Trauma-Informing the Asylum Process

Guidelines and Recommendations
Co-developed with Young People Seeking Asylum

Executive summary

Unaccompanied children and young people seeking asylum in the UK experience hardships and challenges when accessing support, social services and applying for asylum. Navigating the asylum system and the asylum process itself can negatively impact the mental health of young people seeking asylum, in some cases it can even cause trauma or re-traumatise them. This report draws on empirical findings based on young people's lived experience of the UK's asylum process. Participatory and co-production methods were used to compile a set of trauma-informed practice (TIP) guidelines and recommendations applicable to the asylum process. The main factors causing significant concern for the young people were linked to lack of knowledge regarding their rights and access to support, legal complexities of the asylum system, uncertainty about the asylum process and lengthy delays in decisions on their asylum claims. Often, trauma was linked to language-, cultural- and social barriers faced by the young people seeking asylum intensifying experiences of stigma and social isolation.

Key TIP guidelines and recommendations were developed for the asylum process as a whole. These include the need to build trust relations between asylum claimants and professionals in the system, promote humane and compassionate engagement with persons seeking asylum, and give voice and agency to asylum claimants throughout the asylum process. Moreover, the TIP guidelines focus on the importance of sensitivity to culture and gender of asylum applicants, and the urgency for the asylum process to be more transparent regarding the progress of claims. Most importantly, all relevant professionals in the asylum system should be mindful of, and responsive to, the mental health and trauma suffered by persons seeking asylum.

The asylum substantive interview, in particular, was experienced to be lacking a trauma-sensitive approach. For the asylum interview to be trauma-sensitive, some crucial TIP guidelines need to be followed. The interview process needs to be gender- and culture-sensitive and Home Office caseworkers need be aware of, and responsive to, the cultural background of the asylum claimant. Moreover, in order for the asylum interview to be trauma-sensitive, Home Office interviewers need to be mindful about how trauma can affect the asylum claimant's storytelling and memory, and most importantly, they should show compassion and empathy towards persons seeking asylum, rather than adopt a cold, formal manner.

In order for these trauma-informed guidelines to be effectively pursued in practice, we make a set of recommendations:

1. **Organisations working with persons seeking asylum should embed training on TIP principles in the work of all relevant professionals.**

2. **Mechanisms and structures must be in place to effectively monitor and evaluate the extent to which TIP is achieved in practice.**

3. **The content and delivery of trauma-informed practice should be informed by the lived experience of persons seeking asylum themselves.**

4. **Organisations supporting unaccompanied children and young people seeking asylum should develop a joined-up approach to working with, and listening to, this vulnerable population.**

5. **Organisations should change their culture to allow for effective implementation of TIP guidelines.**

1 Trauma and the asylum process in the UK

Unaccompanied children and young people seeking asylum in the UK experience hardships and challenges when accessing support, social services and basic social and economic rights[1]. The UK immigration system is specifically intended, in its design and operationalisation, to be "hostile" towards "illegal" migrants. This can have far reaching consequences for vulnerable children and young people seeking asylum. They have likely experienced traumatic events during multiple stages of their journey to safety, including in their country of origin, during their migration to safety, and upon arrival in their country of refuge[2,3,4,5]. Importantly, unaccompanied children and young people seeking asylum are at particular risk of exploitation, abuse and trafficking due to their age and absence of a parent or legal guardian.

Trauma is defined as a psychological response to "an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being"[6]. Scholars acknowledge that the same event will be experienced differently by different people depending on their previous life experiences, culture, gender, age and other social and psychological factors unique to the individual[7,8]. Recent work has sought to shift the definition of "trauma" beyond the purely biomedical, individualised perspective, to incorporate systemic, structural, and cultural factors that influence experiences of, and responses to, trauma. This corresponds with a shift away from asking "what is wrong with you" towards questions of "what has happened to you?"[9]. Given the diversity and complexity of how trauma is understood and manifested across different contexts, situations and lived experiences, the development and

implementation of trauma-sensitive practice in the asylum sector must recognise this diversity[10]. To achieve this, a trauma-sensitive approach to the asylum process must be informed by the lived experience of the asylum-seeking communities themselves.

Uncertainty about the asylum process and the reception conditions in the host country have been shown to impact the mental health of persons seeking asylum[11]. Consistently, research has highlighted that stress experienced upon arrival in the host country (sometimes referred to as "post-migration stress") is associated with symptoms of poor mental health in refugee and asylum seeking populations[12,13]. In addition to uncertainty about the asylum process, post migration stress can stem from housing insecurity, socio-economic hardship, lack of access to support, limited rights, feelings of isolation, discrimination, and fear of repatriation[14]. Importantly, trauma-inducing factors are present in the design and implementation of UK asylum policies, which are intentionally "hostile" and aimed at deterring illegal migration to the UK. For example, a 'culture of disbelief' and suspicion permeating the UK asylum system regarding the validity of asylum claims has been described[15,16]. Recently, there have been significant delays in decisions on asylum claims due to a backlog of asylum claims at the Home Office[17]. Taken together, existing research suggests that the asylum process in the UK poses many challenges and strain for those seeking asylum, with significant impact on their mental health.

2 Unaccompanied young people seeking asylum and vulnerabilities faced

Unaccompanied children and young people seeking asylum are considered at particular risk for adverse developmental and mental health outcomes. Not only do they endure the stressors associated with fleeing violence and adjusting to a new life, but they do so without a parent or trusted companion[18]. For many hardships and stress are experienced during a period in development when young people strive for autonomy and form their personal identity. In addition, young people's age, if claimed to be under 18, is often disputed, therefore denying them special protection and assistance, further compounding the stress they face. Recent work documents the accounts of asylum-seeking young people when they transition to adulthood, highlighting the challenges they face and their efforts to navigate the difficult transitional pathways in their search for safety and better life prospects[1]. Worryingly, recent experiences of the asylum process in the UK and the long asylum delays were particularly damaging for the mental health of young people seeking asylum. Specifically, in our recent ESRC funded project "Lives On Hold, our Stories Told" (LOHST)[19], in which we worked collaboratively with young people and children seeking asylum (aged 16-25) in the UK, a key theme in their accounts of lived experience concerned the ongoing stress they faced relating to uncertainty and delays regarding their asylum claims, housing insecurity, financial worries, and the hostility of the asylum process. Many of the young people reported feeling misunderstood, unheard, hopeless and (re-)traumatised by the asylum system (see the LOHST briefs on mental health[20] and asylum delays[21]). In addition, in some cases reported elsewhere, the asylum process has been cited as a significant contributory factor to suicides amongst persons seeking asylum[22]. It was clear, therefore, that work was needed to review and assess any existing guidelines on trauma-aware practice in the asylum sector and evaluate these against the lived experience reported by young people seeking asylum.

2.1 Culture and mental health: The case example of Albania

Many of the young people we worked with are from Albania, with past and ongoing lived experience of seeking asylum. Albanian nationals seeking asylum in the UK make up a large proportion of all persons seeking asylum in the UK. For instance, in 2022, around 16,000 Albanian nationals applied for asylum in the UK, making up 16% of all asylum applicants[23]. The UK Government described Albanian arrivals as an "invasion" - according to the Home Secretary - particularly as the government deems Albania a "safe and prosperous" country[24]. The UK Government therefore considers many Albanians who claim asylum in the UK "economic migrants" whose asylum claims are "spurious"[25]. Apart from the political controversy surrounding the reasons behind Albanians' decision to flee their country, evidence shows that most of the young Albanians seeking asylum in the UK suffer from significant mental health challenges with the experience of these being very much shaped by their cultural background[20].

Importantly, many Albanian children and young people seeking asylum in the UK are the victims of blood feuds, trafficking gangs, organised crime, and domestic servitude[26] which means that their mental health has already been affected before their arrival in the UK[26]. Research about Albanian culture shows how its society is acutely patriarchal with men assuming the dominant position in the family and commonly leading in areas of political and social life[27]. Such patriarchy partly finds its historical roots in Kanun, traditional customary laws in Albania which govern key aspects of society, including marriage, hospitality, and the resolution of rights in livestock and property[28]. At the same time, Kanun laws discuss honour and honour-based behaviour, which renders the disclosure of mental health struggles as proof of weakness[29]. Evidence shows that Albanians' experience of psychological trauma, and mental health more generally, is shaped by cultural norms and practices found in a patriarchal society[30, 31]. While we describe here the specific cultural context for Albanian young people seeking asylum, it serves as an example that cultural variations in the conceptualisation and experience of trauma are important and must be considered across all communities seeking asylum in the UK. Importantly, the ways in which the asylum process affects the mental health of children and young people, particularly when culture plays a key role in the expression and experience of trauma, are key aspects that emerged from our project and which fed into our trauma-informed practice (TIP) guidelines.

3 Research project and methodology

The findings discussed in this report constitute the outcome of a project funded by Research England-Participatory Fund from February to July 2023 (project titled "*Towards A Trauma-Informed Asylum Process and Services*"). The project used a participatory methodology to achieve both (i) a better understanding of the lived experience of young people lodging an asylum claim in the UK, and (ii) to give voice and agency to the young people in matters directly affecting them but where their voice is often not heard. Children's right to have their views heard is enshrined in the United Nations Convention on the Rights of the Child (1989)[32] in Article 12, as well as in existing NICE guidelines for professionals and practitioners working with children who experienced abuse and neglect[33]. These guidelines emphasise that children and young people "need to be confident that their voices are heard and that their words are captured accurately by the practitioners".

Accordingly, we worked collaboratively with a group of young people from Albania with lived experience of seeking asylum in the UK and the charity Shpresa Programme who supported them. One of the young people was employed as our research assistant. We brought the young people together with various stakeholders working in the asylum system, including charities supporting persons seeking asylum, and other professionals and practitioners who work with asylum-seeking young people (e.g., lawyers, social workers, clinicians). Working together, the aim was to share lived experiences of the UK asylum process and co-produce new and improved guidelines for a trauma-informed approach to the asylum process.

Our co-produced guidelines presented in this report are informed by work across the following activities. Firstly, our research assistant interviewed 15 young people from Albania with lived experience of seeking asylum, some of whom came to the UK as unaccompanied migrant children. The interviews focused on their experience of the UK asylum system and relevant processes upon arrival in the UK. Secondly, we hosted two interactive research workshops. The first was held at Southampton University in May 2023 and was designed to (i) generate initial data and input from relevant stakeholders and (ii) co-develop a first set of draft recommendations for trauma-informed practice for the UK asylum process. This workshop was attended by 35 participants, including young people seeking asylum, mental health professionals, local refugee and mental health charities (e.g. SWVG, Solent Mind), psychotherapists, and academics. The recommendations produced at this workshop were then further refined with input from our research assistant and the interview data they collected. The refined guidelines were presented at our second workshop in June 2023 (London) which was attended by 34 participants, including representatives from different charities supporting refugees and asylum-seeking persons (e.g., Shpresa, Doctors of the World, The Refugee Council), legal professionals (MiCLU), professionals working for the Home Office, and young people seeking asylum. At this workshop, feedback was sought on the proposed trauma-informed practice guidelines along with recommendations on how to further improve them. The quotes presented below are drawn from across these activities. As researchers, we adopted a social-constructivist approach reflecting a view that understandings and experiences of phenomena are personally and socially constructed. Accordingly, it was central to our work that the guidelines were constructed collaboratively and informed by experience from all stakeholders.

4 Project findings: Factors causing trauma/mental distress in the host country (UK)

Lack of knowledge regarding rights, access to guidance and available support

Most of the young people participating in our project arrived in the UK under-age, which meant that they were vulnerable and dependent on external support and guidance. Yet, on arrival most of them reported a lack of information about where to find and how to access the much-needed support. This was particularly challenging as most of them did not speak much English on arrival; one participant stated: "as a child, no information is provided to you on arrival by the authorities".

Young people reported their lack of knowledge regarding their rights, especially rights as children, and not being familiar with the asylum process and whom to contact to help them. Indeed, evidence shows that most unaccompanied migrant children arriving in the UK are not aware of their rights[34] and there are no clear mechanisms or structures established to support them gain vital access to information about their rights, their asylum application and their asylum journey in the UK. This state of affairs is recognised at the Government level; the *"Care of unaccompanied migrant children and child victims of modern slavery Statutory guidance for local authorities"*[35] states:

"Unaccompanied children are likely to be uncertain or unaware of their rights and whom they should trust. They are at increased risk of going missing, often leaving the care of those who would protect them to return to traffickers who will continue their exploitation. All groups may have experienced emotional trauma in their country of birth, on their journey to the UK or through their treatment by adults in the UK". (p.3)

The young people we engaged with highlighted the importance of having access to information about their rights and particularly whom to contact in case of need:

> "[There's] a need for someone to guide and direct unaccompanied migrant children and young asylum-seekers [...] not knowing who to turn to, what's going to happen to you: causes more trauma [...] there is need for guidance and support [...] you need to know what to expect here [in the UK]."

Legal complexities and no guidance on how to navigate the system

The UK asylum system and the complexity of the asylum process can be daunting for all persons seeking asylum but is particularly so for those who are unaccompanied and vulnerable. Our participants indicated how "navigating the asylum process involves engaging with complex legal systems and requirements", and that there is a lack of legal representation and limited access to resources. Moreover, due to the hostile nature of UK asylum policies and their damaging effects on vulnerable children and young people, one participant reported that their perception is that "the asylum system: is designed to break you". Indeed, the complexities of the asylum system and of the law underpinning it can have a dismal effect on the young people, as one young person stated:

> *"Individuals often find themselves in unfamiliar legal surroundings, struggling to comprehend the intricacies of the asylum law and present their case effectively".*

Uncertainty and living in limbo

Delay in the asylum process is systemic and has life-changing effects, particularly for those under-age or vulnerable young people. Evidence from our previous research[20, 21] shows that the uncertainty regarding asylum outcomes and extensive delays on decisions (often lasting a couple of years) create intense anxiety and distress for most young people, and in some cases can lead to suicidal ideation. Participants in the present project indicated that uncertainty about asylum applications generates feelings of "frustration, helplessness, anxiety, and a sense of being stuck in limbo". Indeed, other research on refugee populations has shown how damaging uncertainty and "waithood" can be for mental health[11]. As one of our participants put it: "the issue of uncertainty: kills me every day".

Available support is not joined-up

While support exists for unaccompanied children and young people seeking asylum, the young people find that it often lacks a joined-up approach across all professionals involved in their support and hence fails to be effective. For instance, there is limited guidance and training for those professionals working with unaccompanied children and young people, and most often, those in the care system, such as foster carers or social workers, do not see their efforts and assistance matched up by similar support from those representing the children and young people legally, or those providing medical and health support.

Language, cultural and social barriers causing stigmatisation & social isolation

The young people stressed the compounding effects of belonging to a different culture, not speaking English and not feeling part of the mainstream society. They shared with us how their Albanian cultural background, including aspects linked to the role of women in society, the patriarchal family structures, blood feuds and the Kanun law, shape how they experience mental health and the extent to which they can communicate any mental health challenges in a non-Albanian context. For instance, symptoms of poor mental health, such as feeling depressed and worried, are not typically openly discussed in Albania, and therefore, any mental health diagnosis received by Albanians in the UK can compound their situation as they are told that they are "mentally disordered" (as one participant called it). Instead, the young people in our project suggested they are "helped to understand it is 'normal' to feel this way" in their situation. The above example illustrates how culture bears on the meanings that people ascribe to their mental health and how linguistic and cultural differences can further augment social isolation and stigmatization experienced in the host country.

5 Key guidelines and recommendations to trauma-inform the asylum process

Our project findings led to a set of trauma-informed practice (TIP) guidelines for the asylum process as a whole and more specific ones for the substantive asylum interview. We present these in turn below. Our TIP guidelines are intended to complement and reinforce existing trauma-informed (T-I) initiatives promoted across UK government departments, but which appear to lack an integrated approach, involving a process of developing, implementing, monitoring, and evaluating TIP, particularly in relation to the asylum process. The UK Government has TIP guidelines[36] which are intended to be implemented in a health-related context. These include the following principles: safety, trust, choice, collaboration, empowerment, and cultural consideration. However, the accounts of the participants in our project and in other research suggest that adoption of such principles in the asylum process is lacking. Our TIP guidelines are aligned with the above noted principles but applied to the asylum process. Importantly, they are informed by the experience of unaccompanied young people seeking asylum from Albania.

5.1 TIP guidelines for the overall asylum process

Given the available evidence about the challenges experienced when applying for asylum in the UK, it is surprising that the Government does not have TIP guidelines applicable specifically to the asylum process similar to those available in the health provision context[36]. We note, however, that some general guidance is available for Home Office caseworkers conducting the asylum substantive interview[37] which includes some trauma-sensitive practice guidelines (see section 5.2). Below we propose TIP guidelines for the overall asylum process:

1 Building and nurturing trust relations

The importance of being able to trust people was highlighted as one of the key factors shaping the young people's experience of the asylum process. Trust should be at the heart of the asylum system: it should permeate practice by all professionals in the system who engage with persons seeking asylum, especially vulnerable ones. For instance, participants told us they wish to be able to trust interpreters, legal professionals, legal guardians and foster carers. It was recognized that while it takes time to develop trust, this period of time was important to enable them to tell their story. All young people in our project outlined the importance of stable and continuous relations with the same support services and professionals. The young people called this "relational care".

2 Promoting a humane approach, based on compassion and empathy

Compassion and empathy are essential emotions for all humanitarian workers. In the same vein, any engagement with vulnerable persons seeking asylum should be underpinned by a "humane approach" showing "compassion and empathy" (in the words of our participants). Indeed, the Geneva Refugee Convention (1951)[38] sets out clearly the need for the international community to show compassion towards those fleeing persecution and war and provide them with sanctuary and protection. Moreover, compassion is paramount "because the act of seeking asylum is complex and can be best understood when there is a willingness to understand that complexity" (UNU CPR 2023)[39].

From the young people's perspective, however, there is a clear need that persons engaging with them in the asylum system have more of a compassionate and humane approach, both in relation to asylum issues and social services: "social workers need to be more sympathetic and should show empathy, refugees shouldn't be rushed through".

A critical aspect to tackle is the asylum system's objective to make the asylum experience "hostile" for those entering the UK "illegally". According to our participants, hostile language – towards asylum-seekers - is common amongst those working in the system and in public media. Our participants suggested that the main way to counteract this hostility is to emphasise a focus on "dignity, protection and respect […] the need to respect the human rights of refugees". Our participants emphasised the "need for services, Home Office staff and solicitors to be compassionate, understanding, caring, checking up on unaccompanied minors, they [people working in the asylum system] need to be kind". Indeed, the desired humane approach discussed by our research participants, namely "treating people with dignity", reflects one of the paramount principles of human rights law in the UK- the Human Rights Act 1998- which requires the Government and all state bodies to treat everyone equally, with fairness, dignity and respect[40].

③ Providing certainty about processes and timelines

Many participants shared with us the intense uncertainty they experience with regards to what is going to happen to them and what to expect. As they told us, "Asylum applicants face lengthy waiting periods, bureaucratic hurdles, and the ever-present fear of rejection". Our participants told us they feel uncertain with respect to: "lack of who you are, what you do, mapping who is in the system […] why and what to expect" A lack of safe, stable, and long-term accommodation is also a major concern – as participants told us that they are "being moved around a lot". Moreover, the "hostile" *modus operandi* of the asylum system causes many to expect negative outcomes, such as deportation, as they told us:

> *"the asylum process itself can be mentally draining. The constant fear of deportation and the inability to plan for the future further heighten the emotional burden".*

Research evidence highlights the negative impact uncertainty and lack of control can have on mental health[41], particularly in asylum seeking populations[11] (. Importantly, the current circumstances in the UK asylum system, involving lengthy waiting times for an asylum decision, challenging living conditions and inability to work and study, add a further layer of disadvantage for the young people and risk undermining their trust in the UK's institutions and services.

(4) Giving persons seeking asylum voice, choice, and agency

The impacts of the "hostile environment" promoted by the UK Government for people seeking asylum have been extensively researched by academics. For instance, according to Chase (2013)[42], those providing support and services to young people seeking asylum – in the "hostile" environment - need to consider the trauma experienced by them and find ways of supporting them, which create a sense of place, belonging and security into the future. In the same vein, the LOHST project[19] has documented how Covid-19 further compounded the hostility and challenges experienced by young people seeking asylum, with serious implications for their mental health and well-being. The common thread of all these findings is the young people's perception that their agency and voice are not considered as part of the asylum process or in the provision of support.

Not having a voice and not being able to exercise agency over key matters affecting them was illustrated as a key trauma-triggering factor by our participants. They reinforced the need for them to be listened to and for their needs to be taken into account when decisions concerning them are being made, as they put it: "relational approach, being offered choice, [...] need of a two-way conversation with the social worker". In the same vein, mental health experts working closely with vulnerable persons seeking asylum also stressed that those working with young people seeking asylum pay attention to their needs and provide them with *agency* and *choice* over all aspects and decisions relevant to them:

> "Support for people to have control over decisions, hence sharing decision-making: decisions about food, education, the legal process, how you tell your story: they should have agency, give young people control."

(5) Considering cultural sensitivity

Cultural background and norms, including the value attached to family cohesion, shape how people express and seek help for trauma[43, 44]. The Albanian young people in our project emphasised that their experience of depression and mental health is culturally shaped, and that those working in the asylum system must consider this. However, their experience of the asylum process was described as showing "limited cultural awareness and sensitivity" amongst key professionals working with them. Our participants mentioned that often the social workers and Home Office staff they encountered lacked any knowledge regarding Albania and the Albanian culture. Importantly, there appears to be little awareness of how culture shapes mental health and the complex relation between the two, as participants told us:

> *"Depression is not discussed in Albania, they [people seeking asylum] are being told that they are mentally disordered here [...] There is need of cultural knowledge regarding mental health."*

Our participants stressed the importance to broaden understanding of their mental health from a "medicalised approach" to be a more "personal, humane approach". Such desire resonates with ongoing debate concerning the framing of mental health through a medical versus a social model of wellbeing and underscores the need to take a more holistic approach when supporting young people seeking asylum which carefully considers the socio-cultural context that shapes how trauma and ill mental health are experienced.

Relatedly, trauma-informed practice must promote cultural safety. Cultural safety is defined as "an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge, and experience, of learning together with dignity, and truly listening"[45]. In short, there is a positive correlation between culturally appropriate, trauma-informed support and perceived safety[46]. Moreover, understanding of, and sensitivity towards cultural heritage facilitates trust-building, as a young person told us: "knowing the culture, [having] someone to trust: [young people seeking asylum] need someone who understands them".

(6) Considering gender sensitivity

Another factor conducive to trauma and re-traumatisation is the lack of gender sensitivity in the asylum process. This aspect is particularly crucial for those whose gender or sexuality may have been one of the factors behind their traumatic experience or reasons for fleeing their home country. For instance, if a female asylum-seeker was a victim of rape, it may be traumatic for her to be interviewed by a male Home Office caseworker.

5.2 TIP guidelines for the substantive asylum interview

The young people seeking asylum stressed the impact of the substantive asylum interview on their mental health and why it is important for this crucial asylum procedure to be trauma-sensitive. While specific guidelines exist which provide directions for preparation and conduct of the substantive asylum interview[37], these are generic, and there are very few provisions relating to trauma and how it may affect the interview itself. In brief, there are few trauma-related safeguards and few specific recommendations aimed at making the asylum interview trauma-sensitive. Below we highlight key trauma-triggering aspects that should be considered as part of the interview process. These are based on the "lived experience" of young people seeking asylum who have had their substantive asylum interview.

(1) Awareness of the cultural background of the asylum claimant

Important cross-cultural differences in the "narratives of traumatic experiences have been highlighted[47]. The young people seeking asylum in our study stressed the importance of the caseworker's awareness of the claimant's cultural background and the need for "training to be provided to Home Office interviewers/caseworkers about the cultural background of the persons they interview". Of note, the Home Office (2022:37)[37] guidance does advise the caseworker to comprehend the "individual factors unique to the claimant including, but not limited to: age, gender, sexual orientation, gender identity, culture, social and economic status, education, religion, beliefs, values, state of mental and physical health". However, in practice, the experience of the people seeking asylum is that most Home Office caseworkers lack the appropriate knowledge and training regarding the claimants' culture. Their perception is that the approach is "one-size fits all" rather than adapting the conduct of the interview in a way that would reflect the "needs of the population, for instance Albanians, Iranians, Iraqis", as participants put it. In short, an interviewer's lack of knowledge and sensitivity towards the cultural practices and traditions in countries such as Albania can have detrimental effects on the mental health of the asylum claimant as well as on their interview performance.

② The interview process needs to be gender-sensitive

The applicants' sex assigned at birth, gender identity and sexual orientation are factors that, if not considered during the interview, may have negative psychological effects for the asylum claimant. While the available guidance by the Home Office advises claimants to disclose any relevant information about "any special needs or requirements for an interview so that we can factor these into the interview process" (Home Office 2022: 54)[37], there are no specific provisions requiring the Home Office caseworker to conduct an interview in a gender- sensitive manner. The young people in our study mentioned that, based on their lived experience, their gender requests (for instance, concerning the gender of the interviewer) are frequently not implemented in practice.

③ Interviewers need to be mindful about how trauma can affect personal storytelling and memory

Most young people we have engaged with told us about their mental health challenges and how the trauma they experienced prior to the substantive interview should be considered by the caseworker. The Home Office interview guidance notes the caseworker should seek information regarding the claimant's mental health prior to the interview and consider the claimant's mental illness with regards to possible interference when providing evidence about their asylum case (Home Office, 2022:55)[37]. However, it is not clear what measures and safeguards should be in place to accommodate the claimant's mental state. For example, the young people in our study stressed that for them the asylum process entails the recounting of traumatic experiences with significant negative implications on their mental health; "applicants must provide evidence of persecution or a well-founded fear of persecution […], reliving past traumas during interviews and court hearings can cause significant distress, re-traumatization, and psychological strain". Most crucially, psychological trauma affects how evidence during the substantive interview - an anxiety-inducing experience in itself - is disclosed, as trauma can affect memory and recall[48], resulting in information being fragmented or supressed and the coherence of narrative affected, risking the asylum claim's credibility. Yet, in our participants' experiences the lack of coherence in asylum narratives is used against claimants, jeopardising their asylum prospects and clearly defying an approach which is trauma-aware. As the young people put it:

"Trauma affects how you tell your story: that's used against you […] Re-living your trauma by re-telling your story: [Home Office officials] need to standardise the interview in line with human rights provisions. [Home Office caseworkers] need to understand trauma and story-telling".

(4) Interviewers should show compassion, flexibility, and empathy rather than doing the interview in a "systematic, by the book" manner

The manner in which the substantive interview is conducted, and the language used by the Home Office caseworkers, are perceived as critical for vulnerable young people, particularly in light of their poor mental health. Participants highlighted that often, the substantive interview follows an "interrogatory approach" and includes "hostile language". In addition, the young people's experiences suggest that the person's readiness to provide evidence in a lengthy and emotionally draining interview is rarely considered with important consequences for their future; as they shared with us:

"Give refugees more time: are they emotionally ready for the interview? "Can you do the interview? Are you ready?" No need for rushing, otherwise their statements may sound like lies".

The young people urged that those Home Office caseworkers conducting the substantive interview "show compassion, flexibility and empathy", as they put it:

[There's] lack of empathy from Home Office staff, and all processes [including asylum interview] are being carried out in a systematic manner, i.e. by the "book", in a monotonal approach, i.e. medical rather than normal."

The length of the substantive interview, often exceeding many hours, was mentioned as another factor negatively impacting the mental health and well-being of the young people. All participants highlighted the paramount need for having training provided to all Home Office caseworkers conducting interviews with such vulnerable populations.

6 Key recommendations

In order for our trauma-informed guidelines to be adopted and implemented in practice, we make the following recommendations:

1 ## Training to embed TIP guidelines in the work of all professionals working with persons seeking asylum

All professionals working with or supporting persons seeking asylum, including Home Office staff, should be trained in line with trauma-informed practice principles and should be supported to develop a better understanding, sensitivity, and appreciation of the diversity of the asylum-seeking population, their needs and their experience of the asylum process. A compassionate approach should be central rather than pursuing a "hostile" approach underpinned by a "culture of disbelief" regarding the asylum claims. Opportunities for further and specialist training must be provided, and above all, training and supervisor support should occur regularly, as an on-going process rather than a one-off event. Such regular training and support provision would allow professionals to adapt and improve their engagement with persons seeking asylum based on feedback from their peers, supervisors, and trainers.

2 Mechanisms to monitor, review, and evaluate that TIP is achieved in practice

Effective mechanisms to monitor, support and evaluate good practice must be in place both at an individual and organisational level. These can, for example, include regular opportunities for employees to review and reflect on their practice with their line managers, peers or mentors, and using self-monitoring tools. Using best practice examples in challenging cases would provide another opportunity to reflect, learn and improve TIP. An independent body should be assigned to monitor and support fair and trauma-informed practice in the asylum process while violations to such practice must be addressed effectively.

3 Harness lived experience to improve practice

The content and delivery of trauma-informed practice should be informed by lived experience. Safe spaces and opportunities must be created for people with lived experience of seeking asylum, including unaccompanied young people, to share their invaluable insights and work collaboratively with those in senior management and leadership roles responsible for implementing and monitoring good practice.
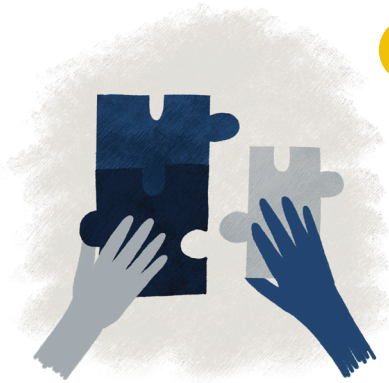
4 A joint-up approach to working with, listening to and supporting unaccompanied children and young people seeking asylum is needed

Mechanisms and processes must be in place which facilitate effective communication and collaboration amongst all agencies and professionals supporting and looking after children and young people seeking asylum. These must include safe spaces where the young people can voice their concerns and where these are heard. All those supporting children and young people seeking asylum should be informed and educated on how trauma, culture and the experiences during the asylum process interact with one another. Different asylum communities have different customs and needs; listening to their voice can help trauma-inform the processes that affect their asylum experience.

5 Change organisational culture to allow for the effective implementation of TIP guidelines

Organisations and institutions responsible for the care of unaccompanied children and young people seeking asylum and their asylum claims (e.g., the Home Office) should endorse trauma-informed practice at an organisational level recognising it as a key performance indicator against which practice is measured. Organisational culture can be changed by either having a targeted approach to implementing the TIP guidelines in relation to specific processes or mainstreaming these guidelines in all processes and actions affecting persons seeking asylum.

Acknowledgements

We are extremely grateful to Shpresa Programme for all their support and assistance on this project. We are particularly grateful to all the young people with lived experience of seeking asylum who contributed to this project. In addition, we would also like to thank all the professionals, practitioners, and academics who attended our workshops and contributed to these guidelines. Finally, we wish to acknowledge the Research England Participatory Research Fund for funding this project.

Authors

Ingi Iusmen, PhD, Associate Professor in Governance and Policy, Politics and International Relations, University of Southampton.

Jana Kreppner, PhD, Professor in Developmental Psychology, Centre for Innovations in Mental Health, School of Psychology, University of Southampton.

India Cook, PhD student (in the School of Physics and Astronomy) and Policy Associate, Public Policy Southampton, University of Southampton.

Design

Design and illustration: Noble Studio.

Bibliography

1. Chase, E. and Allsopp, J., 2020. *Youth migration and the politics of wellbeing: Stories of life in transition*. Bristol University Press.

2. Pfeiffer, E. & Derluyn, I. (2023) Editorial: Mental health in children and adolescents with a refugee background. *Frontiers in Psychology, 14,* doi: 10.3389/fpsyg.2023.1284530 https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1284530.

3. Bemak, F., Chung, R. C.-Y., & Pedersen, P. B. (2003). Counseling refugees: A psychological approach to innovative multicultural interventions. Westport, CT: Greenwood Press.

4. Carswell K, Blackburn, P. Barker C. (2011) The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International Journal of Social Psychiatry, 57(2),* 107-119. Doi: 10.1177/0020764008105699

5. Murray, K. E., Davidson, G. R., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: best practices and recommendations. *The American journal of orthopsychiatry*, *80*(4), 576–585. https://doi.org/10.1111/j.1939-0025.2010.01062.x

6. Substance Abuse and Mental Health Services Administration, SAMSHA (2022) https://www.samhsa.gov/trauma-violence

7. The Attachment Research Community https://www.the-arc.org.uk/trauma

8. Elliott, K. and Urquiza, A. (2006), Ethnicity, Culture, and Child Maltreatment. Journal of Social Issues, 62: 787-809. https://doi.org/10.1111/j.1540-4560.2006.00487.x

9. Pinson, Halleli, and Madeleine Arnot (2007) "Sociology of education and the wasteland of refugee education research." (2007): 399-407

10. Siriwardhana, C., Ali, S.S., Roberts, B. and Stewart, R., 2014. A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants. *Conflict and health*, *8*(1), pp.1-14

11. Phillimore, J. & Cheung, S.Y. (2021). The violence of uncertainty: Empirical evidence on how asylum waiting time undermines refugee health. *Social Science & Medicine, 282*; doi: https://doi.org/10.1016/j.socscimed.2021.114154

12. Wu, S., Renzaho, A.M.N., Hall, B.J., Shi, L., Ling, L., & Chen, W. (2021). Time-varying associations of pre-migration and post-migration stressors in refugees' mental health during resettlement: a longitudinal study in Australia. *The Lancet Psychiatry, 8(1),* pp. 36-47, DOI: https://doi.org/10.1016/S2215-0366(20)30422-3

13. Christina Gleeson, Rachel Frost, Larissa Sherwood, Mark Shevlin, Philip Hyland, Rory Halpin, Jamie Murphy & Derrick Silove (2020) Post-migration factors and mental health outcomes in asylum-seeking and refugee populations: a systematic review, European Journal of Psychotraumatology, 11:1, DOI: 10.1080/20008198.2020.1793567

14. Laban, C. J., Gernaat, H. B., Komproe, I. H., van der Tweel, I., & De Jong, J. T. (2005). Postmigration living problems and common psychiatric disorders in Iraqi asylum seekers in the Netherlands. *The Journal of nervous and mental disease*, *193*(12), 825–832. https://doi.org/10.1097/01.nmd.0000188977.44657.1d

15. Anderson, J., J. Hollaus, A. Lindsay, and C. Williamson. 2014. *The Culture of Disbelief: An Ethnographic Approach to Understanding an Under-Theorised Concept in the UK Asylum System*. No. 102; The Refugee Studies Centre Working Paper Series. Oxford: Refugee Studies Centre, University of Oxford. [Google Scholar]

16. Souter, J. (2011) 'A Culture of Disbelief or Denial? Critiquing Refugee Status Determination in the United Kingdom', Oxford Monitor of Forced Migration 1(1): 48-59.

17. Foley, J. 2020. Refugee Protection UK - Country Report", Multilevel Governance of Mass Migration in Europe and Beyond Project (#770564, Horizon2020) Report Series.

18. Fazel, M., & Stein, A. (2002). The mental health of refugee children. *Archives of disease in childhood, 87,* pp. 366-370.

19. The LOHST project: https://livesonhold.org/

20. The LOHST Project's mental health brief: https://livesonhold.org/wp-content/uploads/2023/01/LOHST-Project-Briefing-MH.pdf

21. The LOHST Project's briefing on delays: https://livesonhold.org/wp-content/uploads/2023/07/Briefing-3.pdf

22. Guardian (July 19th 2021) Charities raise alarm over suicides of young asylum seekers in UK https://www.theguardian.com/uk-news/2021/jul/19/charities-raise-alarm-suicides-young-asylum-seekers-uk

23. Migration Observatory (2023) *Albanian asylum seekers in the UK and EU: a look at recent data,* available from https://migrationobservatory.ox.ac.uk/resources/commentaries/albanian-asylum-seekers-in-the-uk-and-eu-a-look-at-recent-data/

24. Home Secretary (2022) '*UK and Albania pledge rapid removal of those entering the UK illegally*', 25 August, available from https://www.gov.uk/government/news/uk-and-albania-pledge-rapid-removal-of-those-entering-the-uk-illegally

25. Gov.UK (2022) "UK and Albania pledge rapid removal of those entering the UK illegally", available from https://www.gov.uk/government/news/uk-and-albania-pledge-rapid-removal-of-those-entering-the-uk-illegally

26. MiCLU (2023) Giving evidence about the stories behind the headlines, available from https://miclu.org/blog/giving-evidence-about-the-stories-behind-the-headlines

27. Çaro, E., Bailey, A. and Van Wissen, L., 2012. Negotiating between patriarchy and emancipation: Rural-to-urban migrant women in Albania. *Gender, Place & Culture*, *19*(4), pp.472-493.

28. Çaro, E., Bailey, A. and Van Wissen, L., (2018). 'I am the God of the House': How Albanian Rural Men Shift their Performance of Masculinities in the City. *Journal of Balkan and Near Eastern Studies*, *20*(1), pp.49-65.

29. Gupta M, Madabushi J S, Gupta N (June 10, 2023) Critical Overview of Patriarchy, Its Interferences With Psychological Development, and Risks for Mental Health. Cureus 15(6): e40216. doi:10.7759/cureus.40216

30. Littlewood, R., 2002. Trauma and the Kanun: two responses to loss in Albania and Kosova. *International Journal of Social Psychiatry*, *48*(2), pp.86-96.

31. Theisen-Womersley, G. (2021). Culturally Informed Manifestations of Trauma. In: Trauma and Resilience Among Displaced Populations. Springer, Cham. https://doi.org/10.1007/978-3-030-67712-1_5

32. UNCRC (United Nations Convention on the Rights of the Child) (1989) available from https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

33. National Institute for Health and Care Excellence (NICE) (2017) Guidelines on "*Child Abuse and Neglect Quality Standards*") NICE guidelines/standards https://www.nice.org.uk/guidance/qs179/chapter/quality-statement-3-voice-of-the-child-or-young-person

34. Migrants' Rights Network (2018) "Know your rights", https://migrantsrights.org.uk/wp-content/uploads/2018/03/Hostile-Environment-WEB-1.pdf

35. Department for Education (2017) *Care of unaccompanied migrant children and child victims of modern slavery Statutory guidance for local authorities,* available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656429/UASC_Statutory_Guidance_2017.pd

36. Office for Health Improvement and Disparities (2022) *"Guidance. Working definition of trauma-informed practice",* available from https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice#other-professional-resources-and-tools

37. Home Office (2022) *Asylum interview*, 28 June, available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1176830/Asylum_interview.pdf

38. Geneva Refugee Convention (1951) available from https://www.unhcr.org/uk/about-unhcr/who-we-are/1951-refugee-convention

39. UNU CPR (United Nations University Centre for Policy Research) (2023) "Why Compassion Matters in Asylum Policy", available from https://unu.edu/cpr/blog-post/why-compassion-matters-asylum-policy#:~:text=A%20compassionate%20approach%20to%20asylum,this%20suffering%20in%20meaningful%20ways

40. Human Rights Act (1998) (https://www.legislation.gov.uk/ukpga/1998/42/contents)

41. Sodi, T., Han, B. and Singh, P., 2021. Special issue on psychology of uncertainty and vulnerabilities: COVID-19 pandemic related crisis. *Psychological studies*, pp.1-4.

42. Chase, E., 2013. Security and subjective wellbeing: The experiences of unaccompanied young people seeking asylum in the UK. *Sociology of health & illness*, *35*(6), pp.858-872.

43. Rousseau, C. and Drapeau, A., 1998. The impact of culture on the transmission of trauma: Refugees' stories and silence embodied in their children's lives. In *International handbook of multigenerational legacies of trauma* (pp. 465-486). Boston, MA: Springer US.

44. Graves, K.N., Kaslow, N.J. and Frabutt, J.M., 2010. A culturally-informed approach to trauma, suicidal behavior, and overt aggression in African American adolescents. *Aggression and violent behavior*, *15*(1), pp.36-41.

45. Williams, R., 1999. Cultural safety—what does it mean for our work practice?. *Australian and New Zealand journal of public health*, *23*(2), pp.213-214.

46. Ballard-Kang, J.L., 2021. Using culturally appropriate, trauma-informed support to promote bicultural self-efficacy among resettled refugees: A conceptual model. In *Immigrant and Refugee Youth and Families* (pp. 25-44). Routledge.

47. Kleinman, A., &and Good, B. (2004). Culture and depression. *New England Journal of Medicine, 351,* 951–952.

48. Khan, S., Kuhn, S. K., & Haque, S. (2021). A Systematic Review of Autobiographical Memory and Mental Health Research on Refugees and Asylum Seekers. *Frontiers in psychiatry*, *12*, 658700. https://doi.org/10.3389/fpsyt.2021.658700