

QUT Digital Repository:
<http://eprints.qut.edu.au/>



Schweitzer, Robert and Steel, Zachary (2008) *Researching refugees : methodological and ethical considerations*. In: Liangputtong, Pranee, (ed) *Doing Cross-Cultural Research : Ethical and Methodological Perspectives*. Social Indicators Research Series ,34 . Springer, Netherlands, pp. 87-101.

© Copyright 2008 Springer

Chapter 7: Researching Refugees: Methodological and Ethical Considerations

Robert Schweitzer & Zachary Steel

Robert Schweitzer

School of Psychology and Counselling
Queensland University of Technology
Beams Road
CARSELDINE QLD 4030
Australia
Ph: + 61 7 3138 4617

Zachary Steel

Center for Population Mental Health Research
Sydney South West Area Health Service
and the Psychiatry Research and Teaching Unit
School of Psychiatry
University NSW
Sydney
Ph: + 61 2 9616 4311

Abstract

Research with refugees involves particular conceptual, ethical and methodological issues. In this chapter, we outline a number of approaches to refugee research. The merits and limitations of the dominant trauma approach are reviewed, noting the particular tendency of this approach to exclude indigenous forms of knowledge and understanding. We review the emergence of alternative or complimentary approaches which strive to integrate qualitative and quantitative methodologies and emphasis a return to human experience and a deeper eco-social and cultural understanding of the refugee experience. One such methodology, interpretative phenomenological analysis is described in greater detail. We then extend our chapter to examine some of the ethical issues which emerge in refugee related research. This section locates the research enterprise within the broader socio-political context of engaged research.

Table of Contents

1. Introduction

2. The trauma model

3. Limitations of the trauma model

4. A complimentary approach to the trauma model

Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis and Research with Sudanese Refugees

5. Ethics and the Socio-Political Context of Refugee Research

6. Conclusion

References

1. Introduction

The contemporary approach to human rights can be traced to the period following the end of World War II. Since this time, a comprehensive international framework of principles, laws, and covenants has been progressively established that mandate the protection of human rights (Robertson 2006). The development of this framework has reflected an aggregation of centuries of thinking about the rights of the person, the community, and the nation state. Despite this, almost all countries engage in practices that remain in breach of at least some of the obligations incumbent upon them as signatories to these agreements (Amnesty International 2007; Human Rights Watch 2007). Moreover, as evidenced by recent international developments, the preparedness of nation states to adhere to the full range of commitments to human rights becomes particularly problematic at times of heightened national threat and security, the very time when adherence to such principles is of utmost importance (MacDonald 2007). Indeed, following the 2001 September 11 attacks on the US and the subsequent 'war on terror', the very moral authority of this international framework has come into doubt. Specifically, signatory countries of the West have increasingly demonstrated a disregard of their international obligations in adhering to procedures that protect the human rights of terrorist suspects and military and non-military combatants (Human Rights Watch 2007; MacDonald 2007).

Given the multiple fractures that run through the current geo-political framework of human rights and international protection, it is perhaps not surprising that research into the mental health and well-being of refugee and post-conflict populations has emerged as an important field of study. The aim of this chapter is to outline some of the methodological and

conceptual issues underpinning research with refugees. The pivotal role played by the articulation and evolution of the trauma model will be reviewed as well as its emerging limitations. In this chapter, we will also review the development of alternative and more comprehensive approaches to studying and understanding the refugee experience. Finally, we address the ethical issues involved in the relationship between the socio-political context of research and research methodology with an example drawn from one of the author's studies with detainees.

2. The Trauma Model

To date, the vast majority of mental health research amongst populations subject to political violence and forced migration has been influenced by a trauma-based psychiatric epidemiological perspective (Miller et al. 2006). This approach focuses primarily on assessing the prevalence of psychiatric symptomatology, specifically, PTSD and to a lesser extent, other mental health concerns, such as depression (Fazel et al. 2005).

The emergence of a distinctly psychiatric approach developed as an extension of the trauma model. This model was ushered in with the inclusion of PTSD in the DSM III (American Psychiatric Association 1980). It is particularly noteworthy that the impetus to include PTSD, was at least in part, a reflection of the experiences of the US Vietnam veterans and the high levels of mental health difficulties experienced upon their return to the US. Thus, from its inception the category fulfilled an important socio-political need to articulate, describe, and account for the suffering experienced by the returning soldiers within a broadly hostile community (Scott 1990). While there had been descriptions of trauma-related

psychiatric outcomes among previous veteran populations, this had largely remained at the periphery of psychiatry and had not taken the broader social imperative that was charged with their new diagnosis of PTSD (Adler 1945; Scott 1990).

The Vietnam conflict and its aftermath also saw the mass displacement of large numbers of Vietnamese, Cambodian, and Laotian refugees which resulted in hundreds of thousands of Indochinese refugees being resettled to countries of the West (Robinson 1998). This new wave of refugees consequently formed the first displaced group to be investigated applying the new trauma paradigm. The dramatic change instigated by the introduction of DSM-III is well illustrated from the reports that emerged from the experience of the Oregon Indochinese Psychiatric Clinic. The first report published by this clinic in 1980 documenting the clinical presentation of 50 patients (Kinzie et al. 1980). This report made general reference to the traumatic history of Vietnamese refugees but made no specific reference to post-traumatic psychiatric reactions. A decade later, staff re-interviewed patients to establish the prevalence of PTSD in this clinical population (Kinzie et al. 1990). The authors found high rates of PTSD amongst all Indochinese populations including the Vietnamese, including those included in the earlier report. The authors also reported on the chronicity of symptoms of PTSD, with most patients (94%) diagnosed with PTSD still experiencing posttraumatic stress symptoms warranting diagnosis some 15 years after the occurrence of the original traumatic event(s) (Kinzie et al. 1990).

The success experienced by researchers applying the trauma model to the experiences of Southeast Asian refugees created a template that has continued to dominate research on refugee and war affected populations. Specifically, more recent research has found that refugees experience emotional distress, symptoms of PTSD, anxiety and depression (Steelet

al. 1999; de Jong et al. 2001, 2003; Fazel et al. 2005). Further, a robust dose-response relationship has been found between the number of traumatic events and the level of psychological stress reported among refugees (Mollica et al. 1998).

The adoption of a trauma-focused psychiatric epidemiological approach with its focus upon PTSD and other psychiatric disorders has the potential to fulfill a critical function of documenting the nature, extent, and impact of human rights abuses (Steel et al. 2004a). The combined application of structured clinical assessment and epidemiological sampling approaches has enabled researchers to carefully document the abuse of human rights across multiple populations while also quantifying the impact of these human rights violations on the wellbeing of the people affected (Kirmayer et al. 2004). The trauma model also has the advantage of presenting victims as survivors who are in need of specialised care and support. Mental health advocacy based upon the trauma model has seen the development of multiple specialist treatment and rehabilitation centres for the care of victims of torture, organised violence, and war related trauma across most developed countries in the last three decades (Cunningham and Silove 1993; Basoglu 2006).

3. Limitations of the Trauma Model

Despite the success of the trauma model with refugee groups, there are several limitations inherent in this approach. Firstly, a trauma-based epidemiological approach necessarily places a heavy reliance upon standardized instruments which rely on *a priori* assumptions about a range of relevant variables to be investigated. This may be appropriate if the range of problems faced by a community is well understood by the researchers through field work,

community consultation or long-term association. However, when relevant variables are not well understood, the dominant tendency to rely on psychiatric constructs developed in culturally distinct contexts may obscure indigenous conceptions and variations in the expression of psychological and community distress and in the broader socio-cultural understanding of trauma (Bracken et al. 1995; Breslau 2004). The process of becoming a refugee is not at essence a psychological phenomenon, but rather results from socio-political circumstances that may have psychological implications. Papadopoulos (2007) points to the individual, family, community, social, and cultural implications of the process which are necessarily lost in an individual approach. Such events may well result in what is terms societal trauma.

Miller and Rasco (2004) also note important limitations associated with a sole reliance on conventional quantitative methodologies in attempting to understand the range of cultural and political contexts associated with migration and exile-related stressors. The use of qualitative and ethnographic approaches may be important in order to adequately understand the “full richness and complexity” of the refugee experience (Hinchman and Hinchman 1997). It could be argued that there is a heightened imperative on researchers working with vulnerable populations to ensure that the methodologies used accurately capture the participants experiences (Liamputtong 2007), especially in those situations where research crosses the cultural divide. Moreover, by definition, narrative methods emphasise the temporal and sequential nature of human experience as well as the capacity of humans to reflect upon the meaning of their experience.

Another important issue in trauma research relates to the underlying assumptions which inform the research. While quantitative research represents the dominant paradigm

within the contemporary social sciences, the assumptions, based upon positivism, remain largely unexplored in the presentation of research findings. For instance, while much of the international refugee research undertaken to date has clearly been undertaken within the contexts of a broader human rights agenda (de Jong 2005; Steel and Silove 2004), this is rarely explicitly acknowledged or discussed. Qualitative researchers are arguably more cautious in explicating their assumptions, particularly as there are several approaches to such research, each with a different set of assumptions. For example, both Miller and Rasco (2004) and Bracken (2001) are explicit in outlining their methodological assumptions in their research on the refugee experience. The reader is directed to more in-depth discussions of some of the more common approaches to qualitative research which has salience to the research with refugees such as narrative analysis, consensual qualitative research (Patton 2002; Liamputtong and Ezzy 2005) and grounded theory (Strauss and Corbin 1990; Charmaz 2006) for a further appreciation of the assumptions and features of each of these approaches.

4. A Complimentary Approach to the Trauma Model

In acknowledging the limitations of the trauma model, a number of researchers and theorists have begun to utilize alternative approaches to examining the experience of people with refugee backgrounds (Miller et al. 2006; Silove et al. 2006; Papadopoulos 2007). Such research has gone beyond the quantitative-qualitative divide to develop models which attempt to represent the multiple challenges that face refugees. These models cover different levels: the person, the family, the community and the broader socio-political context of people exposed to political violence and forced migration. Once it has been established that

becoming and being a refugee is not in itself a psychological issue that can be conceptualised within a biomedical paradigm, it follows that we need to explore methodologies responsive to research questions aimed at explicating salient experiences of refugees. These questions are largely explorative or inductive in nature.

In this chapter, we will focus on one methodology, known as Interpretative Phenomenological Analysis as one approach to explicating the experiences of refugees. We argue that this approach has several features which contribute to its suitability in working with refugee groups and addressing research questions which explore human experience across multiple domains.

4.1 Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) was developed by Smith, Jarman and Osborne (1999). It is a rigorous methodology based upon phenomenological principles characterised by three qualities: it is idiographic; inductive and interrogative (Smith 2004). The methodology has particular salience in relation to refugee studies for several reasons: the assumptions underpinning the methodology emphasise openness to human experience and the unique features of such experience which may be outside the experience of the researcher, a priori assumptions are necessarily set aside in undertaking such a study and consequently, the methodology has the capacity to privilege indigenous knowledge and experience. By drawing upon phenomenology, IPA proposes that the world of meaning as experienced is constituted by acts of interpretation. These acts apply equally to the researcher and the participant (or co-researcher). The description of the methodology will be supported by a case study which will

demonstrate the application of IPA to the area of refugee studies. Lessons learned from this study will be discussed.

From a phenomenological framework, the researcher seeking to better understand the experience of persons from a refugee background utilises their own as well as others' experience of the phenomenon under investigation in order to bring clarity to the researcher's own preconceptions of the experience of people from refugee backgrounds. A derivative of this approach is its access to meaning which the phenomenologist considers to be the essence of phenomena. Meaning is derived from the data of experience, which is not considered as epiphenomenal, and therefore, not something to be reduced to formal categories such as diagnostic categories. By explicating meaning, the significance and relevance of an experience becomes intelligible.

The notion of hermeneutic analysis, developed as a systematic approach to the analysis and exegesis of textual meaning has particular salience in relation to the process of identifying meaning within IPA. Hermeneutic theory suggests that in order to understand a particular action requires an understanding of the context within which the action takes place which, in turn, requires an understanding of the particular actions. It requires a circular process, necessitating a constant movement between parts and whole in which there is no absolute ending point. Hermeneutic theory has been used to inform IPA (Smith 2004), which provides a set of guidelines for conducting qualitative research. The IPA approach aims to explore in detail the experiences of how peoples make sense of their personal experience and can thus address research questions seeking an understanding of personal experience, values and meanings and can than be extended from an idiographic approach to a nomothetic approach leading to the possibility for group generalizations. The approach is idiographic in

that it starts with the detailed explication of one case until the explication is exhausted, and then moves to a new case and in this way, it is incremental in its approach. Material is later combined but the methodology maintains a focus upon small samples. Delving deeper into the particular takes the researcher closer to the universal in terms of what is shared and also what is unique about the experience (Smith 2004). The inductive nature of the approach allows the researcher to explore questions where the answer is not anticipated, but rather emerges during the analysis. This approach allows the investigator to pose questions which would not be feasible using more traditional deductive approaches to the investigation of complex psychosocial phenomena.

IPA involves a series of discrete steps or stages (Smith et al. 1999). The process begins with an interview which is transcribed verbatim. The first stage in the analysis of the data involves the identification of themes which are considered to be expressions of the salient experiences and concerns of the respondent. This process involves two steps. The first step involves open coding where interview transcripts are read holistically and key issues mentioned by respondents are noted. The second step involves selective coding where key phrases, statements, and comments are labeled and categorised according to their content. The second stage involves treating the data nomothetically and identifying connections between the codes identified in the first stage. The aim of the second stage is to identify emergent (or superordinate) themes. Emergent themes are identified by noting similarities and differences in the content of the statements that are categorised through the coding process. The researcher may also search for patterns in the codes by examining the frequency of codes across participants. The second stage of the analysis provides the basis for the explication of the data, which involves translating the emergent themes into a narrative

account of the experiences of the participants. The structure of the findings is then confirmed by means of re-reading the original narratives and modifying the codes accordingly. A second investigator and an independent researcher may then check each phase of the explication in order to ensure that the emergent themes can be traced to the original data.

4.2 Interpretative Phenomenological Analysis and Research with Sudanese Refugees

The value of integrating IPA into a research program is illustrated by research we undertook with the Sudanese community in Queensland, Australia. In a first study, we examined the relationship between pre-migration experiences, trauma, and post-migration living difficulties on the mental health of Sudanese refugees using a range of existing measures (Schweitzer et al. 2006). As with a number of other studies in this area, the research demonstrated the usual relationship between pre-migration trauma, post-migration stressors and mental stated, but also identified that only a minority suffered from mental health concerns. The research was unable to adequately explain the nature of the stressors being experienced by the participants nor did we understand some of the potential mechanisms adopted by the group which resulted in a relatively high level of well-being at that time for three quarters of the sample. To address this question, we undertook a second qualitative study utilising an IPA methodology to examine the salient themes of Sudanese refugees in the same community (Schweitzer et al. 2007). The aim of the study was to identify and examine the significance of major coping strategies employed by Sudanese refugees resettled in Australia. Thirteen Sudanese refugees were asked to describe the strategies that assisted their coping over the course of their migration. Responses were transcribed and subjected to IPA. The findings described three chief strategies that assisted participant's coping across all periods, namely religious beliefs, social support and personal qualities. A fourth, less salient strategy, comparison with others,

also emerged in the post migration context. As an example, participants stated that they discussed their problems related to adaptation to life in Australia with other members of their community, who were particularly encouraging with regard to education and employment as they understood the difficulties faced by newly arrived refugees in these areas.

The conclusions of the study were that participants in the study did not respond passively to events, but were able to engage with others in an active and problem-solving way. The study argued that it was important to focus on the individuals' capacity to make meaning based upon their experiences rather than limiting the findings to potentially narrow mental health focus which is sometimes associated with a more traditional biomedical perspective. A psychosocial approach that takes into account the beliefs, perspectives and values of individuals, was seen as a basis for rebuilding and reinforcing an adaptive orientation in people from refugee backgrounds.

While the study demonstrated the feasibility of the IPA methodology, it also provided us with some important lessons for undertaking qualitative research with refugees, especially where English is not the first language of the participants. We would propose the following guidelines for collecting data for an IPA study. Like all research, it is absolutely essential to establish a trusting relationship with the participants. This is especially important when working with refugees who have often experienced a significant abuse of trust and are thus particularly sensitive to issues around trust. Trust involves a relationship and successful research thus involves a capacity for and a willingness to enter into a relationship with one's participants or "co-researchers". To enhance the richness of the data, it is often more useful to have repeat conversations with the informants rather than increasing the number of informants. It is important too to realise that the relationship is also important for the

participants and the “research interview” may well be accompanied by hospitality. We also learnt over the course of our research that the instrumental relationships which often characterise relationships in western research may be viewed quite differently in other cultures with the perfectly reasonable expectation that relationships are reciprocal. We suggest that entering into such relationships needs to be undertaken with an awareness that such relationships are important and that researchers are willing to respond to the needs of their participants.

5. Ethics and the Socio-Political Context of Refugee Research

Research and clinical practice involving refugees and vulnerable populations in general pose particular moral and ethical challenges (Liamputtong 2007). A number of writers have previously described some of the challenges faced by researchers working with refugees. These include the ethical considerations in the development of participatory research designs (Ellis et al. 2007), the relationship between research, practice and policy (Gifford et al. 2007) and issues around informed consent, responding to refugees’ capacity for autonomy and the notion of reciprocation in refugee research (Mackenzie et al. 2007; Miller 2006; Liamputtong 2007).

In the final section of this chapter, we examine the important and yet often unexplored issue of the broader relationship between the researcher and the socio-political context in which the researcher is working and how this impact on the research context. This is particularly pertinent for researchers working with refugees and asylum seekers given the increasingly hostile political environment in which the rights and needs of refugees are often

misrepresented and devalued. The relationship between the researcher(s) and the social context emerged as particularly important within the context of research undertaken by our group amongst families held in immigration detention (Steel et al. 2004b). This study illustrates some of the significant challenges confronting researchers engaging in refugee related research.

The impetus for research in this field emerged within the context of Australia being the only Western country to have adopted a policy of indefinite non-reviewable mandatory detention of unauthorized arrivals including asylum seekers. All entrants without proper documentation or who had their documentation cancelled upon arrival in Australia were subject to immigration detention, often for many years, including families with children, and unaccompanied minors. The majority of detainees were held in detention facilities located in isolated regions of Australia with little direct access to services or community support. The detention centers were closed facilities and their operation and management was based on a custodial prison model. From the outset, mental health professionals raised concerns about the mental health consequences of this policy on an already vulnerable population (Becker & Silove 1993). These concerns were supported by the comments of repeated commissions of inquiry that raised particular concern about the mental state of detainees (HREOC 1998; Commonwealth Ombudsman 2001; JSCFADT 2001) Notwithstanding these findings, immigration authorities and their representatives refused to allow mental health researchers access to detained populations (Minas 2004) while simultaneously using confidentiality clauses to prevent health professional working in detention from discussing their concerns in public forums (Professional Alliance for the Health of Asylum Seekers and their Children 2002).

The opportunity to investigate the mental state of detainees developed out of a request from legal workers to provide psychiatric evaluations for a group of families in one of the remote detention centers. The investigators sought and received written legal advice indicating that there was no administrative restriction on communicating directly with detainees for the purpose of research, clinical intervention, or report writing. Assessments were undertaken, over the phone, by same language psychologists with experience working with refugees from this community. For each family, detailed forensic reports were provided to the legal representatives as well as the Human Rights and Equal Opportunity Commission (HREOC 2004) which has the power to investigate individual complaints. The ongoing well-being of detainees was monitored via the legal advisors and where necessary referrals were made to the health practitioners within the detention facility. Written consent was also sought from participants to allow deidentified data to be collated from the forensic assessments for the purposes of research. In the case of children, written informed consent was provided by their parent or guardian. It was decided that the Department of Immigration and the private company running the facility would not be informed about the research arm of the study. The researchers argued that there was sufficient scientific, moral, and humanitarian merit for this decision as repeated “previous attempts to engage the department on issues of research in detention centres had been met with delays and inconclusive outcomes” (Steel et al. 2004b: 26). Institutional ethics approval for this methodology was obtained from the Human Research Ethics Committee of the University of New South Wales.

The resulting study documented the lifetime and point-prevalence of psychiatric disorders amongst 10 families (14 adults and 20 children). All participants had been held in the detention facility in excess of 2 years. All families described traumatic experiences in

detention including witnessing riots, witnessing detainees committing acts of self harm and witnessing suicide attempts. There were also cases of children being separated from primary caregivers and assaults on minors. In terms of psychiatric symptomatology, all adults and children met the diagnostic criteria for at least one current psychiatric disorder with 26 disorders identified among 14 adults and 52 disorders being identified among 20 children. Retrospective comparisons indicated a threefold increase of disorders for adults and a tenfold increase in psychiatric disorders for children. The findings indicated that specific trauma-related symptoms were common in both children and adults. The majority of parents reported that they were no longer able to care for, control or support their children

The authors concluded that detention appeared to have significant and deleterious consequences for the mental health of the detainees. They argued that the level of exposure to violence and the high level of mental illness identified among detained families was a warning to policy makers that the policies being enacted had a potential for significant and prolonged deleterious impact upon detainees' mental health. They further argued that more broadly, the manner in which Western countries implemented policies to address the issue of people seeking asylum, many of whom had been victims of war and organised violence, could well exacerbate the risks confronting an already fragile and vulnerable population.

The primary findings of the research were presented at the 2003 annual congress of Royal Australian and New Zealand College Psychiatrists (Steel 2003) and received widespread national media coverage and commentary. The Minister responsible for the management of the detention policy stated in response to the adverse findings that:

The Study of Asylum Seekers in Remote Detention Centres by University of New South Wales researchers has received wide yet unquestioning media coverage, but it

is seriously flawed. It is apparent that it is based on preconceived ideas of the researchers who have been advocates of the dismantling of mandatory detention and who followed a particular line of questioning and reasoning to ensure a result satisfactory to themselves (Ruddock 2003; 1).

In considering the merits of the research as part of a national inquiry into children in immigration detention, HREOC (2004: 392) stated that:

The reliability of this study has been criticised by both the Department and ACM [the private company responsible for running the detention centers in Australia at that time]. The study itself recognises its strengths and weaknesses in coming to its findings and the Inquiry has taken these into account in assessing it. The Inquiry notes, however, that the findings of the study are consistent with the findings and observations of a range of other experts about the impact of detention on asylum seekers.

The impact of the research on public and professional opinion was substantial. The integrity and findings of the research was defended by heads of the Royal Australian and New Zealand College of Psychiatry and National Association of Practicing Psychiatrists (Wroe 2005). Ongoing commentary from prominent mental health professionals about the weight of evidence about the harmful mental health consequences of the detention policy led senior Ministerial officers to privately commission a review of existing research detainees from a consultant psychiatrist. Contemporaneously, the Consultant made formal claims of scientific misconduct against the research team and initiated Freedom of Information proceedings to obtain access to all papers and correspondence related to the conduct of the detention center research. Both actions ultimately proved ineffective with the relevant university finding that

there was no *prima facie* case of research misconduct in relation to any of the allegations made by the Consultant and the clinical material being requested was protected by privacy legislation. The critical review at the basis of the complaints that was commissioned by the Department of Immigration was never published or made public by the Department despite the consultant receiving a \$30,000 payment for the commission (Wroe 2005).

The findings of the detention center study was subsequently published in a prominent Australian peer review journal of public health (Steel et al. 2004b) alongside a second independent study with families held in immigration detention reaching similar findings of high rates of detention related mental disturbance (Mares and Jureidini 2004). After a series of highly damaging cases of gross mismanagement and abuse of mentally ill persons in immigration detention, the Australian government acknowledged the level of mental harm associated with the practice and in 2006 instituted a major reform process including the release of all families and children from detention and the introduction of review mechanisms for long term detainees

A range of critical issues emerge from the conduct of this research and the events surrounding subsequent responses, namely, is research value free; can one separate research from political action; is it appropriate for government to undertake an investigation into the conduct of research where the motivation may well be to discredit scientists examining mental illness in detention and was the conduct of the research team in breach of ethical guidelines?

Although the original study did not involve deception, but rather a failure to inform custodial authorities about the use of assessments for the purposes of research, the Monash Bioethics Review devoted an issue to the ethical implications of deception of authorities in

research practice. Respondents were asked to consider if there is legitimacy for researcher to engage in “deceptive actions” in order to obtain access to detention facilities in order to undertake research where there is an overwhelming humanitarian imperative and such research is proscribed. Without referring to the political context specifically, Minas (2004) acknowledges the need for research to be undertaken within detention facilities to gain a better understanding of the impact of the national detention policy, and suggests a number of significant research questions such as: the incidence, nature and severity of mental health problems among detainees, the effectiveness of detention health service resources in addressing problems arising out of detention when they occur and the features of the detention environment so as to minimise harm. Each of these questions arises within the political context of a refugee detention policy. Minas also raises the important question of the impact of current practices on the long term psychosocial adjustment of those who are employed to enforce such policies such as guards and departmental officials.

Clearly, the research illustrates that research in such contexts cannot be value free. Researchers have a strategic role in highlighting the predicament of refugee detainees by lending their authority and analytic skills to documenting the personal cost and impact of current practices on detainees (Kirmayer et al. 2004). Researchers, as Kirmayer et al (2004: 85-86) suggest, have the same moral responsibilities as any other citizen “to address actions of violence or neglect, perpetrated by the state on their behalf that bring suffering and hardship to others”. This reflects what they argue is a fundamental ethical responsibility to uphold basic issues of human rights by documenting the needs, causes and consequences of health problems among detainees which in turn may lead to a change in such policies and practices. Such research is not without its problems and raises important issues particularly

with regard to accurately determining informed consent in a highly charged political environment and ensuring the safety of participants. Kirymayer et al. (2004) contend that researcher must respect that the detainees themselves have the capacity to judge the potential costs participating in research and the implicit challenge that their participation may pose to the authorities who in turn have and are able to exercise enormous power over the fate of detainees. These are issues which must be faced by researchers both in Western democracies and in other regimes.

Where there is a conflict of interest between a government position and the normal social contract between mental health researchers and those responsible for detention, Steel and Silove (2004: 93) argue from a socio-political perspective that there is “a legitimate moral imperative in such situations for clinical researchers to breach the walls of enforced silence and give a voice to these who are afflicted”. The authors canvass several concerns in relation to research and the importance of weighing up the risks of undertaking such research against the potential harm to participants, the risks in not undertaking such research and the potential benefits of the research which may secure positive outcomes.

The issue of government funding an investigation into the conduct of research is more equivocal. Government funds research and certainly has a role to play through agencies in ensuring that research conducted is ethical and also rigorous. It is after all, imperative that the general community has trust in the research community. However, where the motives of such an investigation are political in the sense of censoring research, it may be argued that such action simply serves to undermine the research enterprise and provides a dangerous precedent in terms of controlling knowledge. There was certainly a perception in the above case that the motivation underpinning the actions of the government of the day was

questionable. In response to the concerns previously raised in relation to the study, an independent investigation was undertaken by the university which had initially approved the research. The results of this investigation were to exonerate the researchers and thus lend weight to the argument that refugee-related research, while politically sensitive, needs to be conceived within a socio-political context and undertaken in a fearless and if necessary, politically engaged manner which might not always be in harmony with the dominant narratives of the day (McNeill 2003; Farmer 2004).

6. Conclusions

Research involving refugees involves particular conceptual, methodological and ethical issues. In this chapter, we have outlined research applying the trauma model to refugee research. The strengths and limitations of this approach were then outlined. In relation to refugee related research, we have argued for the use of alternative methodologies to complement quantitative approaches. The approaches advocated requires a return to human experience as a basis for understanding meanings associated with the experiences resulting from people being forced to leave their homes and seeking refuge. One such methodology, interpretative phenomenological analysis, was described in greater detail. We have then extended our chapter to examine some of the ethical issues which emerge in refugee related research with a view to locating the research enterprise within the broader socio-political context of engaged research.

References

- Adler, A. (1945). Two different types of post-traumatic neurosis. *American Journal of Psychiatry*, 102, 237-240
- American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders: Third Edition*. Washington, DC: American Psychiatric Association Press.
- Amnesty International. (2007). *Report 2007 The State of The World's Human Rights*. Retrieved August, 2003, from www.amnesty.org
- Basoglu, M. (2006). Rehabilitation of traumatised refugees and survivors of torture: After almost two decades we are still not using evidence based treatments. *British Medical Journal*, 333, 1230-1231.
- Becker, R., & Silove, D. (1993). Psychiatric and psychosocial effects of prolonged detention on asylum-seekers. In M. Crock (Ed.), *Protection or Punishment: the detention of asylum-seekers in Australia* (pp. 81-90). Sydney: The Federation Press.
- Bracken, P. J. (2001). Post-modernity and post-traumatic stress disorder. *Social Science & Medicine*, 53(6), 733-743.
- Bracken, P. J., Giller, J. E., & Summerfield, D. (1995). Psychological responses to war and atrocity: the limitations of current concepts. *Social Science & Medicine*, 40(8), 1073-1082.
- Breslau, J. (2004). Cultures of trauma: anthropological views of posttraumatic stress disorder in international health. *Culture, Medicine & Psychiatry*, 28(2), 113-126; discussion 211-120.
- Commonwealth Ombudsman. (2001). *Report of an Own Motion Investigation into The Department of Immigration and Multicultural Affairs' Immigration Detention Centres*. Canberra: Commonwealth of Australia.

- Cunningham, M., & Silove, D. (1993). Principles of treatment and service development for torture and trauma survivors. In J. Wilson & B. Raphael (Eds.), *International handbook of traumatic stress syndromes* (pp. 751-762). New York: Plenum Press.
- de Jong, J. T., Komproe, I. H., & Van Ommeren, M. (2003). Common mental disorders in postconflict settings. *Lancet*, 361, 2128-2130.
- de Jong, J. T., Komproe, I. H., Van Ommeren, M., El Masri, M., Araya, M., Khaled, N., et al. (2001). Lifetime events and posttraumatic stress disorder in 4 postconflict settings. *JAMA*, 286(5), 555-562.
- de Jong, J. T. V. M. (2005). Deconstructing critiques on the internationalization of PTSD. *Culture, Medicine & Psychiatry*, 29(3), 361-370; discussion 371-366.
- Ellis, B. H., Kia-Keating, M., Yusuf, S. A., Lincoln, A., & Nur. (2007) Ethical research in refugee communities and the use of community participatory methods. *Transcultural Psychiatry*, 44, 459-481.
- Farmer, P. (2004). *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. California: University of California Press.
- Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review.[see comment]. *Lancet*, 365(9467), 1309-1314.
- Gifford, S. M., Bakopanos, C., Kaplan, I., & Correa-Velez, I. (2007). Meaning or measurement? Researching the social contexts of health and settlement among newly-arrived refugee youth in Melbourne, Australia. *Journal of Refugee Studies*, 20(3), 414-440.
- Hinchman, L. P., & Hinchman, S. K. (Eds.). (1997). *Memory, Identity, Community: The Idea of Narrative in the Human Sciences*. New York: State University of New York Press.

- HREOC. (1998). *Those who've come across the seas: the report of the Commission's inquiry into the detention of unauthorised arrivals*. Canberra: Human Rights and Equal Opportunity Commission.
- HREOC. (2004). *A Last Resort? National Inquiry into Children in Immigration Detention*. Sydney: Human Rights and Equal Opportunity Commission.
- Human Rights Watch. (2007). *Human Rights Watch World Report*. Human Rights Watch. New York: Seven Stories Press
- JSCFADT. (2001). *A report on visits to immigration detention centres: Joint Standing Committee on Foreign Affairs Defence and Trade, Human Rights Subcommittee*. Canberra: Parliament of the Commonwealth of Australia.
- Kinzie, J. D., Boehnlein, J. K., Leung, P. K., Moore, L. J., Riley, C., & Smith, D. (1990). The prevalence of posttraumatic stress disorder and its clinical significance among Southeast Asian refugees. *American Journal of Psychiatry*, 147(7), 913-917.
- Kinzie, J. D., Tran, K. A., Breckenridge, A., & Bloom, J. D. (1980). An Indochinese refugee psychiatric clinic: culturally accepted treatment approaches. *American Journal of Psychiatry*, 137(11), 1429-1432.
- Kirmayer, L. J., Rousseau, C., & Crepeau, F. (2004). Research ethics and the plight of refugees in detention. *Monash Bioethics Review*, 23(4), 85-92.
- Liamputtong, P. (2007). *Researching the vulnerable: A guide to sensitive research methods*. London: Sage Publications.
- Liamputtong, P., & Ezzy, D. (2005). *Qualitative research methods, 2nd edition*. Melbourne: Oxford University Press.
- MacDonald, R. (2007). Who can lead the world on human rights? *The Lancet*, 369, 547.

- Mackenzie, c, McDowell, C., & Pittaway, E. (2007) Beyond “Do No Harm”: The Challenge of Constructing Ethical Relationships in Refugee Research. *Journal of Refugee Studies*, 29, 299-318.
- Mares, S., & Jureidini, J. (2004). Psychiatric Assessment of Children and Families in Immigration Detention: Clinical, Administrative and Ethical Issues. *Australian & New Zealand Journal of Public Health*, 28(6).
- McNeill, P. M. (2003). Public health ethics: asylum seekers and the case for political action. *Bioethics*, 17(5-6), 487-501.
- Miller, K. E., & Rasco, L. M. (Ed.). (2004). *The Mental Health of Refugees: Ecological Approaches to Healing and Adaptation*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Miller, K. E., Kulkarni, M., & Kushner, H. (2006). Beyond trauma-focused psychiatric epidemiology: bridging research and practice with war-affected populations. *American Journal of Orthopsychiatry*, 76(4), 409-422.
- Minas, I. H. (2004). Detention and deception: Limits of ethical acceptability in detention research. *Monash Bioethics Review*, 23(4), 69-77.
- Mollica, R. F., McInnes, K., Poole, C., & Tor, S. (1998). Dose-effect relationships of trauma to symptoms of depression and post-traumatic stress disorder among Cambodian survivors of mass violence. *British Journal of Psychiatry*, 173, 482-488.
- Papadopoulos, R. K. (2007). Refugees, trauma and Adversity-Activated Development. *European Journal of Psychotherapy and Counselling*, 9(3): 301-312.
- Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods, 3rd edition*. Thousand Oaks, CA: Sage Publications.

Professional Alliance for the Health of Asylum Seekers and their Children. (2002).

Submission to the National Inquiry into Children in Immigration Detention. Retrieved

June 6, 2003, from

http://www.hreoc.gov.au/human_rights/children_detention/submissions/index.html.

Robertson, G. (2006). *Crimes Against Humanity - The Struggle for Global Justice*, Alan Lane, 3rd editon. New York: New Press.

Robinson, W. C. (1998). *Terms of Refuge: the Indochinese Exodus and the International Response*. London: Zed Books.

Ruddock, P. (2003). *Information Sheet: Mental Health of detainees, The government's response.* Retrieved 24 May, 2003, from

www.minister.immi.gov.au/borders/detention/mentalhealth.htm

Schweitzer, R D, Greenslade, J, & Kagee, A. (2007). Coping Strategies of Refugees from the Sudan: A Narrative Account of Resilience Themes. *Australian and New Zealand Journal of Psychiatry*, 41 (3) 282-287.

Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry*, 40, 179-187.

Scott, W. J. (1990). PTSD in DSM-III: A case in the politics of diagnosis and disease. *Social Problems*, 37(3), 294-310.

Silove, D., Steel, Z., & Psychol, M. (2006). Understanding community psychosocial needs after disasters: Implications for mental health services. *Journal of Postgraduate Medicine*, 52(2), 121-125.

- Smith, J A (2004) Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39-54
- Smith, J A, Jarman, M and Osborne, M (1999) Doing interpretative phenomenological analysis. In Murray M and Chamberlin K, (eds) *Qualitative health psychology: theories and methods*, (pp. 218-240). London: Sage Publications.
- Steel, Z. (2003, 19 May). *The politics of exclusion and denial the mental health costs of Australia's refugee policy*. Paper presented at the 38th Congress Royal Australian and New Zealand College of Psychiatrists.
- Steel, Z., Mares, S., Newman, L., Blick, B., & Dudley, M. (2004a). The Politics of Asylum and Immigration Detention: Advocacy, Ethics and the Professional Role of the Therapist. In J. P. Wilson & B. Drozdek (Eds.), *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War and Torture Survivors* (pp. 659-687). New York: Brunner-Routledge.
- Steel, Z., Momartin, S., Bateman, C., Hafshejani, A., Silove, D. M., Everson, N., et al. (2004b). Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia. *Australian & New Zealand Journal of Public Health*, 28(6), 527-536.
- Steel, Z., & Silove, D. (2004). Science and the common good: indefinite, non-reviewable mandatory detention of asylum seekers and the research imperative. *Monash Bioethics Review*, 23(4), 93-103.

- Steel, Z., Silove, D., Bird, K., McGorry, P., & Mohan, P. (1999). Pathways from war trauma to posttraumatic stress symptoms among Tamil asylum seekers, refugees, and immigrants. *Journal of Traumatic Stress, 12*(3), 421-435.
- Strauss, A., & Corbin, J. (1990). *Basics of Qualitative Research*. London: Sage Publications.
- Wiklund, L., Lindholm, L., & Lindstrom, U. A. (2002). Hermeneutics and narration: A way to deal with qualitative data. *Nursing Inquiry, 9*(2), 114-12
- Wroe, D (2005) Canberra paid \$30,000 for report to discredit studies. *The Age*, February 12. Retrieved 16 Feb 2008 from <http://www.theage.com.au/news/Immigration/Canberra-paid-30000-for-report-to-discredit-studies/2005/02/11/1108061874526.html>