in happiness – consistent with restoration of safety system (Silove, 1999)

Conversation with Latif

“There is law and order in this country, there is not war and fighting as in Afghanistan and I am very, quite happy.....” (Latif, 232-233)

“Sounds like it feels safer maybe?” (Researcher, 239)

“Yes. I don’t think that there is any threat or danger for me” (Latif, 240).

Similar comment from Shazeb, Zahir and Ahmad

“I like a lot of things about Britain, I like the police, about how they are like and behave around people...and I can confirm that their behaviour with other people are quite good and the people are so nice and the law in this land is very good and I really like that...so I am happy” (Shazeb, 222-225)

“When I got here, I feel a bit safe” (Zahir, 183)

“I was not very scared because I had got here safety” (Ahmad, 106)

20.1.1 Main Theme 1: Exposure to Violence & Trauma (and associated subthemes of ‘threat to life’ and ‘fear of authorities’)

Evidence of exposure to violence/trauma in Afghanistan

“There is a lot of war (in Afghanistan) and that is why I came to this country...I don’t remember anytime that there was peace...nothing changed and things were getting worse and worse every day. That’s why I came here” (Ahmad, 2-18)

“I got injured in Kabul...I came to see some of my relatives that were living in Kabul and then there was kind of fun and machine fire and I was injured by that” (Ahmad, 2-18)

“I’ve been tortured, my parents were killed” (Amir, 40)

“The Taliban tortured him (father) saying come work with us but he didn’t agree and then one day they (father and mother) were shot” (Amir, 127-128)

“After my dad passed away the Taliban killed my brother as well....The Taliban took me and wanted to use me as a suicide bomber” (Abdul, 34-50)

“The Taliban was telling my father to join them and because he refused to join them that’s why they killed him. They put bombs in our house and my mother passed away as well” (Ahmad, 22-24).

“I saw people being killed in front of my eyes” (Tajik, 212)

Associated threat to life and/or fear of authorities

“They (Taliban) killed my dad...and if I stay in this country (Afghanistan) then they may kill me as well” (Naman, 65-66).

“They (family) were the ones who decided that I might be harmed” (Shazeb, 69)

“If we stay there then probably we would have been killed by those people in Afghanistan” (Tajik, 25-26)

“I was so scared because I knew that I would be killed because my dad died and my brother died so obviously if they could use me as a suicide bomber, I was also, I could die” (Abdul, 55-58)

“I was scared of the Taliban” (Amir, 202)

“We were worried if people knew my Dad was in the Taliban then people would kidnap me and cause me harm” (Latif, 85-86)

Conversation with Zahir – evidence that he felt **unsafe** in Afghanistan due to ‘**threat to life/safety**’

“I came here because my life was in danger.....” (Zahir, 112)

“So you came here for safety?” (Researcher, 115)

“Yes” (Zahir, 116)

Similar need for safety expressed by Ahmad and Tajik

“I was just thinking that if I could get to any other country.....anywhere to get safe” (Ahmad, 94-95)

“So it sounds like you left because you wanted to go somewhere safer?” (Researcher, 27-28)

“Yes” (Tajik, 29)

Exposure to violence/trauma during their migration (and related experiences of threat to life and fear of authorities)

“We were beaten by the authorities” (Tajik, 14)

“I could see people dying on the way and the treatment of the authorities at every country was so bad” (Zahir, 79-80)

“I was really scared because there was a risk of death on the way and I was not quite sure if I would be alive or not on the way” (Abdul, 80-81)

“Sometimes the police arrested us and they were beating us.....we saw death in front of our eyes and people were dying and that was really, it was very risky and it was extremely difficult to get through” (Ahmad, 60-70)

“I was very concerned about the uncertainty...what will happen to me in the next hour or the next week...I was not quite sure whether I will get here (to UK) alive or maybe I will die on the way” (Latif, 128-130)

“I was always thinking that maybe I will die today or the next day. It was very uncertain. It was very difficult” (Naman, 79-80)

“The treatment of the authorities of every country was so bad” (Zahir, 79)

“Some people were beaten by the smugglers and killed by the smugglers and it was horrible.....I was not certain, maybe I would be taken (by the smugglers) to a safe place or maybe not...” (Tajik, 51-52; 118-119).

Fears for safety post-migration (due to threat of deportation/fear that UK authorities will send them home)

“Life is very uncertain, I am constantly worrying about my future...I don’t know what will happen to me in the next day...if I got back I will be killed...if they deport me” (Abdul, 218-222)

“My concern is that... if I get deported then there will definitely be a risk of death for me” (Naman, 101-102)

“We were living in Iran and the Iran government wanted to deport a lot of Afghans back to Afghanistan.....so I just ran away” (Tajik, 75-90)

“They (UK) might send me back” (Tajik, 175)

“The governments and authorities were not, treating well with the Afghans and they are deporting them back...life is not good for the Afghans” (Latif, 89)

“I am scared that at some point people will come and arrest me because of the documents” (Zahir, 186-187)

Conversation with Amir – evidence that he has felt/does feel **unsafe** (due to fear of deportation) and just wants to be safe, which he feels will lower distress/make him happy – consistent with Silove’s model (1999).

“This world isn’t even ours as well, this country (UK) even, belongs to God, everything, he can do whatever he wants. I just want a space in it.” (Amir, 536-538)
“You just want a place in the world somewhere?” (Researcher, 539)

“I just wanna place in it. A safe place where I can be happy. I don’t wanna go back to Afghanistan...but what if this lot (UK authorities) force me to go?” (Amir, 540-542)

20.2 Overarching Theme 2: Attachment

20.2.1 Main Theme 2: Separation

Pre-Migration

“They had killed my dad and that really affected the whole family and things were not very good for us” (Naman, 37-38)

“We had a good life as a family then when my dad passed away things changed and we all scattered” (Abdul, 6)

Peri-Migration

“In the beginning, we were not very happy because she (mum) didn’t want us to go that far from her so it was difficult” (Latif, 92-93)

“I was so scared at how I could travel such a long distance without my family, without my mum” (Abdul, 71-72)

“I was feeling very bad leaving my family behind and at that age it was very difficult and very emotional” (Abdul, 94-95)

“I was very worried about my family because I left them behind” (Abdul, 114)

Post-Migration

“I do think about my family sometimes...I don’t know exactly how their life is there” (Latif, 73-76)

“I think back to my mum and know that she is worrying about me now and I am worrying about her” (Latif, 105-106)

“I think about my mum and my brother and I miss them a lot and this makes me sad” (Latif, 206)

“We were about eight people that came to this country and amongst those eight it was me who got the visa and one of my friends and the other six they got refused and most of them are suffering from mental illness and it looks like in the beginning they were very nice people, nice guys, but now when you see them, because of this they are depressed and they worry a lot and it looks like they are going insane and they have lost their mind and they think a lot about now they got refused and could be deported any day” (Ahmad, 118-126)

“When the police came and told us that this was the UK, on one hand I was a bit relieved...but on the other hand I was very worried about my family because I left them behind” (Abdul, 110-115)

“I miss her (mother). I can’t see her anymore for my whole life” (Amir, 139-143)

20.2. 2 Main Theme 3: Social Support (vs Social Isolation)

Social Support – peri-migration being in a group was helpful

“It was hard, but in a way, because I was not alone, I could see that other Afghan guys were with me, they were travelling so I was not on my own” (Zahir, 52-54)

Social Support – post-migration restoration of attachment and associated well-being

“One way of coping is just to get integrated with the community and to find friends...I try to associate with other Afghans and the dinner clubs where the Afghans come together and really had a good time...we can socialise and speak to each other it really changes the mood because otherwise you just stay at home and get depressed and bored” (Latif, 258-266)

“The social gatherings (dinner clubs) have been good because the Afghans they come together and can talk through their difficulties which is very helpful” (Abdul, 261-262)

“Life is good because we have been given the accommodation and they give us money for our daily expenses” (Shazeb, 213-214)

“The UK government has looked after them (minors) because all of them have access to medical services and access to GPs and if they need accommodation the council will give them the houses from the state, so you know, generally they are looking after the Afghan asylum-seekers, they give them house, they give them money, access to medical services and they are allowed to go to college” (Shazeb, 239-244)

“The government give them (minors) some help until they get to eighteen” (Ahmad, 132)

“They (police) took us...give us a nice shower and some money then they took us to carers and stuff and for a while in care and then I got here (Peterborough) and then I went to college and I thought, hey, life starts now” (Amir, 301-310)

“My cousin was very helpful to me, he showed me the way and what to do and explained things to me” (Latif, 188-189)

“I enjoy sitting with friends when they come to me or I visit them...we talk about things and we laugh and we are happy” (Abdul, 188-189)

“I live with an old lady now, she’s about sixty-four, she’s very good, she looks after me and she is honest and whatever money she takes from the government she spends it on me and buys me things...I am quite happy with life now” (Tajik, 183-187)

“I learned how to read and write. We were receiving support when I was under the age of eighteen” (Tajik, 194-195)

“Since I have been in this country I have been going to college and also I have been socialising with some of my friends and life is good” (Naman, 116-117)

“The GP has been helpful sometimes when I am visiting the GP he speaks to me and we are talking and Doctor [name of Clinical Psychologist] has also been helping me” (Abdul, 236-238)

“What helps you cope?” (Researcher, 190) “It’s good to go and see my friends, spending time with them” (Zahir, 191)

“The only people that we can share about our life is just my close friends and that I go to them and share our feelings” (Naman, 165-166)

Rejection (from family/foster family)

“My sister and my sister’s husband didn’t want to live with me. They kicked me out of their house and sent me here when I was a little kid, they didn’t even know what was going on for me...I am alone all the time” (Amir, 51-54)

“They were not a very good family, they didn’t look after us properly...they didn’t really want us to be there and when the social services came round they lied to them but they never bought us anything, they didn’t look after us properly, they didn’t treat us properly and so it was very difficult living with that family, they were not very nice people” (Tajik, 165-169)

Rejection from Authorities

“The Home Office refused my asylum-case and now I am appealing that” (Shazeb, 160)

“Iranian Government and authorities were not treating well with the Afghans and they are deporting them back” (Latif, 88-89)

Aloneness/Isolation – due to loss of social support/separation

“Sometimes I get some mates yeh to chill and hang around but sometimes “there is no one to sit with you” (Amir, 211-212)

“He was my only brother, and he was the only one in my family now...he is far from me...I really miss him” (Tajik, 33-35)

20.2.3 Main Theme 4: Loss

Pre-migration – high cost (lose a lot to be able to get to UK, therefore have nothing to go back to)

“It is very difficult for many young Afghan people when they come to this country they take a lot of loans from different people and they sell their properties and given then to the smugglers to bring those Afghans here, but when they come here after some time they get deported back, their life becomes very difficult for them...they’ve got nothing left” (Ahmad, 72-77)

Loss of social/community support, education/occupation/activity post-migration

“By the time they get to eighteen they are used to the education system and then they get deported which I think is unfair because if they get deported back they won’t have the chance of education and they won’t have a good life” (Ahmad, 135-136)

“I was referred to the social services and when I was with them I was going to college until June this year but after this time I won’t be able to go” (Zahir, 102-104)

“’Cos of my asylum case, I can’t do anything, I can’t open a bank account as nobody gives you money anymore” (Zahir, 184-185).

*“It is very difficult because in this country nobody is helping. I don’t feel that I’m receiving any help and nobody is helping one another so everyone is so focussed on themselves” (Zahir, 195-197) – **culture shock also***

“Compared to these Pakistani people yeh, go there, they’ve got their own communities and stuff. If they got a problem they just go to their community leader and say listen, this is my problem and can you sort it out for me. Us lot, we haven’t got that” (Amir, 160-162)

“I wake at 3am, nothing to do in the morning so why do I need to get up? Sometimes when it comes to ten o clock in the morning I look at my phone, oh it’s too early, go to sleep. But ages ago I used to wake up everyday at half seven, get my shower go out the house and get to college for nine o clock. Everyday was like this for three years. But now, there is, I got nothing to do.” (Amir, 448-452)

“But from last year I can’t go to college again” (Amir, 338)

Loss of Closeness

*“In the past we were very close, we are one family, so when something happens it affects the rest of the family” (Shazeb, 36-37)- **also evidences cultural identity/collectivism***

20.3 Overarching Theme 3: Identity/Role

20.3.1 Main Theme 5: Vulnerable Age

“I don’t sort of remember everything because I was young at that point” (Zahir, 8)

“I don’t exactly remember because I was too young at the time...I didn’t grasp much of the situation what was going on” (Naman, 9-11)

“I don’t exactly remember, I was too young at that age” (Naman, 65)

“I was very young” (Abdul, 36)

“I was thinking myself that this age shouldn’t be suffering from any kind of mental problem” (Abdul, 187-188)

“I was very young, and I was about twelve at that time (when they killed father)” (Ahmad, 24)

“I was too young, I couldn’t quite know what’s happening to me” (Ahmad, 91)

“I am thinking that if they cut my leg (due to injuries) my life will be finished and I am too young” (Ahmad, 166-167)

“I was just a little kid, I can’t remember that much” (Amir, 2)

“Life wasn’t good, I grew up in a time of war...I was finding it very difficult being a child and growing up in these kinds of situations” (Latif, 2-8)

“We were children and we didn’t know anything” (Latif, 49)

“I was too young at that time, I can’t exactly remember” (Tajik, 22)

“I was too young at that age I couldn’t remember anything” (Tajik, 33-34)

“They send me here when I was just a little kid...didn’t even know what was going on” (Amir, 52-53)

20.3.2 Main Theme 6: Lack of control/choice

Pre-Migration

“That’s the only education in Afghanistan so you can’t go to school and stuff” (Amir, 74)

“I came here to get a better life...I want to be an interior designer or architect....I want myself to be an educated person, I don’t wanna be like this (uneducated)” (Amir, 108-110; 357-358)

“There was no education in Afghanistan” (Naman, 4)

“The situation is very bad, there is no education because of the Taliban” (Ahmad, 7)

“People have no, any option except to leave their country” (Ahmad, 8-9)

“The Taliban didn’t allow us to go (to school)” (Zahir, 14)

“We was always thinking that we should have a good life and do our education and live in peace but nothing changed and things got worse” (Ahmad, 16-17)

“Daily life was quite tough in Afghanistan ‘cos there’s no services for the people, there’s no education, no medical facilities...the government should have provided all these facilities but unfortunately there’s nothing and so it’s quite hard for people to live there” (Shazeb, 16-19)

“My younger brother he went to school but I’ve not been able to go because in Afghanistan the situation is such that if one government is there, there are schools and as soon as the regime changes so the schools disappear” (Shazeb, 53-55)

Peri-migration

“Mum and Dad arranged for me to go” (Zahir, 43-44)

“It was my uncle and some of my relatives they arranged and encouraged me, if I could go somewhere safer, they arranged everything” (Ahmad, 47-48)

“Mum arranged my travel” (Abdul, 74)

“I was too young at that age and I think it was my mum’s concern because they killed my dad and my mum was thinking that if I stay in this country then they may kill me as well so that was why my mum was encouraging me to go and why she spoke to my relatives and they arranged everything, it was my mum” (Naman, 65-68)

“My sister, my brother and sister, my sister’s husband they didn’t want to live with me, they kicked me out of their house, they send me here” (Amir, 51-52)

“I didn’t have any decision that I come to Britain” (Ahmad, 92)

“We realised that we cannot go back and that the only way, the only option we have is to just go forward...the only option we have is to just move ahead and not go back” (Shazeb, 88-93)

Post-migration – freedom, choice and control

“Since I’ve been in the UK, it’s alright, I can walk everywhere free I want. I can go where I want” (Amir, 340-341)

“The police told us, you are now released from prison” (Ahmad, 117)

“I went to school and I was so excited because I didn’t have any opportunity in the past to get some education” (Tajik, 193-194)

“I feel my independence in that house (foster carer) and I am quite happy” (Tajik, 186-187)

Loss of this during asylum-process

“A good life is possible when you have got the proper visa because if you don’t have the correct visa then you can’t have anything else. If you have got the visa then you can do your education, you can have a car, you can be independent, you can support yourself” (Zahir, 206-209)

“If I find a job they ask for documentation which I don’t have so it fills me under more pressure” (Tajik, 255)

“When they (UK authorities) decide something then you cannot change it” (Shazeb, 200-201)

“If they don’t get deported they will have the chance to leave this country, at least they could go to some other country but when they get deported they sometimes they have got the records of their fingerprints then they won’t be able to go to any other country” (Ahmad, 140-143)

“If somebody going on a voluntary return then that’s OK, that’s their choice if they go back, but if they get deported it’s not, it really affects their life” (Ahmad, 208-209)

“I can’t do nothing no more” (Amir, 109)

20.3.3 Main Theme 7: Gender/Cultural Identity

“It was my mum’s concern because they killed my dad and my mum was thinking that if I stay in this country then they may kill me as well so that was why my mum was encouraging me to go...she sorted everything” (Naman, 65-68)

“My mum was at home she was a housewife and my dad was working outside” (Naman, 29)

“The food is different, lifestyle is different. I’ve never worn trousers like this in there, I used to wear my own clothes, the Shamwar Kameez but in here we’ve got to wear these trousers and jackets and stuff...boxers even, I never used boxers in my life before” (Amir, 7-11)

“I’ve been living here since I was a little kid so everything is in my head from this now. I made my hairstyle and everything compared to this country, not back home, I can’t remember nothing” (Amir, 17-18)

“The rules are different...roads. You can see the wind blowing it up, the wind blows you with err, sand and that basically...and you see here at the moment it’s polluted isn’t it, you can’t see nothing....trust me, if it’s not rained for like two or three months if the wind comes up, if you wore white clothes they’d become dark colours” (Amir, 26-34)

“I went to these Afghans yeh, come on let’s get a solicitor for this guy, but there was some, I went to like 30 of them and only 3 of them help me, 3 of them...life is hard, even like I just said our elders, they never ask...I want to look after my youngster (younger Afghans) give them a future, give them a good life” (Amir, 391-398)

“When he handed me to the next person then I didn’t understand their language so it was very difficult for me” (Latif, 116-117)

“Even within Afghanistan if a person travels from a village to the capital of Afghanistan, life is so different and he might be shocked by the way of life of people, the way people live, but imagine if someone comes from Afghanistan from a village to a very advanced country like the UK, which is very difficult and I couldn’t quite

believe it.....different currency...different foods that I had never seen before...showed me the city anf everywhere and I was excited because I didn't know anything" (Latif, 167-185)

"There's no looking out for each other here" (Amir, 366)

20.3.4 Main Theme 8: Occupation, Activity & Leisure

Pre-migration

"We were not living in the city, we were living in the mountains and there was lots of problems.....the Taliban didn't allow us to go to school.....sometimes though I was at home or I was working at a mechanics shop repairing cars" (Zahir, 2-20)

"Back home yeh, cos I was at home 24-7 I used to read books...I learned a bit of English" (Amir, 267-268)

Post-migration

"I made a few friends and we sometimes go to playing football with some other Afghan boys to I try to associate with other Afghans and other people and go to the dinner clubs...I have a good time" (Latif, 259-262)

"Having sports facilities for us to keep busy, like clubs for people to go to, for exercise to keep them involved in some sort of activity it will help their stress" (Latif, 278-279)

"I have been going to college and I've also been socialising with some of my friends...I've been keeping myself busy" (Naman, 116-117)

"I also go to cricket club which I find helpful" (Naman, 129)

"I go to see my friends, I talk with them, sometimes I go to play football with them which helps me a little bit" (Tajik, 263-264)

Occupational/Educational Achievement/Sense of self-esteem

"It (college) was good because I didn't know anything about English so college helped me in many ways so I learned a lot, it was very good, I learned lots of different things" (Zahir, 106-107)

"Getting into college also helped during the day we were there and could spend our time learning new things and it felt good" (Abdul, 153-154)

"The positive achievement I had, err, I went to school and I learned how to read and write...I was very happy.....those were my happy happy days" (Tajik, 194;306)

"I did my level one plumbing" (Tajik, 198)

"I am trying my best to forget...I am trying to learn new language now, Spanish"(Amir, 271)

20.3.5 Main Theme 10: Personality/Resilience

Subtheme: Survival Instinct

Survival (and associated positive emotions)

“I was relieved and glad that I got to this place (UK)” (Abdul, 113)

Pre-migration

“I was kidnapped by them (the Taliban)...I ran away from there” (Naman, 35-36)

“They took me (the Taliban) and I was there for 3 months and at one point I decided to run away from them and I escaped them” (Zahir, 35-36)

“I escaped from them (the Taliban). Everyday there was someone standing next to me, everyday. One night there was no-one, so I started walking” (Amir, 179-180)

Post-Migration

“We just realised that we were going into the factory so we jumped from the van and we ran away from those people at the factory” (Shazeb, 187-189)

“It has really affected me all these experiences...so I go to the Doctor” (Tajik, 207-108)

“I made my claim for my asylum and after some time my case was refused so I made an appeal to the tribunal and they refused so now is actually my third time that I am applying” (Abdul, 133-135)

“Most of their asylum cases have been refused...some of them they are appealing...some of them are just absconded” (Shazeb, 103-105)

“I went to see the doctor to help with different things” (Abdul, 183)

“Boxers even, I never used boxers before in my life (laughs)” (Amir, 11) when talking about culture-shock and change in clothing

“We talk about things and we laugh” (Ahmad, 189) when talking about how he copes using his friends

Life experience associated with ‘survival instincts’

“I got to know the system so I am feeling much better” (Zahir, 156)

“As time passed she (mother) just had to accept it (that I was going)” (Latif, 187)

“And the other thing is that I, at that young age, getting to know people and going through these difficulties and knowing other people so it, I got some experience of

life, as this age" (Abdul, 212-123) when talking about positive things that have come out of his migration experiences

Subtheme: Cognitive Style

"You just have to move ahead and not go back" (Shazeb, 93)

"Life must go on.....them days were them days. It's been through now." (Amir, 46; 292)

"I can't/don't remember" (Naman, 2; Tajik, 4; Amir, 18; Ahmad, 5; Shazeb, 176; Zahir, 8)

20.4 Overarching Theme 4: Existential-meaning

Sudden disruption to 'normal' life/changes

"I was just in the Madrassa studying the Qu'ran and stuff and I heard that my parents got killed. I went there, to saw their body and didn't even hug my mum for last time (cries).....I didn't know nothing, I was reading some stuff, just a little kid when my parents got killed.....Madrassa is the education in Afghanistan" (Amir, 64-75)

"My younger brother he went to school but I've not been able to go because in Afghanistan the situation is such that if one government is there, there are schools and as soon as the regime changes so the schools disappear" (Shazeb, 53-55)

Fears about sudden disruptions to post-migration 'normality'

"Life now is going the normal way (post-migration) but in a way it's uncertain...about my future because I don't know what will happen to me in the next day" (Abdul, 218-219)

Asking why – searching for meaning

"I'm just thinking why am I there? (why born in Afghanistan) Why is my nationality Afghan?" (Amir, 111-112)

"They (elders in community) will ask their own sons and stuff, they will never ask me, never ask you. Why?" (Amir, 362-363)

"I've seen them Afghans that are working in take-away yeh, working in them pound shops you know? They wearing two or three gloves and they're standing there for one pound. One pound, which is nothing is it? If you see these other people..., they are working in banks and stuff, why? They can do it as well but they don't know how to do it, they're only confused in their head" (Amir, 495-500)

20.4.1 Main Theme 12: Expectations – met vs unmet and impact on well-being

Pre-migration – what they wanted/expected to gain from migrating (in addition to safety)

“Everyone comes here to get a future, to get a better life, that’s what I want to do”
“Mother was thinking about sending us to another town or to the capital so we could pursue our education...and later my mum was thinking about sending us to another country” (Latif, 84-87)

“I want myself to be an educated person, I don’t wanna be like this (no access to education).....I wanna make something of myself, that’s my mission” (Amir, 358; 468)

“I just wanna place in it (the world), a place where I am happy” (Amir, 540)

Peri-migration

“The feeling when you were speaking to the smugglers they showed us as if it was far away and that it was very easy to get us to Britain and that after crossing a few borders from different countries we realised that we cannot go back...in the beginning they don’t tell us all the trauma and all the difficulties and challenges that we might face along the way, they tell us it’s very straightforward” (Shazeb, 86-92)

“I don’t really want other people to go through what I went through. I have seen many Afghans and still they are coming to the UK through this route and sometimes I wish I could contact them and just pass this message on that this travel is not safe and that they have to be careful” (Latif, 246-250)

Post-migration

Initial period (<18) – met expectations/restoration of existential-meaning = happy

“Life now is going the normal way” (Abdul, 218)

“I think the first few days when I was newly arrived in the UK and I went to school and I found some new friends, then that was my happy, happy days” (Tajik, 305-306)
“I am grateful that we have received all these facilities from this government and we are being helped” (Shazeb, 251-252)

“I was very excited initially...I almost forget all my troubles and pains” (Latif, 176)

“We were happy because they (UK) treated us in a nice way, they give us house and they provided us everything” (Zahir, 92-93)

“When I remember that I came to the first time that I realise that I am in this country so I feel very pleased and I was very happy” (Zahir, 242-243)

After time (>18) – unmet expectations/disrupted existential-meaning (and justice) = unhappy/frustrated

“The Home Office should give status to people and don’t keep them waiting, it’s frustrating” (Tajik, 293-294)

“What I expect from this country is that the government should provide more facilities to the asylum-seekers because they are young and inexperienced and need more support” (Naman, 135-142)

“The excitement (of being in the UK) soon disappeared” (Latif, 107)

“I shouldn’t be suffering from any kind of mental health problem” (Abdul, 187-188)

“We was always thinking that we should have a good life and to do our education and to live in peace” (Ahmad, 16-17)

“They should stop deporting them and it is very important that they should be allowed to go to college even if they haven’t got their documents” (Ahmad, 204-206)

20.5 Overarching Theme 5: Justice

“The British government are quite aware of the situation in Afghanistan, ‘cos they send their soldiers and they say how many people of theirs are dead, so there’s not any question that they should ask us why you come to Britain, they realise how tough it is. We should receive the proper help and support and should be given the right to stay because of the risk we take in coming and the situation back home” (Shazeb, 106-114)

“They go to college and by the time they get to eighteen they get deported which I believe is very unfair because if they get deported back, they won’t have the chance of education and they won’t have a good life so the government should give them visa” (Ahmad, 133-136)

Related sense of anger/frustration

“It sounds like you weren’t able to do the things that you liked and wanted to do and that was frustrating” (Researcher, 10-11)

“Yes it was, of course, yeh” (Latif, 12)

“The Home Office should give status to people and don’t keep them waiting for such a long time, it’s frustrating” (Tajik, 293-294)

20.5.1 Main Theme 14: Discrimination & Invalidation

“When I went there (social club) some of the boys, they not treating me well so I don’t go” (Tajik, 270-271)

“I haven’t got any support from my social worker because there is another guy who is not even going to college but he has got a computer but I go to college and I really need a computer but nobody give it to me so I don’t think that they are much helpful” (Naman, 183-185)

“It took me more than months to come here yet they send you back in eight hours...they never ask them what’s your life like there now” (Amir, 237-248)

Not being believed/being told they are ‘wrong’ (invalidation)

“The police helicopter came and the police came and they didn’t quite know who we are so the police they arrested us and they bought us to the police station and they rang immigration and they came and I told them and they asked about my age and I told them I was 14 and still they didn’t believe that I was 14, they said I was 16 and they told me well you have to accept that you are 16 or we will give you to the immigration and they said oh ok I’m happy to see the immigration people and what they say and luckily they took me and they asked about my birth certificate and how old I am but still when I brought the documents, but still they did not believe that I am 14” (Shazeb, 193-200)

“They refused my case because they say that there is a discrepancy in my statements...when I had my interview I was not quite well so I rang the ambulance so when I went there I don’t exactly remember what I have told them so that may have caused the discrepancy which I am concerned about” (Shazeb, 156-177)

“When the police arrested us they took us to the police station and then the interpreter came and we had an interview with the police and they were asking me how old I am and I told them that I am 15 so they didn’t believe me, they told me that I am 17” (Abdul, 120-122)

“The police came and they were asking questions, what you guys doing here, we didn’t know and they asked me how old I am and they just put the handcuffs on our hands and took us to the police station” (Ahmad, 102)

“They took me to prison (detention centre). I was there for four nights” (Shazeb, 206)

“They (community) informed the Police that I was sleeping there and that I was wrong and then the police came and arrested me” (Tajik, 143)

“I was feeling very bad because I knew that this was not my age and then they were emphasising that this was not your age so I was not feeling good, I was not happy” (Ahmad, 129-130)

Tajik was also placed within a Pakistani family who he felt were inappropriate for for him because they didn’t care for him/lied to social services about their care

“It was a Pakistani family...life was not good with that family and that’s why I left them, it was difficult for me....they didn’t look after us properly because they

were very religious and they didn't really want us to be there and err when the social services were coming they were lying to them that they buy us all these things but they never brought us anything, they didn't look after us properly, they didn't treat us properly...they were not very nice people" (Tajik, 161-169)

20.6 Overarching Theme 6: Self-Care and Well-Being

20.6.1 Main Theme 17: Deprivation and Neglect

Pre-Migration

"They (Taliban) took me somewhere...they didn't feed me food" (Amir, 94-95)

Peri-migration

"Sometimes we were locked in small rooms and we didn't know if it was day or if it was night and they didn't give us enough food" (Abdul, 102-103)

"We had spent time inside the container and sometimes in the forest and in the woods and also in small rooms and in the dark so it was all sorts of things I faced in my journey and it was quite traumatic...there was not enough food and no place to, for them to have good sleep" (Shazeb, 76-83)

"There was about 50-60 people in one container.....the smugglers they were giving us one piece of bread for about one or two days and also in 24 hours, for a few minutes they let us out to go to the toilet.....It was a very dark place and it was very smelly inside" (Tajik, 106-116)

"It was very dark and for about one month from one container to another container for example for about six or seven hours I was in one container" (Latif, 119-120)

"Especially in prison they were giving us food and then sometimes they didn't give us food and in some cells they were forcing about one, two hundred people in one cell that nobody could properly move and they were locking the door" (Ahmad, 83-86)

"There was not enough food and no place for them to get a good sleep" (Shazeb, 81-82)

"There was no house and no food" (Zahir, 78)

Post-Migration

"There's no-one looking out for us. You see us Afghan boys yeh, their shoes are ripped, their jeans or their trousers are ripped...I can't buy him new ones, I haven't got the money" (Amir, 171-175)

“One day there was no-one to feed me, I was hungry. I couldn’t go to the shops and say give me some food and I’ll pay you later” (Amir, 212-214)

“I was sleeping many nights in the park because they didn’t give us the accommodation...we didn’t even have any proper clothes” (Ahmad, 64-65)

“I just slept on the street” (Tajik, 141)

“They (foster family) never bought us anything, they didn’t look after us properly” (Tajik, 168)

20.6.2 Main Theme 18: Overwhelming Emotion and/or Difficulties Coping

“They don’t know what to do” (Shazeb, 105)

“When I think too much I really don’t know what I am going to do...anything can happen...and I can’t say if I will do it (self-harm/take life) or not” (Naman, 198-200)

“It was (migration experiences) very difficult to get through” (Ahmad, 70)

“I find it very difficult...trying to cope” (Abdul, 230)

“I’ve got the stay (temporary) but still I’m not in peace” (Ahmad, 160)

“I couldn’t continue (with life in Afghanistan)” (Ahmad, 11)

“It was too hard for people to live there” (Shazeb, 19)

“Getting deported, that it the worst thing that could happen” (Ahmad, 139)

“It is difficult to think about it (life in Afghanistan)” (Naman, 54)

“I really don’t know what to do, say” (Naman, 190)

“If it (flashbacks) come to my head, my parents and stuff (reminders) it makes me cry, cry and cry and cry until I go to sleep” (Amir, 117-118)

Subtheme: Depression & Anxiety

Depression

Pre-migration

“We just stayed at home and were very sad all the time” (Latif, 56-57)

“I remember only sad memories” (Tajik, 13)

“I was like sitting down crying, crying, crying, crying everyday” (Amir, 206)

Peri-Migration

“I was very depressed and I was feeling very bad and I was thinking all the time and cry, it was very emotional” (Latif, 130-132)

Post-Migration

“I didn’t get any shower for three days.....I wake at 3am.....sometimes 10am...I go to sleep at night at 4 or 5 in the morning I wake up...half the day goes by while I am sleeping” (Amir, 389; 446-453)

“I don’t remember anything good happening to me” (Naman, 218; Tajik, 303) – negative thinking despite them having previously spoke about ‘good things’ since being in the UK

“Most of them (changed friends) are staying at home and then they will, they get depressed and they get bored” (Latif, 265-266)

“I feel very sad...I feel very bad” (Ahmad, 129; 137)

“I feel very sad” (Abdul, 129; Tajik, 238)

“It is really badly affected me, all these experiences because sometimes at night I don’t have err, good sleep, sometimes I wake at night and I can’t go back to sleep” (Tajik, 207-208)

“Life is a bitch...I ain’t got no bright future” (Amir, 46-48)

“I can’t remember the moments that made me laugh” (Amir, 345)

Anxiety (inc. anticipatory anxiety = PTSD also)

Pre-Migration

“I wouldn’t even go outside, leave outside to go play” (Amir, 205)

Peri-Migration

“I was crying and I was weeping and I was very concerned about the uncertainty, what is the next step and what will happen to me in the next hour or the next week so I was very uncertain” (Latif, 127-129)

“I was always thinking that maybe I will die...It was very uncertain and very difficult for me” (Naman, 79)

Post-Migration

“I’ve got the stay but still I am not in peace ‘cos of my injuries on my body, all the time I am thinking about going to hospital, appointments after appointments,

“all my life it just seems like going to the hospital and having this operation, checking up and lots of thinking about life.....I am thinking that if they cut my leg, my life will be finished.....I am constantly thinking and concentrating on my pains and the thoughts of what will happen to myself next” (Ahmad, 160-166;176-177)

“They could be deported at any day” (Ahmad, 125)

“I shouldn’t be suffering from any kind of mental health problem, anxiety and worries” (Abdul, 187-188)

“Life is very uncertain and I am constant worrying about my future.....I find it very difficult to get it, all my worries and concerns out of my mind” (Abdul, 218;230)

“I feel I am being put under more pressure day by day, everyday it is getting worse” (Tajik, 234-235)

“I am just concerned about my court case and the more it is getting closer the harder it is” (Naman, 205-206)

*“It gives you too much headache isn’t it...thinking about my status” (Amir, 385)
“Tensions in their heads, feels everything, stressed. Stressed about here (UK), stressed about there (Afghanistan)” (Amir, 559-560)*

“Uncertainty about my asylum case...tensions at the same time which cause worries for me” (Shazeb, 215-217)

Subtheme: PTSD

Reminders (and related impact on mood/well-being)

“I just want to forget everything but I can’t...I see people...an old lady...they say I look like their son...it then comes to my own head that I can’t see my own mum...where is my own mum?.....I miss her...it is difficult (sobs)” (Amir, 133-145)

“I am getting more worried... when I see it (Afghanistan) on the news” (Zahir, 167-174)

*“They made me remind me of all those traumas and bad memories” (Abdul, 202)
“I was feeling very bad when I was hearing that these guys (friends) were being deported that I couldn’t sleep for about 5 months and I was constantly thinking about them and what will happen if they deport me...worrying” (Zahir, 119-125)*

“When I see problems here the uncertainty about what will happen to my asylum I am getting worried on top of those bad memories” (Zahir, 165-167)

“I just want to forget but I can’t” (Amir, 133)

“Everyday you get people like they killed, look listen, the other day there was one ship, I heard off this taxi driver just now innit, he goes did you hear about that ship? That ship that got drowned and do you know the majority was Afghans...Afghans getting killed everywhere...I feel sad” (Amir, 513-521)

“A few days ago there was a ship of Afghans they sank in the water and lots of people died” (Shazeb, 94-95)

Flashbacks

“I recall those memories and sometimes it comes, coming back in my mind and it is really affected me” (Tajik, 213-214)

“But still ‘cos of those bad memories that I have, still sometimes I am recalling them, it’s coming back to me and I am seeing troubles again and again it is coming to my mind” (Zahir, 164-165)

“It comes to my head about my parents” (Amir, 315)

Survivor Guilt

“I came here in 2000 and before 2008 and it was the last time I saw my sister, even now I don’t know where she is. Life is hard isn’t it? Like now there is no-one in this world now, I am the only person who got to live” (Amir, 207-209)

“We were eight people...it was me who got the visa and one of my friends...the other six got refused and they are in very bad situation...I feel very bad seeing those people” (Ahmad, 119-129)

“I left him (brother) behind and didn’t tell him.....I really feel bad, especially when...I look at my brother’s picture and...I think about him...it is really putting me in a very difficult situation” (Tajik, 117; 238-240)

Subtheme: Changed people (self and other)

“They are suffering from mental illness and it looks like in the beginning they very were nice people, nice guys, but now when you see them, because of this (asylum), they are depressed and they worry a lot and it looks like they are going insane and they have lost their mind” (Ahmad, 121-123)

Appendix 21: Example of transcript illustrating lack of emotional narrative despite prompts

R: Right, could you tell me what your life was like in Afghanistan please?

P: My life was not good in Afghanistan

R: Could you tell me about that, what is meant by 'not good'?

P: There was no education in Afghanistan.

R: Anything else?

P: No, I think everything, all aspects of life was not very good there

R: Not very good. Ok, so was it, what do you mean by not very good? Does it, you know, what impact did it have on him? Was he feeling upset, scared? What happened?

P: I don't exactly remember because I was too young at that time.

R: Ok.

P: I didn't exactly grasp much of the situation of what was going on

Appendix 22: Extracts from Reflective Diary to support Critical Appraisal (4.6)

22.1 Anxiety/Avoidance of emotional disclosure

Excerpts from Reflective Diary: I met with the interpreter today. We discussed the interview schedule and he suggested that I make some of the questions simpler. We agreed that I would also try not to 'load' questions as this would be hard to interpret and may confuse the men. We agreed that the questions should remain as open as possible, with an introduction prior to the interview that the participants could stay in control of their disclosures. This was something the interpreter felt would reassure the men as in his experience, the culture in Afghanistan would not be too talk too much in depth with strangers about emotional experiences and that too much probing would be distressing. Having made the amendments, the interpreter was happy that the interview schedule would translate effectively in order to gain the information needed for the research questions.

....At the MDT we also discussed my procedure, in particular, the interview. Feedback was genuinely positive and it was agreed that, from their experiences that the questions would be OK, although some remained ambivalent about how much detail the men would provide.

22.2 Interview akin to asylum-seeking procedure

Excerpt from Reflective Diary: Feedback from one of the participants today was that my interview felt very similar to the interviews conducted by the Home Office during their asylum case.....It made me reflect upon other participants' interviews and the likelihood that it felt similar to Home Office interviews with them, leading me to consider that what was accessed in this project may only be the rehearsed stories these men have developed as a result of the asylum seeking process.

22.3 Usefulness in building rapport to gain access to participants

Excerpts from Reflective Diary:

The interpreter stated that the men would not respond to recruitment posters. He said they would be too frightened and would only go along with something like this if it was through a trusted person.....I took this to the team and we agreed that recruitment would only be via the MDT and local Afghan dinner clubs.

Today I really felt that my hard work had paid off. Another member of the MDT was able to send me names and contact numbers, together with signed consent forms for three potential participants which was a huge help given that the next dinner club wasn't until the new year. I felt a sigh of relief as well since these recruits have been more reliable than the ones I had gathered myself at the dinner clubs, most likely because of the trust in the relationships these men have with these MDT workers which has taken years to build.

.....This evening's dinner club was far more successful in terms of recruitment compared with last month's. Although I still felt nervous, with encouragement from the staff who I knew well, I decided to get more involved rather than sit on the side lines awaiting for them to approach me...Although it still felt alien to me, it felt less so once I was involved. The expression and celebration of Afghan culture was explosive and contagious. I genuinely really enjoyed myself. This process appeared to bring down the barriers – not only was I less nervous about trying to recruit, but the group seemed less afraid to approach me. Some of the guys who had already taken part were there and they spoke positively about their experiences which encouraged others. I had twice as many volunteers come forward and show an interest in the project this week.

22.4 Becoming Overwhelmed by the Research

Excerpts from Reflective Diary: Listening to him talk about his experiences was hard and drew a tear to my eye. I couldn't quite get my head around it, I mean, for anyone to lose their parents is unimaginable, but at the age of twelve whilst you're at school? How on earth do you cope with that? To then have to leave the country, everything you know and love and be alone in the world before you've even finished puberty felt completely in-comprehensible.

He seemed so low in mood...and he spoke a lot about being hopeless and being desperately frightened that he would be deported back to Afghanistan.....both I, and the interpreter felt quite overwhelmed at this point.

The participant today was tearful and broke down almost immediately when he disclosed difficulty coping with flashbacks and worries about the future. There were no imminent concerns about his risk, but I just felt myself completely captivated by sadness and an overwhelming sense of helplessness.

I actually found working with him to be the most sad. He was just so alone in the world and as the tears rolled down his face, I felt my own eyes begin to water. It was very moving.

...This was just so overwhelming. Post-it notes were everywhere. Arrays of coloured highlights decorated the floor, pages upon pages of scripts left to wade through. It felt like a real uphill struggle to get my head around all this – was it even possible is how I felt looking down on it. Then I wondered, was this some sense of counter-transference i.e. was this a snapshot of what it was like for the participants telling their stories?

...Today I was becoming increasingly more frustrated with the use of generic terms like 'difficult' and 'not good' which appears all the participants seem to say when I asked about the impact on their well-being. I thought about this a lot, asking myself, 'what does it mean?' On one hand I understand that emotions are not something that Afghan males would generally talk about, least of all with a young woman like me.....alternatively, was this use of the word 'difficult' reflecting something about a struggle; a struggle to cope emotionally, both in the past and present and subsequent struggle to describe the impact in a coherent answer to my question? Was it simply too overwhelming and therefore too difficult to cope with? Both seemed valid hypotheses, hence I kept both.

22.5 Consideration of multiple interpretations and consultation with experts

Excerpt from Reflective Diary: Today I was in a meeting and one of the teachers commented upon the difficulties they had experienced in managing the challenging behaviour some of the young Afghans were displaying, often quite aggressive. She stated that some had been excluded from school. This was surprising as this was not evident in the interviews and I wasn't even sure if I could marry this behaviour with any of the participants, thus I considered that this was probably an unrepresentative sample that had not considered the views of participants with higher levels of distress who were potentially unable to access the study (e.g. not attending dinner clubs/engaged with services)

I spoke with my supervisor today about the transcripts and the narratives around being 'a survivor' which was important as the reality was that they had survived where many did not. It felt like this was a key part – a survival instinct almost. She reflected that it also sounded like the participants were talking about survivor guilt, hence this was created

I met with my supervisor to discuss the themes and something stood out to her that I had not noticed within the impact of post-migration experiences on well-being and it was concerning a sense of being 'changed people'. I had categorised this in amongst the overwhelming emotions and somatic experiences as it was this that appeared to have 'changed' people. However, in discussion with my supervisor it felt like more than that – not just a change physically and emotionally, but a change in their character (of self and of others around them), personality and conduct and one that felt more permanent than a transient episode in mental health. I looked back over the scripts and realised that there was more evidence of this 'changed' persona which didn't fit the theme of emotion or somatisation, thus a new theme was developed in order to encapsulate this.

22.6 Usefulness and Transferability of Findings

Excerpt from Reflective Diary: I was speaking to the ladies that run the dinner clubs and they were so pleased to hear the positive comments about the dinner clubs. I think they were genuinely really thrilled that their hard work had achieved what they hoped it could, which I know had not always been easy as I had been there myself when only 2 or 3 people turned up. I was pleased that they were going to continue them.