

A qualitative study of experiences of asylum-seeker women of living in detention centres: confinement versus safety

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Background: Australia has been at the forefront of legislation for compulsory detention for asylum seekers arriving by boat. Iranians are amongst the highest number of boat arrivals. More women than men have been subject to compulsory detention. Women, generally, face more health-threatening problems rather than men in detention, yet, remain understudied in health and social research. This study aimed to inform healthcare providers about the experiences of living in immigration detentions, which might affect asylum seekers' mental health and treatment process.

Method: A qualitative study using in-depth semi-structured interviews and thematic analysis.

Results: Participants (n=17) who had experienced a period of detention shared their experiences. . Living in a prison-like environment was perceived as a punishment for their boat arrival and violated their privacy and dignity. On the other hand, a sense of safety and security, free access to healthcare services, and the opportunity to build social networks were positive aspects of short-term detention. *Conclusion:* To prevent further trauma, living conditions in detention must be conducive to promoting coping and adjustment. Moreover, the length of detention should be minimised and considered an opportunity to prepare new arrivals for facing a new socio-cultural environment.

Impact statement: Findings of this study can provide healthcare providers, in particular nurses, an insight about this population's background and difficulties they experienced in detention and their negative psychological impacts which might affect treatment plan.

Keywords: Australia, Immigration, Iran, Mental health, Qualitative research, Refugee

Introduction

Long-term mandatory immigration detention has been found to adversely affect asylum seekers' mental wellbeing (Silove & Mares, 2018). In 1992, Australia legislated compulsory indefinite detention for all people who arrive by boat without a valid visa to limit the flow of asylum seekers to this country (Steel et al., 2011). According to this legislation, all boat arrivals are referred to as 'unauthorised arrivals' or 'illegal immigrants' and are detained in detention facilities, including onshore and offshore detention centres, for uncertain periods while their refugee applications are processed (Newman, Proctor, & Dudley, 2013; Phillips & Spinks, 2013). In 2013, the Department of Home Affairs reviewed the immigration policies with the aim of reducing the overall number of detainees in immigration detention. As a result, detainees who had entered Australia by boat in 2012-2013 were released into the community shortly after arrival (Australian Human Rights Commission, 2017). Since 2015, number of boat arrivals and subsequently detainees has reduced due to the immigration policy of turning back the boats (Phillips, 2017). However, there are still over 1,300 asylum seekers detained in immigration detention in 2020 (Refugee Council of Australia, 2020).

Forcibly being detained in a prison-like environment with uniformed guards and high security fencing damage asylum seekers' mental health by creating a sense of powerlessness and decreased self-confidence (Den Otter, Wenzel, McGrath, Osorio, & Droždek, 2019; Lenette, Karan, Chrysostomou, & Athanasopoulos, 2017). While some studies suggest detention as an opportunity to perform medical screening of communicable and non-communicable disease and identity examinations (Mishori, Aleinikoff, & Davis, 2017; Popescu, 2016), negative impacts of detention on asylum seekers' quality of life and mental health is not deniable. Bosworth (2016) discusses that detention can affect all determinants of life quality, such as self-esteem, relationship with others, pursuing goals, sense of belonging to a community, and optimism about the future.

Heightened political and economic unrest in Iran has motivated more Iranians to leave their country by any means. The isolation of Iran from international markets has resulted in a significant economic decline and a high rate of unemployment at 10.6%, pushing many Iranians to migrate using the asylum route (The World Bank Review, 2020; Chaichian, 2011; Koser Akcapar, 2010). A large proportion of those who immigrated to Australia sought asylum through the maritime way, and therefore were subjected to mandatory indefinite detention (Department of Home Affairs, 2016).

According to the report of the Department of Home Affairs (2013), the number of Iranian women in detention centres was reported as 430, presenting the highest female asylum-seeker group, comprising over 43% of all asylum seeker women in Australia's detentions. At the same time, Iranian men comprised about 23% of all detained asylum seekers in Australia. This trend continued in 2014 when Iranians comprised 30% of all Irregular Maritime Arrivals (IMAs) in Australia (Department of Home Affairs, 2014). In general, women are at higher risk of facing violation and health-threatening events whilst detained (Shishehgar, Gholizadeh, DiGiacomo, Green, & Davidson, 2017), yet, remained understudied in health and social research.

Method

To generate a rich understanding of experience of living in detention, a qualitative study using in-depth semi-structured interviews was undertaken. A narrative approach was used to empower and encourage study participants and allow them to disclose their lived experiences (Harding, 2018). *Positioning of the researcher*

The researcher was an Iranian woman from the same language and socio-cultural background as the participants. All participants in this study were speaking in Farsi and no regional dialect disturbed researcher-participants communication. While being familiar with the

culture and values could ease recruitment, her previous assumptions about the study population may have affected her understandings, perceptions, and feelings about the participants' experiences during migration. To decrease the risk of bias, the researcher immersed herself in the narratives to minimise pre-judgemental attitudes towards the participants. She consciously applied a continual process of self-appraisal about her position in the research and challenged her attitude and beliefs about boat arrivals and the current immigration policies against this population. Moreover, writing her interpretation and reflections reduced the risk of amalgamating the researcher's experiences and conceptions with what the participants shared (Berger, 2015).

Besides, the researcher used peer debriefing as a reflexive approach to reduce risk of bias. She interacted with the research team via monthly meetings from the beginning stages of data collection. During the meeting the researcher would discuss her assumptions and emotional challenges that she faced during data collection and interpretation of stories.

Ethical considerations

Approval to conduct the study was obtained from the University of XX Human Research Ethics Committee (XX HREC REF NO. XXX). The conduct of this study adhered to the National Statement on Ethical Conduct in Human Research guidelines (National Health and Medical Research Council, 2007). Due to the relatively small population of Iranian women living in Sydney (Australian Bureau of Statistics, 2016), negligence in maintaining confidentiality of study participants might have exposed the participants to risk of being identified, misjudged, and betrayed by the people from the same community. To protect participant confidentiality (Kaiser, 2009), they were asked for their first name only; however, pseudonyms replaced names of the participants upon transcription. Moreover, all potentially identifiable information, such as their children's names, was removed from transcriptions.

While obtaining informed consent is a significant ethical consideration in health research studies, in sensitive topics on non-Western populations a written informed consent can create lack of trust and lead to concern about anonymity, confidentiality (Killawi et al., 2014). Equally the written informed consent could be a barrier to participation, particularly in the current study population due to the non-western culture in which written consent is used in major life events. Therefore, the ethical review committee determined verbal consent sufficient in order to maintain confidentiality and avoid a record of participation (Broekstra, Maeckelberghe, & Stolk, 2017; Killawi et al., 2014).

Sampling and recruitment

Participants were purposively sampled if they were Iranian women who came to Australia by boat, were aged 18 and over, spoke Farsi, and had lived in Australia for between two and three years as asylum seekers at the time of study recruitment. Since asylum seekers are generally a hard-to-reach population in health research (Wahoush, 2009), the research commenced with location sampling. The first researcher (XX), a woman who shared the same culture and language, introduced herself as a Ph.D student and explained study aims to the facilitator of a community in Sydney, which served Iranian asylum seekers. Once permission was obtained, the researcher attended weekly gatherings which enabled rapport building with attendees. During the gatherings, the researcher described the study aims and became familiar with members of the community and overcame barriers for recruitment and data collection (Jagosh et al., 2012). When the researcher received positive feedback from the women to participate in the study, she distributed the study information sheets and invitation letters, which included detailed information about the study, the participants' rights, and contact details of the research team members.

Snowball sampling was also used to facilitate recruitment of additional participants. The researcher asked previously recruited participants to introduce other individuals who met the eligibility criteria and might be willing to participate. Snowball sampling allowed the recruitment of individuals who might otherwise be hesitant to participate in this study (Goodman, 2011). All recruited participants were scheduled for interview.

Data collection

Semi-structured face-to-face interviews in Farsi were conducted to explore the participants' experiences of migration to Australia. An interview guide was informed by an integrative literature review of experiences of refugee women in detention centres (Shishehgar et al., 2017). The interview guide was further refined by the first author and other research team members to reach a final agreement about the relevance and flow of the questions to obtain in-depth responses to the research questions. The researchers did not undertake a pilot interview; however, after the first one or two interviews, they scrutinised transcripts to check whether they were successful in acquiring the required information and questions were acceptable to participants. The questions followed a chronological sequence and began from pre-migration experiences and followed by experiences during their journey to Australia. The questions ended with post-migration experiences, including detention and resettlement experiences in Australia.

Data collection occurred from February to November 2015. The first author conducted interviews and each participant was interviewed once. Interviews lasted for 1-1.5 hours and were undertaken in the participants' homes, as per their preference. The interviews were scheduled during daytime when the participants' husbands were at work and their children were at school. Those with younger children preferred to be interviewed when their children were at sleep. Before commencement of each interview, the participants completed a

sociodemographic questionnaire. Questions included the participants' age, education and employment status, education, economic status in Iran, marital status and number of children, religion, and length of detention (Table 1). Interviews were recorded using a digital recorder. Field notes were written during and immediately following interviews to capture the interview experience, setting, and any non-verbal communication. Through conducting preliminary analysis and the creation of summary tables for the interviews, the researcher recognised when data saturation occurred. At the point of 15 interviews, no more new concepts and themes were produced. To ensure saturation, however, two more participants were recruited and data collection was stopped with 17 participants.

All interviews were transcribed verbatim and translated into English by the first author who is fluent in both Farsi and English. The second author (XX) is also Iranian and has extensive experience in translation of English texts to and from Farsi. She reviewed the translations to ensure that they mirrored the participants' experiences and these meanings were not lost in translations.

Data analysis

A thematic and inductive analysis was undertaken to encode, describe, and interpret qualitative accounts and construct the study themes and sub-themes (Harding, 2018). The analysis process was undertaken through six steps. First, analysis began with the researcher carefully reading the transcripts several times, followed by constructing summary tables, which helped the researcher obtain a better understanding of each interview context. Second, the first author coded each transcript line-by-line to build concepts. Co-researchers (XX-XX) randomly coded portions of the transcripts to ensure consistency of the codes. Third, the researcher reviewed the coded data and collapsed similar codes into higher-order categories. Fourth, the researcher compared and contrasted the categories, and redefined or clarified

them, a process that resulted in the emergence of the study themes and sub-themes. . Fifth, the researcher named the themes and sub-themes and reviewed them several times to ensure the study aims and questions were addressed. In the last step, the researcher reported constructed themes and sub-themes (Harding, 2018). All steps were discussed with the co-researchers to reach an agreement.

Rigour and trustworthiness of the research

To mitigate and decrease bias, a variety of strategies (Lincoln & Guba, 1985) were used. Credibility of the findings was ensured through prolonged engagement with the participants (Tatah, 2016) and member checking (Birt, Scott, Cavers, Campbell, & Walter, 2016) were undertaken. Through member checking during interviews, the researcher sought confirmation from the participants when she was not certain about correctness of her understanding of an experience. To avoid disturbing the participant, they were not asked to review their interviews. Peer examination (Thomas & Magilvy, 2011) was another strategy to increase credibility of the study through which the researcher had regular meetings with the co-researchers to discuss the transcripts, codes, emergent themes and sub-themes, the structure of reporting findings, and the final report. These sessions included discussion of alternate interpretations for statements to enable the primary researcher to articulate participants' meanings.

Results

Of the 17 participants recruited, all were interviewed. Table 1 provides an overview of the participants' self-reported socio-economic status when they lived in Iran and who they travelled with to Australia. The study was a narrative account from women not living in detentions centres anymore, but living in the community for two to three years holding a bridging visa. Ten participants travelled with their husbands, six were single or divorced

when left Iran, and one travelled with her child. The women stated various push factors for fleeing Iran, including fear of prosecution of themselves or their family members, and achieving human right and a better life as women in Australia. A key aspect of participants' experiences was described as living in detention centres when they first arrived to Australia. The range of detention periods varied from 28 days to four months. Participants explained that they were mainly held in one of the three centres – the Christmas Island detention facility, the Darwin detention centre, or the Adelaide Immigration Transit Accommodation (ITA).

Variables	N (%)
Age	
18–30	6 (35.3)
30–40	11 (64.7)
Marital status	
Married	9 (53)
Separated	3 (17.6)
Divorced	2 (11.8)
Never married	3 (17.6)
Number of children	
None	5 (29.4)
One or more	12 (70.6)
Education	
Up to grade 12	7 (41.2)
Bachelor degree	8 (47)
Master degree	2 (11.8)
Employment in Iran	
Employed	12 (70.6)
Unemployed	5 (29.4)
Employment in Australia	
Employed	8 (47)
Unemployed	9 (53)
Self-rated economic status in Iran	
Low	6 (35.3)
Good	8 (47)
Excellent	3 (17.7)
Religion	
Muslim	10 (58.8)
Christian	6 (35.3)
No religion	1 (5.9)
Duration of confinement in detention centres	
Less than two months	6 (35.3)
More than two months	11 (64.7)
Detention centre	
Christmas Island detention facility	6 (35.3)
Darwin detention centre	9 (53)
Adelaide Immigration Transit Accommodation and Christmas Island	2 (11.8)

Table 1. Socio-demographic characteristics of participants, (N=17)

While most participants perceived detention as a prison and punishment for their boat arrival, others shared some positive aspects, such as feeling safe and being cared for in detention (Figure 1).

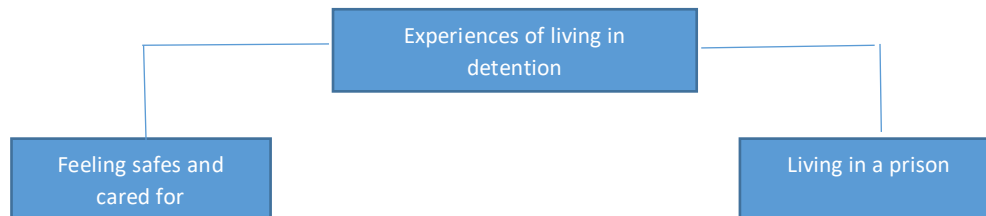


Figure 1: Participants' experiences of living in detention

Living in a prison

Most participants in this study were aware of Australia's compulsory detention policy before arrival; however, others did not expect immigration detention. Perceptions of being treated as criminals and spending time in a prison-like environment was inconsistent with their expectation of Australia as a country that welcomed people seeking freedom and safety. They perceived the detention policy as retribution for their boat arrival.

We were kept in a prison, given a room in the camp. It looked like a cage ... Officers entered occasionally into my room without knocking the door ... I wanted to go back to Iran from the Christmas Island detention. (Elena, 28)

The participants experienced a sense of loss of control over their personal space in detention. The feeling of being a criminal and feeling degraded made some participants regret their decision to immigrate to Australia.

A participant shared her experience of living in an enclosed environment where she perceived her freedom was restricted. She stated that even her son, who was only four years old, perceived their lack of freedom to leave the detention, as a punishment for an illegal action of his parents. To be seen as a criminal or guilty person by her child added to her distress.

My son would tell me 'mum, why we are in the prison? Have you done anything bad?' It was a closed environment. We liked to get out. We wanted to be free. It was a beautiful sense when we were released from the detention. (Mahsa, 31)

Apart from the prison-like environment of detention centres that created a sense of being a criminal who deserved the punishment of confinement, some participants perceived detention as a symbol of loss of control and disempowerment. Particularly, for those who had experiences of being powerless and under control in a patriarchal society in Iran, it was difficult to find themselves again without control and power in Australia, the country where they had expected to reach freedom and empowerment.

We were given clothes, food ... We were ordered 'you should sleep there'. 'You shouldn't do this' ... I asked my partner 'what is going on? We are prisoners here, do you realise?' ... My father was controlling me from childhood, and I had to follow his rules. I was a prisoner in my home, and in my country [Iran] ... It was a very bad feeling because I was looking for a place to live free ... I don't like to be kept under control. But in the detention I was under control. (Nasrin, 35)

One participant shared her experience of being separated from her siblings and kept in different centres while in detention. She explained that refusal of her request to remain in the company of her siblings highlighted her powerlessness.

We [siblings] said we are together, but they [detention officers] told us 'here is Australia, sisters and brothers are not part of family. You and your husband and your child are a family' ... My sister was detained in the single detention ... I am very dependent on my sister. It was important for me to be with my sister. (Ana, 37)

In addition to these experiences, some participants interpreted unfavourable behaviours of some of detention staff as punishment for their boat arrival. For example, one participant perceived her limited access to healthcare services as punishment. This participant's main reason for immigration was to seek appropriate medical treatment for her child, who was

suffering from a life-threatening disease. She expected medical services and medication to be readily available to help her child's health; however, having limited availability of the services in the detention centre disappointed her.

I was thinking like I was going somewhere [Australia] where there is hospital and pharmacy to give medicine to my daughter ... in detention, my daughter would wake up at 5 am every day, crying and screaming. I had to take her to the yard and wait for the doctor in the cold weather till 8 am ... It seemed that they [doctors] had been told not to care about us. (Neda, 32)

While a shortage of healthcare providers may have resulted in the delay, this participant linked the delay in visiting the doctor to the providers' politicised attitudes against boat arrivals.

Moreover, there were some complaints about living in over-crowded residences or tents where they were deprived from basic needs such as hygiene.

We had to share bathroom with others. Bathrooms were always dirty. About 1,000 people from various nationalities had to use a couple of bathrooms. It was disgusting. (Elena, 28)

Feeling safe and cared for

Although the participants' experiences of the detention were mainly negative and restrictive, some positive aspects were discussed. These positive experiences were mostly attached to living in Darwin detention and the Adelaide ITA. This can show inconsistency in different detention facilities and rules for asylum seekers. One participant referred to the Darwin detention centre as 'paradise' when she compared it to the life-threatening events she endured on the boat journey to Australia. She was grateful for being cared for in detention and viewed it as an opportunity which helped her recover from previous trauma.

Detention was like paradise. We had been saved from death. My children, my husband, we were alive ... When we arrived in Darwin, it was like paradise for us ... There was food, they [officers] were kind to children, and there were doctors for sick children. (Mahsa, 31)

In addition to welcoming environment of some detentions, traumatic experiences pre-migration and in transit could satisfy participants with their life condition in detention. One participant, who recounted her pre-migration experience of gender discrimination that led to her financial suffering, expressed her gratitude for the services in detention.

We were in a family detention [in Darwin detention centre], they would care about us very much. It was clean. They [officers] looked after children. They gave formula to children, nappy, moisturiser, everything for children, many clothes to my child, vaccination. Doctors and health services were available ... I didn't like to live outside. (Ana, 37)

Some participants described that the detention provided them with a sense of being secure in a safe and protected environment. The excerpt below belongs to a participant who fled Iran with her husband and two children whose lives were at risk due her religious activities in Iran. Due to this background experience, she felt safe in the detention centre. Living in an enclosed environment created a sense of protection and safety and helped her recovery from the psychological distress.

The detention centre was safe and peaceful ... I was mentally fine in the camp and felt that I'm being protected by officers and security guards... I would feel safe and peace in the camp. (Paria, 40)

In addition, some participants built social relations and networks in detention, which partially compensated for the loss of their extended family and friends due to migration.

In detention, we made some friends there. I was separated from my sister in the detention but my new friends supported me. I would spend my time with them and wished to see them again outside [after release to the community]. (Ana, 37)

Moreover, during the detention, the asylum seekers were provided with some training and activities such as sewing, knitting, and English language lessons. The participants said that these activities not only gave them a sense of being welcomed in the host country, but also helped them to gain skills that would ease their resettlement in the new society in the future.

We were taught to manicure, thread, knit and sew. I assumed that I could find a job as a tailor after release into the community ... There was a gym. We were very happy, because they [detention staff] provided everything we needed. There were English language classes. It was important to learn English before release into the community. (Shery, 40)

Routine medical examination was another positive aspect of living in detention upon arrival. One participant appreciated the quality of healthcare services in the detention and the appropriate diagnosis and adequate treatment that her daughter received.

My daughter was diagnosed with tuberculosis. It was the first time I was hearing about this disease ... I was crying. They [doctors] ensured me that my daughter will be fine. They treated my daughter and now she has no problem. (Zahra, 27)

Despite the positive aspects of short-term stay in detention, most participants wished to be released into the community. One participant who was satisfied with the living condition in the Adelaide Immigration Transit Accommodation (ITA) presented her feeling of being in detention as below.

I would go to the office two times every day to check if I will be transferred [to the community] or not. I was bored of repeating same activities every day. It was like we were wasting our time, separated from the real world.... I was feeling disconnected, separated, and forgotten. (Roya, 32)

On the whole, most participants perceived detention as a punishment for their border crossing with no valid visa. However, this perception varied in different detention centres. Their

reason for immigration, pre-migration and transit experiences should also be considered as factors that impact the participants' perception of detention.

Discussion

Participants in the current study experienced varying periods of detainment in detention centres in Australia. Overall their detention period was relatively short due to a high number of people placed in detentions between 2012 and 2013 (Newman, 2013). However, during their detainment they were not informed about their length of stay in the detention. Indeterminate detention has been discussed as a factor which declines the ability of refugees to cope with life circumstances even years after settlement in the community (Morville, Amris, Eklund, Danneskiold-Samsøe, & Erlandsson, 2015). Morville et al. (2015) argues that long period of stay in detention may result in loss of social capital and skills adversely affecting the management of daily activities among asylum seekers. In line with Morville et al's study, Hedrick et al. (2019) depicted a direct relationship between protracted detention and mental health disorders, such as self-harm among asylum seekers in Australia. The participants in the current study did not mention complications in management of the daily activities due to detention experience. This is likely due to their relatively shorter detention stay.

Experience of detention varied across the participants. While some participants expressed their satisfaction with the living conditions and resource availability, such as care for children, food, hygienic facilities, and healthcare services, at the Darwin detention centre and the Adelaide ITA, those in the Christmas Island detention facility perceived it as difficult to meet these basic needs. It was not the aim of this study to compare participants' experiences in different detention centres, and it did not drive participant recruitment. However, it

emerged from participants' narratives and deemed by the researchers as an important topic to discuss.

This finding provides a platform for further studies to investigate asylum seekers' experiences of living in different detention centres in Australia, and the impact of these differences on health and future wellbeing of asylum seekers. An examination of policies and regulations in different detention centres is also warranted.

The detention centres as prison-like environments and restrictive and degrading in nature were depicted by most participants in this study. This finding lends support to Ryan et al.'s (2008) description of immigration detention as a prison-like environment where individuals are treated like criminals, are under extreme control, and have little opportunity to gain resources. In this situation, individuals are not able to maintain their dignity, self-esteem, and hope for the future. Likewise, previous studies have criticised the designated spaces as resembling a prison and threatening asylum seekers' psychological wellbeing, in particular those with a background of torture, oppression, or confinement (Filges, Montgomery, & Kastrup, 2018; Newman, 2013; Silverman, 2014). It is argued that experience of being under control in a prison-like environment makes it difficult for asylum seekers to heal from past psychological injuries (Kronick, Rousseau, & Cleveland, 2011; Newman, 2013).

Despite the prison-like infrastructure of detention centres, the way the participants were treated by detention staff influenced their perception of the confinement as a prison or a place they could feel protected and safe. Some participants were shocked when they found themselves being treated like criminals. They related the attitudes and behaviours of the staff in detention centres to the current immigration policies against boat arrivals. Rivas and Bull (2018) examined impacts of prolonged detention in prison-like settings in Australia. The authors revealed that asylum-seeker women in such situation are at risk of high levels of

violence from detention officers, including sexual harassment and abuse, and mass riots. However, Coffey et al. (2010) considered the varying behaviours of immigration detention officers as arbitrary and personal. They believed that protracted detention resulted in a boring life that triggered maladaptive behaviours in some asylum seekers, such as self-harm or protest, and in response to these behaviours, some detention officers were likely to react in unjust and inhumane ways (Coffey, Kaplan, Sampson, & Tucci, 2010). Even if arbitrary, these behaviours are concerning and have been found to result in a sense of worthlessness and a feeling of discrimination and mistreatment in asylum seekers (Coffey et al., 2010; Jackson, 2012). Hedrick et al. (2019) investigated the prevalence of mental health issues and self-harm among asylum seekers in Australia who stayed in detentions, including Nauru and Manus Island, more than 12 months. They revealed that the rate of self-harm among detained asylum seekers was 200 times higher than the general population of Australia.

The participants expressed negative experiences of detention such as losing control over their life, feeling like a criminal, being mistreated and degraded, and having a sense of regret, which could damage their mental health. Although, it did not seem that these experiences had left lasting adverse psychological effects in some women, possibly because of the shortness of the detention. Previous studies have found that living in a prison-like environment and perceiving mistreatment and discriminatory behaviours could result in long-term psychological and mental problems (Cleveland, Kronick, Gros, & Rousseau, 2018; Coffey et al., 2010; Steel et al., 2011). Coffey et al. (2010) interviewed refugees from Middle-Eastern countries including, Iran, Iraq, and Afghanistan in Australia, who had been granted permanent residency at the time of study. They had spent an average length of three years in immigration detention, and were released into the community, on average, 44 months prior to participation in the study. The study revealed that the participants were still suffering from an ongoing sense of injustice, insecurity, difficulties with concentration and memory, persistent

anxiety, and depression. In the current study, participants experienced a short period of detention compared to the participants in the Coffey et al.'s study. Therefore, relationship between duration of detention and short and long-term psychological harm needs to be studied using appropriately designed quantitative studies. Although Coffey et al. (2010) claimed that long-term detention contributed to prolonged psychological problems in asylum seekers, it is difficult to tease out the impact of pre-migration experiences on asylum seekers' current mental health status.

Overall, the policy of mandatory detention has been frequently criticised by human rights activists and health researchers (Neil & Peterie, 2018). Nonetheless, this study revealed some benefits in short-term and definite detention for new arrivals, including creating a sense of safety and security, and providing an opportunity for asylum seekers to recover from previous physical and psychological traumas before facing the challenges of living in a new sociocultural environment. Some participants found detention as an opportunity to recover from their pre-migration trauma and gain new resources before being released into the new society. Building social networks, attending English language lessons, and skills training offered in detention were some examples that empowered some participants to face challenges of resettlement in a new society. This finding is consistent with Mirza's (2014) study, suggesting that the circumscribed spaces of detention facilities offer asylum seekers, in particular those who fled prosecution, the basic care and protection of the international humanitarian community. Detention also provided an opportunity for health screening to detect and treat injuries and transmittable diseases, which in some cases, helped improve the asylum seekers' health. Chaves et al. (2017), on behalf of the Australasian Society for Infectious Diseases and Refugee Health Network of Australia, recommend a comprehensive health assessment for asylum seekers and refugees within one month of their arrival to allow for early detection and prevention of transmissible diseases. In addition to physical health

screening, the immigration policy offers asylum seekers a screen for mental health issues as part of the initial onshore health assessment and counselling services for survivors of torture and trauma (NSW Health, 2011).

Despite the positive experiences that benefitted some participants, negative impacts of indefinite detainment in prison-like detention centres, such as the Christmas Island detention facility is still overwhelming. While the centre has been officially closed since October 2018 (Furze, 2019), reportedly it is considered to allocate asylum seekers from Nauru and Manus island who need medical treatment in Australia (Browning, 2019; Furze, 2019; Maddox, 2019). This triggers concerns about reopening the prison-like settings where in the traumatised people might confront further trauma.

Limitations

Effective strategies were used to overcome recruitment barriers, however, the participants may not be representative of Iranian asylum-seeker women. Those with higher levels of mental health issues are likely to avoid social interactions that reduce their chance of recruitment, or they may not be willing to recall their traumatic experiences. Additionally, some people may be afraid of sharing their stories, particularly while they are awaiting a decision on their refugee application.

Language was another limitation of this study. Interviews were undertaken in Farsi, and translated to English. In word-for-word translation there was a risk of missing some meanings but other methods, such as reflective journaling and discussion with the research team. However, the principal supervisor, who is fluent in Farsi and English, closely reviewed the accuracy of the translations together with a second investigator.

The researcher's prior knowledge about the study population may introduce bias to the interpretation of the participants' experiences. However, this can also be considered a

strength of this study. Being a woman and mother coming from the same socio-cultural background, contributed to the researcher's immersion into the topic. This offered the researcher easier access to the study participants, and appropriate interpretation of the participants' nuanced responses and reactions.

Impact paragraph

Prison-like structure of immigration detentions is perceived as punishment for boat arrivals. In addition, those with experience of being powerless and under control pre-migration, found themselves in a condition wherein they are still unable to control their lives and pursue their aspirations while in detention. Despite some positive experiences of living in detention, such as feeling safe and making relationships, the indefinite confinement in a prison-like environment could trigger the participants' mental health. Findings of this study can provide healthcare providers, in particular nurses, an insight about this population's background and difficulties they experienced in detention and their negative psychological impacts which might affect treatment plan.

Conclusion

Iranian asylum-seeker women in this study described their experiences of mandatory detention in Australia. In general, detention was perceived as disadvantageous; however, for some participants, the short-term detention provided them with an opportunity to recover from their previous trauma and gain basic knowledge and skills before confronting the new socio-cultural environment. *Recommendations for policy and research*

To prevent further trauma, it is required to ensure asylum seekers are treated as people in need of protection and the living condition in detention promote coping and adjustment. Moreover, detention should be minimised for the purpose of providing a transition program

for new arrivals for facing a new socio-cultural environment. Further studies are needed to compare health status of asylum seekers detained in different detention centres for a varied period of time.

Conflict of interest

There is no conflict of interest in this study.

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