

MIGRATION DETENTION, MENTAL HEALTH, AND ITS RELATIONS TO TORTURE: A SCOPING REVIEW

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Migration detention may have a negative impact on the mental health of detainees. One factor may be experiences of torture or cruel, degrading, or inhuman treatment. However, there have been few systematic attempts to map these experiences. This scoping review aimed to explore global evidence of torture in migration detention and its impact on mental health. It asks whether the negative impact of migration detention is linked to detainees being survivors of torture prior to detention or if torture might happen within detention centers. Eligibility criteria included migration-related detention and torture experienced either in the country of origin, on the migration route, or within detention, and reporting mental health-related measures. Participants had to be detained or formerly detained refugees, asylum seekers or migrants. Six databases were searched for studies published until 2020 (PsycINFO, IBSS, PubMed, PTSDPubs, Medline (Ovid), ProQuestDiss and DIGNITY). In total, 26 articles were selected for in-depth review. Reporting symptoms of PTSD, depression, and anxiety disorder, they showed that independently from the geographical place, severe mental health symptoms prevail for asylum seekers in immigration detention – especially if they are survivors of torture. Studies emphasize the deterioration of existing mental health conditions and the emergence of new symptoms of psychological distress. This scoping review indicates that the harmful effect of migration detention might arise from the exposure of violations that form torturing environments and might amount to torture.

Keywords: Migration-related detention, torture, torturing environments, mental health, scoping review

1. Introduction

In today's global landscape of migration politics, migration detention plays a crucial role in the regulation of illegalized migration.¹ Often, detention is part of a system of deterrence that exposes refugees and migrants² to violence in host countries, especially in high-income countries (Scoglio & Salhi, 2021; Silove et al., 2000). Independently of its geographical place, there are multiple pieces of evidence that migration detention has a severe impact on the detainees' mental health (e.g. Robjant, Hassan, et al., 2009; Robjant, Robbins, et al., 2009; Steel et al., 2006; van Hout et al., 2020). People on the move have worse mental health outcomes than citizens (Pascual et al., 2008), and

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¹ The concepts of migration and flight are discursively and legally contested: The United Nations High Commissioner for Refugees (2014) defines that refugees are forced to flee. On one hand, the process of proving the claim of being a refugee and as such claiming refugees' entitlements is politically determined and as such not an objective description. On the other hand, persons who leave their country, e.g. for climate reasons, economic livelihood or family reasons, are, by definition, classified as migrants and are therefore not entitled to state aid. Thus, Hess et al. (2017, p.6) oppose this "policy of sorting" ["Politik des Sortierens"] and express this by proposing fluid terms, such as "flight/migration". This review uses a range of different terms, according to the terms used in the respective studies included in this review.

immigration detainees show higher levels of PTSD, anxiety disorders and depression than the non-detained population (von Werthern et al., 2018).

One underlying cause of the alarming mental health outcomes is supposed to be the exposure to potentially traumatic events (PTE), both for detained and non-detained asylum seekers (Steel et al., 2006, 2009). One of the prevailing forms of PTE is the exposure to torture.² In many countries of origin, torture is endemic (Sigvardsson et al., 2016). According to the International Rehabilitation Council for Torture Victims (2017), the possible exposure to torture on flight routes is very high, and many people on the move become torture survivors (e.g., on the Balkan Route; Guarch-Rubio et al., 2020).

Von Werthern et al. (2018) underline that having survived torture is one of the most significant impact factors on the mental health of detainees in migration detention. Cohen (2008) points out that detention increases mental health issues and the risk of suicide. In a systematic review, Storm and Engberg (2013) reported severe mental health issues among detained torture survivors. Yet, they conclude that the available data on torture and its impact on the detainees' health is too insufficient to analyze and establish any specific effects.

What is more, while how torture is performed does not adhere to a uniform pattern, but rather evolves either spatially or historically, the legal definition of torture remains under discussion (Canning, 2023). According to the United Nations' Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (CAT), torture is the intentional infliction of severe pain or suffering on a powerless victim, usually a detainee, for a specific purpose, such as for the extraction of a confession or information or else for their intimidation or punishment, committed by a public official. Unlike the CAT, the European Court of Human Rights (ECHR) chose not to define torture rigidly, emphasizing that practices constituting 'torture' are expected to differ over time and regards the European Convention on Human Rights as a 'living instrument'. Nowak and McArthur (2006, p. 147) argued that in detention environments, "any use of physical or mental force against a detainee with the purpose of humiliation constitutes degrading treatment or punishment and any infliction of severe pain or suffering for a specific purpose as expressed in Art.1 CAT amounts to torture". Also, individual aspects of detention conditions or treatment might qualify as torture, like solitary confinement (United Nations Office of the High Commissioner, 2020).

Human rights organizations have documented systematic torture in migration detention across the globe (e.g. Amnesty International, 2019, 2020a, 2020b; Global Detention Project, 2014; Grupo Impulsor Contra la Detención Migratoria y la Tortura, 2018; Kiama & Likule, 2013). Yet scholarly accounts of torture and its implications for the detainees within migration detention are sparse, as authorities usually deny access to detention centers for research. The few existing studies that focus on possible torture within migration detention seem to be opinion articles or case studies (e.g. Gros & van Groll, 2015; Penovic, 2008). Still, some studies reveal that detention conditions can have a 'torturous' impact (Hardi, 2016). This might include the treatment by (health care) workers (Isaacs, 2016) or the detention center's architecture and infrastructure, which can be an invalidating (Brooker et al., 2017) or even a torturing (Hardi, 2016; Leach, 2016; Pérez-Sales, 2016) environment.

The concept of the *torturing environment* (Pérez-Sales, 2016) challenges the perception of torture as a form of harm that primarily leaves physical marks and leads to severe mental and social impacts. On the one hand, it inquires in which ways the construction of harmful environments violates basic human needs (such as primary physiological functions, the need for safety and physical integrity, and identity). On the other, it asks how these violations affect the individual on multiple levels and if they are clustered in a deliberate way that might constitute torture under legal definition (Pérez-Sales, 2016). With the Torturing Environment Scale (Pérez-Sales, 2016; Pérez-Sales et al., 2021), scholars

² Torture and/or other cruel, degrading or inhuman treatment (TCIDT, as defined by the United Nations, 2004).

can inquire whether an environment can be described as a torturing environment. It includes different criteria, such as (a) contextual manipulations, referring to the manipulation of detention conditions that might attack basic physiological functioning, e.g. temperature, light vs. darkness, noise level, or hygiene-related conditions. Other criteria include actions that produce (b) fear or (c) pain, actions that attack (d) the sexual integrity, the need to belong, e.g., by prolonged solitary confinement, or (f) a detainee's identity and sense of control by inducing humiliation and shame.

What is the relationship between migration detention and torture? Little is known of further relations: Is detention itself a detrimental factor for the detainees' mental health, which interacts with the survival of prior torture? To what degree do the detention conditions or the treatment by the detention center's staff affect the mental health outcomes of detainees? Are torture survivors 'merely' detained in migration detention, or does migration detention 'produce' torture survivors?



Figure 1. 1604 displayed immigration detention and confinement camps worldwide in 01/2024 (Global Detention Project, 2024)

2. Objectives

This scoping review³ addresses this knowledge gap and sheds light on the issue of torture in the context of migration detention and its impact on mental health. By mapping existing data and systematically gathering the studies' results, we aim to give directions for further research and instruct clinicians and human rights defenders.

The objective of the scoping review is to provide an overview of whether and how clinical studies address the issue of torture in the context of migration detention in two steps. As a first step, we

³ The scoping review follows the guidelines of the PRISMA-ScR checklist for scoping reviews (Tricco et al., 2018). Preregistration has been made on the 2nd May of 2021 via Open Science Framework (OSF) and the preregistration protocol is available online (Manek & Riedl, 2021).

build on the systematic review by Storm and Engberg (2013) while expanding its initial scope. We investigate (1) What relation do clinical studies observe between torture or other cruel, degrading, or inhuman treatment and the mental health of detainees in immigration detention? In an attempt to specify this relation, we distinguish between studies that might link the negative impact of migration detention to detainees becoming survivors of torture prior to detention and studies that possibly indicate that torture might happen within detention centers and cause psychic harm. In a second step, we evaluate this second group of studies. (2) If there is empirical evidence of torture within the detention institution, what are its characteristics?

3. Eligibility criteria

Eligibility criteria of contents determined different aspects: (I) Does the study focus (a) on migration-related detention in the country of transit or arrival and (b) on torture or cruel, inhuman, or degrading treatment or punishment experienced by the detainees either in the country of origin, on the migration route or within detention in the country of arrival? (II) Are the participants detainees or former detainees of migration-related detention? (III) Is the publication an empirical study? (IV) Are the outcome measures mental health-related (e.g., status, prevalence of psychiatric diagnoses, and impact on psychological state and well-being)?

Formal criteria for inclusion were that all studies were published in either English, Spanish, or German until 2020. There were no geographical restrictions. Publications were peer-reviewed, but due to the nature and scope of the scoping review, might include grey literature as well.

4. Search

JM and TR, with the support of a research librarian, developed a comprehensive search strategy. We applied the search strings to six databases: PsycINFO, IBSS, PubMed, PTSDPubs (formerly PILOTS), Medline (Ovid), ProQuestDiss, and DIGNITY (the database of the Danish Institute Against Torture). We included the two latter databases that contain dissertations and studies of human rights organisations to explore the widest possible range of studies. We conducted all searches in the electronic databases from their respective inception dates to the 16th of March 2021. Additional studies were found through “snowball searches”, that is, studies quoted in included studies without having been retrieved in the previous database search.

Fig. 2 gives an example of the electronic search strategy for one database (PTSDPubs). The strategy was modified according to the conventions of the different databases and crosschecked by a research librarian. The authors translated all search strings into Spanish and German.

AB,TI(((asylum AND seek) OR refuge* OR migrant* OR (displaced AND person*) OR exile* OR fugitive*) AND (detention OR incarcerat* OR imprison* OR prison* OR camp OR confine* OR accommodation OR retention OR custod*) AND ((mental AND health) OR psychology OR psychiatry OR psychological OR psychiatric) AND (tortur* OR abus* OR ((cruel OR inhuman OR degrad*) AND treatment) OR punish*))*

Figure 2. Electronic search strategy for PTSDPubs

5. Selection of sources of evidence, data charting and extraction process

The search of the six databases returned 974 publications. We subsequently removed 213 duplicates. Two reviewers (JM and TR) independently screened the titles and the available abstracts of the 761 remaining studies and excluded all irrelevant reports. From this first screening level, a publication was only moved on to the second screening level if the answer regarding the eligibility criteria was a ‘yes’ or ‘uncertain’. Any disagreement was resolved by discussion, and eventually, all records were removed, which did not fulfill the inclusion criteria. The remaining 153 articles were retrieved in full length for further examination and final selection. JM, TR, and HM decided to exclude articles that did not fulfill the inclusion criteria in cooperation. The final set of articles included 26 studies.

We (JM and TR) chose to use Citavi and MS Excel software for data management and extracted relevant data from single studies independently. HM ensured that the source extraction was consistent and align with the research question. Charting was iterative and the form was updated with continuous data extraction. Data was extracted from each included article according to the main criteria, e.g., publication-related data, study design and method, characteristics of participants, detention, data on torture or cruel, degrading, or inhuman treatment, mental health data, as well as information on physical and social outcomes. Appendix A contains a detailed list of the included data items.

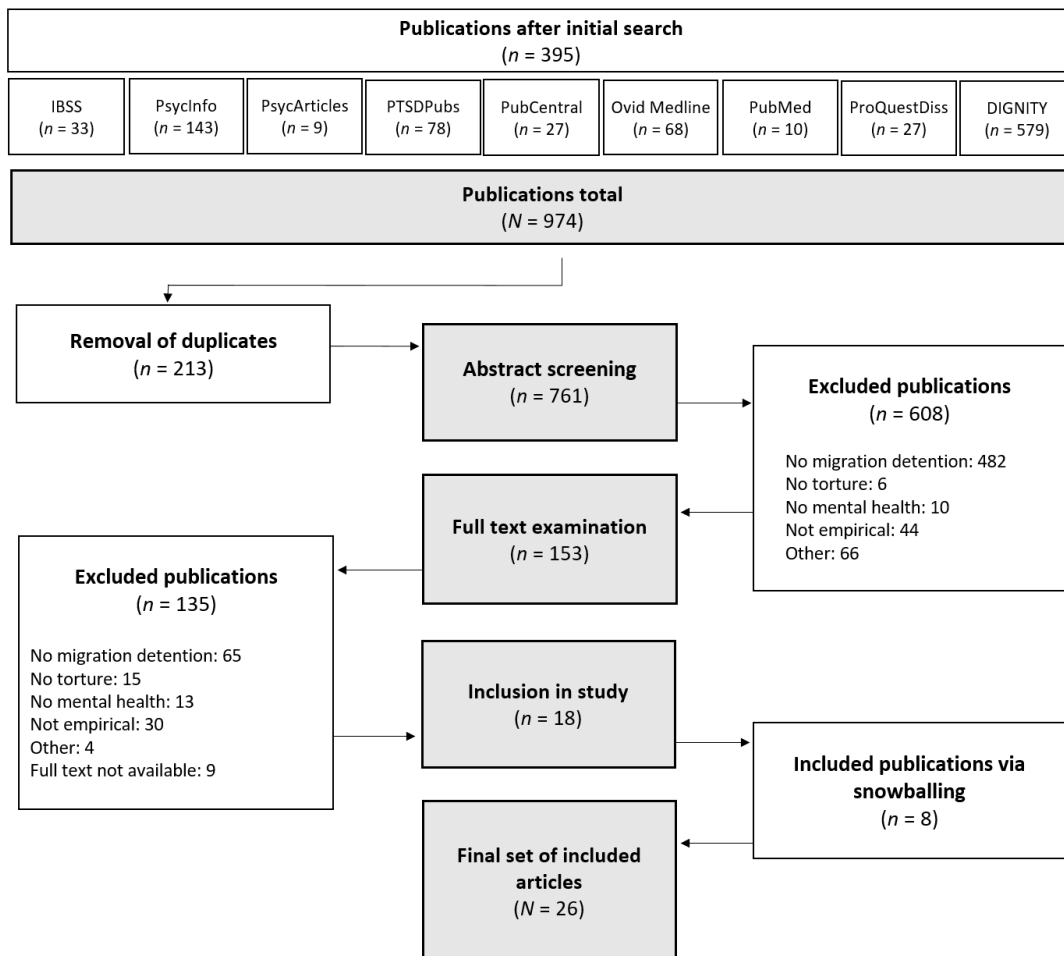


Figure 3. Flow chart of the process to the identification of included publications

6. Synthesis of results

All $N = 26$ included studies indicate high levels of mental distress, such as symptoms of PTSD, depression, and anxiety disorder. It is striking that from all included studies, 24 took place in English-speaking countries: twelve studies were conducted in Australia, six in the UK, and one in Sweden, Denmark, and the UK. Five studies investigated immigration detention in the US. One study took place in Japan. One study was conducted in Hungary and Bulgaria.

Articles were split into three groups: The first group (prior) investigated the mental health of asylum seekers in immigration detention exclusively. These studies analyze relationships between prior torture experience in the country of origin and detention, but without including the detention center's environment or the treatment of detainees. The second group (prior and within) consisted of publications that both identified torture survivors in immigration detention and took the detention into account to analyze the detainees' mental health. The third group (within) described migration detention as a form of torture.

The included studies were published between 1991 and 2020. The first group (prior) includes older publications published between 1991 and 2013. Studies of the second group (prior and within) were published more recently (2001-2019). Studies in the third group (within) were published between 2004 and 2020.

Six out of seven studies in the "prior" group exclusively included survivors of torture in the country of origin. Only one study out of seven also described the detention environment (a warehouse turned into a privately run detention facility (Keller et al., 2003)). One study was grey literature that was retrieved from DIGNITY's database, while the others were published in peer-reviewed journals. Of the "prior and within" group, 14 studies identified torture survivors while also including the context, treatment, and environment of detention in the analysis. That is, these studies debated the conditions of detention as torture or a torturing environment. 50% of the publications in this group consisted of peer-reviewed articles, while the other 50% consisted of grey literature and mainly empirical human rights reports. The "within" group includes five studies that explain immigration detention or features of immigration detention as a form of torture. Two out of five publications consist of grey literature.

If indicated, the length of detention time varied from one day to four and a half years with a modal value of seven months across all studies.

In the following, we present the included publications and their results according to the two main research questions (1) and (2) and according to group (prior; prior and within; within).

6.1 *Relation between torture and the mental health of detainees in immigration detention*

The first rationale explores the relationship between TCIDT and the mental health of detainees: Is the supposed negative impact of migration detention linked to detainees becoming survivors of torture prior to detention, or might torture happen within detention centers and cause psychic harm?

6.1.1 *Torture prior to immigration detention*

Six out of seven studies were either case studies with torture survivors or cross-sectional group comparisons, in which 50% of the participants had suffered from torture in their respective countries of origin.

One study (Cohen, 2008) consisted of a post-mortem analysis of the mental health reports of refugees, with some immigration detainees having a history of torture prior to detention. Five out of seven studies emphasized the worsening of mental health outcomes due to a longer period in detention, as explained in Table 1. Of the group comparisons, all but one revealed that detainees had worse mental health outcomes than released asylum seekers. Both groups had worse distress than participants who had never been in detention. Thompson (2011) was the only comparison study that did not report a significant difference in mental health deterioration between detained asylum seekers and asylum seekers living in the community. However, the effect did emerge when comparing detainees to torture survivors or survivors of other traumatic violence who had permanent residency. This finding goes along with the results of other studies that indicated torturous conditions within detention. They emphasized the durable detrimental and, in some cases, even lethal (Cohen, 2008) effect of an insecure visa status on the mental health of asylum seekers within detention and after release (Coffey et al., 2010; Koopowitz & Abhary, 2004; Momartin et al., 2006; Steel et al., 2004).

6.1.2 Torture prior to detention and within immigration detention

Of the 14 studies included, a majority included qualitative research: two studies were qualitative case studies, four were qualitative interview surveys and six studies built on cross-sectional mixed-method approaches. Two publications were cross-sectional group comparisons. Both compared groups of holders of temporary protection visas (TPV) with holders of permanent protection visas (PPV).

Different from the "prior" group, 43% of the second group detected re-traumatization as an effect of immigration detention. In addition, 43% of the included research indicated the emergence of entirely new symptoms or disorders in detained participants.

6.1.3 Torture within immigration detention

The last group, which analyzed the detention experience or environment as a form of torture, applied heterogeneous methods: It consisted of a qualitative survey, a descriptive study, a retrospective data analysis and two cross-sectional mixed method approaches.

The included research results differ partly from those of the two other groups reported before: Surprisingly, Mares (2016) did not replicate a significant correlation between detention length and mental health constraints, unlike the other nine studies investigating this relationship. Minero (2020) and Coffey et al. (2010) questioned the amelioration of symptoms after release. Instead, the sample of trans-identities detained in the US showed further deterioration of their mental health after release – as the insecurity and fear of deportation remain (Minero, 2020).

6.2 Empirical evidence of torture within the detention institution

This section displays the result of the two groups of publications identifying TCIDT within detention or speaking of detention or its conditions as a form of torture. It presents empirical evidence or indicators of torture within the detention institution, both explicitly qualified as torture and implicitly fulfilling the criteria of the Torturing Environment Scale. What aspects do they focus on?

Table 1. Mental health outcomes and relationships with detention

		Level of mental distress	Worsening with length of detention	Emergence of new symptoms	Detained worse than released	Detained worse than undetained	Re-traumatization	Suicide ideation or attempts
Prior	Bryant & Nickerson (2013)	high	yes					
	Thompson (2011)	high				yes ^a		
	Robjant, Robbins, et al. (2009)	high	yes ^b			yes		
	Cohen (2008)	high						yes ^c
	Ichikawa et al. (2006)	high	yes			yes		
	Keller et al. (2003)	high	yes			yes		yes
	Bracken & Gorst-Unsworth (1991)	high	yes					yes
Prior and within (explicit or implicit)	Canning (2019)	high					yes	
	Cordelia Foundation (2016)	high			yes (unclear)		yes	
	Australian Human Rights Commission (2014)	high	yes	yes	no			yes
	The Center for Victims of Torture et al. (2013)	high					yes	
	Tsangarides (2012)	high					yes	
	Lorek (2009)	high	yes	yes				yes
	Penovic (2008)	high	yes	yes				
	Momartin et al. (2006)	high					yes	
	Steel et al. (2006)	high	yes					
	Koopowitz & Abhary (2004)	high						
	Steel et al. (2004)	high	yes					yes
	Physicians for Human Rights et al. (2003)	high	yes	yes				yes
	Dell & Salinsky (2001)	high	yes	yes				yes
Sultan & O'Sullivan (2001)	high			yes			yes	
Within (Explicit or implicit)	Minero (2020)	high		yes	no			
	Merton et al. (2019)	high						
	Mares (2016)	high	no					
	Coffey et al. (2010)	high				unclear ^d		
	Mares & Jureidini (2004)	high			yes			yes

^aNot in comparison to other asylum-seekers, but in comparison with permanent residents with a biography of torture or other severe traumatic incidents.

^bFor survivors of interpersonal (IP) trauma (including torture, sexual abuse), but not for asylum seekers without a history of IP trauma.

^cDoes only report cases of lethal suicide intents.

^dOngoing fear and flashbacks with holders of temporary protection visa.

6.2.1 *Studies explicitly describing immigration detention as torture*

Six out of nineteen studies described immigration detention as a form of torture (s. Table 2). Research on female immigration detainees and survivors of sexual abuse and torture in the UK supports the assumption that the experience of immigration detention possibly amounts to torture (Canning, 2019): The interviewees reported feeling tortured in a non-physical way. The case study of Koopowitz and Abhary (2004) documented similar subjective perceptions. After qualitatively comparing clinical syndromes of PTSD and depression between two cases of torture survivors (one being detained in immigration detention in Australia and one being tortured in prison under Apartheid), they concluded that even in the absence of physical torture, immigration detention can be seen as punishment and torture.

Minero (2020, p. 37) described different aspects of immigration detention in the US as torturous, such as solitary confinement and contextual manipulation that harms physiological functions, stating that “American torture practices are known as ‘torture lite’ because they do not leave injuries.” Merton et al. (2019, p. 29) argue that “[s]pecific abuses and adverse conditions are secondary to the basic trauma of immigration detention: this is because immigration detention is purposefully designed as a system of psychological torture.” In the Australian immigration detention regime, Mares (2016, p. 228) raises concern that “these practices of deterrence amount to torture of those detained indefinitely”.

Three publications remained undecided, as they compared the conditions of detention with torture but did not equate the two. Tsangarides (2012, p. 46) spoke of “inhumane” treatment, while Canning (2019, p. 1) spoke of “degradation by design”. However, Tsangarides (2012, p. 46) quoted torture survivors who also experienced immigration detention in the US, describing the environment of the detention center – down to the noises – as similar to the places of initial torture: “The detention center was the second torture that I had... the first was in the Democratic Republic Kongo and was physical. The second one was psychological.” The Australian Human Rights Commission (2014, p. 126) equally used explicit quotes of detainees, such as “[i]n Iran I was the only one being tortured, and now my children are being tortured here”.

One study questioned the view of immigration detention conditions equaling torture: The Center for Victims of Torture et al. (2013, p. 9) highlights that US immigration detention exposed detainees to endure prolonged physical discomfort that causes harm, especially in survivors of torture – however, they eventually conclude that such comfort and harm “might not amount to torture”.

The studies described above do not necessarily refer to “torture” or TCIDT as legally defined categories but rather as an indicator of human rights violations. Further psycho-juridical research is needed to explore the relationship between immigration detention, torture, and mental health. Although there is no consensus on whether or not immigration detention qualifies as torture, there is a consensus that immigration detention is harmful. Therefore, we propose the concept of the torturing environment for further analysis of the detention institution.

6.2.2 *Studies implicitly reporting criteria of a torturing environment according to the Torturing Environment Scale*

We identified 19 studies that included the treatment of detainees or the detention environment in the scope of their analysis. All of them report at least one criterion of the Torturing Environment Scale that the particular detention environment of their research meets. The most common were (a) contextual manipulations, reported by 16 studies. These included unhygienic conditions and overcrowding, lacking privacy, or the alteration of basic physiological functioning (e.g., constant light

or darkness). In some cases, especially in the US detention centers, extreme cold was reported. Many studies reported poor food and a lack of or even harmful mental or medical health care. 15 studies indicated the provocation of (b) fear, emerging from threats against an individual or their relatives, anxiety due to the lack of information on the asylum process, and the fear of possible deportation. Another crucial and frequently reported issue was that individuals would witness self-harm, suicide attempts, and suicides. Ten studies described (c) pain-provoking actions by the hands of the migration authorities, such as beatings or the use of tear gas in riot situations. Mares and Jureidini (2004) emphasize that detained children often experience abuse and violence inflicted by staff or adult detainees (see also Australian Human Rights Commission, 2014; Penovic, 2008). Three studies reported attacks on (d) sexual integrity. However, these studies focused on a particular population of detainees: children (Australian Human Rights Commission, 2014), cis-gendered women (Canning, 2019), and transgender identities (Minero, 2020). The detention experience of transgender identities indicated exposure to all aspects of a torturing environment (a-f). Twelve studies reported attacks on (e) the need to belong, such as solitary confinement or forced separation of families. They also reported (f) identity and control, such as the induction of shame and humiliation by insulting detainees or forcing them to urinate or defecate in bags or in public. In some cases, detention authorities did not call the detainees by their names but referred to them by numbers (e.g., Steel et al., 2004).

Some studies described architectural features of the detention centers, with the predominant features being securitization measures, such as high fences with razor wire – in at least one case (Mares, 2016) even electrified – and camera surveillance. Lorek (2009) described that on arrival at the center, children needed to pass through approximately eight to ten locked doors, including a barred cell door. One case depicted the transformation of a windowless warehouse into a high-security detention center (Physicians for Human Rights et al., 2003). Canning (2019, p. 4) described this transformation in the case of Denmark and Sweden as an “increasingly prison-like nature of immigration detention.”

There were no noticeable differences between different geographical contexts or the two groups of publications (prior and within vs. within). According to the Torturing Environment Scale, all detention centers bear at least one dimension of a torturing environment.

7. Discussion

This scoping review replicates the systematic review by Storm and Engberg (2013): serious mental health conditions prevail for asylum seekers in immigration detention – especially if they have survived torture in their country of origin or on the flight route. However, there has been a clear tendency since 2013 to include migration detention as a post-migration stressor instead of solely focusing on the characteristics of the individual torture survivors to explain the detrimental mental health effects of detention. Instead of reproducing images of asylum seekers as vulnerable individuals, this review shows that detention is a vulnerabilising institution that could qualify as a torturing environment.

Table 2. Empirical indications of torturing environments

		Country of study	Explicit	Peer review	(a) Contextual manipulation	(b) Fear	(c) Pain	(d) sexual identity	(e) Need to belong	(f) identity and control
Prior and within (explicit or implicit)	Canning (2019)	Australia	yes	yes	yes	yes		yes		
	Cordelia Foundation (2016)	Australia		no	yes	yes	yes			yes
	Australian Human Rights Commission (2014)	Australia	unclear ^a	no	yes	yes	yes	yes	yes	yes
	The Center for Victims of Torture et al. (2013)	US	questioning ^b	no	yes	yes	yes		yes	yes
	Tsangarides (2012)	US	yes	no	yes	yes				
	Lorek (2009)	UK		yes	yes	yes			yes	yes
	Penovic (2008)	UK		yes	yes	yes	yes		yes	yes
	Momartin et al. (2006)	UK, Denmark, Sweden		yes	yes	yes	yes		yes	yes
	Steel et al. (2006)	Hungary, Bulgaria		yes	yes	yes			yes	
	Koopowitz & Abhary (2004)	UK	yes	yes	yes	yes				yes
	Steel et al. (2004)	Australia		yes	yes	yes	yes		yes	yes

	Physicians for Human Rights et al. (2003)	US		no	yes	yes			yes	
	Dell & Salinsky (2001)	UK		no	yes				yes	
	Sultan & O'Sullivan (2001)	Australia		no	yes	yes	yes			
Within	Minero (2020)	Australia	yes	no	yes	yes	yes	yes	yes	yes
(Explicit or implicit)	Merton et al. (2019)	Australia	yes	no	yes		yes		yes	yes
	Mares (2016)	Australia	yes	yes	yes					yes
	Coffey et al. (2010)	US	unclear ^c	yes					yes	yes
	Mares & Jureidini (2004)	UK	unclear ^d	yes			yes			

^aIndicates that detention conditions in some detentions are a breach of Convention of the Rights of the Child, e.g., article 37(a) and article 39, suggesting that it amounts to torture.

^bQuestions explicitly if the endured physical discomfort and/or extreme temperature are so extreme that they amount to torture.

^cEvaluates quality of life measures of former detainees as "similar to scores obtained for resettled refugees with a known torture history" (Coffey et al., 2010, p. 2076).

^dRefers explicitly to 'violence'. However, the study does not apply torture or TCIDT as a category.

Implicitly, the descriptions of the detention conditions or actions of the authorities match the criteria of torturing environments, as defined by the Torturing Environment Scale. In line with human rights reports, the descriptive results highlight (a) the contextual manipulation of the environment, provoking an alteration of basic physiological functions. We should pay special attention to detainees forcibly witnessing the torture or death of other detainees as severe (b) fear-producing actions. In line with the retrospective study of death by suicide in immigration detention (Cohen, 2008), this scoping review supports that death is often self-inflicted. Mountz (2013, p. 96) emphasizes that suicide in immigration detention is common and does not happen quietly and exclusively among those facing isolation, but “in highly publicized episodes”. This means that detainees often cannot avoid being exposed to self-harm and suicide.

This scoping review underlines the claim that exposure to a torturing environment may amount to torture, although it does not necessarily equal what is generally understood as torture (Pérez-Sales, 2016; Pérez-Sales et al., 2023). Leach (2016, p. 1) explains that “[e]ach single factor may not be considered tortuous, however, if deliberately structured into a systemic cluster may constitute torture under legal definition”. Torture is also characterized as having deliberate intent, such as, for example, punishment. The concept of torturing environments shows how the practice of torture can be transformed while maintaining its initial intentions: A variety of the included studies indicated the deliberate intent of punishment (Canning, 2019; Coffey et al., 2010; Cordelia Foundation, 2016; Koopowitz & Abhary, 2004; Merton et al., 2019; Penovic, 2008; Physicians for Human Rights et al., 2003; Steel et al., 2004), although it seems that this punishment aims less at attacking individuals, instead targeting the entire population of detainees. While the legal definition of torture is contested, the psychological effects of torture – and its intention – are not. Furthermore, recently emerging scholarship on border criminologies suggests that detention regimes articulate punitive sovereignty and signal changing approaches to punishment (Bosworth, 2019; Ip, 2022; Moran & Jewkes, 2015; Nethery, 2019).

7.1 Mental health impacts. Torture, trauma, deterrence, depression

All included studies confirmed the high prevalence of PTSD, depression, and anxiety disorder. Beyond these commonly deployed measures of torture and trauma, Coffey et al. (2010) observed similar scores for quality of life for released immigration detainees in long-term detention compared to resettled refugees with a known torture history.

Unlike prominent discourses that describe asylum seekers as traumatized victims suffering from, for example, PTSD (e.g., sketched by Hynie, 2018), the included studies highlighted remarkable connections between immigration detention and depression. Coffey et al. (2010) and Thompson (2011) pointed at the relationship between depression and insecure visa status as central for the mental health of (formerly) detained asylum seekers. High depression scores among immigration detainees and within the community motivated clinicians to discuss the diagnosis of a ‘collective depression syndrome’ (Bostock, 2009). Such a diagnosis indicates the overall harmful effects of immigration detention permeating beyond the walls of the detention center.

The importance of the legal status for the mental health of detainees reappears in many studies. Tran et al. (2020) highlighted that in detention, the delivery of trauma-informed psychological interventions and policy development for survivors of torture appears to be of greater importance than elements of the torture experience itself. Koopowitz and Abahary

(2004, p. 499) associate the impact of the ‘non-person’ status conferred upon asylum seekers with the effect of ‘banning orders’ imposed during South African Apartheid and concluded “[t]he successful treatment of their depressions would almost entirely depend on the successful resolution of their visa applications or the gaining of their freedom.” These descriptions of mental health deterioration in detention reveal that detention does not occur in a vacuum: It is part of a broader system of deterrence that includes transport within the detention system, and deportation to dangerous places.

7.2 Specific harm to specific populations

The included studies underlined specific forms of violence that harm children or cis-gendered women, or queer identities in different ways and to different degrees, compared to other groups of detainees (Canning, 2019; Mares, 2016; Merton et al., 2019; Minero, 2020; Steel et al., 2004). Although cis-gendered men commonly have a higher prevalence of exposure to torture or killings, specific forms of violence are used against other identities. One of them is sexual assault. While all genders might be affected, feminized identities and children are especially exposed to it (Mares & Jureidini, 2004; Minero, 2020; Thompson, 2011). Esposito et al. (2020) portray the continuum of gender-based and intersectional violence in immigration detention ranging from the interpersonal level to state violence. This finding reappears in other camp environments (Iyakaremye & Mukagatara, 2016; Miles et al., 2019). Both detention and camp life have a negative influence on parenting capacities (Lorek et al., 2009; Mares et al., 2002), especially when parents are survivors of torture (Steel et al., 2004).

7.3 Length of detention

According to the majority of studies, the mental health of immigration detainees deteriorates over a prolonged detention period. Nevertheless, Mares’ (2016) retrospective analysis did not reproduce such an effect. Given the high exposure scores, it could be a statistical ceiling effect. The Center of Torture Survivors et al. (2013, p. 6) offers another explanation, arguing that arrest and detention provoke a profound shock: Expecting to reach a safe haven, arrest and detention produce disorientation and even despair. One survivor of torture, who had been tortured due to his political associations, explains:

“I thought there was democracy in America. I did not expect what I experienced. [...] The room was cold. There was no shower. We couldn’t change our clothes. The bathroom was in the same small room. The toilet was steel, and the room smelled like a toilet. There was a short wall but no privacy. You could smell everything. The room was crowded, and people kept coming and going. There was nowhere, except a cold steel stool, to sit or sleep. I was kept in that room for 7 days.”

There are similar descriptions in various other studies (e.g. van Hout et al., 2020). They stress that detention is a harmful experience from the very beginning. Indicating that detention effects expand beyond time and space, the cited studies emphasize the need to investigate when detention starts and ends, including an analysis of the transformation of detention institutions.

7.4 From open camps to spaces of confinement

What is the difference between open camps, camps of internment or confinement and immigration detention? Changes in immigration detention landscapes occur quickly. Most

recently on the EU's Aegean hotspot islands, the previous Reception and Identification Centres (RIC) were replaced by Closed Controlled Access Centers (CACC) that operate as de facto detention (I Have Rights, 2023). These materialities of the newly built campsites contain an additional detention area and are highly securitized (Samos Advocacy Collective & Europe Must Act, 2022). Even if camp conditions seem to adhere to humanitarian standards or are supposedly safe environments (e.g., Acarturk et al., 2018; Kröger et al., 2016), residents are significantly affected by living in campsites. Even open refugee camps, where residents might circulate freely, expose torture survivors to conditions that cause profound stress (Hess, 2008).

Although the search operators included “camps” and “confinement”, the final set of included studies does not contain any migration-related detention institutions operated as confinement camps. Further analysis should investigate spaces of transition and examine where and how open camps turn into closed confinement camps and detention centers. This might happen from one day to the next: Kizilhan & Noll-Hussong (2020) depict how a refugee camp in Iraq was suddenly turned into a closed facility with the rise of the COVID-19 pandemic. The camp's inmates lost their right to leave, which seriously affected their mental health. In other cases, detention centers were privatized (Merton et al., 2019). Apart from a rising economic interest, this transformation is relevant for the fight against torture, as private actors differ from state actors in their obligations to comply with human rights (e.g. American Civil Liberties Union, 2022). Other transformations of the detention landscapes might remain invisible, like electronic incarceration (Bhatia, 2021; Sanchez Boe & Mainsah, 2021).

7.5 Limitations

The need for further discussion remains, on whether the negative impact of migration detention is due to torture happening within detention. While affected detainees themselves refer to detention as a form of (psychological) torture, researchers rarely apply this term. There is a gap between the CAT's explication of TCIDT when compared to the subjective experience of torture survivors, including immigration detainees.

This scoping review tries to create a diverse knowledge base. Although its results are based on a broad variety of samples, apparent limitations remain. On the one hand, the involved studies include many different characteristics. Studies include a wide range of different nationalities, e.g., from countries in the Middle East, South America Africa, but also various ethnic groups (e.g., the Rohingya; Australian Human Rights Commission, 2014). Samples differed in gender identities, with two studies focusing on trans-identities only (Merton et al., 2019; Minero, 2020). Participants differed in age and family constellations, ranging from adult men to children and parents (e.g. Australian Human Rights Commission, 2014). Study participants differed in their legal status: samples included undocumented immigration, asylum-seeking, and temporary or permanent protection. The included studies considered various forms of immigration detention. Gaps in knowledge remain regarding certain demographic aspects of participants, such as socioeconomic status, sexual orientation, ability, or religious beliefs. Although different places and legal forms of immigration detention appear in the studies, their national boundaries remain narrow, focusing mainly on Australia, the US and the UK. Most critical studies on Australian immigration detention reflect the inhumane deterrence politics of the Australian state – with the repulsion of asylum-seekers and other illegalised non-citizens as a central motive of a racist project of Australian national building (Silove et al., 2000). At the same time, it reflects the fundamental and progressive work of clinical researchers in Australia who tried to intervene in the political discourse and practice. Nevertheless, the immigration detention practices of the Australian state have not improved.

The Global Detention Project (2022) states: “Australia has turned deterrence politics into a brand.” This brand is ‘exported’ to other regions. Although the narrow geographical frame of the included studies can be criticised, they represent what we might call a white supremacist migration regime (Golash-Boza et al., 2019). However, as there is no doubt that different forms of immigration confinement are common on a global scale (Flynn & Global Detention Project, 2014), the included studies cannot claim to represent an entire global migration regime. . A possible reason for the geographical restrictions might consist in the postcolonial gap of knowledge production, excluding studies produced in countries of the Global South (Connell, 2020). It is also possible that access to detention centers and former detainees might be too difficult to allow for research (e.g. Australian Human Rights Commission, 2014; Minas, 2004). Additionally, in some places of the Global South, asylum seekers remain immobilized in supposedly humanitarian camps (e.g., Choucha; Garelli & Tazzioli, 2017) that fulfil rather the function of internment camps than of detention centers. Although the applied search strings should have identified studies on internment camps, the possibility remains to have overlooked relevant publications.

8. Conclusion and future directions

The included studies anonymously display how asylum seekers are made more vulnerable to violence due to the actions or inactions of the states that are supposed to protect them. This scoping review reveals serious ethical questions that culminated in the striking comparison of the impact of immigration detention with torture in a South African Apartheid prison (Koopowitz & Abhary, 2004). Table 3 portrays four central concerns.

First, it highlights the production of torturing environments: There is no doubt that the characteristics of torture deployed against political opponents or war combatants that often consist of direct abusive treatment by state authorities or parastatal actors bear different characteristics than the harmful measures of immigration detention which affects entire groups of detainees (Pérez-Sales, 2018). However, the scoping review presents a range of studies that reveal how suffering is not committed by a public official but caused by systematic contextual manipulations or the infrastructure of detention centers. The review highlights cases which combine contextual elements, a set of conditions and practices that diminish the victim’s will and control over their life and compromise the self. In addition, the link between detention and deportation creates constant fear and aggravates helplessness and hopelessness. Together with recent studies on torturing environments and migration (Manek et al., 2022; Pérez-Sales et al., 2022), this scoping review highlights the necessity to cautiously investigate and sanction torturing environments, as these spaces do not represent isolated cases but are examples of how migration policies use detention as part of a deterrence policy.

Second, severe ethical questions remain concerning the detention of torture survivors in general: Binding human rights norms require an obligatory screening of asylum seekers in detention to identify survivors of torture and abstain from keeping them in detention (ECHR, 2012). Still, many studies show that this hardly ever happens (Cordelia Foundation, 2016; Tsangarides, 2012). Keten et al. (2013) report the incorrect application of obligatory forensic protocols, while in many cases, it was not applied at all. Different studies denounce the illegal detention of torture survivors with the maintenance of asylum seekers in detention after medical reports proving prior torture (Dell & Salinsky, 2001; Tsangarides, 2012).

Table 3. Implications for practice, policy, and research

Production of torturing environments. The review highlights cases in which conditions are created that amount to torturing environments and would meet the legal definition of torture, combining a set of contextual elements, conditions and practices that diminish or override the victim’s will and control over their life and compromise the self. As these spaces do not represent isolated cases but are examples of how migration policies use detention as part of a deterrence policy.

Screening of torture survivors. Binding human rights norms require an obligatory screening of asylum seekers in detention to identify torture survivors and abstain from keeping them in detention.

Delivery of (mental) health care and the role of practitioners. On the one hand, the detention conditions hinder practitioners from delivering their services adequately. On the other hand, it emphasized cases of practitioners even with a supposed intention of causing harm and condoling torture. Interventions should address the monitoring of detention centers of independent human rights groups and tackle impunity.

Research ethics. Doing research in potential torturing and securitized environments and with heavily constrained participants needs ethical considerations where supposedly neutral do-no-harm approaches might instead reproduce harmful structures and cause further distress to their participants.

The third concern questions the delivery of (mental) health care and the role of practitioners: Lacking or harmful mental health provisions seem to be linked with detainees committing suicide (Cohen, 2008). In conditions of a torturing environment, benevolent practitioners working with torture survivors in detention felt increasingly unable to accomplish their jobs (Canning, 2019). On the one hand, the detention conditions hinder practitioners from delivering their services adequately. On the other hand, a veritable system of “uncare” is portrayed – with practitioners apparently not being willing to provide mental or physical care or providing services even with a supposed intention of causing harm and condoling torture (Isaacs, 2016; Mares, 2016; Steel et al., 2004). Especially in the Australian detention regime, the research community discusses torture conducted by doctors and psychologists within immigration detention (Jansen et al., 2018).

Forth, to challenge the described tendencies, critical and engaging research across different national detention regimes is needed. Once more, this review highlights what is already obvious: Research is lacking and difficult to obtain, given the difficulties to enter highly securitized detention centers as researchers (Cooper & Cotton, 2011). Yet, doing research in such environments and with heavily constrained participants needs ethical considerations (Strous & Jotkowitz, 2010). In these research landscapes, some researchers call for activist research (De Genova, 2013): Mere “do no harm” approaches are not enough. Instead, neutrality means approving of the harmful status quo (Stierl, 2022). Anderson, Sharma and Wright (Anderson et al., 2009) stress the need for research that does not reproduce the figure of the ‘vulnerable’ refugee but analyzes the violence caused by the detention regime, including intersectional violence (Esposito et al., 2020).

In recent years, states have made fewer attempts to conceal their politics of deterrence against asylum seekers and illegalized migration. Australia does not even deny these human rights violations (Mares, 2016). Instead, the Australian state justifies harm caused to children and adult asylum seekers on the grounds of deterrence and nation-building (Silove et al., 2000). The US uses legal redefinitions to prevent asylum seekers from reclaiming their right to freedom of torture, with one aspect of the legal redefinition comprising the instrumentalization of health care services (Voreh, 2019, p. 287): “In some detention centers, placement into solitary confinement is now the main form of psychological ‘treatment’ for

mental health concerns.” The results of this scoping review align with the ECHR’s (2020) emphasis on recognizing that torture is transforming. Although the outcome of litigations is not obligatorily and per se progressive, it is essential to carefully examine the multiple harmful effects of migration-related detention and envision a legal redefinition of what constitutes torture.

Author Contribution Statement

Julia Manek contributed substantially to: Conceptualization; data curation; formal analysis; investigation; methodology; project administration; validation; visualization; writing of the original draft; editing.

Hannah Mühlich contributed substantially to: Data curation; formal analysis; editing.

Tim Riedl contributed substantially to: Data curation; formal analysis; editing.

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Appendix A: Data Items

Charting was iterative. The excel form was updated with continuous data extraction. The following data was extracted from each included article:

Publication related

- authors
- title
- year
- language
- journal/source
- database/source (scientific journals (PsycINFO, IBSS, PubMed, PTSDpubs (formerly PILOTS), Medline (Ovid)) vs. dissertation database (ProQuestDiss) vs. DIGNITY vs. snowballing from review articles vs. grey literature (first 100 google hits, expert interviews))
- peer review (yes/no)

Study design & methods

- study design (quantitative: due to ethical reasons only observational studies expected (cross-sectional, follow-up, descriptive); qualitative: e.g. case studies, expert interviews)
- sample size
- time period covered by analysis
- sampling technique
- type of data used in study (administrative, questionnaire, other (specify))

Participant characteristics

- formerly detained in country of arrival/detained at the moment the study
- age
- gender
- geographical origin/ethnic origin
- legal status
- detained with/without children
- length of detention
- prior trauma exposure/ experiences
- time since arrival to the country where asylum is applied for

Detention characteristics

- type of detention (e.g. detention center, prison, confinement camp)
- place of detention (if unknown: country of study)
- detention conditions
- access to legal assistance, information, health care services and psychological support

Torture and/or cruel, degrading or inhuman treatment

- before or within detention
- categorization of torture and/or cruel, degrading or inhuman treatment
- further descriptions

Mental health (symptoms)

- post-traumatic stress/acute stress
- depression/sadness
- anxiety/fear
- mental health-related disability
- suicidal ideas/suicide intents
- substance abuse
- psychiatric symptoms
- others

Other

- physical health outcomes
- social functioning outcomes (family functioning, violence, crime, income)
- usage of a framework or specific methodological approach to conceptualize torture in migration detention?