Why do communities matter? A study looking at the role of communities in the lives of people with experiences of torture and trafficking

Jessica Megan Pugh

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Dr Tracey Smith and Dr Mahua Das

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The candidate confirms that the work submitted is his/her own and that appropriate credit has been given where reference has been made to the work of others.

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Abstract

Introduction: Recent evidence has indicated that social factors may be more important than trauma-related factors to mental health outcomes in a variety of populations. There is further evidence to suggest that despite valuing their communities in supporting their wellbeing, people with experiences of torture and trafficking (PWETT) may struggle to locate them, making them vulnerable to isolation. Isolation in PWETT may be linked with difficulties adjusting to life in the UK. Meanwhile, the approach of organisations supporting forced migrants has been highlighted as influential. This study aimed to explore the role of communities in the lives of PWETT.

Method: A qualitative design was chosen for the project due to its exploratory nature and focus on capturing the multi-faceted experiences of participants. Semi-structured interviews were completed with PWETT, centring on their experiences of locating new communities in the UK and their benefits or harms. The interviews were analysed using reflexive thematic analysis.

Results: The key findings of the study were conceptualised using a systemic framework. They indicated that communities were difficult to access for PWETT and being isolated as a result was damaging for mental wellbeing. When communities were accessed, they could be transformative and had impacts at different levels of the system. Important functions of communities were creating safe connections and delivering carefully planned services.

Discussion: The findings of this research add to a body of literature indicating the importance of social support for mental health outcomes. This research contributed new understandings of the powerful nature of community-wide interventions for PWETT, as well as some considerations for delivering them safely. The utility of community psychology for understanding and working with the systemic nature of the issues facing PWETT was presented.

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Chapter 1 Introduction

In 2022, the United Nations High Commissioner for Refugees (UNHCR) reported that 89.3 million people had been forcibly displaced worldwide, the highest number ever recorded (UNHCR, 2022). This figure was more than double the figure reported a decade ago. More protracted wars and conflicts globally led to fewer refugees being able to return home, and many people were left in longer term displacement (UNHCR, 2022). Although it is difficult to get an accurate estimate, a recent systematic review estimated that as many as 76 per cent of asylum seekers may have experienced torture (Sigvardsdotter et al., 2016). In addition to experiencing severely traumatic events, forced migrants are required to make dangerous journeys that are traumatic themselves and this often leads to the development of a wide range of mental health difficulties (Jowett et al., 2021). Living conditions, including accommodation for asylum seekers in the UK can make resettlement difficult (Jannesari et al., 2020) and forced migrants often experience high levels of isolation (Salway et al., 2020).

According to Home Office statistics, in the 2010s the top ten countries from which people making new asylum claims originated from were Iran, Pakistan, Eritrea, Afghanistan, Iraq, Albania, Sudan, Sri Lanka, Syria and Bangladesh (Home Office, 2022a). Over the 2010s, 85 per cent of people seeking asylum were aged between 18 and 49, with 9 per cent aged under 18 and only 1 per cent aged over 70 (Home Office, 2022a). 74 per cent were male (Home Office, 2022a). For trafficking survivors, the data is presented differently and therefore will be reported for 2021. At the end of 2021, the most common countries for survivors of trafficking to originate from were Albania, the UK, Vietnam, Eritrea, Sudan, Romania, China, Iran, India and Pakistan (Home Office, 2022b). 50 per cent were adults, 44 per cent were children and 6 per cent were categorised as ‘unknown’ (Home Office, 2022b). 77 per cent were male and 23 per cent were female (Home Office, 2022b).

Evidence suggests that forced migrants are at an increased risk of developing mental health difficulties, in particular post-traumatic stress disorder (PTSD) (Im et al., 2020). Methodological issues including small sample sizes, self-report measures and the use of poorly translated or not culturally validated materials has led to wide variation in prevalence estimates, including between 4 per cent and 86 per cent for PTSD (Hollifield et al., 2002). A Health Evidence Network synthesis report (Priebe et al., 2016) found that only rates of PTSD, and not depression, were increased in forced migrants on arrival, at 9 per cent compared with 4 per cent in the UK population (Baker, 2020). One obvious reason for this is pre-migration trauma exposure, which has been found to be high in forced migrant populations (Silove et al., 1997). Comorbidities were also found to be common, in particular PTSD and depression, which was associated with higher risk of suicide and lower quality of life (Morina et al., 2013). Ryan et al.

(2014) showed, in a sample of 7,294 asylum seekers, that the risk of developing mental health concerns was greater for asylum seekers compared with refugees. PWETT are even more likely to develop mental disorders and torture may be linked with suicidal ideation (Giacco et al., 2018). Despite this, poor social integration and difficulties accessing care appear to contribute to poor mental health in the long-term (Giacco et al., 2018).

Understanding how the post-migration environment affects mental health in forced migrants is therefore important. This chapter will begin with setting out the terminology used in this thesis, before presenting relevant literature on the topic. The literature review will start with outlining the principles of critical community psychology, which was a key theoretical positioning of the thesis. Following this, relevant literature will be presented using a systemic framework, beginning with the broadest societal level and ending with the individual level. Finally, the rationale for the project will be set out.

1.1 PWETT: Defining the terms used

Differing legal and political issues across countries have led to disputes about how to define different groups of migrants (International Organization for Migration, 2021)**.** The chosen definitions for this project, as well as definitions for common terms used in this report, have therefore been set out in **Table 1**. The research has been designed to focus on PWETT. Being a PWETT does not automatically grant an individual leave to remain, and PWETT must make immigration applications (Redress, 2019). PWETT may therefore also be asylum seekers or refugees and for this reason studies have been included on all three groups. The term forced migrants is used in this report to describe the collective of all three groups, indicating any individual who has been forced to leave their country of origin. Throughout the literature review, where a study focuses on asylum seekers or refugees individually, the population will be referred to in this way. Where the study has focused on a combination of the two groups, the term forced migrant(s) will be used, regardless of the terminology used in the research paper itself. This is for clarity. Finally, some studies have been included looking at migrants, a group that includes individuals that have migrated willingly, rather than being forced to do so.

Table 1

Definitions and Terms Used in the Migration Field

Word	Definition
Asylum seeker	A general term for any person who is seeking international protection. In some countries, it is used as a legal term referring to a person who has applied for refugee status or a complementary international protection status and has not yet received a final decision on their claim. It can also refer to a person who has not yet submitted an application but may intend to do so, or may be in need of international protection. Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum seeker. However, an asylum-seeker may not be sent back to their country of origin until their asylum claim has been examined in a fair procedure, and is entitled to certain minimum standards of treatment pending determination of their status.(UNHCR, 2021)
Refugee	Any person who meets the eligibility criteria under an applicable refugee definition, as provided for in international or regional refugee instruments, under UNHCR's mandate, or in national legislation. Under international law and UNHCR's mandate, refugees are persons outside their countries of origin who are in need of international protection because of feared persecution, or a serious threat to their life, physical integrity or freedom in their country of origin as a result of persecution, armed conflict, violence or serious public disorder. Sometimes—notably in statistical contexts—the word refugee is used to designate individuals or groups who have been formally recognized by States or UNHCR as entitled to refugee status following an asylum or other status-determination procedure. (UNHCR, 2021)
Refugee status	The formal recognition (whether by UNHCR or a State) of a person as fulfilling the criteria required to designate them as a refugee according to international, regional or national law. (UNHCR, 2021)
People with experiences of Torture	Torture is defined under Article 1 of the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment as: "…any act by which

Word	Definition
or Trafficking (PWETT)	severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions." (Redress, 2019) Trafficking is defined in the Palermo Protocol as: "…the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control of another person, for the purpose of exploitation." (Crown Prosecution Service, 2020) PWETT is a term created for this research to refer to the group of people with experiences of torture or trafficking.
Forced migrant(s)	There is no universally accepted term for all those that must flee their home country. The term forced migrant(s) is often used by social scientists to refer to both asylum seekers and refugees. For brevity it has been used in this thesis to refer to asylum seekers, refugees and PWETT. (UNHCR, 2020)
Undocumented migrant(s) or irregular migrant(s)	A non-national who enters or stays in a country without the appropriate documentation. Note: Migrants can find themselves as undocumented in one of the following two ways. First, they have documentation that acts as proof of identity but they do not have documentation that proves their right to enter and stay in the country, or such documentation is fraudulent or no longer valid. In this meaning, this expression is used as a synonym of "irregular migrant". Secondly, they do not hold any form of documentation that proves their identity nor do they have any other proof of their right to enter and stay in the country. (International Organization for Migration, 2019)

Word	Definition
Rejected applicant (refused asylum seeker(s))	In the migration context, an applicant for admission or asylum refused entry or stay into a State by immigration authorities, or access to refugee status or another form of international protection, because he or she fails to meet the relevant eligibility criteria. (International Organization for Migration, 2019)
Migrant or economic migrant	An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students. (International Organization for Migration, 2019)
Leave to remain	Permission by the government to legally live in the host country. It can be either: limited of discretionary, meaning for a period of time e.g. 12 months; or indefinite, meaning permanent residence. (Right to Remain, 2020)

1.2 Community psychology

In the UK, the second-half of the twentieth century was dominated by intrapsychic explanatory theories for mental distress and this was mirrored in clinical practice (Danziger, 1994). In the 1990s, alternative arguments gained popularity around the role of social factors in explaining mental distress (Burton et al., 2007), and attention turned to social relations, both interpersonal relationships and broader collective and social-systemic relations (Kagan et al., 2019). Community psychology is based on this understanding (Burton et al., 2007). Although community psychology is practiced globally and there is no one agreed upon definition (Ahmed & Pretorius-Heuchert, 2001), the following definition has been offered by British community psychologists and has been adopted in other works, including those by the British Psychological Society (BPS) (e.g. Faulconbridge et al., 2015). Burton et al. (2007) write:

> Community psychology offers a framework for working with those marginalised by the social system that leads to self-aware social change with an emphasis on value based participatory work and the forging of alliances. It is a way of working that is pragmatic and reflexive was not wedded to any particular orthodoxy of method. ... It is *community* psychology because it emphasise is a level of analysis and intervention other than the individual and their immediate interpersonal context. It is community *psychology* because it is nevertheless concerned with how people feel, think, experience and act as they work together, resisting oppression and struggling to create a better world. (p. 291)

As part of this, community psychology is concerned with social systems, which could be group systems, neighbourhood systems or wider societal systems (Kagan et al., 2019). The following definition of a system has been put forward by Meadows and Wright (2008):

> A system is a set of things – people, cells, molecules, or whatever – interconnected in such a way that they produce their own pattern of behaviour over time. The system may be buffeted, constricted, triggered or driven by outside forces. But the system's response to these forces is characteristic of itself, and that response is seldom simple in the real world. (p. 2)

According to Meadows and Wright (2008), we can understand systems thinking as: emphasising the interconnected nature of system parts; of involving a series of levels, which can influence and depend on each other; and as being characterised by feedback and responsiveness to the environment of the system.

There are several reasons why a shift to systems thinking may be beneficial. Research has shown that poor mental health and wellbeing is consistently and markedly associated with social context, such as unemployment, inequality and income (World Health Organization & Calouste Gulbenkian Foundation, 2014). Consideration of and intervention in the communities, societies and relationships within which people sit can therefore have greater impact and lead to more sustainable change (Casale et al., 2015). It has been argued that services benefit from being more accessible, appealing, asset-focused and non-stigmatising, which can also create more sustainable and less resource-intensive services (Casale et al., 2015). There are several types of community psychology globally that are distinct in values and principles (Kagan et al., 2019). For simplicity, the critical community psychology proposed by Kagan et al. (2019) is the primary theory drawn upon in this thesis.

This project was underpinned by systems thinking and this chapter is presented via three levels of analysis, influenced by Bronfenbrenner's ecological systems theory (1979). Brofenbrenner's

framework was amended for this project to account for individual-level factors that were found in the data and across the literature. Accordingly, the system level labels have been changed to reflect the difference in meaning. The levels used in this project were the societal-level, the community-level and the individual-level. The societal level focuses on economic and political systems and how they influence the context that PWETT come into. This includes societal discourses and socio-cultural influences. The community level focuses on factors acting at a community or organisational level, including the policies of the organisation, the relationships between people and the culture of the community or organisation. Finally, the individual level concerns individuals and their feelings, thoughts and behaviours. The individual level analyses how individual factors are influenced by societal and community factors. The chapter will present literature relating to how PWETT interact with UK society in the post-migration period at each level, starting with societal level factors.

1.3 Literature review

1.3.1 Societal level

a) UK policy context

The 1991 Asylum and Immigration Act is seen by many as the beginning of adverse policies for asylum seekers in the UK. These 'hostile environment' policies aimed to deter forced migrants from settling by creating unpleasant social conditions (Parker, 2020). They included: forced destitution, through low levels of financial support and restrictions on the right to work; dispersal around the country in order to access housing; and the threat of indefinite detention (Bloch & Schuster, 2005). Further measures introduced more recently have restricted access to education and dispersal is often to remote areas of social exclusion (Parker, 2020). These conditions may make it difficult for asylum seekers to access community and one author has termed this "policy-imposed liminality" (Hynes, 2011, p. 94).

Asylum seekers often wait for lengthy periods for a decision on their claim, with 77 per cent of people waiting for more than 6 months (Home Office, 2020). The Guardian newspaper reported that seventeen people receiving a decision in 2017 had waited more than fifteen years (Allison & Taylor, 2019). This makes the period following arrival difficult for many forced migrants, who "put their lives on hold and were unable to take any steps to reunite with people from their own culture or engage in education or employment to meet others" (Phillimore, 2011, p. 586).

Messaging from the UK government on these policies, as well as representations of forced migrants in the media, contributed to a hostile general public that are more likely to discriminate against or be unaccepting of forced migrants into the community (Mulvey, 2010). In a narrative review, Bottura and Mancini (2016) looked at social representations, or images that are created by politicians, the mass media and other public figures, of forced migrants and how they might influence their resettlement process. They found that social representations were generally polarised and painted pictures either of highly negative 'bogus' forced migrants or 'good', vulnerable, pitiable victims. In the negative images, forced migrants were often portrayed as economic migrants, profiteers of the asylum channel, criminals or terrorists. Researchers considered that these images were used to justify anti-asylum seeker arguments (Lynn & Lea, 2003) or restrictive, excluding policies (Hanson-Easey & Augoustinos, 2010). Bottura and Mancini (2016) highlighted that when experts or non-expert members of the public were asked about their social representations of forced migrants; experts tended to draw on positive images and non-experts the negative images outlined above. These representations also shaped resettlement policies, with humanitarian approaches being associated with positive content about forced migrants based on a respect for human rights; seeing forced migrants as victims to protect. Restrictive policies were based on the idea that forced migration was a threat to be resisted by discouraging migrants with restrictive policies.

b) Post-migration stressors

Much of the literature investigating mental health in forced migrants has focused on pre-migration trauma exposure, assuming that there would be a clear association between higher levels of trauma exposure and levels of PTSD (Jannesari et al., 2020). There is a growing recognition that this relationship may not be so straightforward, with some authors finding relatively low levels of PTSD in populations exposed to exceptionally high levels of trauma (e.g. Gorst-Unsworth & Goldenberg, 1998). Increasing attention has been given to conditions and circumstances post-migration, which are beginning to show a more systematic relationship to poor mental health (Giacco et al., 2018). In a summary of three systematic reviews and a meta-analysis, Giacco et al. (2018) showed that rates of PTSD tend to remain stable post-migration, but rates of anxiety and depression increase to above that of host populations by 5 years post-migration. They identified several post-migration factors that influenced poor mental health including social isolation, unemployment, acculturation problems (difficulties adjusting to the host country's culture), detention, difficulties accessing healthcare, not speaking the language of the host country and lack of trust in public organisations (Giacco et al., 2018). These factors had been linked in various studies to increased PTSD, depression and anxiety. This

provides persuasive evidence that the conditions for forced migrants in the host country are important for mental health, as well as pre-migration trauma.

This section has presented evidenced that social representations in the media and politics, UK policies and the resulting social conditions are all important in shaping the mental health of PWETT. Recent research has even shown that post-migration factors may be more influential over outcomes than pre-migration factors (Giacco et al., 2018). Societal level factors may therefore have an effect on the local communities receiving PWETT as well as migrant communities themselves. The next section will examine the community level factors, starting with broad community wide research, then examining related fields of social support and acculturation, before finally looking at the role of supporting organisations.

1.3.2 Community level

a) Community: definitions and concepts

Within the social sciences, 'community' is a highly contested term, with no one agreed upon definition (Kagan et al., 2019). In a review of 94 different definitions of community (Hillery, 1955), only one thing was found in common; communities involve people. The British Psychological Society suggest a definition for community as a group with a commonality in at least one of the following areas: geographical area or setting, interest, health need, disadvantage or shared identity (British Psychological Society, 2018). This helps to frame community as more than just a physical grouping of people.

A more comprehensive theory of how communities can be defined is offered by Campbell (2000), who suggests that there are three overlapping dimensions to community: sentiment, space and social structure. Communities can be defined by any one, or all, of these concepts. Sentiment captures the way community operates in a psychological, cultural and symbolic sense; how it exists in the minds of those inside and outside of a community. It refers to how people can have an idea or symbol of their community, but also how it is experienced by them. Here, a community comes into existence through people having a common sense of being a community and through emotional and psychological connections between people and the groups they form. Community exists through shared meaning (Kagan et al., 2019). These connections can develop through occupation of the same physical space, or through shared beliefs and interests. The space element of Campbell's (2000) theory of community refers to the space that communities operate in. This can be geographical (e.g. the Latin American

community), but not necessarily physical, since travelling across borders does not automatically remove your tie to your geographical community. The space can also be temporal, in the sense that some communities exist within a particular period of time. Finally, social structure refers to the way groups are organised; their size, membership and the nature of the social ties that exist between group members (Kagan et al., 2019). These social ties are defined by the organisational structure of the group, such as power relations. Communities defined by social structure might include social ties created by formal group membership (e.g. a club or society or organisation). The social structure dimension is important because it highlights how communities can be grown from oppressive conditions, and the importance of social justice in unifying some communities (Kagan et al., 2019).

Findings have emerged from qualitative research of the relationship between forced migrants and communities in the UK and will be outlined here. The Joseph Roundtree Foundation commissioned a series of research studies designed to increase the evidence base for issues affecting migrants in the UK (Phillimore et al., 2007). One of these studies focused on capturing refugees' experiences of mental health through interviewing 121 refugees and completing in-depth case study interviews with 17 refugees who were experiencing mental health problems (Phillimore et al., 2007). Although the participants were all refugees, they were interviewed about their experiences as asylum seekers and as refugees, and so the report draws conclusions relating to both groups. The research found that the issues facing forced migrants were complex, multi-faceted and interlinked. Themes identified were largely in line with findings covered earlier regarding post-migration factors (Jannesari et al., 2020) and the impact that this has on mental health. The report identified a lack of formal support services for forced migrants, with respondents citing instead the importance of community in managing their mental health problems. Although not all respondents talked about their mental health with their communities, many saw their communities as a safe space away from the rejection they had experienced upon arrival in the UK. They felt able to give something to others, which was helpful to their self-worth. Communities that were identified were refugee community organisations, ethnic communities, and faith-based communities.

The forced migrants interviewed reported at times finding it difficult to identify a community and that this could sometimes take over a year (Phillimore et al., 2007). Not all interviewees felt part of a community, with 12 per cent saying they did not feel part of a community at all and 15 per cent reported feeling somewhat part of a community. 90 per cent of respondents reported their ethnic community being important for socialising and providing social support. For some, communities had a role in providing financial and psychological support, helping people to cope with the stress associated with discrimination. The respondents felt that although being part of a community didn't resolve issues they faced; they did help manage the stress associated with them. Respondents also reported being part of a

community reduced feelings of isolation and could support learning English and helping with acculturation. These findings are important because they highlight the importance of communities in helping forced migrants to cope with post-migration stressors, in particular lack of social support, difficulties in adjusting to the culture of the UK and feeling a sense of belonging.

i. Psychological sense of community

Coming under the sentiment part of Campbell's (2000) dimensions of community, psychological sense of community (PSoC) refers to the attachments that people have to their communities. One definition, offered by McMillan and Chavis (1986, p. 9) describes PSoC is "a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together." It is commonly thought to have four characteristics: a sense of belonging; a sense of mattering to one another; a shared faith that all members needs are met and a commitment to be together (Sarason, 1974). Without PSoC, people may feel alienated and isolated – like they do not belong (Kagan et al., 2019). It is argued that PSoC may be strengthened in communities and this may mobilise the assets and strengths amongst people inside a community, rather than needing to rely on professionals from outside a community (Kagan et al., 2019).

PSoC is a useful for measuring people's connectedness to their communities and has been applied across a variety of populations (Fisher et al., 2002). It has been linked with increased wellbeing and reduced loneliness (Pretty et al., 1996; Prezza et al., 2001). It has also been found to be important to people with serious mental illness (Townley & Kloos, 2011). Although the findings relating to PSoC in forced migrants are scant, Bothne and Keys (2018) conducted an interpretative phenomenological analysis of how survivors of torture created a PSoC in the United States. They found that through shared disclosure and mutual caring they were able to recognise each other as healers. They found it was important for the participants to believe that the support from others could help them to change, which was fostered through sharing healing experiences through their community lives. This was underpinned by a strengths-based approach, condemnation of torture and a commitment to sharing healing strategies. Through this, they were able to build social capital as a community, meaning the community was able to build the resources to meet its needs. The authors highlight the importance of relationship-building in recovery. These findings were significant in showing the importance of communities and PSoC in enabling healing for the participants. They were part of a larger body of work demonstrating the importance of social context for rehabilitation from mental health difficulties (see below **b)** . On the other hand, reviewers have commented that there are few studies investigating community based

interventions for PWETT (McFarlane & Kaplan, 2012) and therefore caution must be exercised in interpreting their applicability and utility.

Regev and Slonim-Nevo (2019) looked at levels of mental health difficulties in 300 Darfuri refugees in Israel. They looked at refugees from Darfur because of its collectivist culture. Collectivist cultures encourage strong links between members of a social group, preferring the subjugation of individual needs for the benefit of the group (Caldwell-Harris & Aycicegi, 2006). This means that refugees from collectivist cultures are highly concerned with the wellbeing of their fellow community members, and in many cases are expected to manage each other's emotional distress (Chase & Sapkota, 2017). They hypothesised that this would cause exposure to additional trauma through accounts from family, friends and the wider community, and that this would be related to higher levels of mental health problems. They found that the reverse was true, and that exposure to indirect trauma through the community was associated with reduced emotional distress and higher psychological wellbeing. This was an effect found over and above the result of having a larger support network, and network size was controlled for. The authors suggest a few explanations for these findings. Firstly, they suggest that sharing life histories with other refugees from their community may allow the individual to meet cultural norms related to mutual caring, which may enhance the refugees' sense of communal identity and belonging. They also suggest that knowing about others' experiences may provide validation for the individual's own experiences. These findings are interesting because they suggest that communities provide something in addition to social support for some forced migrants that is important for their psychological wellbeing.

This section has presented theoretical positionings related to the concept of community and how it may be related to wellbeing. Despite a lack of research, there is evidence to suggest that community support, rather than individual or relationship support, may be especially important to forced migrants (Phillimore et al., 2007). Previous research has described how whole community interventions can help PWETT to feel empowered in their support (Bothne & Keys, 2018) and being part of a community may be especially beneficial for those from collectivist cultures (Regev & Slonim-Nevo, 2019). On the other hand, forced migrants may find it difficult to connect with communities in the post-migration context, which may indicate a possible focus of intervention (Phillimore et al., 2007).

b) Social support

Social support has been robustly linked with better health outcomes and may be protective against the negative effects of stress on health and adjustment (Sarason et al., 2001). Despite this, there have been some conflicting findings, which some authors have argued are due to inconsistencies in its measurement (Sarason et al., 2001). Sarason et al. (2001) summarise that social support has generally been measured in one of three ways: (1) measuring a person's network to assess embeddedness in a group, (2) measuring how much support is reported to have been provided in a particular time period or (3) measuring a person's perception of the support available to them. Research has demonstrated that these different measures are not linearly related to outcomes and are not always correlated with each other (Sarason et al., 1987). For example, Sarason et al. (1987) found that social network structure was not correlated with measures of support received. Whilst social support may be a powerful resource, it has a complex relationship with mental health outcomes and more research is needed to be conclusive about its role in wellbeing (Feeney & Collins, 2015).

A lack of social support has also been linked with psychopathology. There is extensive evidence showing that lack of social support is a significant risk factor in the development of PTSD in trauma-exposed adults. One example of this is a large meta-analysis of 77 English-language studies across different samples: 28 per cent were military populations and 64 per cent were civilians; affected by a diverse range of traumas (Brewin et al., 2000). It found that lack of social support was a stronger predictor of developing PTSD than trauma-related factors and this was consistently shown. Isolation has also been linked to depression and suicidal ideation (Leigh-Hunt et al., 2017). Lack of social support has, less conclusively, been linked with poorer outcomes and symptom severity in anxiety disorders, bipolar disorder and schizophrenia (Wang et al., 2018).

Forced migrants are often separated from their families and community (Nakash et al., 2013). Harsh living conditions can limit their opportunity to access social support and create social networks (Morgan et al., 2017). It is perhaps not surprising, then, that rates of isolation are often higher in asylum seekers (Medicins Du Monde, 2015). Furthermore, weak social networks in the post-migration period have been strongly linked to worse mental health outcomes in asylum seekers (Jannesari et al., 2020).

Even though isolation has been linked with poor mental health and is demonstrably higher in forced migrants, there is a relative lack of research into social support in forced migrants. In a review of social-environmental factors in the post migration period, social networks was found to be the least researched area (Jannesari et al., 2020). The National Institute for Health Research commissioned a large-scale synthesis of available evidence regarding loneliness and social isolation, which they regard as major

public health problems, in migrant and ethnic minority populations (Salway et al., 2020). Using data gathered from 170 intervention studies, two expert by experience consultation panels and a professionals consultation panel, they developed theories around the causes, individual and structural, of loneliness and social isolation. They used the definition of social isolation as "as a lack of interactions and relationships with other people" (Salway et al., 2020, p. 1) and "a deprivation of social connectedness" (Salway et al., 2020, p. 1). Loneliness was conceptualised as a "complex and unpleasant emotional state" (Salway et al., 2020, p. 1) relating to the subjective assessment that an individual's social relationships are inadequate. This distinction helps to highlight that an individual may, at face value, have adequate social relationships and yet still feel lonely. Conversely, an individual may seemingly be isolated from others and not feel lonely, although the authors note that this seems to be in exception. They suggest that loneliness is likely to arise from a combination of low social connectedness and the cognitive assessment of relationships as inadequate (Dykstra & Fokkema, 2007). All of this is suggestive that it is the quality of social relationships, and not the quantity, that is related to wellbeing.

i. Relationship between social support and wellbeing in forced migrants

Several nuances have been highlighted in the social support literature that suggest the context in which social interactions occur may also be important to their impact on wellbeing. For example, it has also been demonstrated that offers of support, if delivered in the wrong way, can be psychologically damaging (Gottlieb & Bergen, 2010). Offers of support that are grudging, conditional or even sincere but unsuitable can all fall into this category (Gottlieb & Bergen, 2010). It has also been shown that offers of support that come spontaneously, rather than those that are elicited by the individual, can have more positive effects (Eckenrode & Wethington, 1990). Lastly, reciprocity in social relationships is significant and unidirectionally supportive relationships may feel exploitative or degrading depending on whether the individual is the giver or the receiver of the support (Salway et al., 2020). This is particularly relevant to forced migrants due to the effects of their living conditions. Societal factors including poverty, poor housing and other stressors can overwhelm social ties and lead to more negative social interactions (House, 1987). High levels of post-migration stress, poor living conditions and fewer social ties afforded to forced migrants may, combined, make it increasingly difficult for them to sustain healthy, supportive social relationships (Morgan et al., 2017).

For forced migrants then, it is possible that the interplay between social relationships, trauma and post-migration circumstances may be important to psychological wellbeing. Carswell et al. (2011) investigated this relationship using self-report questionnaires from 47 forced migrants in the UK to

show that several post-migration factors were related to PTSD symptomology and emotional distress. Loss of culture and support, which included isolation and loneliness and boredom, was among the three most reported difficulties. Surprisingly, the authors found no association between more in depth measures of social support and psychopathology. This contrasts with findings from Gorst-Unsworth and Goldenberg (1998), who found that: poor 'affective' social support (intimate support with an affective component, used to contrast that provided by a professional confidant) was a strong predictor of PTSD and depression in PWETT; and poor social support was the strongest predictor of depression. Morgan et al. (2017) used self-report measures with 97 asylum seekers and refused asylum seekers to show that isolation was one of the strongest predictors of PTSD. Carswell et al. (2011) suggested that the most likely explanation for their lack of findings relating to social support was ceiling effects associated with using a clinical sample that had experienced a high number of post-migration stressors and had scant social networks, limiting the power of the statistical measures. One longitudinal study in Ireland found that only those who had been granted a secure immigration status during the study showed significant reduction in distress levels, although two protective factors against distress were found in social support and the presence of a partner (Ryan et al., 2008).

An interesting finding from Morgan et al. (2017) was that 81 per cent reported isolation as stressful, despite more than half reporting having 'some' or 'lots of' friends in exile. The authors suggest this may be a result of other post-migratory factors such as poverty creating a power imbalance in relationships, making it more difficult to re-establish cultural and personal identities. This is supported by their finding that 67 per cent reported that 'feeling a burden to others' was stressful and echoes findings outlined earlier relating to reciprocity in social relationships (Salway et al., 2020). Another possible explanation is that the quality of these relationships was not sufficient to generate the 'affective' support found in Gorst-Unsworth and Goldenberg (1998), or that participants did not have sufficient connection to those around them. Clearly, the relationship between social support, culture, identity, community and mental health in forced migrants is complex and the field would benefit from further research to elaborate possible risk and resiliency factors.

There is some evidence of more detailed enquiry into social domains for forced migrants in Israel. Nakash et al. (2017) looked the relationship between social support and PTSD in a sample of 90 asylum seekers from Eritrea and Sudan in Israel. They looked specifically at *perceive*d social support, or the perception of one's ability to access support, due to evidence that this was a better predictor of wellbeing than actual support received (Sarason et al., 2001). They found that perceived social support was a significant moderator between pre-migration trauma and post-migration mental health difficulties, but only for those with lower levels of pre-migration trauma exposure.

ii. Social support interventions

Finally, there is some evidence from interventions designed to reduce isolation. The review from the National Institute for Health Research found that social support groups and befriending were common approaches and could be effective (Salway et al., 2020). The study also found evidence of whole system factors that may contribute to loneliness in migrant communities and suggest a lack of UK interventions to address these factors. Based on their findings, they suggest interventions that: provide safe spaces, in order to reduce exposure to negative social interactions; provide physical spaces where people can mingle free of charge; encourage neighbourliness across multi-ethnic communities; address lack of material resources and access to transport, equip people with skills to improve social relationships; provide training in, and access to, digital technologies; tackle microaggressions in the community and provide information, skills and navigational support for people new to their social context. Despite a suggestion that training in and improving access to digital technologies be improved in forced migrants, the review found little evidence that this support is currently being provided (Salway et al., 2020). One potential positive outcome from this could be forced migrants keeping in contact with relatives in different countries (Salway et al., 2020).

During the recent Covid-19 pandemic, the UK was required to switch to using online or phone communication methods. This therefore provided a useful opportunity to observe how these methods were or were not adopted by forced migrants. Findings from the early pandemic showed that some forced migrants were badly affected by this and, due to poverty, had no access to the internet to make online contact (Phillimore et al., 2022). Many lost access to support groups and educational opportunities that they relied on for their wellbeing (Phillimore et al., 2022). This resulted in a worsening of mental health as forced migrants lost distraction techniques and noted an increase in feelings of loneliness and isolation (Phillimore et al., 2022). Whilst the authors comment that this data was collected during the early pandemic and the situation may have changed, it shows that access to digital technologies is problematic for this cohort.

This section presented research findings regarding social support and its relationship to mental wellbeing. Firstly, forced migrants may have more of a need for social support due to high levels of pre-migration trauma (Jannesari et al., 2020), but may be less likely to access it due to loss of social networks (Morgan et al., 2017). Perceived social support may help to lessen the impact of post-migration stressors (Nakash et al., 2017) and isolation appears have an adverse effect on wellbeing (Brewin et al., 2000). Forced migrants may be vulnerable to losing or struggling to acquire supportive

social relationships due to their high level of need, and these relationships can quickly deteriorate if they are not reciprocal (Morgan et al., 2017). Finally, there is some evidence that interventions designed to reduce isolation and build social support can help (Salway et al., 2020). This section also demonstrated the importance of systems thinking, due to the complexity of the interplay between relationships (community level), cognitive appraisals of those relationships (individual level) and the context in which they occur (societal level).

c) Acculturation

Another factor influencing mental health at the community level is acculturation. Acculturation has been defined in different ways by different disciplines (Birman, 2016). Psychological researchers have tended to view acculturation as individual or group processes of change resulting from contact with another culture (Berry, 1997). Migrants and forced migrants are conceptualised as choosing how to acculturate as they adapt to the new culture of their host country (Birman, 2016). Berry (1997) proposed a framework identifying four types of acculturation 'strategy', or ways of adapting behaviour in line with cultural change. These strategies are shown in **Table 2**. The strategies vary across two planes: the extent to which cultural identity and characteristics are valued and maintained; and the extent to which contact between cultural groups is sought or avoided. The strategies are integration, assimilation, separation and marginalisation. Integration refers to the strategy of adopting the cultural norms of the destination country, whilst also retaining their own. Assimilation refers to adopting the new culture while rejecting their own. Separation refers to the individual retaining their own culture whilst rejecting the new culture of the destination country. Finally, marginalisation refers to the rejection of both cultures. Berry's (1997) framework is widely used across acculturation literature as it allows for the exploration of different factors influencing acculturation (Phillimore, 2011).

Table 2

Acculturation Strategies Identified by (Berry, 1997)

	Original culture retained	**Original culture rejected**
Host culture adopted	Integration	Assimilation

Host culture rejected	Separation	Marginalisation

A recent systematic review compared the effects of acculturation strategies on mental health of migrants; including refugees, asylum seekers, displaced people and migrants (Choy et al., 2021). The review identified 21 studies, using data from 61,885 migrants. In general, the studies found integration to be associated with lower levels of depression and anxiety compared with the other strategies, although two articles found no significant difference between integration and assimilation. Marginalisation and separation were associated with higher levels of depression and anxiety, with the risk of anxiety increasing three-fold and six-fold respectively. Several studies covered by the review assessed 'level of acculturation' or the degree of adaptation to the new culture. These studies showed that higher degree of acculturation reflected better outcomes across depression, anxiety and PTSD, with one study positively linking higher acculturation with life satisfaction. Several factors were found to influence degree of acculturation, divided into intrinsic and extrinsic factors. Intrinsic factors negatively influencing acculturation included PTSD, worry about friends or family, host language proficiency, significant past mental health difficulties, extremes of age, nationality and low education status. Extrinsic factors negatively influencing acculturation included longer duration of stay, unemployment and lack of long-term partner. Finally, they found three key sources which may cause acculturation stress, or stress associated with the acculturation process. These were low education or skill set, proficiency of the host country's language and financial hardships.

The authors suggest some possible explanations for these findings. They argue that social relationships may be crucial in supporting acculturation and minimising stress associated with the process. They further suggest a role for ethnic identity in protecting against the harmful effects of racial and ethnic discrimination, with findings showing ethnic pride, involvement in ethnic practices and cultural commitment proving beneficial for mental health (Mossakowski, 2003). Additionally, they suggest marginalisation, which was linked to the worst mental health outcomes, may leave the individual without a sense of identity and of belonging.

A major strength of this study is the large number of participants included, indicating the results are likely to be reliable. Additionally, all included studies were quality checked for reliability and validity. On the other hand, the authors point out methodological limitations, including the heterogeneity of the studies included. Furthermore, the inclusion of types of migrants other than asylum seekers, refugees or PWETT makes it unclear how applicable this research is to the group of interest in this research.

There are differences between restrictions placed on asylum seekers as compared to those who migrate by choice. In addition, although it is not known whether there are any differences in prevalence rates of mental health problems between migrant groups (World Health Organization, 2018b), it is possible that those forcibly displaced, rather than those opting into migrating, may show different patterns of acculturation, or that these acculturation strategies may have different impact on mental health. One observed example of this was found by Nap et al. (2015) who showed that engaging in cultural maintenance practices was correlated with higher levels of mental health symptoms. This stands in contrast to the findings from the review (Choy et al., 2021) that maintaining cultural practices (consistent with the integration acculturation strategy), is associated with lower distress levels. Nap et al. (2015) suggest that the high incidence of mental health problems in their sample may have prevented them from accessing the integration strategy.

Berry (1997) noted that acculturation stress was likely to occur if migrants were not able to follow their preferred choice of acculturation strategy, or were pressured to acculturate too quickly. This frames acculturation strategy as an individual choice, which has been criticised as simplistic and even oppressive by other researchers, who highlight the social and environmental factors such as racism that influence acculturation processes (Weinreich, 2009). Phillimore (2011) presented data from interviews with 138 refugees about the factors influencing their acculturation process. The research highlighted a series of factors that may prevent refugees from accessing the integration strategy, which has been linked with more positive mental health outcomes, by interfering with refugees' ability to learn about or adjust to UK culture. These included experiences of hostility by the asylum system and border force agencies, which left many feeling criminalised. These could be further impacted by experiences of hostility, racism or discrimination by local people. UK policy has been largely focused on deterring migrants from coming to the UK (Sales, 2002), which may have increased the likelihood of UK nationals acting with hostility and affected the self-esteem of forced migrants who are aware of this. Open hostility towards forced migrants may be increasing, with British Red Cross staff reporting at least one hate crime against their service users per month (British Red Cross, 2019). This highlights the impact of societal level factors on acculturation processes. Many refugees interviewed said that they felt unwelcome, fearful and unable to make connections in the UK. Phillimore (2011) also found group level factors having this effect including high levels of pre-migration trauma and separation from family members impacting on refugees' ability to acculturate due to emotional and practical resources being taken up trying to trace lost relatives or mourning the deaths of loved ones. Refugees with these sets of experiences were more likely to use separation or marginalisation strategies due to difficulties accessing UK culture.

Another set of factors made it more difficult for refugees to hold on to their own culture (Phillimore, 2011). Many of those interviewed were isolated from ethnic communities and culturally sensitive support organisations. Participants identified their peers as the main source of help with acculturation stress. Around two thirds had been able to connect with a community, either a cultural or faith community or one facilitated by a support organisation. The impact of losing connection with ethnic community was particularly difficult for those from very different cultures and for women from more communal cultures, whose social networks in their country of origin often consisted of extended family (Phillimore, 2011). Without the option of staying connected with their home culture, these refugees were more likely to use marginalisation or assimilation strategies.

As highlighted earlier, these restrictions on acculturation strategy may have significant implications as marginalisation and separation have been linked with mental health problems. Phillimore (2011) argues that those experiencing acculturation stress or mental health problems could get stuck in a vicious cycle whereby experiences prior to or during acculturation had made them more susceptible to stress, which made it more difficult to acculturate, which could cause isolation and even more stress.

This study recruited individuals from local community organisations to conduct interviews, who were trained in research methods by the research team. This had several advantages in that participants were reached who may not have usually participated in research due to the use of snowball sampling by trusted community members. Participants were interviewed in their mother tongue, thus minimising the impact of language and cultural differences on the findings. Quality and rigour were ensured through one-to-one mentoring and supervision by the research team at the University of Birmingham. Furthermore, there was a relatively large number of participants for qualitative research, with 138 people being interviewed. On the other hand, acculturation strategy or degree was not measured, so it is unclear to what extent these factors influenced acculturation strategy. The study also focused on refugees and it is unclear how much these experiences apply to PWETT.

This section has presented evidence that acculturation may be a multi-dimensional and changeable process that can have profound impacts on the mental health of those acculturating. It seems likely that more positive acculturative experiences are associated with at least some adaptation to the host country’s culture and marginalisation may be particularly harmful. Significantly, there seems to be a crucial role for social relationships (Choy et al., 2021) and communities (Mossakowski, 2003; Phillimore, 2011) in supporting acculturation and managing stress. Supporting successful cultural adjustment for PWETT may be an important community level factor in influencing mental wellbeing.

d) The role of supporting organisations

In the context of restrictive policies for forced migrants, research has documented difficult conditions for forced migrants, at least partly created by government policies (Morgan et al., 2017). Many forced migrants have little or no access to financial support of their own and no support networks in the UK (Parker, 2020). Combined with restrictions on the right to work, many are unable to support themselves (Phillimore, 2011). Finally, many forced migrants have limited English ability and a lack of awareness of their entitlements and UK systems (Fish & Fakoussa, 2018). Combined, this means that many forced migrants have a need for services to support them with housing, access to education and English language lessons, building new social networks, mental health support and other practical support such as reading letters or help with registering with a GP (Phillimore et al., 2007). Much of the support for forced migrants in the UK is provided by third sector organisations, as encouraged by previous Home Office strategies (Phillimore & Goodson, 2010). These services therefore play an important role in supporting the wellbeing of forced migrants in the resettlement period and evidence presented in the above sections shows they can be impactful (e.g. (Phillimore et al., 2007; Salway et al., 2020)).

Despite this, findings from Australia show that these services may not always help in the way that is intended. Colic-Peisker and Tilbury (2003) used qualitative methods to gather data from more than 200 refugees from different backgrounds in Australia, as well as the professionals supporting them. They looked at acculturation but also more broadly regarding how refugees 'resettled' and moved on with their lives following arrival. They also looked more explicitly at the influence of resettlement agencies. They found that resettlement agencies often prioritised the treatment of psychopathology and trauma over more practical and social issues. This approach to resettlement, in line with medical models, treats social aspects of integration such as loss of assets, job, status and community as secondary (Bhatia & Wallace, 2007). Whilst this has a clinical rationale lying in the high levels of trauma experienced by forced migrants, Colic-Peisker and Tilbury (2003) found that this was at odds with the support desired by the refugees themselves. The authors cautioned that there was an over-focus on trauma at the expense of social interventions and this encouraged 'learned helplessness' and pushed refugees into an 'aid-recipient' role. Some refugees took on a Westernised view of themselves as a sick, helpless victim. The provision of services, that were often culturally inappropriate, created a power differential that may not have been conducive to the establishment of trust and partnership that support traditional therapy.

Colic-Peisker and Tilbury (2003) did not quantify the number of refugees that fell into this 'victim' role but argued it was likely to be more common than may be represented in the research field. This was because the researchers were aware of many of these refugees that were approached but did not wish to be interviewed. More were referenced in the accounts of others from their extended families or wider

communities. Those adopting other resettlement styles were therefore more likely to participate in the research and may be overrepresented. Bottura and Mancini (2016) go further and link this 'helpless victim' role with the societal factors in the UK of the post-migration restrictions and media discourses. They comment that the asylum system itself encourages forced migrants to emphasise the helpless aspects of their identity so that they qualify for protection.

In summary, there is a clear need for forced migrants to be supported in resettlement, in part due to the restrictive policy environment (Parker, 2020). Whilst there is evidence that forced migrants often view community organisations as very important in this process (Phillimore et al., 2007), caution must be exercised in the execution of this support. Too much of an emphasis on trauma and psychopathology, at the expense of desired social interventions, may disempower forced migrants. Recommendations have been made instead for stable housing, employment, regular income, family reunion, sense of community, language skills and citizenship (Timotijevic & Breakwell, 2000).

1.3.3 Individual level

Previous sections have examined the influence of societal and community level influences on the wellbeing of forced migrants in the post-migration period. This section will cover what is known about individual (individual) level factors that influence mental health in PWETT, including cognitive mechanisms and what we know about the efficacy of individual interventions.

a) Cognitive mechanisms

One common factor found to undermine both acculturation and building positive social support was low self-worth. Salway et al. (2020) found that one of the key determinants of forced migrants taking up opportunities to build social networks was self-worth and those with low self-worth tended not to. Phillimore (2011) underscored similar findings regarding acculturation; low self-esteem tended to prevent individuals engaging with opportunities, and this lack of activity exacerbated low self-esteem. Salway et al. (2020) found three factors were commonly found to be linked with low self-esteem in migrants; fear of being rejected and judged, lack of English language skills and loss of identity. The latter was particularly significant for forced migrants and stemmed from the frequent abrupt loss of family ties, employment and other aspects of identity.

Negative social interactions can have a devastating effect on the self-esteem of forced migrants and prevent them from taking up support services in future. It is evident in the literature presented on **Acculturation** (Choy et al., 2021; Phillimore, 2011) that interpersonal experiences of racism or discrimination negatively impact on acculturation and make it more difficult for forced migrants to make social connections. Racism, however, has effects beyond the interpersonal and operates at societal and cultural levels (Puwar, 2004; Williams et al., 2019). Laws and public policies, as well as representations in media and the arts, can serve to exclude forced migrants and lead to them feeling 'othered' and shamed (Puwar, 2004; Salway et al., 2020). This may negatively impact their sense of belonging, which has been associated with self-esteem (Salway et al., 2020).

Nickerson et al. (2022) conducted a longitudinal study of 1007 asylum seekers to investigate the relationship between: trauma-exposure; beliefs about the self (self-efficacy) and others (benevolence or trust in others); psychological symptoms and social engagement. They collected data six months apart. Using path analysis, they found that higher trauma-exposure was linked to lower positive beliefs about the self and others at the first time point. This was then associated with increased psychological problems and lower social engagement at the second time point. They also found that PTSD symptoms at the first time point predicted lower self-efficacy at the second time point. This is significant in demonstrating that cognitive factors, in particular self-efficacy and negative beliefs about others, can be influential in wellbeing and the ability of forced migrants to take up offers of support. It also suggests that early intervention for PTSD symptoms may be important, as untreated PTSD may undermine self-efficacy and have long-lasting impacts on the ability of forced migrants to seek support. Although there are clear strengths in that this research was conducted with a large sample size, the authors point to a limitation that it was conducted with largely highly educated forced migrants, and therefore may not be representative.

It is important to understand how cognitive variables such as self-worth and self-efficacy interact with social relationships and acculturation in the post-migration period due to the risk of forced migrants declining offers of support or support services due to low self-worth. As isolation and low perceived social support are linked with poor mental health, this could have significant implications for services designed to support forced migrants.

i. Identity

Salway et al. (2020) in a large systematic review of studies investigating loneliness and isolation found that loss of self or identity was common for forced migrants. Loss of family social roles and employment could cause a lack of sense of personal identity, which could then undermine self-confidence and the ability to make use of offers of support. There is also a clinical rationale for considering sense of self in PWETT. Recent evidence has suggested that complex-PTSD (C-PTSD) may be higher than rates of PTSD in settled refugee populations (Barbieri et al., 2019; Nickerson et al., 2016) and a wider body of literature has linked poly-traumatisation and poor social conditions with the development of C-PTSD (Karatzias et al., 2017). C-PTSD is associated with 'disturbances in self-organisation', negative self-concept and difficulties in interpersonal relationships (World Health Organization, 2018a). This definition highlights the potential importance of the interplay between sense of identity and self-concept and social relationships for PWETT.

Identity salience has become of interest in recent research in forced migrants due to its link with trauma outcomes. For example, strong, salient identities have been linked with effective coping. Identity theories posit that people have multiple identities that are organised in a salience hierarchy within the dynamics of self-system (Serpe & Stryker, 1987). Using path analysis in a group of Syrian refugees, Kira et al. (2019) found that identity salience was positively related to mental health and post-traumatic growth. Reappraisal and positive appraisal mediated this relationship, indicating that those with stronger identities were more able to cope with traumatic events and tended to evaluate the event as less impactful. Meanwhile, negative appraisal and suppression of traumatic memories mediated the link between trauma and PTSD and complex-PTSD. In light of other findings linking strong ethnic identity with positive mental health outcomes (Mossakowski, 2003), the authors suggest service providers should focus on creating social environments that facilitate personal and ethnic identity expression and pride and promote positive identity development (Kira et al., 2019).

b) Individual interventions

Finally, it is relevant to examine the evidence of interventions that have sought to improve mental health in PWETT. A Cochrane review of nine RCTs of interventions for PWETT found that none of the studies had focused on social or welfare interventions (Patel et al., 2014). None of the trials of psychological interventions, mostly cognitive-behavioural individual therapy, found any immediate benefit in relieving depression, PTSD or improving quality of life. Four trials showed moderate effect sizes in

reducing distress and PTSD symptoms, but the review notes that the quality of evidence was very low, had small sample sizes and there was a risk of bias from researcher/therapist allegiance to treatment, effects of uncertain asylum status and real-time non-standardised translation of measures. A follow up review was conducted in 2019, echoing these findings (Hamid et al., 2019). Both reviews call for research looking at the broader psychological needs of survivors of torture, including research into social and welfare interventions.

In the UK, those with an active asylum or trafficking claim can access NHS services in the same way as British citizens and therefore can access individual mental health interventions through mental health services (Mladovsky, 2022). Undocumented migrants and refused asylum seekers, on the other hand, are charged to use the NHS and, in practice, this often means they cannot access mental health services through the NHS (Mladovsky, 2022). Recent research has acknowledged that even forced migrants who are entitled to NHS services can struggled to access treatment due to a complex set of factors including lack of funding for NHS services (Lloyd et al., 2022) and lack of awareness of entitlements (Fish & Fakoussa, 2018). This gap in service provision often caused refugee communities and third sector organisations to meet this need (Lloyd et al., 2022). That this occurs outside of statutory services makes the provision of mental health treatment fragmented and uncertain (Mladovsky, 2022).

Interestingly, a systematic review and meta-analysis looking at Narrative Exposure Therapy (NET) covering 2425 participants found that NET was significantly more effective than active control conditions for adults with PTSD, but only for studies that included a follow up period of longer than six months (Siehl et al., 2021). This may suggest that NET becomes more effective over time (Siehl et al., 2021). The authors suggest by way of explanation that NET alters the fear network and reduces avoidance and could therefore continue to be effective for similar trauma memories after therapy ceases. This is good evidence for the efficacy of NET, and the included studies covered 30 different countries and a variety of vulnerable populations including forced migrants and people with experiences of torture. This study also looked at outcomes for depression. Although NET showed a significant medium effect size compared to active and non-active controls, the heterogeneity analysis showed large variation, meaning caution must be exercised in attributing the effect seen to the treatment (Siehl et al., 2021). The authors additionally point to quality issues with the studies.

Although this evidence for the efficacy of NET is promising, reductions in PTSD may be only part of the difficulties faced by PWETT. Evidence presented at the beginning of this literature review, for example, pointed to high rates of depression and anxiety (Giacco et al., 2018) (see **Post-migration stressors**). Furthermore, as argued by Patel et al. (2014) regarding the studies in their review,

limitations in measurement make it unclear whether reductions in PTSD symptoms led to improvements in quality of life, participation in communities or in social or family relationships.

This section has demonstrated that individual level factors including self-worth (Salway et al., 2020), self-efficacy (Nickerson et al., 2022) and sense of identity (Kira et al., 2019) may play an important role in the wellbeing of forced migrants in the post-migration period. These factors can undermine the ability of forced migrants to take up services and offers of support (Salway et al., 2020) and therefore need to be considered by services. This section has also demonstrated an intimate link between individual level factors and communities because strong ethnic identity fostered through community access may be protective against mental health problems (Mossakowski, 2003). There further appears to be a demonstrable link between societal level factors such as racism on sense of belonging and mental health in the post-migration period (Salway et al., 2020). There is some evidence that individual level interventions can be effective in reducing PTSD symptoms (Siehl et al., 2021), but it is unclear how this related to quality of life and the role of social interventions has been highlighted (Patel et al., 2014).

1.4 Rationale

This literature review has shown that forced migrants are a group profoundly affected by mental health difficulties, which are closely linked to post-migration stressors (Giacco et al., 2018). Of these, isolation and social networks may be the least researched (Jannesari et al., 2020) and yet has a well-established link with mental health problems across different populations (Brewin et al., 2000). Social support interventions may help forced migrants cope with post-migration stressors, and yet the reciprocity in these relationships seems critical to their success (Salway et al., 2020). Difficulties with acculturation, linked with post-migration stressors, may also contribute to mental health problems (Choy et al., 2021). Whilst there is no shortage of evidence looking at interventions to reduce mental health problems in forced migrants, the majority of these are based around individual therapy and show limited effectiveness (Hamid et al., 2019). Finally, there is evidence relating to the importance of community for forced migrants in providing psychological, financial and practical support (Phillimore et al., 2007), as well as increasing self-worth and sense of belonging (Bothne & Keys, 2018).

A gap has been identified in the literature regarding the role of communities for PWETT. This research seeks to extend the findings presented by Phillimore et al. (2007). Although the authors found that refugees struggle to locate communities, there was limited detail around this process, the particular barriers encountered and how they were overcome. Additionally, Phillimore et al.'s (2007) findings

related to refugees, so it is useful to know if the same benefits of community apply to PWETT, or whether there are particular community-based issues facing this group. Finally, it is unclear whether the refugees were asked about whether there were any difficulties associated with being part of a community, and some refugees had indicated that they felt somewhat part of a community. It would be useful to know what caused this partial attachment.

1.5 Research aim and questions

The aim of the research was to understand the role of communities for PWETT and how communities were linked to well-being. The corresponding research questions for the study are as follows:

- **What do we mean by communities?** How do PWETT define communities? What communities do PWETT have involvement with in their post-migration context?
- **Access to communities.** How do PWETT find communities to be a part of and how do they integrate into them? What are the barriers to access? How difficult is this process?
- **Function of communities.** What are communities like for PWETT? What do PWETT get from being part of a community? What is helpful about communities? What is not helpful about communities?

Chapter 2 Method

This chapter details the method used to meet the research aims of exploring the journeys to finding, and experiences of, communities for PWETT. It starts with outlining the design of the project, including: how the methodology was selected; the guiding principles of the project and how the design was decided upon. This is followed by how participants were selected and recruited, what materials were used, details of the procedure, ethical considerations and finally quality and credibility checks.

2.1 Design

The aim of the study was to examine the experiences of communities of PWETT. These aims could have been met by using a quantitative methodology if a questionnaire had been designed and circulated amongst PWETT. Due to the smaller amount of data produced, quantitative studies can reach more participants and may have been useful to this project in assessing the prevalence of particular experiences of communities. In order to produce a quality questionnaire, however, there must be a reasonable amount of previous research or theory to guide the questions. If a questionnaire is not guided in this way, it risks missing out important phenomena. As covered in the literature review, there is previous research in related areas, but less specifically covering the experiences of communities for PWETT. Qualitative methodologies are better able to capture the complex nature of experiences than quantitative methodologies, in which the answers are pre-defined. It was therefore decided that a qualitative approach would be a better fit for the project.

Although for these reasons qualitative methodology was arguably a good fit for this project, there were some disadvantages to taking this approach. Eliciting information from participants via interviews requires participants to reflect on their experiences and be able to communicate their perspectives to a researcher (Polkinghorne, 2005). Qualitative methods may be more vulnerable to social desirability effects, or the desire of the participant to please the researcher or hide perspectives that they are ashamed of (Bergen & Labonté, 2020). This was considered in the design of the study, and the topic was introduced in a neutral way and a rapport built with participants, as recommended by research (Bergen & Labonté, 2020). Furthermore, specific questions were inbuilt about negative aspects of community.

Qualitative research refers to a broad range of approaches and methods that are concerned with capturing *meaning* (Braun & Clarke, 2013). Qualitative research does not seek to establish a single,

objective truth, but is more concerned with creating understanding through perspectives that are generated in a particular context (Braun & Clarke, 2013). Exploratory research questions are best suited to qualitative approaches (Barker et al., 2015). Data was collected using semi-structured interviews and analysed using Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2006). The following section will discuss the appropriateness of RTA, followed by consideration of alternative methods and methodologies that were deemed less suited to the project.

Table 3

Summary of Key Lines Of Enquiry and Corresponding Methods

Research Questions		**Methodology**	**Interview Question**
What do we mean by communities?		Semi-structured interview and Thematic analysis	Read aloud definition. Do you agree with this definition of community? a. Would you add anything to it? b. Does it describe what you think of when you think of community?
What communities do PWETT have involvement with in their post-migration context?			Could you please take a moment to think about it and then tell me a list of all the communities you are involved with? • Would you add any that you have been involved with at different times in your life?
Access to communities	How do PWETT find communities to be a part of and how do they integrate into them?		When you came to the UK, how did you look for new communities?
	How difficult is this process?		How important was this to you? How difficult was this? Were there good things about this process?
	What are the barriers to access?		What advice would you give somebody trying to find a community to connect with?

Research Questions		Methodology	Interview Question
Function of communities.	What are communities like for PWETT?		What do you think about communities in the UK? • How are they different to communities in your country of origin? Can you tell me about your experiences of communities in the UK? • Can you tell me about when you have felt that you belonged to a community?
	What is helpful about communities?		How has being in a community been helpful for you? • What things were helpful? Why were they helpful? Are there differences in your experience between your communities in the UK?
	What is not helpful about communities?		Are there things that you would change about your communities in the UK?

2.1.1 Reflexive Thematic Analysis (RTA)

Thematic analysis refers to a family of distinct but related methods. RTA is a phenomenological research method, designed to focus on participants' subjective experiences and sense-making (Braun & Clarke, 2013). The research questions of this study are focused on participants subjective experiences of community and the sense they make of these experiences. For this reason, it was felt that RTA is the most appropriate method. Qualitative tools and techniques can be used within a quantitative research frame, an approach that has been dubbed 'small Q' qualitative (Kidder & Fine, 1987). Under these approaches, researcher subjectivity is usually considered as bias to be controlled by the use of multiple coders (e.g. Boyatzis, 1998).

By contrast, 'big Q' qualitative methods (Kidder & Fine, 1987), refer to methods that emphasise qualitative values and are typically guided by constructivist or critical epistemologies. Although qualitative research values cannot be objectively defined, they generally include conceptualising

researcher subjectivity as a resource for research and a positioning of knowledge as partial and context-bound (Braun & Clarke, 2013). RTA emphasises researcher subjectivity and reflexivity and therefore cannot be used within a paradigm that seeks to establish an objective truth or eliminate researcher subjectivity as 'bias'.

Braun and Clarke (2021) set out that thematic analysis is theoretically flexible and does not have an inbuilt guiding theory like grounded theory or IPA. They argue that this should not mean than RTA is treated as atheoretical, but that researchers explicitly state the theoretical and epistemological assumptions that guide their RTA (Braun & Clarke, 2021). These are expanded on further below.

a) Guiding theories

This research has been conducted from a critical realist ontology; the belief that there is a real and knowable world beyond the socially-focused knowledge that the researcher can access (Cromby & Nightingale, 1999). Despite this, knowledge and information are viewed as context dependent, in the sense that they are influenced by the perspectives, assumptions and experiences of the knowledge holder. This has implications for this RTA in that there has been no effort to try to eliminate bias from the analysis, as quantitative researchers sometimes might. Instead, there was an emphasis on researcher subjectivity as a phenomenon to be examined and reflected upon, so that it can be taken into account.

b) Epistemology

The epistemological position of the research is contextualism, which doesn't assume a single reality and sees knowledge as emerging from contexts (Madill et al., 2000). From this position, the researcher is viewed as a creator of knowledge, not a discoverer (Braun & Clarke, 2013). Hence, while no researcher can get to a single, objective truth, what is found in research is true (valid) in its context (Tebes, 2005).

Within a qualitative paradigm guided by the above principles, researcher reflexivity, or critically reflecting on the work, is important (Braun & Clarke, 2013). To support reflexivity in this research, a reflective journal was kept documenting the process of recruiting, including personal reactions and

thinking at various stages of the research, how interviews felt and the emotional response to the research process, among other things.

2.1.2 Alternative Methodological Approaches

a) Grounded theory

Grounded theory (GT) (Glaser & Strauss, 1967) collects data for use in generating theory and explanatory models. Grounded theory may have been suited to this project due to its focus on exploring events in participants' lives and explaining social processes. On the other hand, GT was designed for use in underdeveloped research areas so that explanatory theory could be generated and therefore tested. Whilst less is known about PWETT and their relationships with UK communities, there are related relevant theories such as psychological sense of community, acculturation and post-migration stressors that can be used to make predictions. GT centres around the development of one core category that encompasses and explains the GT as a whole, alongside subsidiary categories related to the core category (Birks & Mills, 2015). This project is focused more around finding patterns in the data, an aim more suited to RTA (Braun & Clarke, 2020).

b) Discourse analysis

Although there are a number of types of discourse analysis, they are united in their 'turn to language' (Rohleder & Lyons, 2015). This 'turn' involved a shift to viewing language as performative and a social practice, rather than simply a reflection of thought or experience (Rohleder & Lyons, 2015). Language is seen as active and subjective in constructing reality (Rohleder & Lyons, 2015). In the strand of discourse analysis that is referred to as 'discursive psychology' (Edwards & Potter, 1992), language is analysed in fine detail through analysing conversations or ethnomethodology, focusing on what the text is *doing*, not what it is saying. Approaches based around language, including discourse analysis, were considered unsuitable due to the likelihood of interviews not being conducted in a participant's first language. This would make interpretation of the use of language difficult, as participants' choice of words is likely to be highly influenced by the words that are available to them in English. No conclusions could therefore be drawn about participants' choice or use of language.

Furthermore, discourse analysis focuses on an understanding of the processes by which phenomena are enacted and with what effects, rather than the phenomena themselves (Willig, 2013). It has a narrow focus on what is in the text, with no explicit focus on wider social and material contexts (Willig, 2013). This research aims to understand the nature of communities in relation to the mental-wellbeing of forced migrants, and therefore has a focus on psychological and social phenomena and the social context in which they occur. A discourse analysis would not produce knowledge that would suit these aims. (Willig, 2013)

c) Interpretative Phenomenological Analysis

Both Interpretative Phenomenological Analysis (IPA) and RTA are phenomenological approaches in that they can aim to understand *personal* experience and meaning making in a particular context (Smith et al., 2009). IPA offers a deeper analysis of the data through an initial focus on individual accounts, with themes being developed across accounts at a later stage than in RTA (Braun & Clarke, 2020). This is achieved through the use of a smaller, homogenous sample. IPA was deemed less suitable than RTA because this project aimed to capture themes across participants and intended to use a more heterogenous sample. The research was conducted with a clear focus on clinical practice, aiming to replicate 'real-world' services and settings. The vast majority of services for forced migrants do not work with heterogenous samples and for this reason it was felt to be most useful clinically to capture a diverse range of views and how community is perceived by PWETT from different backgrounds. The research is also interested in how the participants' personal experiences are located in wider socio-cultural systems. This is less well suited to IPA, which seeks to understand personal meaning-making in a specific context (Smith et al., 2009).

2.1.3 Community Psychology and Consultation

The study was informed and underpinned by principles from community psychology. Community psychology is a specific field of psychology that emphasises injustices, inequalities and oppression in societal and community structures and encourages working in partnership with communities to generate transformational change to those forces (British Psychological Society, 2018). The British Psychological Society highlight the importance of involving community groups in research, commenting that it can "generate new insights into the social and economic conditions that produce

mental health problems" (British Psychological Society, 2018, p. 28). Working with communities also increases the likelihood that research will produce knowledge that is useful and relevant to communities (British Psychological Society, 2018).

A definition of co-production in relation to research was put forward by INVOLVE (2018), a working group at the National Institute for Health Research:

> Co-producing a research project is an approach in which researchers, practitioners and the public work together, sharing power and responsibility from the start to the end of the project, including the generation of knowledge. (p. 4)

The National Institute for Health Research reported finding that coproducing research had positive effects for both participants and researchers (National Institute for Health Research, 2015). Researchers reported: changing research focus to make it more relevant to participants; altering designs to take account of experience and to improve recruitment; and feeling more purposeful and connected to the research (National Institute for Health Research, 2015). Participants reported finding opportunities to gain new experiences and learning more about conditions that affected them (National Institute for Health Research, 2015). Elsewhere, there have been critiques of coproduced research, including that it negatively impacts objectivity or doubts surrounding whether individuals can think analytically about a topic 'merely' on the basis of experience (Durose et al., 2011). It has been argued that this dismissal of the perspectives of communities may reflect hidden power dynamics in research processes (Redwood, 2008). For some, it is essential that oppressed communities are empowered to participate in research to promote alternatives to the dominant perspectives in the research sector, often heavily influenced by powerful or majority interests (Brock & McGee, 2002). It is for these reasons that the research set out to involve PWETT in the design of the research project.

PWETT were involved in different aspects of the research. Survivors Voices, a peer-led organisation for survivors of abuse and interpersonal trauma, developed a good practice document for involving survivors of abuse in research through levels on a ladder (Survivors Voices, 2019). This ladder was chosen to guide the project because it focuses specifically on involving people that have experienced abuse in research. There are other guidelines for coproduction, including the National Coproduction Advisory Group's Ladder of Co-Production (2021, January 13), however, it was decided that these were less suited to the project due to their focus on commissioning services. The NIHR produced guidelines for public involvement in health research (National Institute for Health Research, 2018). These guidelines would have been equally useful for this research, and a strength is that they were produced followed a large public consultation (National Institute for Health Research, 2017) The Survivors

Voices framework was preferred due to its specific aim of involving participants in a way that is trauma-informed. This was felt to be important due to the high levels of trauma that this participant group have experienced.

The research aimed for the third rung on the Survivors Voices (2019) ladder: "Survivors act as advisers to the research project". This involved PWETT advising on research design, the researcher being trauma-informed, the key data being from PWETT, PWETT contributing to data analysis and PWETT informing the dissemination process. The alternative of having the project fully coproduced was considered. It was decided that there may be time and resource constraints preventing the training of survivor researchers and therefore the adviser rung was more appropriate to the project. The two rungs on the ladder are shown in **Appendix A: Survivor involvement ladder** for clarity.

a) Consultation procedures

To support the role of coproduction in the project, a partnership was established with an organisation supporting people with experiences of torture, Room to Heal. Following consultation with two staff members, a plan for the coproduction of the research was developed. The staff at Room to Heal recruited three Experts By Experience (EBE) to contribute to two workshops discussing various aspects of the research. These workshops took place via video call on 25th January and 15th February 2021. It was made clear to the EBE group that participating in the workshops would preclude participating in research interviews due to the potential for priming effects. EBE were encouraged not to share the content of the workshops with fellow community members for the same reason.

During the workshops, the EBE were asked for their views on the research questions, including their relevance, and whether there was enough support provided to make sure the research was conducted in a safe and comfortable way. Feedback from the sessions and the action taken as a result is summarised in **Table 4**. In the initial stages of the research project development, there were three research questions, however following external feedback it was felt that this would make the project too big for a doctoral thesis. Feedback was sought on which questions felt the most relevant to the EBE.

The EBE were asked what they would want to know about in advance of the research project if they were going to participate. This question was asked with informed consent in mind. It was important to be able to give participants enough information so that they could make an informed decision about

participating, but not so much that it became too complex, particularly as many participants would not be able to speak fluent English.

As a part of early plans to protect participant wellbeing, a briefing phone call was conducted prior to the interviews so that participants could be told about the process of the interview, ask questions and the eligibility criteria could be checked. Mindful this could increase the time commitment expected of participants, the EBE group were consulted as to whether they thought this would be helpful.

Table 4

Feedback and Action Taken from the Consultation Workshops in the Project

Question	Feedback	Amendment to Design
Does this feel like a useful thing to find out?	All EBE felt that the research questions were useful and all had experiences of joining communities that they had found helpful.	N/A
What are the most important research questions? • Can or should these be asked in a different way?	• All EBE felt that the first research question was necessary because the further questions may not make sense otherwise. • All three questions were useful. • One EBE felt that they would be unable to answer questions that referenced being "part of" a community, suggesting instead phrasing the question as "how do you feel when you are *in* the community?"	• First research question was kept • Any references to feeling 'part of' a community were removed
Informed consent • If you were going to participate in this research project, what would you want to know beforehand?	• Confidentiality was important for all EBE and they felt they would want reassurances about how their answers would be used in the research. • They wanted to know how much they would be required to talk about the past. • One EBE felt it would be helpful for it to be made clear that participants could choose not to answer questions	• Suggestion was accepted for questions to be more general so that participants could choose to disclose information if they wanted. • Agreed that there could be a discussion at the start of the interview about not answering questions.

Question	Feedback	Amendment to Design
Confidentiality • Explain anonymisation plans – Would any additional steps be required?	• The EBE agreed that it was important for participants to be recruited via supporting organisations; a need to give as much reassurance about the role and the purpose of the interview as possible, and to consider how to build a trusting relationship with participants. • The EBE were hesitant about the handing over of personal information and felt that it was important for this to be as minimal and as late in the research process as possible.	• Participants were recruited via partner organisations and the researcher attended meetings of service users at both organisations; • No personal information was stored about participants and contact details only were handed over after participants had consented to be interviewed • Participants were offered opportunities to meet with the researcher and ask questions prior to interviews.
Briefing phone call • Is this process helpful? • Is this process acceptable? • What should be covered?	• The idea was fine in principle, as long as the phone call was kept short, as participants may struggle to take in lots of information. • Suggested that participants may feel nervous about the research interviews because of associations with being interviewed for immigration matters. It was suggested that in the phone call that the differences between the two types of interviews should be highlighted to help people feel at ease.	• Topics to be covered kept as brief as possible • Whole phone call design carefully developed with further consultation with RTH staff • Differences between this interview and Home Office interview to be covered prior to interview

Question	Feedback	Amendment to Design
Minimising power dynamics • How can we make sure people feel able to say no to being interviewed?	• Leave a gap between phone call and interview • Allow contact through supporting organisations so that there is no need to contact the researcher directly.	• Mandatory gap added of seven days between interview being scheduled and taking place • Negotiated with supporting organisations that contact can be facilitated through staff if requested
Safety plan • Would it feel ok to complete a document with the researcher in advance of interviews covering how distress will be managed?	• Safety not the right word – implies there might be some danger in the interview. Something around how would you like me to act if you get upset. • Consensus that this would feel ok as part of the research process.	• Document name changed to interview management plan • Questions changed to managing if you become upset (see **Appendix F: Interview Management Plan**)

2.2 Participants

When defining a target population, there is a balance to be struck between homogeneity and heterogeneity of the sample (Robinson, 2014). Greater heterogeneity of a sample can help to strengthen the generalisability of the findings, as they have been found to be present among different individuals. On the other hand, homogeneity helps to ensure that the data is similar enough to find patterns across cases. Researchers must "consider the homogeneity/heterogeneity trade-off for themselves and delineate a sample universe [population] that is coherent with their research aims and questions and with the research resources they have at their disposal" (Robinson, 2014, p. 28). At an early stage in the research design phase, and in consultation with one partner organisation, exclusion criteria were defined that attempted to strike this balance. The following sections will set out how the population was defined for this research.

2.2.1 Inclusion criteria

The following inclusion criterion was used and is expanded on below:

- Experiences of torture or trafficking (verified by partner organisation).

To be included in the study, participants were required to have experiences of torture or human trafficking. This group included asylum seekers and refugees. The aim of this criteria was to capture *forced* migrants. Previous research has been conducted on acculturation strategies and psychological sense of community in a broader migrant group (Carswell et al., 2011; Choy et al., 2021; Phillimore, 2011) and so it was decided that this study would make a more unique contribution to the field through targeting forced migrants with experiences of torture or trafficking.

The population could have been more narrowly defined, looking only at asylum seeking *or* refugee PWETT. This was decided against due to the difficulties that it may cause for recruitment in the time allocated to the project. It was justified given that refugees and asylum seekers alike must, by definition, have experiences of acculturation and have a relationship with communities, which are the foci of the research. The risk of using a broader population universe was that there would be particular challenges faced by PWETT that did not have refugee status that would be missed due to the preferable living condition afforded to refugees. It was calculated, with input from the main stakeholders of the research,

that participants with refugee status would be able to remember these experiences. Furthermore, new refugees may still face many of the same challenges and research has shown refugees can struggle to access housing (Phillips, 2006) and employment (Willott & Stevenson, 2013). Nevertheless, the potential consequences of not limiting the project further were highlighted in the **Limitations** section.

2.2.2 Exclusion criteria

The following exclusion criteria were used and are expanded on below:

- Living outside of London.
- Aged under eighteen or over sixty.
- Living in the UK for less than two years.
- Not able to speak in English to be interviewed.
- Born in the UK.

Participants had to be living in London at the time of the interview. The decision was taken to exclude those from outside of London to increase the homogeneity of the sample. UK based research has noted that support organisations are more common in London than in more rural areas and support organisations have been linked with more positive acculturative experiences (Phillimore, 2011; Phillimore & Goodson, 2010). Interviewing those who have received a lot of support with social integration and accessing communities and those who have been exposed to a lack of support may make identifying themes more difficult due to the divergence of experience.

Those aged under 18 and those who arrived in the UK under the age of 18 were excluded from the study. There is evidence that rates of PTSD are higher in refugee children (Fazel et al., 2005). Additionally, it has been noted that acculturating children are also undergoing developmental changes that can confound changes arising from acculturation (Sam & Berry, 2010). For this reason, it is likely that children have different experiences of communities.

Those over 60 will be excluded from this study. Rates of loneliness have been found to be higher in older people from ethnic minorities (Victor et al., 2012). A literature review highlighted the different needs of older refugees in a broad range of areas including health, housing and social networks (Connelly et al., 2008). Older migrants may also find it more difficult to acculturate (Choy et al., 2021). This diversity was concluded to be too far reaching for this study to capture.

Participants had to have been living in the UK for at least 2 years by the time of the interview. This is due to evidence that rates of anxiety and depression in asylum seekers tend to be raised by 2 years post-migration due to living difficulties (Giacco et al., 2018). Given that a focus of this research is how community may help to lessen the impact of these post-migration stressors, it was considered important that participants had sufficient experience of them.

Participants had to have sufficient English ability so that they could be interviewed in English. It was recognised that this was likely to impact the results of the research by excluding those most vulnerable to loneliness, isolation and mental health problems. This is due to English language ability having been highlighted as a key factor aiding acculturation (Choy et al., 2021). This may limit the generalisability of the findings. This decision was required due to resources allocated to the project as costs associated with using interpreters were high. Furthermore, significant methodological challenges associated with using interpreters in qualitative research have been highlighted (Squires, 2009). It would have been preferable for participants to be interviewed in their native language but given the size of this project it was not possible.

Participants had to have been born outside of the UK. This was due to the focus of the research being on forced migrants.

Despite the chosen exclusion criteria, there was heterogeneity in the sample. For instance, different cultures and sexualities were represented. This diversity was anticipated during the planning stages of the research, but it was decided that on balance this would not disrupt the research due to the homogeneity of experiences that are typical in forced migrant samples. As covered in the literature review, pre-migration and during-migration traumatic experiences are common, as well as post-migration living difficulties (Giacco et al., 2018; Silove et al., 1997). Participants were recruited through support organisations designed to support those with significant needs and experiencing psychological distress. These experiences are likely to have influenced the perceptions of this group regarding communities.

2.2.3 Sampling and Recruitment

In qualitative research it is common for sample size to change throughout the course of the research (Mason, 2018). Some researchers advocate that analysis should be completed alongside data collection so that optimum sample size can be determined by ‘saturation’, or the point at which more data will not

contribute incrementally to the theory-development process (Guest et al., 2006). Qualitative researchers have outlined the difficulties inherent in predicting the likely number of required interviews for a project (Morse, 2000) and others have criticised attempts at applying quantitative principles of information power to qualitative work (Braun & Clarke, 2016). Whilst these criticisms are acknowledged, principles of data saturation were used to guide sample size in this project. The data being generated by interviews was reviewed as the data collection progressed and the quality of data was considered by the research supervisors to guide the decision of when to stop collecting data.

Participants were recruited through purposive sampling through third sector organisations that had a community aspect to their support provision. Purposive sampling is not random and therefore in qualitative research, limits the generalisability of the findings (Robinson, 2014). Purposive sampling was required by this project for two reasons. The first was the vulnerable nature of the population and high incidence of mental health problems. Recruiting through support organisations ensured that aftercare could be provided following interviews and helped to limit the psychological risk to the individual. This partnership further allowed individuals to consider their participation in the research over a longer period because participants were made aware they could ask staff members about participating at any point during recruitment phases. The second reason that purposive sampling was required was that research has shown forced migrants have often felt criminalised and experienced racism at the hands of UK institutions and the general public (Phillimore, 2011; Phillimore et al., 2007). These experiences may have created fear among forced migrants around engaging with the research, creating a challenge for recruitment.

Two London-based charities were approached for participation: Room to Heal and the Helen Bamber Foundation. Both organisations agreed to support and promote the research, and approval was secured from the internal ethical review panel at the Helen Bamber Foundation. They are referred to throughout the thesis as ‘partner organisations’. A formal ethical review process was not required at Room to Heal, although the organisation was heavily involved in developing the design of the research to ensure that it was safe for their service users to participate.

2.3 Materials

All materials were co-produced with staff at Room to Heal and their use approved by the School of Medicine Research Ethics Committee at the University of Leeds. Participants were presented with an information sheet (easy-read versions were produced for those with less English ability) and a consent

form (**Appendix B: Information Sheet** and **Appendix C: Consent form**). A topic guide (**Appendix D: Topic Guide**) was developed based on the literature review, aims and research questions, then reviewed by the academic supervisors of the project and the CEO and therapists at Room to Heal. Following the fourth interview, a Powerpoint slide was created to show the first question pictorially and the language was simplified (**Appendix E: Slide shown during interview**). This was amended this because participants struggled to process the question after only being able to hear it and it was creating a difficult start to the interview. Participants were asked about their experiences of integrating into new communities in the UK and how they had been helpful or unhelpful.

2.4 Procedure

The procedure for this research was agreed with the two partner organisations, who inputted significantly regarding what was most suitable for their service users and likely to help with recruitment as well as ensuring trauma-informed practice. Due to size differences between the two organisations, different processes were agreed.

Participants were recruited via staff at supporting organisations. Service users were asked to express their interest in being interviewed, at which point their contact details were passed to the researcher. There were two different options for the interview.

Option A: Support staff available

Where a staff member could be available during the participant interview, option A was used to conduct an interview. This was because there was no ambiguity about who was able provide support during the interview. When a service user came forward, suitable times for the interview were agreed with a member of staff at the supporting organisation, which were then offered to the service user with the information sheet. This was done via email. Participants had the option to receive it by post if they did not have access to email, but this was not necessary.

Option B: Briefing contact

Where a supporting staff member could not be made available during the interview to be contacted for support, option B was used. Option B involved contacting participants to arrange for a short briefing to take place before the interview. During the briefing contact, the purpose of the research was explained as well as the role of the researcher and the expectations of participants for interviews. All topics that were covered in the briefing contact can be found in **Appendix F: Interview Management Plan**. After an opportunity to ask questions and initial verbal consent to proceed, the second page of the Interview Management Plan was completed, covering how distress would be managed in the interview. Most importantly, it was agreed who could be available to support the participant during the interview if it was needed. The interview was then scheduled and the interview management plan was securely shared with the partner organisation via email.

Interviews took place between 27th October 2021 and 14th April 2022 and a total of 13 were conducted, lasting between 40 minutes and 77 minutes. 11 interviews took place over zoom and 2 on the phone. 11 interviews were recorded using zoom. 2 interview participants preferred not to be recorded and instead, notes were taken during the interview. 8 interviews took place using Option A and 5 using Option B. Reflective notes were taken following each interview. 2 interviews were transcribed by the researcher and the remaining 11 were transcribed using a professional transcriber approved by the University of Leeds.

2.4.1 Interview procedure

The interviews proceeded as follows:

- Participants welcomed and the purpose of the interview explained
- Participants reminded of the supportive nature of the interviews; breaks were negotiated. Participants were reminded of the support person and arrangements of how to contact this person were agreed.
- Permission was sought to audio-record the interview. Where participants did not wish to be recorded, the researcher live-transcribed interviews. Two participants (Nomusa and Abdu) opted out of being recorded.
- The information sheet was then revisited if requested, after this a verbal informed consent procedure was completed (see **Informed Consent**).

- The consent form (**Appendix C: Consent form**) was read aloud to participants, which had been simplified as much as possible. The consent form was displayed on the screen so that participants could read along and participants were asked whether they agreed with each statement. This was recorded so that it formed part of the interview transcript.
- The interviewer worked through the topic guide (**Appendix D: Topic Guide**), starting with exploring the meaning of the word community.
    - Please note that following the first four interviews, the procedure for the interview was changed. This was because the researcher felt that participants were finding it difficult to answer the question based solely on listening to the definition given. The language was therefore simplified and a visual representation created.
- Brief debrief and support check in was completed

2.4.2 Participant validation

Once themes were developed for each transcript, two participant validation sessions took place. Participants were invited to feedback on whether the themes made sense with their experiences. At the end of each interview, participants were asked if they would be willing to be contacted to take part in this process. All participants consented. Participants were invited to a group meeting held via zoom, with separate meetings for each organisation. Each theme was presented in turn and participants asked for their feedback. No quotations were included to protect participant anonymity. No members of staff from the partner organisations were present to reduce the risk of them influencing the findings. Participants were invited to feedback after the session if they did not feel comfortable contributing in front of the group. Four participants took part in the participant validation sessions, two from each organisation.

2.4.3 Data analysis

Before data analysis began, identifying information was removed from transcripts and participant numbers were assigned. The transcripts were then uploaded to QSR NVivo 10. To complete the analysis, the researcher followed the steps outlined in Braun and Clarke (2006) were followed, consisting briefly of:

Step 1: Familiarise yourself with the data

Step 2: Generating initial codes

Step 3: Searching for themes

Step 4: Reviewing potential themes

Step 5: Defining and naming themes

Step 6: Producing the report

Step one (familiarisation) Braun and Clarke (2006) commenced with the researcher listening to the audio-recording while checking the transcript for accuracy. This usually involved at least two or three listens through. The researcher then read and re-read the transcripts, actively engaging with the data and making notes on areas of interest and emerging patterns (**Appendix G: Annotated Transcript extract**). During the initial coding phases, four transcript extracts and two separate whole transcripts were shared with my supervisors to share ideas and check for consistency of coding and interpretation.

Step two (initial coding) consisted of assigning codes to interesting features of the data in a systematic fashion across each transcript. This approach deviated slightly from Braun and Clarke's (2006) recommended steps by not coding the entire data set in one go. This decision was taken so that the data was more familiar and decisions could more easily be made around how many interviews would be required for data saturation. There was also a concern regarding the time and resource constraints allocated to the project, which made it impractical to wait for all interviews to be completed and transcribed before starting to code. One potential consequence of this is that earlier interviews may have had more influence over the researcher's thinking than later interviews, or that codes emerging in later interviews may not have been picked up systematically across earlier interviews. To counteract this risk, the researcher continued to revisit earlier interviews when coding in an iterative process. An example of step 2 coding is presented in Figure 2.

To help collate the themes, at the half-way point in the coding process, codes were simplified, checked for duplication and a comprehensive coding frame was developed. Due to the risk that this would limit the depth of the analysis, an inclusive approach continued to be taken to coding and new codes were added for slight deviations in meaning. For example, 'communities linked with feeling accepted' was coded separately to 'communities accepting me felt like a miracle' and 'my community's acceptance made me feel normal'.

In step three, codes were collated into initial themes. Codes were further organised into meaningful categories in relation to the research questions. An early example of this was the initial theme ‘holding onto home’ which consisted of the codes ‘speaking my language makes me feel at home’, ‘access to the food of my culture’ and ‘keeping traditions from home’ amongst others. Consideration was given to Clarke and Braun’s (2018) concept of using a ‘central organising concept’ to ensure that themes were not conceptualised as descriptions of answers to the research questions, such as ‘barriers to accessing communities’. A thematic map was developed (**Appendix H: Thematic Map**) and themes were refined. Some themes were grouped together. The thematic map was discussed with the research supervisors, at which point a different framework was developed (**Appendix I: Final Thematic Map**)

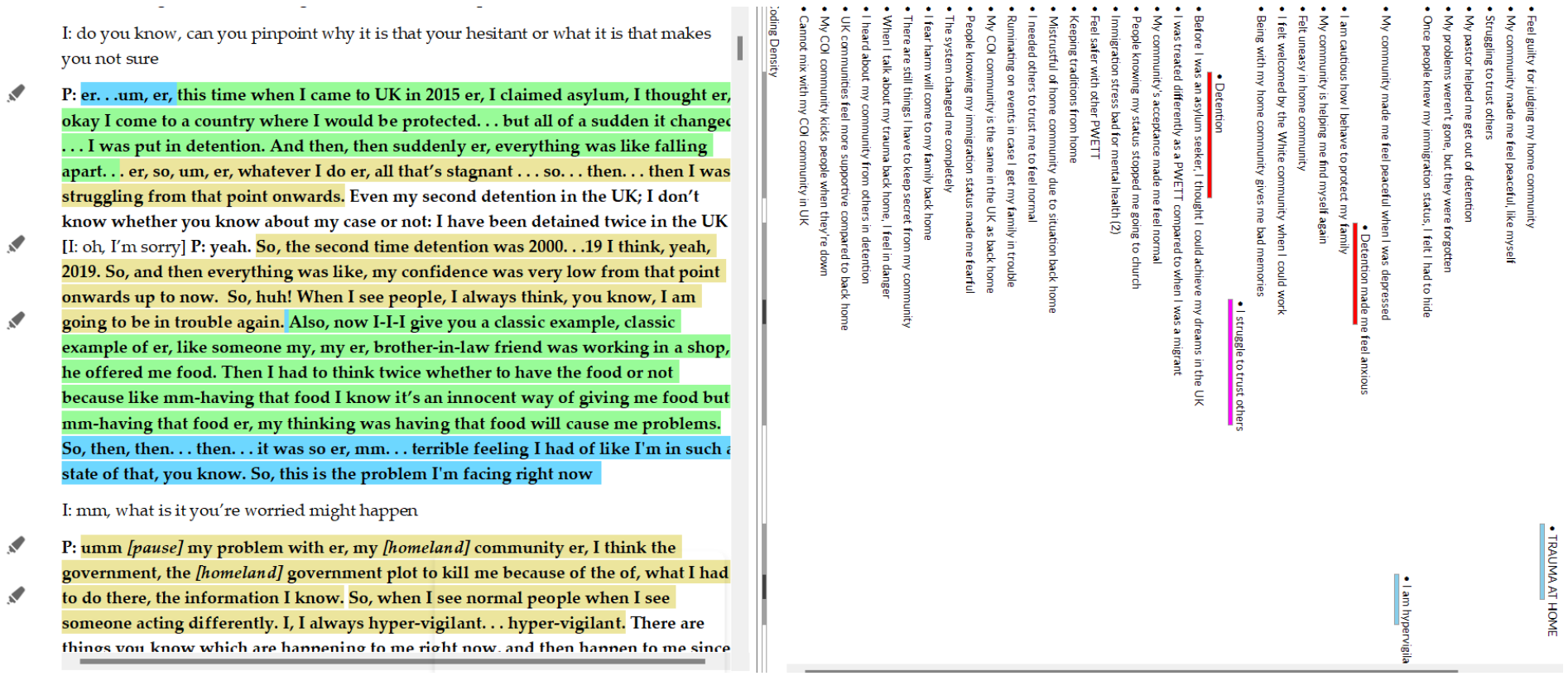
In step four, the coded extracts associated with each theme were checked to ensure that the theme name was coherent and valid with the data. Themes were then reviewed to check that they fitted well with the whole data set and the transcripts were reconsidered. At this stage, some themes were collapsed into each other and refined further. Step 4 was concluded once the thematic map was coherent.

In step five, the themes were further defined and named. The ‘essence’ of each theme was analysed in relation to the data and appropriate names were decided. Some theme names were uncertain and were checked with the research supervisors. For example, theme 3 “when communities are not enough” was originally called “limitations of communities” but the former was felt to more appropriately describe the content of the data; with limitations being considered more of a research term. The themes were reflected on with the story of each theme in mind as well as the overall story of the data.

The sixth stage involved producing the research report. Quotations were selected to be representative of the themes but also consistency of reporting across participants was considered to ensure their validity. Analysis continued through writing the results chapter and a draft was reviewed by the research supervisors as a final quality check.

Figure 1

A screenshot from NVivo showing stage two coding of one interview transcript



a) Conceptual framework

At a late stage of data analysis, a conceptual framework was introduced to help make sense of the data. The conceptual framework was informed by Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979) and divides the factors influencing each individual participant into societal, community and individual levels (as outlined in **Community psychology**). Societal level themes cover factors acting at a societal level, including socio-cultural context, UK wide laws and policies, values, customs and anything else influencing beyond the level of groups of people. Community level themes cover factors acting at a community or organisational level, including the policies of the organisation, the relationships between people and the culture of the community or organisation. Individual level themes cover factors acting at an individual level, including intra-psychic factors such as thoughts, feelings and beliefs; individual behaviours and attitudes.

2.5 Ethical considerations

Ethical approval for this project was granted by the School of Medicine Research Ethics Committee (Ref: MREC 20-080) on 10th August 2021. A copy of the authorisation has been included in **Appendix J: Ethical Approval**. Although this is not intended to be a complete list of all ethical considerations made, the principal issues are summarised here.

2.5.1 Minimising distress

Due to the vulnerable nature of the participants, the interview procedures were carefully considered, with significant input from the partner organisations to ensure that distress was minimised as far as possible and support structures were in place for any distress that had been caused. It was made clear to participants prior to interviews that they would not be expected to talk about torture or trafficking experiences and this was not the focus of the research. Participants were encouraged to only broach topics that they felt comfortable discussing.

Due to the risk that the interviews may nevertheless trigger participants to think about traumatic experiences, consideration was given to recognising symptoms of post-traumatic stress in participants.

Prior to embarking on this research, the researcher had worked clinically with PWETT for three years and was therefore skilled in recognising traumatic symptoms such as flashbacks or dissociation that may have been inadvertently triggered. The researcher was also familiar with common modes of torture and trafficking and was able to realise when participants may be discussing it and respond sensitively.

To ensure that support was available during the interview, generally a member of staff at the supporting organisation was made available who could be contacted if needed. Where this was not possible, participants were asked to complete an interview management plan (**Appendix F: Interview Management Plan**) with the researcher which covered how they would like to manage any distress that arose during the interview (see **Interview procedure**). Partner organisations were usually able to provide a follow up support call for participants where they were not available during the interview. Participants were also made aware of the limits of confidentiality where the researcher was concerned about participant safety so that the supporting organisation could be contacted directly after the interview if necessary. Finally, participants were encouraged to take the interview at their own pace, to take regular breaks if they wanted or pause the interview and resume on another day.

2.5.2 Informed Consent

When considering informed consent, the need for participants to understand essential information about the research had to be weighed against the need to make the information accessible and simple. This was particularly complicated for these participants because English was usually not their first language. In considering these issues, a careful approach to getting consent was developed that involved participants getting access to information gradually and on more than one occasion. Participants were given information about the research by the researcher or organisational staff prior to being recruited for the research. Initial versions of consent documents and information sheets were significantly redrafted and simplified following input from partner organisations. Easy-read versions were produced for those with less ability in reading English. A protocol was built into the start of interviews for ensuring participants had understood information sheets and how the interview would take place.

A verbal informed consent procedure was chosen for the following reasons:

- Practical difficulties in securely signing a consent form for remote interviews.

- The likelihood that some participants would not be able to read in English and the accompanying likelihood that some participants may sign the consent form despite not being able to read it.
- The likelihood that some participants may feel wary of signing any documentation due to fears arising from previous experiences of trafficking where they may have been duped into signing fake contracts.
- The likelihood that some participants may have been concerned about their information getting back to immigration enforcement teams and affect their immigration case.

2.5.3 Confidentiality and data security

Given that some participants may have had insecure immigration status, and as a result feel anxious about their data being kept confidential. It was fed back during the EBE consultation that it would be important for research participants to know how their data would be kept anonymous. Steps were taken to ensure that participants could not be identified in the write up of the research. Participants were given a participant number, which identified their transcript and recording. Participants' personal details were not stored. All research e-data was stored and transferred securely. Direct quotations were used in the research report. For quotations, direct and indirect identifiers were removed and replaced with generic information. The researcher was the only person with access to the interview transcripts and recordings, identifiers were not removed for storage.

Consideration was also given to participants needing to know the contents of their interviews would not be shared with partner organisations. This was to ensure that participants were not discouraged from commenting negatively about partner organisation communities. This was included in the verbal consent form.

2.6 Credibility and quality checks

Braun et al. (2015) argue that a quality RTA requires an engaged, intuitive and reflexive researcher. Consideration of how the researcher is part of the analysis is essential (Braun et al., 2015). Elliott et al. (1999) produced quality guidelines for qualitive research, which were followed, as detailed in **Table 5**.

Table 5

Quality and Credibility Checks Used Throughout the Research Process

Criteria	Techniques applied
Owning one's perspective	• Theoretical orientations were made clear and outlined in the **Guiding theories** and **Epistemology** sections. • A reflexivity section was included, outlining my personal orientations on the topic (**Researcher reflexivity**). • A reflective diary was kept throughout the research process documenting my ideas, judgements, beliefs and interviews and towards the topic. This is evidenced in **Appendix K**: **Extracts from reflective diary**. • My reflections about the interview process were presented and used in the analysis (**Pen portraits**)
Situating the sample	• Basic descriptive data was included (**Table 6**), although this may fall short of the ideal standard requested. The need for situating the sample had to be balanced against the need to minimise data collection for a group that may have been particularly nervous about being identified in the research. • A paragraph about the life circumstances and orientation of each participant was written (**Pen portraits**).

Criteria	Techniques applied
Grounding in examples	• Multiple quotations were given for each theme and sub-theme and representation across participants was ensured • Pictures have been included of a coded transcript (**Figure 1**)
Providing credibility checks	• Two participation validation workshops were completed (**Participant validation**) • Supervisors were used with experience of qualitative research. Each supervisor had a different qualitative orientation, with one more experienced of RTA and the other more experienced in IPA. They were sent examples of coded transcripts and were consulted on the thematic development.
Coherence	• Themes were represented pictorially within a systemic framework (**Conceptual framework figure**), indicating the interrelatedness of the themes and their positioning in the wider context. Relationships between the themes were made clear on this diagram. • A verbal narrative was provided with clear and illustrative theme names. Detail was captured without overcomplication.
Accomplishing general vs specific research tasks	The aim of this study was general and this was stated in the research aims. The sample was reasonably diverse, but the lack of representation from European and Middle Eastern PWETT is acknowledged in the Limitations section.

2.6.1 Researcher reflexivity

Within a 'big Q' qualitative framework, researcher reflexivity is viewed as an important tool in the analysis of the data (Braun & Clarke, 2020). In Elliott et al. (1999) quality guidelines, this is part of 'owning one's perspective'. In their conceptualisation of RTA, Braun and Clarke (2021) encourage researchers to acknowledge and reflect on how their personal situation, identity and experiences might shape the research. In this section, I will outline my reflections and positioning in relation to my project. It is written in the first person to ease readability and to emphasise its anchoring in my personal beliefs and experiences.

I am a White British cis-gender female. I had a comfortable upbringing in the South East of the UK with my parents and my sister. I have an undergraduate degree in psychology, which I completed straight after finishing school. I am currently training to be a clinical psychologist at the University of Leeds.

Prior to commencing training, I worked as an assistant psychologist (AP) and an advocate supporting PWETT. I worked as an AP with one of the partner organisations (the Helen Bamber Foundation). This work drew me to this research topic. I thoroughly enjoyed working with PWETT and was struck by the injustice of their living conditions and their treatment by immigration systems. I worked with several clients who struggled profoundly with past trauma combined with post-migration stressors. Part of my role as an AP was to deliver a stabilisation protocol, based on Judith Herman's (1992) model of treating trauma survivors. I found through this work that some of my clients were profoundly isolated and these clients seemed to struggle more than those who had good support from family networks or ethnic communities. These clients reported feeling too scared of other people to form new relationships or attend organised activities. My frustration as a psychological professional was being told by clients that this was a more significant problem for them and not knowing what to do about it.

After starting my training course, I learnt about criticisms of mainstream mental health treatment that intrapsychic factors were overvalued, which meant the impact of socio-economic and political factors were ignored. This was influential over my way of thinking and I began to reflect more on the role of oppression and marginalisation in creating mental distress. This was in line with values I already had around the importance of social justice and equality.

I knew before I started this research that these views may influence my understanding of the data. I may have been more likely to understand the information I was given through the lens of community psychology. I was also more likely to elicit information regarding cognitions, emotions and past

experiences due to my training and work experience as a psychological professional. Although I believe in a combination of nature and nurture in shaping human behaviour, I am less drawn to biological explanations and tend to believe psychological interventions will be more helpful to people than medication. In understanding how these views may draw me in shaping the research, I was able to be aware of them and raise with my supervisors when this may be happening. Whilst one of my supervisors is a clinical psychologist, the other is a sociologist working on global health and therefore a balance of perspectives was represented between us.

I am aware of the influence of my being raised in an individualist, capitalist culture with relative wealth privilege. I reflected on how this may affect my positioning on the idea that communities might be important for people. Before I started the project, I reflected on my own relationship to communities and how growing up in the South shaped my approach to strangers within my community as being somewhat detached and cold. I have always been well integrated into a social network, but 'community' life, or at least in the way I understand it is experienced by people from more collective cultures, is much more foreign to me. An ongoing internal debate revolved around whether the idea of community, to me meaning 'naturally occurring' community, was being discussed in my interviews, or whether my participants were telling me what they thought I wanted to hear about organisational communities. I reflected on whether I was colonising the idea of communities by applying it to the organisations I worked with, or whether I was being disrespectful to my participants by not valuing what they were saying to me about organisational communities. In the end, I decided to trust the protections against this that I had put in place before starting the research. I had deliberately inserted a question designed to elicit the different types of communities so that these could be followed up by me, and from this some nuanced understandings of the differences between ethnic, faith and organisational communities were drawn.

I reflexively engaged with how I conducted the interviews and I am aware that, at times, I asked more leading and closed questions than the open-ended neutral questions that are preferred in qualitative research. This is likely to be partly explained by my professional background, in which I am frequently required to formulate explanatory hypotheses of distress. Some of my participants struggled a little with understanding and speaking English and I found that with these participants I had to be more concrete and closed. I spent time comparing the transcripts of clients with different kinds of interviews and raised any issues with my research supervisors so that different perspectives could be offered regarding my influence. I paid close attention to ensuring themes were either well represented across the data-set or well contextualised within a participant's account, rather than just being one response to my question.

There are some aspects of my identity that warrant consideration in shaping the research. Firstly, I am White British and my participants were all people of colour from globally deprived areas. My participants were aware of my status as a psychologist in training and there was a clear power differential between myself and my participants. I am aware that this may have silenced some parts of my participants' explanations and I have reflected on whether my participants would have felt able to disagree with me. I was careful to start interviews from a neutral standpoint and the research questions were designed to be as neutral as possible. I am particularly mindful that participants may have felt unable to discuss experiences of discrimination with me, especially given my Britishness. I have considered this in parts of my discussion and interpretation of the results. I also considered prior to interviewing whether I might directly ask about these experiences to make the space for it. I decided that there might be a risk of harm to my participants in doing this and I preferred a more neutral position, where possible, in interviewing.

Secondly, I identify as LGBT and have experienced homophobia. Whilst this is an invisible difference and my participants would not have known this without my disclosure, it is possible that I was personally drawn to how LGBT identities in my participants may have shaped their experiences. Areas of difference and diversity are important to me and I am drawn to exploring this within my clinical practice, which may have affected the information that I elicited from participants. I was careful to reflect on any ideas that I developed about LGBT identities and how they may have been shaped by my personal experience. These were documented in my reflexive journal and I was attentive to this possible shaping so that I could maintain a critical engagement with my data.

In this section, I have outlined pertinent aspects of my positioning in relation to the research topic that may have influenced the research topic. The next chapter will outline my findings and their interpretation.

Chapter 3 Results

The aim of this project was to investigate the role of communities in the lives of PWETT in the UK. This included how PWETT sought out communities to join and the relationship between communities and wellbeing. This chapter will begin by presenting brief demographic data and pen portraits of those who participated in the research, which includes reflections on the interviews to enrich the data. Participants have been given pseudonyms and some details were removed from quotations to protect their anonymity (see also **Confidentiality and data security**). The section on participants is followed by an exploration of how community was defined by PWETT. This is followed by the themes, which will be presented in a conceptual framework with illustrating quotes. Hesitations, repetitions and filled phrases were removed to improve readability.

3.1 Participants

Interviews were completed with thirteen participants. Demographic data collection was indirect in this study to encourage participation and protect anonymity. The information in **Table 6** was collated where participants discussed it unprompted in their interviews.

Table 6

Basic Participant Demographic Data

Gender		Country of origin		Sexuality		Immigration status	
Female	6	Sri Lanka	2	LGBTQ	3	Asylum seeker	11
Male	7	Bangladesh	1			Refugee	2
		Democratic Republic of Congo	2				
		Sudan	1				
		Angola	1				
		Uganda	1				
		African other	5				

3.1.1 Pen portraits

This section will outline a 'pen portrait' for each participant. This will contain any background information about the participant that was discussed in each interview as well as the participant's positioning in relation to the topic. This is to help contextualise the data presented in the results chapter. The author's reflections on each interview and its process are also presented and are written in the first person tense to demonstrate that they are personally interpretative.

a) Umar

Umar was an African man who had been granted refugee status. He spoke mostly about his experiences as an asylum seeker. At the time of the interview, he was attending university. He discussed two organisations specific to forced migrants (one of which was a partner organisation) as well as a community of people from his country of origin. He had since distanced himself from his ethnic community, saying he now preferred to be with other communities. Umar talked about having been originally housed in a rural location in the UK but chose to leave for London after experiencing hostility from those around him. Until integrating into a supportive community, he struggled with feeling cut off from people, stating that this impacted him significantly. Umar described how he was unhappy but struggled to identify why until he realised he had been missing having a community to spend time with.

i. Reflections

The interview with Umar felt comfortable and I wondered if he had given the topic some thought before the interview. Umar commented that he sometimes struggled to express himself clearly, but I did not feel this affected the data gathered from the interview. As outlined above, Umar talked about deciding to stop spending time with his ethnic community. I thought Umar seemed reluctant to discuss the reasons why. I wondered whether he did not want to criticise people from his country. Although I asked Umar about the reasons, I did not feel it was appropriate to ask him more than once and did not wish to make him feel uncomfortable.

b) Eniola

Eniola was a woman from Africa. At the time of the interview, she was experiencing high levels of distress about her unresolved immigration case. She described complex physical health problems that were difficult for her to manage combined with significant and ongoing struggles with trauma symptoms. Preferring to keep herself busy by being around people, this participant was often out of the house for most of the day. She had made links with several organisations for forced migrants (including a partner organisation), as well as her church community. Eniola had experienced exploitation and verbal and physical abuse at the hands of her ethnic community and found this difficult to make sense of.

i. Reflections

Eniola was passionate about the topic of communities in the UK and could sometimes speak quickly, which meant the interview recording was slightly unclear at times. Eniola was comfortable sitting with me at some length to discuss the topic, although she was visibly upset at times. Eniola was able to tolerate talking about distressing experiences, including exploitation. Although I offered Eniola breaks during the interview, she did not take them and assured me that she was able to manage her distress without additional support.

c) Tina

Tina was a woman from a South Asia who spoke about having no idea that she could access support until she was detained, which caused a deterioration in her mental health. After this a friend suggested she access counselling and she was able to find her partner organisation via the internet. From this point, Tina talked about gradually gaining in confidence, saying that she used to be shy but now loved to be around her community. Her social networks developed from there and she joined several other organisations, taking up any opportunities for learning new skills. Tina spoke about valuing the relationships with others around her and being able to share her cooking and cultural heritage.

i. Reflections

Tina was highly animated for much of her interview and I felt that she expressed joy and passion when talking about her communities. She spoke quickly, which made the interview recording difficult to

understand at points. This was usually just a word or two and I did not feel that the meaning of what she was saying was lost as a result.

d) Rosa

Rosa was a woman from Africa. She talked about her experiences of feeling connected to the community of people at two organisations for forced migrants, including a partner organisation. Struggling to cope with being separated from her family, this participant had found that therapy and the strategies she had been given as part of this were helpful. In addition, Rosa spoke about quite a long and difficult period of being completely isolated in the UK before realising she could get help. This was associated with her being undocumented and she was fearful of being deported. Although Rosa joined her cousin in the UK, she was unaware of Rosa's entitlements and was unable to signpost her to community organisations.

i. Reflections

At first the interview felt a little stilted and it was unclear whether the interview questions were fully understood. There were also a couple of interruptions during this interview as Rosa was looking after the child of a family member. Nevertheless, she engaged with the whole interview and was able to answer most of the questions and give examples of her experiences. I got the impression that she got more comfortable towards the end of the interview. I reflected that the beginning of the interview contained more abstract questions (see **Appendix D: Topic Guide**) that may have been harder to understand and answer for somebody that was nervous about the interview and was not confident in speaking English, so this may have been particularly difficult for Rosa. I made a deliberate attempt to 'stay with the data' when analysing this interview as the lack of certainty around Rosa's meaning made it more likely I might mistake or misconstrue her meaning.

e) Kendi

Kendi was a man from Africa who talked about membership of quite different communities, including a partner organisation as well as a community of people at his local barber shop and his membership of a sports team. Kendi talked about feeling safe and protected by the confidentiality rules at the specialist

organisation and how this allowed him to be more open about himself and his experiences. He valued his time spent outside of these communities and spoke about the benefits of keeping fit and being able to speak in his mother tongue.

i. Reflections

Kendi emphasised that in less formal spaces, like when he was playing football, he would not talk about sensitive information like his mental health or immigration case. Despite this, he felt that they were helpful places to be. I wondered whether Kendi stopped short of saying that in some cases it was better to not have to tell everybody about your history. I reflected on this a lot in this transcript and in consultation with my supervisors and although I asked this question in the interview, I was not sure what conclusion to draw from the answer. I wondered about how Kendi's identity as a man might fit with this idea and how men are sometimes less able to reveal personal information about themselves. Might an informal space to play sport and feel 'just like anybody else' be important for Kendi? I did not add this to the findings because I felt conflicted about my Western ideas about individualism and whether for non-Western people, sharing information about oneself in a collective space might in fact feel more comfortable. Kendi was able to talk reflectively about the differences between these spaces and I felt he was comfortable with the interview.

f) Nomusa

Nomusa was a woman from Africa who had previously worked as a nurse. Nomusa spoke from a pro-community world-view and felt strongly that human beings needed to work together to survive. She found the culture of the UK difficult and felt that people were reserved and insular in the UK, unable to be 'authentic'. She spoke about communities back home looking after each other, which felt quite different in the UK. Nomusa felt that people should try to meet other people like them in order to build their social networks and felt that places of worship were a good place to start this because they were seen as 'community hubs' where lots of different people attended. Nomusa was married and her husband was already in the UK when she arrived. She talked about getting advice from him about British culture and what would be seen as unacceptable here. Although she was a member of a partner organisation, this participant did not talk much about this, automatically relaying her experiences of attending church or her ethnic community.

i. Reflections

This interview was live-transcribed by the researcher because Nomusa felt uncomfortable with being audio-recorded. This may have led to some information being lost because the participant spoke quickly. There was a lightness about the conversation; I felt that she was at ease during the interview, making jokes with me and speaking openly about her views. Nomusa's interview was quite different to the others in that she didn't speak much about specialist organisations and placed less importance on them; believing instead in people's willingness to help each other. I did wonder about this in the context of Nomusa having her husband arrive in the UK before her and how much this may have helped her with her own integration.

g) Rashmi

Rashmi was a man from South Asia. At the time of the interview he was living with family in the UK. He had experienced persecution from the government of his home country and had to leave his family behind. Rashmi talked about feeling trapped by ongoing fear for the welfare of his family and whether they might come to harm because of their association with him. He had great difficulty trusting others and felt uncomfortable talking to other people from his home country in case this had consequences. This changed when he was able to access a partner organisation and he said that the safety of this environment allowed him to start to speak about himself. Rashmi had previously come to the UK on a work visa and considered that he had felt much more welcome, free and appreciated in this time period compared to when he had needed to claim asylum.

i. Reflections

Rashmi engaged fully with the interview questions and fed back that he had enjoyed being interviewed, despite there being some technical issues on the day. Rashmi's spoken English was excellent and he spoke slowly which meant there were no unclear areas of the transcript. I felt that Rashmi was at ease in the interview, but he did signpost one area that he did not wish to speak about and I respected this. Rashmi felt that speaking about a particular incident may put his family at risk, and he explained that he had not told anybody at all about this incident. This incident came up because it had caused problems in his integration into the UK.

h) Dabisco

Dabisco was a man from Africa who had found life traumatic and difficult when he first arrived. Having been forced to sleep rough on the streets, he told me he had been very scared of other people. This participant spoke about a long period of feeling hopeless and suicidal. He had tried to get help from a few different organisations but said that he had been turned down or forgotten about, which he experienced as rejecting. Speaking passionately about the difference made to him by a partner organisation he talked particularly about his relationships with the staff and his journey through therapy, explaining that he felt accepted and cared about for the first time in his life.

i. Reflections

At times Dabisco could not be specific about how this transformation had taken place and could not always reflect on his experiences. He vehemently assured me that his supporting organisation had made a huge difference to him and this felt very genuine. Dabisco was able to give me examples of ways that his life had changed, such as overcoming wanting to die, but he struggled to tell me how this had happened. I knew Dabisco prior to our interview through my previous work and I was careful to spend additional time reflecting on his transcript, being careful to separate what I already knew about him from what was on the page. I wondered whether he was keen to show me that he had progressed since we last spoke and reflected on the difference this might have made to the data. Ultimately, Dabisco presented what felt like a balanced view of his wellbeing and was not afraid to highlight ongoing distress as well as improvements.

i) Abdu

Abdu was a man from Africa. Although he had appreciated practical support from a charity when he was first dispersed to a new city, he was unsure what to do with himself and did not know how to make friends. He was scared to speak to people and was aware of the language barrier. Things improved for him when he had a chance encounter with a student on his college football team, which he was able to join. Abdu had been moved to different part of the country and had previously been detained in an immigration removal centre. Abdu explained he felt that in every community, there would be some people that tried to do good and some people that tried to do harm. Abdu believed this was an unchangeable aspect of communities.

i. Reflections

This interview was live-transcribed by the researcher because Abdu felt uncomfortable with being audio-recorded. The interview process felt difficult for this participant. I wasn't sure whether he was able to fully express himself. I felt there was some difficulty with communicating in English. He commented that he understood the questions but was not sure how to answer them and I wondered whether he might be worried about saying the wrong thing. Nevertheless, I was able to understand that he had found it difficult at first to adjust to life in the UK and initially felt isolated. I was careful in interpreting this interview because I had to ask more specific questions as a result of the language barrier and I was mindful of the influence this may have had on the answers given.

j) Ahmad

Ahmad was a man from South Asia who had been a rough sleeper for an extended period as a result of his first application being refused by the Home Office. He had paid an immigration lawyer who submitted an incorrect claim for him. Having lost his accommodation he also experienced a delay in being able to access support due to a lack of specialist immigration knowledge and entitlements in the homelessness services he interacted with. Ahmad talked about feeling part of the homeless community and how other rough sleepers would help him and recommend places for him to go. He emphasised the importance of charities, including a partner organisation, for his survival.

i. Reflections

At times, Ahmad answered questions in a more general way, describing others in situations like his, rather than specifically about himself. I wondered whether this was due to discomfort in the interview situation. Nevertheless, Ahmad's interview was the longest and this did not affect his ability to answer the questions fully. I wondered whether some of Ahmad's answers resulted more from his experiences of homelessness services than his experiences of migrant organisations. At times the answers that he gave were quite different to other participants and these differences were reflected on in relation to the research questions.

k) Mercy

Mercy was a gay woman from Africa. When she first came to the UK, she told me she felt nervous about being in a new country and so decided to limit her association to the people she had met at Church who were from the same cultural background. She told me she led a reserved life and did not mix much with others, preferring to stay home when she was not at church or college. Her sexuality was something she kept hidden. One day she decided to take a chance on a new LGBT-friendly church and found her life quickly transformed itself. She felt able to be herself and to be open about her sexuality for the first time. She commented that it was only after this transition that she realised how unhappy she had been. After joining a supportive community she felt confident enough to take up opportunities she was offered and she has now attended university, as well as being involved in advocacy groups. Mercy spoke passionately about the importance of safe spaces for women and for LGBT-women as well as the support of a partner organisation.

i. Reflections

Mercy engaged fully with the interview and spoke reflectively about her experiences. She was able to give detailed information about her thoughts, feelings and motivations at different time points. I got the sense that Mercy had thought a lot about these experiences and perhaps being part of a reflective community had supported this. I thought that Mercy felt comfortable in the interview and was not nervous to speak to me, but was able to tell me when she didn't want to talk about something.

l) Sultan

Sultan was a gay man from Africa who was very emotional during the interview and was still deeply distressed about his situation. He was mourning the murder of his family in his home country. He felt isolated and wanted to make friends with other young LGBT asylum seekers but had been unable to find a place to do this. He told me that he had once been a solitary person but his traumatic experiences had made him fearful of being alone and he was caught up in a vicious cycle of isolation exacerbating his mental health and vice versa. He had experienced discrimination from UK staff in a public setting as a result of his immigration status and found this humiliating and upsetting.

i. Reflections

This participant was offered the opportunity to end the interview on a number of occasions due to his distress but opted to stay and answer the questions because he wanted to help others like himself. He was able to talk openly about his experiences despite his distress. Sultan was supported to access support from a therapist he knew after the interview.

m) Dalia

Dalia was a woman from Africa. At the time of the interview she was living in London but had been moved several times by the Home Office, including to at least two locations in different parts of England. She engaged with the interview with a highly pro-community world-view and felt strongly that you should care for and give back to your communities, whether that be your local area or an organisation you had joined. She struggled to understand people who could be unkind and stressed the importance of forced migrants putting themselves out there and making active attempts to meet other people and take up opportunities to go to college or be involved in activities. Dalia had experienced bullying in her Home Office accommodation and felt this arose from boredom and isolation because the others in the house were keeping themselves isolated.

i. Reflections

Dalia was energised throughout the interview and spoke very passionately about community membership. I had been in touch with Dalia since the beginning of data collection but she had been unable to participate due to the problems in her house. Dalia told me how she had left the house early in the morning and stayed out all day because she did not want to be at home; but this meant we had nowhere to complete the interview. Dalia was complimentary of me during the interview and she believed that people working for communities were important. I wondered whether Dalia might have a slight bias towards only telling me the positives of communities because she was grateful to the support given to her by her specialist organisation. On the other hand, she did explain to me some shortcomings of another organisation she had been involved in, so perhaps this was more reflective of the impact of the specialist organisation in her life.

This section has presented some data relating to the participants of the study, their demographics, background information and positionings on the research topic. This was to ‘situate the sample’ (Elliott

et al., 1999) and help contextualise the results that will be presented next. The following section will cover the findings related to the second research question; 'What do we mean by community?', as summarised in **Table 9.** This will be followed by the themes developed from the RTA.

3.2 What do we mean by community?

The first aim of the project was to explore the meaning of the word community to participants through a definition given by the British Psychological Society (2018) (see **Community: definitions and concepts** and **Appendix D: Topic Guide**). Participants were read the definition and most were shown a PowerPoint slide with the written definition as well a pictorial representation (**Appendix E: Slide shown during interview** and see also **Interview procedure** for an explanation of the different procedure for different participants). All participants agreed that this definition made sense and covered the essence of what community meant to them. Two participants felt that the definition was missing the following areas:

- Family (n=1)
- Advantage (as well as disadvantage) (n=1)

Following this, participants were asked to list all of the communities that we might discuss in the interviews so that we could be clear which communities participants were referring to in their answers. A list of the communities discussed is shown in **Table 7**. The data includes both communities that participants considered themselves to be members of or had positive experiences with and those that were viewed negatively. Any communities that were not initially mentioned by participants but were nevertheless talked about have been added. The effects of these different types of communities were not separated in the analysis and any references to a community may refer to any of those in the table.

Table 7

Distribution of Types of Communities Discussed in Interviews

Type of community	Umar	Eniola	Tina	Rosa	Kendi	Nomusa	Rashmi	Dabisco	Abdu	Ahmad	Mercy	Sultan	Dalia
Charity/organisation													
Partner organisation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LGBT											✓	✓	
Charity for forced migrants	✓		✓	✓	✓			✓	✓		✓		✓
Charity – other										✓			✓
Educational				✓					✓		✓		✓
Ethnic		✓				✓	✓				✓	✓	
Faith		✓		✓		✓	✓	✓			✓		✓
Community group													
Sports team					✓				✓				
Other*					✓	✓							✓

*Other communities: barber shop, work, volunteering.

3.3 Themes

3.3.1 Overview

The themes are presented using a conceptual framework, which is represented diagrammatically in **Figure 2**. The diagram shows the influence of the themes at a societal, community or individual level (for further information see **Conceptual framework** section). The community and individual level themes were additionally divided into wellbeing-facilitators, or factors having a positive influence on wellbeing, and wellbeing-constrainers, or factors having a negative impact on wellbeing. The themes were well-represented across the entire data-set, with all thirteen participants having mentioned almost every theme. There were two exceptions to this. The first was that Nomusa did not mention the UK Post-Migration climate. Furthermore, fewer participants discussed **Constraining theme 3: When communities were not enough**. It was nevertheless considered an important theme due to the significance of it for the participants that this issue affected. The distribution across participants can be seen in detail in **Table 8.**

Table 8

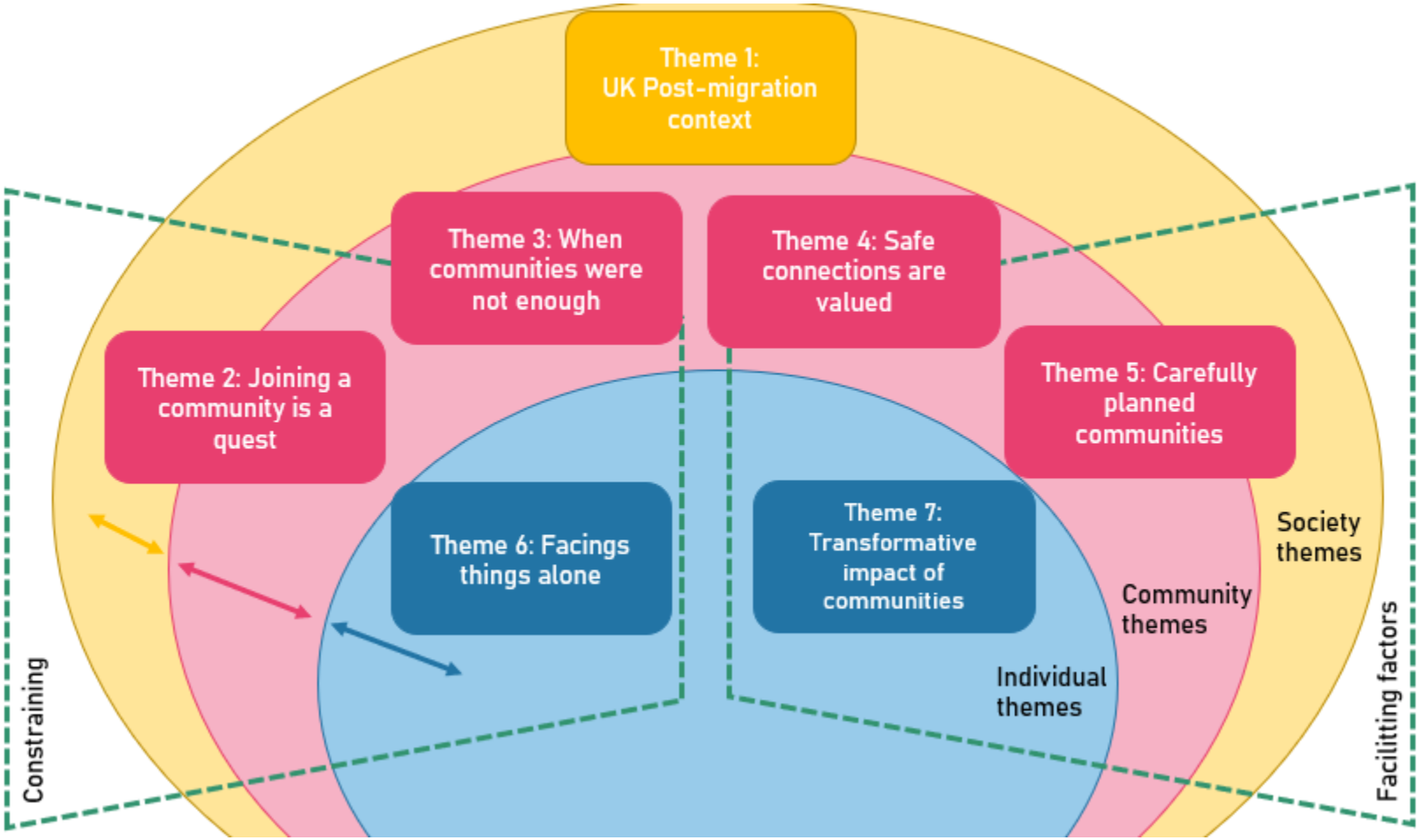
Distribution of Themes Across Participants

	Umar	Eniola	Tina	Rosa	Kendi	Nomusa	Rashmi	Dabisco	Abdu	Ahmad	Mercy	Sultan	Dalia
Theme 1: UK Post-Migration Context	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Post-migration stressors	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓
Power dynamics		✓	✓		✓		✓	✓		✓	✓	✓	✓
Constraining theme 2: Joining communities is a "quest"	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trial and error of searching for communities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Negative Experiences of communities	✓	✓	✓			✓	✓	✓		✓	✓	✓	✓
Constraining theme 3: When communities were not enough							✓	✓		✓		✓	
Facilitating theme 4: Safe connections valued	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Healing relationship qualities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sharing difficulties		✓	✓	✓	✓			✓		✓	✓	✓	✓
Facilitating theme 5: Carefully planned services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Professional support	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Service planning	✓	✓	✓		✓	✓		✓	✓	✓	✓		✓
Cultural needs	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Constraining theme 6: Facing things alone	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fear of others	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Isolation is damaging	✓	✓		✓	✓		✓	✓		✓		✓	✓
Acculturation and adjustment problems	✓			✓	✓	✓			✓	✓	✓		
Facilitating theme 7: Transformative impact of supportive communities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Managing mood		✓		✓			✓	✓				✓	✓
Identity development and self-confidence	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

a) Conceptual framework figure

Figure 2

A map of the themes shaped in the research, shown within the systemic framework used by the project



The conceptual framework depicts how the themes sat within the different system levels. The arrows on the diagram represent how the system layers are interrelated and impact upon each other. The dashed boxes show how some of the themes were facilitators to wellbeing, while others constrained it. Overall, the data suggested that at the societal level, all participants found it very difficult when first arriving in the UK. **Theme 1: UK Post-Migration Context** described how participants came into what was perceived as a challenging post-migration environment, with common post-migration stressors such as ongoing traumas at home, lack of access to housing and difficulties with the immigration process. Some participants continued to draw on positive images of the UK compared to their home countries and were pleased to be treated more equally under UK laws and policies.

These difficulties could be compounded at the community level, with participants struggling to build social networks due to a lack of signposting and information available to them about support services and communities (**Constraining theme 2: Joining communities is a "quest"**). This could be further exacerbated if participants had negative experiences with communities which could discourage participants from trying to locate communities. Participants explained, however, that once they found a supportive community, they felt very different. Participants talked about how community and organisational factors could improve mental wellbeing. This was broadly through access to safe relationships (**Facilitating theme 4: Safe connections valued)** and supportive spaces (**Facilitating theme 5: Carefully planned services**).

The difference for participants between having and not having access to a supportive community was articulated at the individual level. Being isolated was highlighted as particularly damaging for participants (**Constraining theme 6: Facing things alone**) and was associated with deterioration in mental health and difficulties with acculturation and adjustment. A vicious cycle was underscored in which isolation undermined ability to approach others and adjust to UK life, which increased isolation. On the other hand, having access to a supportive community helped participants to manage their mental health, share their difficulties and develop new identities (**Facilitating theme 7: Transformative impact of supportive communities**).

Although the themes are conceptualised at different systemic levels, there were several ways in which they interacted. These interrelations, as well as the themes themselves, will be explored in more detail in the following sections.

3.3.2 Societal level themes

a) Theme 1: UK Post-Migration Context

UK Post-Migration Context was a societal theme and captured participants' reflections on living in the UK as a forced migrant. It can be seen on the **Conceptual framework figureError! Reference source not found.** in the outer-most ring of the diagram, indicating it is the broadest of the themes. This theme contained wide contextual factors such as comparisons between cultural norms and values in participants' countries of origin and the UK, as well as their own individual contexts including the impact of historical trauma.

i. Subtheme 1.1: Post-migration stressors

Many participants talked about conditions and circumstances post-migration that increased their stress levels or had a negative impact on their wellbeing. Participants discussed housing, including a lack of access to housing, which created the problem of having to rely on friends for support. This could make participants vulnerable to exploitative or unpleasant situations, which could contribute to feelings of fear around others (see **Subtheme 6.1: Fear of others)**. Some participants had periods of sleeping rough[1]. Other participants discussed the quality of the housing they were provided with, including difficulties with housemates that were not resolved, poor conditions and being moved around multiple times.

> *"So when you have a no case pending you cannot have the house. Because, I ask only for two months so they cancel. So first time I have a laptop I sell everything…so after um, I have no option um this time…I call Red Cross, so after I'm going to night shelter." Ahmad*

[1] This has been defined by the Government as 'people sleeping, or bedded down, in the open air (such as on the streets, or in doorways, parks or bus shelters); people in buildings or other places not designed for habitation (such as barns, sheds, car parks, cars, derelict boats, stations, or 'bashes') ' Public Health England. (2020). *Health matters: rough sleeping*. https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping

"Think okay again everything happening for a good, thinking like that because I've been used to change, a lot of houses, so this is my eighteenth house. I'm suffer. So changing, changing, finally this is, I'm staying longer in this house." Tina

Some participants described a continual process of finding communities or support services but then being moved away from them, sometimes within London and sometimes across the UK. Many participants reported travelling long distances to come to their communities, either because they did not want to give them up or because there was nothing suitable available in their local area.

"When I wake up maybe if I'm feeling okay I come central London cause I live in [area], which is outside London I think. So I have no friend here…So, I don't like to make a new friend where I live so maybe three, four friends so I come central London maybe around myself so I-I have nothing to say about like [area] where I live." Ahmad

"It's not like I have a community in my own area where I live. I did not have a community where I attend in my local my area." Mercy

Other participants reported stress caused by the immigration processes. This included waiting a long time for their case to be completed, struggling with Home Office restrictions, having their case in court and worrying about their application being refused. It also included being placed in detention centres, which participants agreed had a particularly negative effect on wellbeing.

"Now I know that freedom is one of the most essential things in life you know. Since I came to UK I been living inside cage. No freedom. . . everything have to do with limitation this, boundaries that. You can't go to the bank you can't just do things you know." Sultan

"This time when I came to UK, I claimed asylum, I thought, okay I come to a country where I would be protected. But all of a sudden it changed. I was put in detention. And then, then suddenly, everything was falling apart. So whatever I do, all that's stagnant . . . so. . . then. . . then I was struggling from that point onwards." Rashmi

"Because I can't sleep, you know, thinking a lot how the life is going, immigration problem. Because immigration problem makes people sometimes get completely, completely off." Eniola

Participants highlighted their lack of access to reputable immigration lawyers and some participants described having their lawyer submit a claim that they were unaware of or using incorrect information

in their case. This negatively affected their experience of the immigration process and often meant having their application refused. Some participants had to pay for their lawyer.

"My first lawyer made a mistake. He is, I pay him money but he not good at all. Like he copy and paste maybe someone like same system just copy and paste for me and send it to me. Just little bit my history, not all." Ahmad

"Because the lady, the lawyer who took my, took my case, they never do anything." Dalia

"The only thing, what I'm, the money I had to pay to eat, to pay from me. . . the one so. . . that's the experience I had, lawyers, some lawyers they are really evil. . . they are, they are evil . . . when I came to [name of organisation] they used to give me some money. I took to them; I gave to them you know. Whenever someone give me something I have to find, give, give it to there" Dabisco

Dabisco described giving up all his available funds for legal fees for a lawyer that was not representing him well. Other participants reported struggling for money and having nothing to eat.

Some participants discussed difficulties caused by traumatic events that happened pre- or peri-migration. Other participants felt unable to engage with their lives in the UK due to being separated from family or loved ones back home. This created an individual context for participants attempting to build lives in the UK that was fraught with fear and pain.

"But even my children I can't know where they are now, because I tried to know because they were taken from their dad because we separated you know?" Eniola

"I just feel alone, especially when I think about my kids. . . so, make me feel alone; I think about my family back home. Before I was even crying but now, I'm strong . . . because I cry a lot about them and then I was just even thinking maybe they die because I don't speak to them . . . so, but now. . .I feel like it's okay; I hope they are good." Rosa

"Even if my status is granted I'm not one-hundred per cent confident that I would be able to speak to them about whatever happened in [home country]. Whatever I have gone through in [home country] I don't have even the slightest confidence to talk about that. Because when I talk about it still, I feel danger. This is the way and this is very safest country, I know that, but still talking about these ones with the [home country nationals] community I feel very danger." Rashmi

ii. Sub-theme 1.2: Power dynamics

Participants talked about the differences or impact of social power in various aspects of life[2]. Some participants discussed how positive it was to be in the UK because compared to their country of origin, the UK was a much more equal society. This also meant better protections and conditions for people in terms of access to food and financial support. This captured observations of global power dynamics and the differences in social power felt by participants in the global-West compared to the global-East. Other participants commented about the relative freedoms in the UK including the freedom to express your faith, culture or sexuality without fear of persecution.

"Like anything, what you like to do; no one ask you why you do it like this one, like a freedom here. If you make one placard…you can stand opposite 10 Downing Street here…maybe police ask you, why you like to do it, and how many times, how many people come to join with you…But if you do it back home maybe you and your family disappear. So, this community of course a hundred times better." Ahmad

"I think I feel free. I feel I have freedom. I'm independent." Tina

"I can use this bit to compare with back home, back home we do hide, you know we don't do this openly but here, nobody care you know." Sultan

This was associated with positive feelings for many participants and some had hope that once they got their immigration status, they would be able to create a better life for themselves and their families. Some participants, however, noted that there were nevertheless some abuses of power taking place in the UK. Some participants felt marginalised or had experienced discrimination. This was sometimes associated with immigration processes making them feel dehumanised. This could be especially difficult for participants who had felt relieved to escape traumatic situations at home.

[2] Social power was used here to refer to the capacity of an individual or group to produce change in their social relations and in the social and material conditions in which they live (Kagan et al., 2019). In the field of community psychology, social power is seen to be influenced by societal and structural factors such as economics and political power.

"So, we live here. We don't exist…We live in the city but we don't exist…Like here maybe not, now it's slowly slowly change cause when we come maybe what they give you a card; you are an asylum seeker: you cannot rent a house." Ahmad

"I thought, I don't know but cause I didn't know where I was coming cause someone just brought me just yesterday but I thought I was running away from the worst but at the beginning it was really too… it was bad." Dabisco

"I just see a lot of men you know trying to pull you down; don't want you to you know that's how I feel. So, a lot of women are still there but that's how I felt." Mercy

3.3.3 Community level themes

a) Constraining theme 2: Joining communities is a "quest"

The first community level theme was Joining Communities is a "Quest". "Quest" was the term that Umar used to describe the experience of looking for a supportive community and described the essence of the overall theme well. As part of the quest, this theme captured the main barriers that participants faced in being able to join and benefit from communities. It described the precarious nature of seeking out a community as a forced migrant. There was a lack of information provided to participants about statutory support systems as well as third sector organisations and community groups that meant they struggled to know how to join communities or where to start looking for them.

i. Subtheme 2.1: Trial and error of searching for communities

Participants referred to the process of finding communities to join as one of trial and error; as a rather random process of following bits of advice people gave, chance encounters and putting yourself out there. Participants explained that when they first came to the UK, they had no idea of what their lives would now look like and they didn't know anybody to ask. This was true of formal support networks (e.g. statutory support services, legal services, immigration) and informal support networks (e.g. friends, churches, ethnic communities). A lack of knowledge of entitlements was common, especially in relation to health and immigration services.

"Especially from the start that you don't know any organisation. You don't know anyone you can just, especially you don't know who can tell you about those, communities or those that will try to refer you to the right organisation." Kendi

"I never knew that I can be like seeker of asylum in the UK…I never thought of that for one, so, even though because what actually happen to me." Sultan

Those that did have friends or contacts already in the UK were at a slight advantage, but were still reliant on the knowledge of those people. Many of the participants' associates were forced migrants themselves and often had equally limited networks.

"It was quite slow because I remember they have one year and then I know another community…I think it because I didn't know how things working, and then my cousin, she didn't know." Rosa

Many participants found this process difficult. Some participants were nervous to approach others because of their previous experiences (see **Subtheme 6.1: Fear of others**). Others were exhausted from trying to cope with poor mental health and unprocessed trauma and did not have the emotional resources to meet new people. Others had been given some advice about where to go but were anxious that this may be a false promise or lead them into dangerous or exploitative situations. Finally, some participants had already tried following an opportunity that was not right for them and found it too difficult to try another.

"I was very timid that time. I didn't have the confidence to go and talk with the people because the new environment, I come from [home country] with the fear so, scared and shy. So, too because of different races, different people; language barrier, so I had to people to talk." Tina

"Well the football team is… when I first go there I was sitting outside and then a guy see me sit outside. He say hello to me, I say hello to him, he come and talk to me…I was having football shoes, he asked me can I play, I say yeah… then he said he will take me to the football team at the college, I said ok, that's how I've been in the college football team." Abdu

"And I felt like on that day you know let me just like go cause I'd being seeing it often enough I actually search for it you know on my phone. I saw two, I say ok fine, this is very close to my place. Let me just go to this one because on that day I was like, 'Oh God, I don't want to be staying indoors today. Let me go like mingle.'" Sultan

Some participants explained how once they had found a community to connect with, they were able to find others more easily. Once they met people they felt they were able to trust, some of the barriers were removed.

"Since I started from the church you have various people come in, people of different, various interest and various whatever so from there I was able to get some people from different various careers…and then after that I met some of my colleagues that were over here so I was able to contact them and then in the church too…so from there I was able to expand and make friends." Nomusa

This "quest" was not always framed negatively by participants and some thought of this more as enjoyable; as experimenting with different places until they found the right fit.

"But one thing though, I did it was I wasn't afraid at all to ask and then I just go and try things out and then I'll see how they would work and then I'd get to decide ok it's a good thing or. But yeah in every interaction basically there's positives or if I could summarise it in a few words, you learn things and then you learn what you want to do." Umar

Unsurprisingly, as a result of this lack of signposting, the ways that participants were able to find communities to connect with were diverse. The majority were either referred to a service or organisation by their GP, lawyer or another organisation, or were told where to go by an associate or family member. Some people used the internet to find out about what was around them. Others cited places of worship as good places to start because a variety of people could be found there and they were open-access.

Perhaps due in part to the lack of knowledge of immigration systems, some participants were detained in immigration removal centres and connected with an organisation through others in detention.

Resulting from participants' lack of knowledge of options when searching for a community, some described how it felt easier to approach or start their quest with people or communities that they had something in common with. Many tended to approach others of the same culture, country or faith.

"I spotted someone, carrying my bag and dragging my stuff, you spot someone that you suspect okay this guy, not suspect sometimes you know…I spotted someone and I stopped them and I knew you're [nationality], I'm [nationality], so you would ask them OK so where would I go if I wanted to take a place basically for [nationality] people." Umar

This was an effective strategy for some participants, but others felt it held them back. Some participants did not feel safe in their own ethnic or faith communities, but were unaware of alternatives or were not in a position to seek them out.

"When all the years I have been with my own community, I didn't have that push to move from where I was. I thought that I can't do it. And it took me six years and then after six years I've seen so many differences you know so it's better for you to, to move within a group that want you to progress than the one that, when you can't even move from where you are" Mercy

ii. Sub-theme 2.2: Negative experiences with communities

Against a backdrop of communities being difficult to locate and connect with, participants described negative experiences with some communities. For some, this was in less formal communities, where participants sometimes felt marginalised or unwelcome. This included abuse or exploitation as a result of participant characteristics such as having mental health problems, being undocumented or being LGBT. Some participants felt a resulting sense of shame about these characteristics and often hid them when in their communities.

"Well as of now I don't join any community, because during that time I was not accepted in any community because of mental health." Eniola

"I feel they should have an open mind about LGBT or um, but I, but they still feel it's an abomination, it's the wrong thing. They still you know they say to your face and you don't dare open your mouth and say you're one. So, they are the same thing; there's no difference. I've sat down and someone was speaking in my language on the bus. A gay guy came in and the person was speaking trash, you know it wasn't talking to the person directly but it was speaking in my language so I understand what she was saying. And she wasn't talking to him, but she really condemned him you know." Mercy

For some participants, this meant joining the networks of their ethnic and faith communities was not possible. Where other participants commented on these communities being a natural first step, more marginalised participants experienced additional barriers to finding appropriate communities and may have felt more isolated as a result.

"When it comes to the other's problem, the communities rather than helping, helping others but er, they are a bit nosey. And then er, they try to put someone down when they're having problem." Rashmi

"Oh no, I never to go see the other they're very different the countries, UK and back home. Or we are, we can't go out; we are with family, grew up very different er, social life er, social life is very different, but when I came here, I more going, I have more independence." Tina

Negative experiences were also found in organised, professional communities, where referrals were rejected or not followed up and no onwards referral made. In other cases, inadequate support was provided.

"They ask me question and they forget about me. And I go back and my hiding; I don't want to see, I kept looking for the help and there's no paper come. Four months nobody ever come to me and . . .one day I just make, I just receive a call. They told me they forgot, they just lost my contact. That's why" Dabisco

Against the backdrop of communities being difficult to find and connect with, participants described how negative experiences could be very challenging. Some participants talked about how this had closed them off to other opportunities for some time or talked about others for whom this had been permanent.

"For some people, yeah, they will just you know that might be the end and they will just move away from that and any group you know" Mercy

"when you are disappointed when you come looking for help and you can't get it . . . that's it, for me I'm. . . the experience I get before I came here . . . it was discouraging." Dabisco

In summary, many participants arrived in the UK alone and many had support needs or wanted to build social networks and integrate into communities. This theme captured that this was difficult to do and a lack of signposting, combined with participants' uncertainty about how to start, often led to a period of disconnection for participants. Participants described the process of joining communities as a quest, with many obstacles to overcome and setbacks along the way.

b) Constraining theme 3: When communities were not enough

Despite the transformative nature of the communities for many participants (see **Facilitating theme 7: Transformative impact of supportive communities**), this must still be contextualised in the challenging circumstances that PWETT face. Some participants continued to grapple with loneliness and the complexity of the problems that they faced.

"They encourage me but you know but. . . this thing has its limitation [pause] so I can't…you know I just need somebody around me." Sultan

"There are certain stuff, certain incidents right . . . I really wanted to talk about it er, some people made my life harder. And then I really don't want to talk about it right now. This will I feel this will endanger my life, endanger my case so I really, I will speak to someone . . . because I need someone's support because I can't fight alone. I am looking for a time, perfect time to talk about it. So, I trust and I hope like you know er, I will speak to [name of organisation]. That is, that is the only people I trust." Rashmi

Rashmi discusses here that there is an issue he cannot be open about, even in a confidential and trusted space. This demonstrates that even powerful communities have their limits. Challenging events, as well as the Post-Migration Context (**Societal level themes**) could still be very difficult for participants and could limit the effect of supportive communities, making participants feel alone (see also **Constraining theme 6: Facing things alone**).

Other participants highlighted that there were other people that they knew of that had not been able to access any support and were reluctant to come forward. Both participants who discussed their experiences of sleeping rough highlighted this.

"There are many on the street, and there are many, not street, they are even hiding and you never know where they are and they have been through a lot." Dabisco

In summary, although all participants were positive about communities, this must not be overstated and there were instances where participants continued to suffer because of the structural factors in place that made life very difficult for PWETT.

c) Facilitating theme 4: Safe connections valued

The second community level theme was **Safe Connections Valued**. It was conceptualised as a facilitator to wellbeing because it captured the relational factors that enabled participants to integrate into and have positive experiences of communities. It covered what had been in place in various communities so that participants felt safe in their relationships. Safety stood out as an important feature of the communities that participants spoke of positively that had been helpful to their wellbeing.

Participants often said they felt safer or preferred being with other forced migrants because they felt more able to trust them due to their similar experiences. Participants felt more comfortable with this than being with the general public.

"Charities like [names] this kind of things I'm more close because of my condition maybe I feel very safe with them, because who I met people: same like me, my situation. So like see the [name of organisation], there is a lot of refugees asylum seekers, so I feel comfortable" Tina

"Yes because charities are easier to go to and yes they are easier to go to but sometimes like if you don't know you kind of scared a bit you know when you meet new people you feel scared yeah because you don't know who they are, you know you're kind of a bit worried. Because me, I my advice when I see people my best advice I can give them is go to charity you can get help there." Abdu

Some participants felt more comfortable in communities that were specifically female-only or for LGBT forced migrants.

"And not until I started going to all female groups. I felt safe; I felt myself." Mercy

i. <u>Subtheme 4.1: Healing relationship qualities</u>

Participants repeatedly talked about the impact of qualities they had experienced as part of their relationships with their communities. This included relationships with staff and other community members. Participants described how these qualities that arose from the safe environments created in the communities and participants felt that they supported healing. These were grouped into: ***acceptance, belonging, compassion, normalisation*** and ***feeling heard***. A brief explanatory sentence and quote has been chosen for each quality.

Participants talked about feeling ***accepted*** and able to be themselves around the people in their communities. For some participants, this was the first time that this had been experienced with other people.

"They, you know, try to make things, life, even they don't give you everything the whole world, try to encourage you and raise you for you to feel warm with them and be happy and then think about what next will happen for you, your future. So accepted." Eniola

Participants describe feeling a ***sense of belonging*** to their communities; that they were part of a whole or part of a family. This was linked with feeling ***belonging*** to society.

"And no again being together with people and just valuing that and knowing ok yeah that's fine I can feel like this sense of a connection and words can't describe those feelings because they are very genuine, very genuine things to feel and experience at the same time." Umar

"What I know with communities is, yeah, makes you to feel you are part of the society." Kendi

Participants discussed receiving ***compassion***; feeling held in mind, believed in, encouraged and cared for by their communities.

"Community you know the people that choose to work for community. The people have done a lot of compassion you know. They feel." Dalia"

Participants explained how being with other PWETT made them feel ***normal***; like their experiences were part of a bigger picture and they were not alone in it.

"How I've turned myself around the box like I cannot move forward and. . . until I had to join a community where people talk about their experiences. And they are similar experiences like mine" Mercy

Participants valued being ***heard***; being ***listened to*** and feeling as if they mattered.

"Because I talk. I talk. So, thank God I talk, they listen. That's the way they came to me to join and they say oh [participant name], gradually, and now I've got nice friends through the community; I met these, everything through the community" Tina

As in Tina's quote, participants explained how being in a safe space and feeling safe in those relationships allowed them to get to know people, make friends and build their social networks. This was beneficial to wellbeing.

"Because when we go out to the community, you're gonna meet new people; you're gonna make new friends." Dalia

ii. Subtheme 4.2: Sharing difficulties

Contextualised with the post-migration stressors and isolation that PWETT often face (see also Subtheme 1.1: Post-migration stressors and **Subtheme 6.2: Isolation is damaging**) lots of participants highlighted the benefit of having a safe space to share their difficulties. Some felt that it helped them emotionally and they felt unburdened.

"I put everything aside. Even I forget about my case. Even I forget about my immigration status, but I become normal when I talk to them. But that's the difference" Rashmi

Participants felt that hearing about others problems was helpful, either because it gave them some perspective on their own problems or because it helped them with problem solving and knowing what to do about their own problems. Others felt talking to others inspired hope that their situations could change.

"Like when these things are making me strong and well. When I hear some people, some things, my one is small than, my one is not, is better than. . . because I know one, one mam, she been in this country twenty years so when I see her, I see my one is better." Rosa

"When you asked me to say something about my own experience in the past it's something that, you know, it's hard. But at the same time if I do share it it actually help others to be more stronger and to believe that okay there is more hope, for them, in the nearest future. So, I think coming together as a group is very, very helpful." Sultan

Participants felt that having community support was helpful because it meant feeling like you were facing your problems together.

"And they never, they never allow you to stay alone. They don't allow you to stay alone. You always you feel like you have somebody on your side." Dabisco

"So slowly, cause they're like me cause what problem I face they're also facing." Ahmad

Some participants felt that forced migrants being able to talk and share together created resilience and learning at a community level.

"The community is everybody: you just gain from everybody." Sultan

"We help each other with advices and also just to, to make our, also our mind more, very hard." Kendi

In summary, a facilitating factor for communities having a positive impact on wellbeing was the ability to create safe connections. Participants talked about these safe connections creating positive relational experiences that were healing for them and enabled them to be themselves. They valued these safe connections as a way to share the difficulties they were encountering and receive support and encouragement. Against a picture of frequent post-migration stressors, traumas and marginalisation, this was highly meaningful for participants.

d) Facilitating theme 5: Carefully planned services

The third community level theme was **Carefully planned services** and described aspects of service or community planning that enabled participants to feel supported. This was also a factor that facilitated helpful aspects of communities. It was linked to the previous theme because these aspects of service helped to create a safe space for many of the participants.

i. Subtheme 5.1: Trusted professional support

Participants described how support from professionals had helped them, which included how professionals had taken time to gain their trust. This encompassed emotional and mental health support (including therapy), advocacy and legal services and practical support such as providing food and clothing and travel money.

"Council housing officer with them so. . . if I say something hundred times they don't like to listen to me but when they [professionals] say one time they like to listen, for me of course er, it's helpful." Ahmad

"They help me about what happen to me back home, because before I would just stay home, keep things in my heart. When I came to them, I keep talking, so it's bad for me. Because it was not easy. When, I couldn't even sleep; when you sleep you feel like something happen to you, it's coming back. And then I was shouting. ... When I came to UK we start talking so like therapy, so it's helping me." Rosa

Participants felt that the specialist knowledge and skills of professionals had been important to their case or their healing journey, particularly in relation to immigration and mental health.

"These people have a way big knowledge so what is going on in this country. So, I can get more information. And they are genuine; sometimes they will tell, this is what going to happen so better than our asking someone else this is better to go to them and ask so they, they will help; most of them help me. So, it's better, it's good to have community" Tina

"I think [name of organisation] is very good and everything they are doing, they are very experienced. They have wide range of staff that can deal with you, and start building your life." Dabisco

Learning English was felt by participants to have been important for their integration into their communities and society, which supported their wellbeing by giving them access to safe spaces. Although this comes under professional support because English language classes were often provided by professionals, it straddles both Theme 4 and Theme 5 because participants talked about learning English through speaking to other community members and learning more informally through their relationships.

"I would going to colleges and learning to speak proper English and that's the point where you need to start from, learning to speak and work at the same time." Umar

Some participants felt that not knowing English had made them more vulnerable to exploitation, so learning it helped to empower them.

"Everything make it difficult people because they know you don't know anything. Every, everywhere they try to take advantage. I don't know why people like this . . . but not everyone, some people." Ahmad

Many participants felt that joining with others to engage in meaningful activity or occupation was helpful. For some people this meant learning new skills, for others it was more about spending time with other people and building effective relationships. Other people valued having a creative outlet for their feelings.

"I would go to act them out and I saw how like when you are acting I think it's a therapeutic thing to do." Umar

"You know I learn so much because community, if you don't know anything you can learn. You look or you can ask. I didn't know many like er cook, different meal you know but from the community I learn to be a part from this world because the community will meet every nation, every part of this world we meet there." Dalia

One participant had noticed that a lack of regular shared activity had disrupted his ability to use the supportive functions of the community.

"There's one particular organisation. They run the LGBT things together, I've been there one or two times…But, they don't, they don't run it often. So, just once in a while they want to have the parties...I want at least if it is weekends you know frequently going there, having fun together, meeting with new peoples at least, I shall be more better off." Sultan

ii. ***Subtheme 5.2: Service planning***

Some aspects of how this support was organised were also highlighted. Some participants valued multi-agency working or having a 'one-stop-shop'; a place to go where they could get help with all the different things they needed.

"Letters that you don't understand, they will help you with that, getting a solicitor, they will help you, getting a caseworker, therapy session for your mental health, they can help you to get to register with the GP. There a lot of things that you cannot do and they will help you to do that." Abdu

Participants highlighted the need for longer term support and how the knowledge that their support would not end abruptly, but that staff would wait until they were ready, helped create the safe and containing conditions needed for them to access support.

"They don't give up on you. They see you to the end, at the end of the matter, to see off the matter where you're gonna end." Dabisco

Participants valued opportunities to give back to their community and many valued helping others in the community as much as being helped.

"Always I'm there to ask, if I have that, if I've anything to give to the community you know it is very important." Dalia

Participants highlighted boundary setting as an important factor in them feeling safe in communities. This included confidentiality, careful vetting processes and policies to manage conflict. Some participants felt that the boundaries that community was set up with were likely to be fixed and so needed careful consideration and planning.

"It's very important. Especially about safety. You need to know the person whose running your group. Many informations about him that was, yeah, can make sure that you're dealing with someone that at least you know not like one hundred per cent but, you know his basic, identity." Kendi

"But if there is no guidance then maybe you can say maybe it will be unsafe." Mercy

For some participants, however, the boundary setting was too rigid and could prevent natural healing interactions between people.

"The policies or whatever should be relaxed, that will make people not to be, having some boundaries…I know the boundaries are based on the policies people can be punished, people tend to be artificial, I won't go beyond my boundary…I know it's to help keep people safe but it's more or less like its causing more pretence." Nomusa

This may have been influenced by contextual factors such as participants cultural backgrounds and some participants highlighted that this difference in British culture in terms of there being more formalities was difficult to adjust to.

iii. Sub-theme 5.3: Cultural needs

Participants felt that communities were able to meet their cultural needs. Diversity was often highlighted as a strength of communities and enabled participants to feel safe enough to express themselves.

> *"Oh, a lot of difference you know. . . it was, it's not just, it's not just me. I'm from [place] and the other person is from [place2] and another person is from, [place 3]. So, every country; British, we have so many values that we bring together and try to portray the positive over so it's really nice. It's not one er, one kind of way of life. We have so many positive ways of life and then by the time we mix together, you start taking the good things and then dropping the bad ones!" Mercy*

> *"Cause back home is like oh Muslim community there, so we can't go…So, here all we are mixed. We can share. So, we just pick in the evening or she's Buddhist, no problem; come to our society…I like the way that they're treating me, it's nice." Tina*

> *"Also, for them to know about your culture. I think that will make you to be in a good like, to be confident about yourself instead of being, feeling like a stranger to people" Kendi*

Other participants felt it was important to connect with their faith and communities were helpful in enabling that.

> *"It's a traditional thing for us, right, we get very peaceful messages from the church." Rashmi*

In summary, accessing communities had created a powerful shift for participants. Alongside forging new, safe connections with both staff and peers from communities (**Facilitating theme 4: Safe connections valued**), many highlighted that carefully planned services had significantly improved their wellbeing. Participants valued the specialist skills of staff in advocating for them and managing their mental health; but this had to be carefully planned to ensure it was delivered sustainably over time and there were careful boundaries in place to create safety. Participants further valued a diverse space to connect with theirs and others cultural needs. The community facilitating themes (**Facilitating theme 4: Safe connections valued** and **Facilitating theme 5: Carefully planned services**) combined to create the conditions for **Facilitating theme 7: Transformative impact of supportive communities**.

3.3.4 Individual level themes

a) Constraining theme 6: Facing things alone

The first individual level theme was **Facing Things Alone**. Many participants described a period after they first arrived in the UK when they struggled to connect with a community. The UK post-migration context (see **Subtheme 1.1: Post-migration stressors**), combined with difficulties locating communities (see **Constraining theme 2: Joining communities is a "quest"**) led to, for many, a period of being isolated and alone. This theme captured the impact of this at an individual level.

Many participants commented that they had arrived in the UK on their own and did not have anybody that they could turn to or rely on for advice and support on how to build a life in the UK. Often participants were unaware of support services and this sometimes left participants with no option but to isolate themselves or approach unknown people for help.

"When I came to UK I didn't know anyone." Rashmi

"The time I came to UK I knew, someone brought me, he drop me, he left me, I never saw him again. Late in the evening someone I spoke to,, he took me to his house for that night, and he told me the next day I have to leave. I have nowhere to go. That's when the worst became the worst." Dabisco

i. <u>Subtheme 6.1: Fear of others</u>

Many participants talked about difficulties in entering into relationships. Participants struggled to locate people to connect with, and when they did, they described a process of doubt and concern regarding whether the person they were speaking with was a safe connection.

"My brother-in-law's friend was working in a shop, he offered me food. Then I had to think twice whether to have the food or not because having that food, my thinking was having that food will cause me problems." Rashmi

"Because even though the way this guy met me asked me I was not too sure because I don't know him, I don't know what type of person he is, you know. Always was coming into my mind that I don't know him he don't know me, I don't know him, and also I'm new to the country so I was scared, I was worried." Abdu

Other participants described a more general fear of being around people.

"I didn't go at the beginning; after some time. They call me; I never go. I had a fear to be around people. That still was the worst thing: I had a fear. I never be around people" Dabisco

This fear had created a widespread difficulty among participants in being open with people and sharing information about themselves. This was problematic both in terms of building relationships and in terms of help-seeking. Many participants were too scared to tell anybody what had happened to them or about their mental health, which prevented their identification as a vulnerable forced migrant.

"It was a bit more difficult because you know sometimes, if especially with mental issues, sometimes you feel not to share with people. So, yeah, you don't feel like sharing to people so you keep it. . . in yourself." Kendi

"Oh yeah, they can share but sometimes it's like confidentiality, with not sharing sometimes we scared to give our details like when we had torture back home. To…tell about this personal thing. I was with panic; I was afraid; and so are they going to tell? What is their confidential rules?" Tina

Once this boundary had been overcome and participants had found a community that had enabled them to make some safe connections, participants felt more able to share. As covered in **Facilitating theme 4: Safe connections valued**, many participants felt this was an important factor to their wellbeing. Some participants felt that being made to feel safe at the organisations was crucial and being given assurances about confidentiality had made a difference. Some participants commented that even making these safe connections with people, they still felt uneasy in the general public and outside of these safe spaces.

"Yeah. I worry too much about meeting new people. But in that community where I chose to be there. So, I know what I'm going for. Different from going into the larger community and not knowing what is, it's so stressful." Mercy

Many participants felt particularly nervous about people finding out about their immigration status. Some participants felt they had received different treatment from people once they knew they didn't have any right to remain in the UK. Others felt uneasy once that information had been disclosed.

"I just stop there so like with my private life I don't share with them, my problems or my status, immigration status. I don't share with anyone there so. . . but like with [name of organisation] at least I know I can share with them because this is confidential so I get help from them. So, this is very different way approach all those community." Kendi

This was even more pronounced for those that had time when they were undocumented migrants. Some said they were scared to leave the house during this time. Some participants talked about being abused and exploited as a result of being undocumented and had encountered others threatening to report them to immigration if they did not comply. Unsure of what their entitlements would be and fearful of being deported, participants felt trapped by this.

"When they know that you have immigration problem, you are rubbish. That's the time they try to bully you, give you nickname, you are not serious you are this…and even they will take your money or give you work, you will work for them in their houses. You know, they won't give you nothing they will just say rice." Eniola

"So, before I was inside because I was illegal. I didn't have visa for three years . . . So, I was really hiding. So, I never- I didn't go socialise. Like I don't trust because they will ask what is your visa category so that's why I kept my space. I kept this space so that's why I didn't try to go to community" Tina

These feelings of uncertainty and fear of others in the wider community led many to isolate themselves, which had a significant impact on mental health.

ii. <u>Subtheme 6.2: Isolation is damaging</u>

Many participants talked about periods when they had been isolated from other people are how difficult this had been.

"In the beginning basically, the isolation and er how those things I do like at some point I felt I couldn't connect to anyone you know especially like during my depression times like I felt like no that's just impossible to connect and to feel like any sort of connection to people around you." Umar

Participants often described rumination and an increase in trauma symptoms resulting from being isolated from others.

"Especially in this country is bad to stay alone. . . our situation, you can start thinking, if you start thinking you can call one of your friends you have, you start talking if you stay alone, it's bad; especially as we have kids, we have family back home . . . it's not easy" Rosa

"Whenever I'm alone it you know it's always been difficult because I thought about the past. Sometimes I do cry, cry, cry, cry, cry." Sultan

iii. Subtheme 6.3: Acculturation problems

When left alone, participants sometimes encountered acculturation difficulties. Some participants talked about not knowing how to do anything for themselves because of how different life was in the UK compared to their country of origin.

"Because compared to when I came first in this country I was finding it very difficult. It's just a different way of life. Everything is totally different. . . Because I remember when I came here, if I when I want to cross the road, I find it difficult to cross the road. I find it difficult because I don't know which direction the car is coming from, and I think when I came here when I'm taking the train I was finding it difficult like if I want to go somewhere by train I will end up on the wrong train in a different place." Abdu

Others had examples of learning cultural differences and the boundaries of acceptable behaviour through experiences with the general public that were unpleasant or hostile.

"So one day I was on the bus and an elderly woman, an old woman with trolley, she was just trying to come out of the bus, the trolley fell and she was falling so I just quickly ran out to help even though it was not my bus stop, and others just passed by, and she was struggling with the trolley, so I was thinking well I can get another bus if I need to. To my surprise this woman just told me don't touch me." Nomusa

"If I come out from my house and then I saw my neighbour also coming out of the houses or like I spot them just somewhere, I would go and like hi or hello or whatever you say it those in those encounters and most of the time they would just. . . like they don't know you." Umar

Some participants felt unable to be themselves as a result or felt they had to change their behaviour when in the general public.

"It's like I'm becoming artificial. You can't just be yourself, if you can't just be the natural being that you are supposed to be." Nomusa

Acculturation problems sometimes caused participants to isolate themselves.

"I didn't want to explore because it's a new country and I didn't want to go, I don't know where my place is, what are the boundaries; what shouldn't I do, what should I do." Mercy

Participants described feeling trapped in a vicious cycle of isolating themselves from others due to fear, but this causing their mental health to deteriorate. Both of these factors limited their chances to acculturate or find friends or communities. This made them less likely to encounter people who could help them to access support services. The **'Facing Things Alone'** cycle had severe consequences for some participants.

"I: Before you were able to join the community did you feel alone?

P: my friend was committing suicide. That was my friend every day. And I was asking why, I was asking myself why I was born."

b) Facilitating theme 7: Transformative impact of supportive communities

The second individual level theme was **Transformative Impact of Supportive Communities**. It captures how differently participants felt after being able to integrate into a community where they felt safe. The mechanisms through which this was enacted at a community or relational level were discussed in the community level themes. This theme captures the impact of these measures.

"Argh, you know I was a big, big impact. I was shut down til [community] you know, it's amazing." Dalia

"I take medication but they do more than… more than the medication. Because they heal me inside and outside. They are community, you see." Eniola

"And I can tell you how before I was really crying. But I don't cry anymore. . . I never, I don't cry anymore. But every day, when I came here I was crying every day and asking what is happening to me. Nothing was working." Dabisco

i. Sub-theme 7.1: Managing mood

Participants discussed how communities helped them to manage their mood. Many participants continued to struggle with mental health difficulties after joining communities, but were able to create shifts in mood or access support to manage their trauma symptoms through the support of those around them. Others felt able to forget about their problems and access a peaceful space.

"If you are sad when you come to the Zoom meeting you're gonna go back in your room happy. Because someone say a positive thing, you pick that. The negative you put aside." Dalia

"So, I put everything aside. Even I forget about my case. Even I forget about my immigration status er, about my family, but I become normal when I talk to them. But that's the difference." Rashmi

In this final quote, Rashmi illustrated the interrelatedness of the individual and the societal levels. With positive experiences at the community and individual level, many participants felt more able to cope with post-migration stressors. Others received therapy to improve their mental health and the impact of trauma.

ii. Sub-theme 7.2: Identity development and self-confidence

Once given access to a safe space, many talked about how this gradually built up their self-confidence and self-efficacy, which had knock on impacts on wellbeing and their ability to cope with daily life. For some, this allowed them to explore their new identity in the UK, learn about what they liked or disliked and become confident in this.

"I had to put my foot down like I don't want this, I think I didn't have to just take it in as it was; I had choices. Which I didn't know. So I had, I grew up from you don't have to be where you don't feel like, where you are not loved or appreciated. So, from going from one community to the other I had to not put my feet down and say, no, I won't come. Even though you made me know some things. I don't have to put up with this. So, I carve my niche and I made myself safe." Mercy

"And then I got my first place, my first room in London and I started finding myself again, and I found myself again in the in the context of like being part of community." Umar

Part of this identity development was adjusting to British culture and learning how cultural identity could shift in the new context that participants were exposed to. In contrast to the negative acculturative experiences that participants sometimes experienced in the general public, as described in **Subtheme 6.3: Acculturation problems**, some participants reported that their communities provided access to safe and positive adjustment experiences.

"We do, we meet with, with people like volunteers and many people so you can get knowledge; you can get more information, how they, there are things happen in the country. Also, and about er, the culture." Kendi

In summary, with the right conditions in place from the community facilitating factors, participants felt that their communities could be transformative. Participants spoke about gains in their ability to manage their mental health, have faith and confidence in their ability to cope with life's problem and flourish in terms of learning about themselves and their new identities in the UK. This had effects at the community and societal level and participants felt able to build wider social networks, give back to their communities and it could change their perception of the UK post-migration context.

3.4 Participant validation

All interview participants were invited back to take part in group discussions of the themes generated from the research. The aims of this were to check that the analysis still fitted with the participants' descriptions of events. Two participants from each partner organisation engaged in each session,

making four in total. There was widespread agreement with the themes generated from the participant validation and some commented that it was helpful to hear it spoken about in this way.

There was one point of contention from Dabisco, who was unsure about the aspects of safe connections that related to peer relationships. Dabisco explained that although he had found the staff relationships important, he still felt too unsafe amongst his peers to have any significant relationships with them. He also commented that he felt particularly unsafe around his ethnic community due to experiences of exploitation from amongst this community.

Chapter 4 Discussion

4.1 Overview

This research project set out to learn more about the role of communities in the lives of PWETT. PWETT have often been exposed to high levels of trauma by the time of arrival in the UK (Silove et al., 1997) and have limited social networks as a result of their migration (Morgan et al., 2017). A need for support with social integration for forced migrants in the UK has been highlighted (Phillimore et al., 2007), and yet few interventions have been evidenced as effective (Salway et al., 2020). These factors formed the rationale for this research, which looked at whether PWETT may have a need for communities but significant difficulty in identifying, approaching and integrating into them.

There were three main research questions; what do we mean by community, how do PWETT access communities and how do they benefit (or not) from them? Thirteen PWETT were recruited from two partner organisations, which were charities providing specialist services to PWETT with a community-based element of support provision. Participants were interviewed about their experiences of communities in the UK in a post-migration climate. In this chapter, the findings will first be contextualised with the previous research in the field. This will follow the structure outlined in **Table 9**, which shows a summary of the results with the corresponding discussion points. Each research question will be covered in turn, summarising the main findings and relevant literature. Subsequently, the strengths and limitations of the research will be highlighted, followed by the clinical implications and recommendations for future research. The potential impact of this research having been conducted during the Covid-19 pandemic is highlighted.

The field of community psychology is dedicated to understanding the psychology of people in their community and societal contexts and was used to inform and structure this research. The values and principles of community psychology will be drawn upon to further understanding of the findings and inform the recommendations of the research.

4.2 First research question: What do we mean by communities?

There has been disagreement in previous research (see **Community: definitions and concepts** for a summary) about how to define communities. The concept of community is socially constructed and

therefore is inevitably shaped by language, culture and society (Kagan et al., 2019). As the population sample of this research was culturally diverse, it was decided to explore whether the chosen definition was acceptable and captured the meaning of community for participants.

When interviewed, participants agreed with the definition put forward by the British Psychological Society (2018) and felt that it captured their meaning of community. Two participants added elements when asked if the definition was incomplete. These were family and advantage (to contrast with disadvantage). The definition provided by the BPS is broad in terms of the types of communities captured, but does not describe the emotional or relational elements of the construct that many people connect with (e.g. **Psychological sense of community** (McMillan & Chavis, 1986)). Phillimore et al. (2007) reported that the refugees interviewed in their study agreed that being part of a community meant being with people of the same culture, who spoke the same language and were able to share information and give each other advice. They also emphasised having a shared space that you were welcomed and felt you belonged (Phillimore et al., 2007).

It was interesting that these elements of community were not highlighted by the participants in response to the first question. This may suggest a weakness in the design that participants were given a definition, rather than being able to give their own meaning. Participants may have felt unable to disagree with the researcher, especially because it was at the start of the interview. Furthermore, the participants in the Phillimore et al. (2007) study were interviewed in their native language by fellow community members and therefore may have felt more free to describe their communities using their own words. There was evidence from answers to later questions that the sentimental aspects of communities were relevant to the participants of this study, as was evidenced in **Facilitating theme 4: Safe connections valued**. Although the participants in this research did not emphasise sentimental aspects of the definition, it was therefore felt this was most likely due to the research design.

Participants were asked to map the communities that they had been part of since their time in the UK (**Table 7**) and produced a variety of types of communities. No research has been found specifically mapping community membership in PWETT. However, Phillimore et al. (2007) elicited information about communities when asking participants about mental health. This study found that most participants talked about ethnic or faith communities. Some participants in the current study discussed ethnic communities, but sometimes this was in relation to negative experiences. More participants discussed faith communities. Others emphasised the importance of LGBTQ, sports and educational communities. The most common types of communities that were discussed, however, were organised, specialist communities for PWETT. It is possible that some of the ethnic communities talked about in Phillimore et al.'s (2007) study were, in fact, specialist charities and it is not entirely clear that these

two categories are distinct. On the other hand, the communities in Phillimore's study were organised around specific ethnic groupings, for example "A Kurdish community in Wolverhampton", whilst the organisations discussed in the current study were not.

One proposed explanation for this is the difference in the population group of the two studies. Phillimore et al. (2007) interviewed refugees. Whilst refugees *can* have experiences of torture and trafficking, it is not a requirement of claiming asylum and individuals within the two populations could have had different experiences (see **PWETT: Defining the terms used**). PWETT may be more likely to have negative experiences with their ethnic community than refugees. Victims of trafficking can be trafficked by members of their own communities and continue to be vulnerable to re-exploitation after leaving their trafficking situation (Salami' et al., 2021). They may also fear re-capture and punishment for leaving (Salami' et al., 2021). There was some suggestion that the participants in this study feared their ethnic communities, as outlined in **Subtheme 6.1: Fear of others**. This is particularly evidenced by Dabisco's contribution to the participant validation workshop (**3.4 Participant validation**), in which he highlighted that as a result of being trafficked he was still uncomfortable spending time amongst his ethnic community, despite having made progress in many areas of his life.

Alternatively, there could be a bias in the sample caused by the fact that all those interviewed were accessing support from specialist organised communities. It is possible that those using specialist organisations are a subset of forced migrants that could not access support via their ethnic communities and this created the need for the organisations. Nonetheless, it is a useful finding that the communities that participants had been involved with were diverse and for some, ethnic communities may have been more difficult to connect with than others.

4.3 Second research question: How do PWETT access communities?

Previous research conducted by Phillimore et al. (2007) found that refugees struggled to locate communities that might support them with coping with mental health difficulties and adjusting to life in the UK. The current study sought to find out how PWETT looked for and integrated into communities, what the barriers were to this and how difficult this was. The relevant research questions of the study, findings and discussion points are shown in **Table 9**. Poor access to communities

constituted one of the main constraining factors in the relationship between communities and mental wellbeing in PWETT. That they were difficult to access limited their impact.

That services do not always work with the most marginalised groups is well documented in the research field (Halvorsrud et al., 2018), with black and ethnic minority groups often being over-represented in tertiary services and underrepresented in primary care (Sainsbury Centre for Mental Health, 2002). A core value of critical community psychology practice is social justice, which in part means adopting the 'preferential option for the oppressed' (Kagan et al., 2019). In doing so, communities should be as diverse as possible and form alliances and coalitions (Kagan et al., 2019). Making communities accessible is a priority (Casale et al., 2015).

4.3.1 How do PWETT locate communities to be a part of and how do they integrate into them?

As discussed in **Subtheme 2.1: Trial and error of searching for communities**, the methods used by PWETT in order to locate communities were somewhat diverse (a list is shown in **Table 9**). Many participants found communities through word of mouth via friends or associates, but this could be by chance encounters and some participants did not have friends or associates to ask. Primary care and other community hubs became useful in these cases, and most other participants were able to access communities through GPs, places of worship, colleges or drop-in support services for forced migrants. A small number were referred by lawyers or used the internet. In their evidence synthesis, Salway et al. (2020) mapped the kinds of interventions that have been used to decrease loneliness in migrants and similar areas had been highlighted including places of worship, sports teams, English language classes and organisations for forced migrants. There has also been discussion in the literature of the use of the internet to access social networks, particularly for LGBT forced migrants (Yarwood et al., 2022). The findings of this study are broadly consistent with previous research showing that it is difficult for forced migrants to know how to join communities (Phillimore et al., 2007) and a larger body of work identifying isolation as prevalent in forced migrants (Salway et al., 2020). Correspondingly, the methods used by PWETT in the current study to locate communities were diverse. The variety of methods used paints a complicated picture to work from in reaching more PWETT to welcome into communities, although the possibility of using primary health care settings is raised by the findings here. This is discussed further in the next section.

4.3.2 What are the barriers to access?

In this research, a comprehensive mapping exercise was completed of the barriers to accessing safe communities and a list is shown in **Table 9**. This section will discuss the barriers at the societal, meso and finally the individual level.

a) Societal level barriers

The first societal level barrier to accessing safe communities was **Subtheme 1.1: Post-migration stressors**. Participants explained in this sub-theme how a variety of environmental stressors made it more difficult for them to create a new life in the UK. Many of these stressors caused difficult feelings in participants including anxiety, sadness and frustration. Some stressors were difficult on a practical level, like multiple housing moves, and could sever established links with safe communities. There were also stressors that had a strong emotional impact, like the asylum system, which had a more indirect effect of increasing fear of deportation or decreasing self-confidence. Previous research has shown that the asylum system can make forced migrants feel criminalised (Phillimore, 2011) and the link between post-migration stressors and negative mental health outcomes is well established (Giacco et al., 2018; Jannesari et al., 2020).

Some participants commented on the cultural differences between the UK and their original countries. This created feelings of alienation, fear and marginalisation. To some participants, British culture felt ‘cold’ and ‘reserved’ compared to their original countries and this sometimes exacerbated isolation. This was also noted by Phillimore (2011) in their study on acculturation, where participants described the UK as ‘closed’ and worried about causing offense or getting into trouble. This is suggestive that there can be cultural differences between UK nationals and forced migrants that may make it more difficult for PWETT to access communities if they do not feel that other people are approachable.

Some participants had experienced feeling marginalised in their ethnic communities or in local British communities. It is interesting that racism and discrimination from British people was not mentioned more by participants, despite research showing that it is commonly described by forced migrants, alongside being made to feel unwelcome (Salway et al., 2020). As highlighted by Bottura and Mancini (2016), Western countries such as the UK, often have highly polarised social representations of forced migrants in the media and politics. These social representations translate into negative images and attitudes amongst the general public. Although it is possible this the sample interviewed had not

experienced racism or hostility, it is also possible that the lead researcher's social positioning as a White British person did not facilitate any such disclosures to take place. There is evidence from discursive analysis that forced migrants have a tendency to play down incidents of discrimination so as not to seem overly sensitive to racism or criticize their host country (Kirkwood, 2012). In the research conducted by peer researchers in the Phillimore (2011) study, racism, discrimination and hostility from British people was reported as common. It is possible then, that these experiences were underreported by the sample. There were nevertheless indications of hostility from participants, including Ahmad reporting feeling marginalised as a forced migrant, "like he didn't exist", and Nomusa struggling with being left to fall over in the street. Neither participant explicitly attributed this to discriminatory attitudes in the British public, but it is nevertheless possible given the evidence suggesting these attitudes and behaviours exist (Bottura & Mancini, 2016; Phillimore, 2011). This would constitute a societal level barrier if forced migrants felt unable to engage with communities out of fear of their treatment. Incidentally, Bottura and Mancini (2016) commented on a lack of research looking more specifically at interactions between forced migrants and native communities, and this would be an interesting area for future research.

Taken together, these findings suggest that the post-migration environment presents significant barriers at a societal level for PWETT in accessing supportive communities.

b) Community level barriers

There were several community level barriers to accessing communities. These factors were defined broadly as relating to issues at the community level. **Subtheme 2.1: Trial and error of searching for communities** showed that many PWETT did not know where to start in identifying communities to join. Having left social networks behind, many participants had nobody to ask and were unsure of their entitlements. This has been well-documented in the research field, with difficulties in accessing healthcare, mental healthcare and legal support being named as common risk factors for poor mental health in two large systematic reviews (Carswell et al., 2011; Giacco et al., 2018; Jannesari et al., 2020). Qualitative research has also shown more detailed accounts of forced migrants struggling to access information about communities due to lack of language ability (Fish & Fakoussa, 2018). Against a back-drop of a difficult post-migration context, many participants were left without any support.

There were also issues at the community level to do with unhelpful practice by services or organisations. Participants reported having support services lose their referrals, reject the referral but provide no

alternative and a lack of frequent contact that made the support unhelpful. Similar practices were noted by Salway et al. (2020) in their qualitative synthesis, in which they found migrants faced dismissive treatment by staff in welfare agencies. Due to the complexity of the post-migration stressors that are facing PWETT, it has been recommended that services are well-integrated professionally and may need to make "vigorous attempts to improve social environments" (Gorst-Unsworth & Goldenberg, 1998, p. 8). Furthermore, due to the high levels of trauma in PWETT, arguments have been made for the use of trauma-informed principles in their care (Macy & Johns, 2011). The practices outlined above would violate principles of trustworthiness and choice that are so important in trauma-informed care (Butler et al., 2011).

A further community level barrier was negative experiences with communities. Some participants had experienced discrimination or harassment within their communities. The unsuitability of some communities for PWETT constituted a further barrier to accessing supportive communities. In some cases this was linked to the fact that their ethnic or faith communities were not appropriate for them (for further discussion see **Sub-theme 2.2: Negative experiences with communities**). The main impact of this is discussed under the Functions of communities section (**What is not helpful about communities?**), but it was relevant to questions about access to communities because of the way it exacerbated participants' fear of others (**Subtheme 6.1: Fear of others**) and self-confidence to approach new communities. Participants described having few opportunities to access communities and when these did come, it was difficult to follow them up because of their mental health problems and practical resource constraints. After overcoming these barriers, if the experiences were negative, this could contribute to feelings of marginalisation that could constitute barriers in themselves. Salway et al. (2020) in a large qualitative evidence synthesis found that a fear of being rejected or judged by others prevented migrants from taking up offer of support to build social networks, which was influenced by low self-confidence. This is a key example of how community factors and individual factors were interrelated and could combine to make communities more difficult to access.

c) Individual level barriers

One significant barrier that was highlighted in this research was the significance of participants' fear of others (see **Subtheme 6.1: Fear of others**). Participants explained feeling doubtful and mistrustful of the people they were engaging with, which discouraged them from engaging with new communities or meeting new people. This fits with quantitative findings showing that greater trauma exposure was associated with negative beliefs about others (trust in others, belief in their benevolence) in refugees

(Nickerson et al., 2022). This was also longitudinally linked to poor social engagement and depression. In the same study, poor social engagement at the first time point was linked with negative beliefs about others at the second time point. This provides quantitative evidence for the cycle observed in the current research; that fear of others prevented engagement with communities, which then increased mental health problems and acculturation difficulties. Nickerson et al. (2022) also evidenced a positive bidirectional relationship between beliefs about others and social engagement, which indicates that positive social experiences promoted positive beliefs about others, creating a positive cycle.

Again this has clinical implications for those hoping to support PWETT and it is likely that they may need additional encouragement and support to take up opportunities of support. Early exposure to supportive and positive social experiences may be crucial in improving beliefs about others, self-confidence and increasing social engagement. It is interesting that participants highlighted the need for assurances around vetting processes of people that attend services and assurances around the boundaries of the service such as confidentiality. This may be linked with negative beliefs about others and additionally provides useful clinical information in terms of providing positive social experiences for vulnerable forced migrants.

4.3.3 How difficult is this process?

What was particularly highlighted in this account of difficulties accessing communities was the 'trial and error' nature; that participants sometimes had to follow up multiple leads in order to find a community and could be knocked back by support agencies. This contributed to a feeling of hopelessness in some participants and others commented that this could be enough to prevent somebody accessing a community altogether (see **Sub-theme 2.2: Negative experiences with communities).**

Interestingly, it has been suggested that the link between social support and PTSD could be mediated by hope. This is through the belief that one can reach desired goals and/or has the perceived capacity to generate workable routes to those goals (Snyder et al., 1999). It has been argued that because of the subjective assessment of the resources available, hope may be more dependent on social-environments (Glass et al., 2009). Interestingly, research has shown in adolescent refugees that social support is negatively related to PTSD and this relationship is mediated by hope and self-esteem (Zhou et al., 2018). Other findings have shown that self-efficacy strongly predicts mental health outcomes in refugees and this is suggested to be partly influenced by refugees feeling powerless and unable to control their lives in the resettlement process

(Nickerson et al., 2019). Other findings have shown that PTSD predicts poor self-efficacy over time in refugees (Nickerson et al., 2022). This research provides quantitative evidence for the phenomenon observed here, that a lack of social support and difficulty accessing it may result in mental health problems and decrease hope and self-efficacy, or an individual's belief that they are capable of managing and changing their circumstances. This may decrease the likelihood further of participants feeling able to look for communities. Previous research has therefore supported that lack of social support and lack of control over resettlement may create feelings of hopelessness and lack of self-efficacy.

Whilst this trial and error aspect of the theme (**Subtheme 2.1: Trial and error of searching for communities**) was well represented across the sample, there was some divergence in terms of how it was experienced. The overall impression of the data was that it was highly challenging and could negatively impact on mental health. Some participants nevertheless highlighted the positives and felt they had been opportunities for development. This finding is consistent with emerging research on post-traumatic growth. Moving away from focusing on the link between trauma and pathology, researchers have more recently begun to investigate positive psychological changes that can be experienced as a result of the struggle with highly challenging life circumstances (Tedeschi & Calhoun, 1996). In an interpretative phenomenological analysis of the 'lived' experience of adult refugees, McCormack and Strezov (2021) showed that with the right conditions in place, refugees were able to sustain positive narratives about their refugee journey, focusing on strength and self-reliance rather than isolation and adversity. It is possible that in this study, those positively framing the process of looking for a community were at different points in their integration into the UK and had been able to process their experiences more fully. This may be useful information clinically when working with PWETT who are struggling to come through a difficult experience with a community or struggling to find a community where they feel they fit.

Subtheme 6.2: Isolation is damaging highlighted the difficult feelings associated with not finding an appropriate community and living in isolation. As would be expected from previous research (Brewin et al., 2000; Leigh-Hunt et al., 2017) isolation exacerbated mental health symptoms for participants. Isolation has been highlighted as a particular risk factor for poor mental health in migrants (Salway et al., 2020). Phillimore et al. (2007) further underscored a similar vicious cycle of isolation, acculturation and mental health problems in their study to that highlighted here. Participants additionally highlighted that periods of isolation were linked with worrying about family at home, which has been found among Iraqi forced migrants to be a predictor of psychopathology after controlling for pre-migration trauma and current living difficulties (Nickerson et al., 2010). This study contributes to an already strong evidence base that poor social networks are highly associated with poor

mental health in PWETT. This has clear clinical implications for services aiming to improve mental health for this group.

4.3.4 Summary

In summary, this research found that it was very difficult for participants to identify communities to join. Without information from reliable sources about where to look for support, or safe social connections, participants had to rely on a process of trial and error. This was consistent with research showing support services were difficult to access for forced migrants (Carswell et al., 2011; Fish & Fakoussa, 2018). The trial and error process involved following up multiple leads or indicators of support until they found the right fit. This was emotionally and practically challenging for participants, particularly in the context of participants being fearful of others, and led to some disengaging from the process. When participants were unable to join a community, they became isolated and the effects of this were devastating. In line with previous research (Brewin et al., 2000), isolation led to a decline in mental health, which could exacerbate acculturation problems and in some cases completely cut PWETT off from society.

One dilemma that remains is how these barriers can be overcome. The variety of methods used by PWETT to locate communities and the variety of barriers points to a lack of coordination of this process. Many participants talked about having a period after first arriving when they had no contact with any services, either because they were afraid to draw attention to themselves, or because they were not aware of their entitlement to them. This means it could be difficult for communities practically to find PWETT in order to give them information about their services. Furthermore, even if access to communities could be improved, long-term funding decreases have resulted in many organisations for migrants being forced to close, struggling with capacity or reporting reductions in the quality of care (Royster, 2020). The picture is similar in NHS services, with a 2018 audit showing two thirds of patients referred for therapy in secondary care waiting for more than a year (Iqbal et al., 2021).

Critical community psychology provides a useful framework for addressing these issues, because it encourages considering multiple-levels of intervention and is designed for working with marginalised and oppressed populations (Kagan et al., 2019). Community psychology would suggest working locally and taking time to understand the reasons that the community of interest has been excluded (Kagan et al., 2019). A key way to do this while maintaining the key social justice value would be to respect the right of self-determination and allow for personal control and agency (Kagan et al., 2019). In practice

this would mean amplifying the marginalised voices of the community in the proposed solutions as well as the understandings of the problem (Kagan et al., 2019).

4.4 Third research question: What are the functions of communities for PWETT?

Despite evidence emphasising the role of social support in predicting better outcomes for torture survivors (Gorst-Unsworth & Goldenberg, 1998), relatively little research was found of social and welfare interventions (Hamid et al., 2019) and questions raised about the suitability of individual trauma-focused treatment for those from different cultural backgrounds (Colic-Peisker & Tilbury, 2003). The third area of focus for the study was therefore based around the function of communities for PWETT, or how communities can be useful or not to PWETT. It was hoped that this may support the design of more suitable social interventions.

4.4.1 What are communities like for PWETT?

This line of enquiry focused on how UK communities were experienced by PWETT compared to their communities in their original countries. In general, this research question was split into two parts; how wider UK society and culture felt to participants and how supportive communities felt. There was a distinct and marked difference between these two types of experience.

Despite participants discussing post-migration stressors, participants frequently highlighted positive things about the UK when asked to compare it to their original countries. As outlined in **Sub-theme 1.2: Power dynamics**, some participants felt positively about the emphasis on equality, fair treatment under the legal systems and the freedoms afforded to citizens. Some participants drew comfort from this when they were struggling with life in the UK. For others, however, this made coping with post-migration stressors more difficult, because they had left families behind or because they had felt relieved upon escaping traumatic situations at home. A complicated picture emerged of the interplay between hopes and perceptions of what life in the UK could be like and the reality that compounded mental health difficulties for some. This ‘culture shock’ has been acknowledged in acculturation literature, where migrants can experience feelings of loss, anger, isolation and betrayal as a result of their hopes

of life in the UK not being matched by the reality (Pedersen, 1995). Group processes exploring these issues have been described for migrants; with recommendations regarding acknowledgment of what was left behind and what was gained from migration, together with others going through the process to facilitate understanding of these complicated experiences (Asner-Self & Feyissa, 2002).

There is additionally a large body of evidence that social injustice and oppression are related to mental distress (Smail, 1993). It has been argued that torture and political repression create feelings of alienation that can make it more difficult for PWETT to make sense of their experiences (Blackwell, 1997). This can be compounded by public discourses that marginalise further (Mulvey, 2010) and can lead to community-wide social marginalisation and alienation (Atiyeh et al., 2020). The theoretical role of discussion of these issues in a group context has been highlighted, along with facilitator attendance to power dynamics (Atiyeh et al., 2020). Liberation psychology, a key part of critical community psychology, theorises that distress arises from social oppression and this must be acknowledged and worked with therapeutically (Afuape & Hughes, 2016). Given that issues of social power were raised by participants, it is suggested that an approach that takes these issues into account may be more successful.

Many participants felt differently about their supportive communities, and the impact of this was illustrated in the individual level **Facilitating theme 7: Transformative impact of supportive communities.** Standing in contrast to when participants were required to cope alone, participants found that when part of a community, they were able to access support to manage their mood and to help them cope with post-migration stressors. This is in line with the stress-buffering hypothesis of social support (Cohen & Wills, 1985). Participants further talked about the generation of positive emotions, which is in line with newer perspectives on how relationships create better mental health outcomes (Feeney & Collins, 2015). Research has shown that support from friends and partners during stressful events increased positive mood (Collins & Feeney, 2000) and feelings of calmness and security (Kane et al., 2012). This research is highly relevant, but has mostly focused on intimate partner relationships and it is useful to know that other types of relationships (including community-wide relationships) can fulfil these same functions, particularly where there are high rates of mental health problems such as PTSD.

The results also showed that supportive communities could result in improvements in self-confidence and self-efficacy; and support identity development and acculturation. This is in keeping with newer theories of social support that recognise the role of social support in post-traumatic growth as well as through periods of adversity and in managing PTSD or other mental health conditions (Feeney & Collins, 2015). As argued by Feeney and Collins (2015), good quality social support could increase feelings of self-efficacy, self-confidence and self-acceptance and therefore promote longer-term

thriving via increasing perceptions of the self as capable and able to overcome adversity. More recent research has begun to evidence this pathway. For example, Lee et al. (2018) showed that people's judgments of how supportive their close others were positively predicted personal growth in both Western and East Asian cultures and this link was partially mediated by self-confidence. Elsewhere, similar findings demonstrated that in a sample of survivors of an earthquake in China, social support was negatively related to PTSD, mediated by self-esteem, and positively related to post-traumatic growth, mediated by hope. Lee et al. (2018) argued that the cross-cultural nature of these findings may indicate a more general process of human functioning than a Western, culturally-bound theory. This is important because much of the research surrounding social support has been conducted in Western, Educated, Industrialised, Rich and Democratic (WEIRD) societies (Lee et al., 2018).

Interestingly, in their study on acculturation strategies available to refugees, Phillimore (2011) found that those with friends or family already existing in the UK or access to a community organisation were better able to maintain their cultural traditions. This research also showed that access to a supportive community helped participants to connect with their home culture; but others felt able to explore new parts of their identity. This fits with the integration style of acculturating (Berry, 1997), wherein migrants take on cultural norms from the host culture as well. Research has indicated strategies that involve taking on the host culture lead to better mental health outcomes (Choy et al., 2021). Access to supportive communities may therefore partly promote post-traumatic growth by allowing for more positive acculturative experiences.

This section highlighted a difference in experience for PWETT between being in wider UK communities, which could be associated with feelings anxiety due to fears of or actual harassment and discrimination. Once PWETT had accessed more supportive communities, their experience was marked by increased ability to manage their mood, acculturate and develop new identities. This is consistent with emerging findings regarding the mediating role of self-confidence and self-esteem in the link between social support and post-traumatic growth (Lee et al., 2018; Zhou et al., 2018). Much of the social support literature is based around intimate partner relationships or individual friendships. What is therefore particularly significant about these findings is that they suggest that the beneficial social support effects can be generated in a group or community, often with people whose relationships did not pre-date joining the community.

4.4.2 What is helpful about communities?

If supportive communities can be transformative for PWETT, understanding how this functions is of crucial importance. This section focuses around the question of how communities help. Two main facilitating factors to the helpfulness of communities were via safe connections and carefully planned services.

a) Making safe connections

Participants felt strongly that being able to form safe connections had allowed them to experience healing relationship qualities including acceptance, belonging, compassion, normalisation and feeling heard. Participants also specifically appreciated a space to share their difficulties. This was helpful not only because it enabled personal problem solving, but also because it allowed participants to hear about the problems of other community members and help them. These findings are in line with theory from community psychology, which has positive community relations at its core (Nelson & Prilleltensky, 2005). The value of 'community' indicates a focus on strengthening people's sense of social belonging and commitment to each other so that people's hopes and desires for acceptance, love and tolerance may be met (Kagan et al., 2019). Furthermore, the community psychology principles of being asset-focused and using the resources of the community (Kagan et al., 2019), appear to be fulfilled here, given that peer support in relation to sharing difficulties was seen as valuable and in increasing the resilience of the whole community. The evidence presented in the current study that a supportive community was transformative for these reasons goes some way to providing an empirical basis for this being helpful for PWETT.

There is strong evidence to suggest that exposure to trauma can causes difficulties in relationships (Herman, 1992) and disruption in interpersonal relationships is one of the key clinical features of complex PTSD (Karatzias et al., 2017). As both trauma-exposure and PTSD are common in PWETT (Giacco et al., 2018), that opportunities to make safe connections were valued makes sense. It also fits with previous research findings showing that exposure to traumatic material through community members reduced distress and improved psychological wellbeing in a sample of asylum seekers from a collectivist culture (Regev & Slonim-Nevo, 2019). Regev and Slonim-Nevo (2019) suggested this could be because it allowed refugees to care for others, which may enhance their sense of belonging and community identity or because hearing about the life histories of others could be normalising. Both of these explanations were indicated by **Facilitating theme 4: Safe connections valued**, with participants highlighting normalisation, mutual caring and belonging. In the context of the **Subtheme**

6.1: Fear of others, the ability to form safe relationships may be both challenging and particularly helpful for PWETT.

Opportunities for shared activity and occupation were also highlighted by participants. This had the dual effect of building safe relationships and allowing participants to engage in meaningful activity and learn new skills. This may have been of additional benefit to PWETT given restrictions on working that mean loneliness and boredom is a common post-migration stressor (Carswell et al., 2011). Furthermore, findings from the large evidence synthesis suggested that public spaces and spaces for both informal and formal opportunities for social connection would be effective in reducing social isolation for forced migrants. These findings together support the utility of the use of supportive peer relationships in supporting wellbeing for PWETT, moving beyond traditional therapeutic professional relationships that occupy the majority of mental health research for forced migrants (Hamid et al., 2019).

b) Carefully planned services

The provision of professional support was additionally highlighted in various forms (**Subtheme 5.1: Trusted professional support**). Participants found the advocacy element of communities helpful. This is in line with mainstream models of trauma treatment that would require a period of stabilisation prior to any therapeutic intervention (Herman, 1992). This is based on the impact of trauma on the ability to regulate emotion and tolerate distress (Herman, 1992). In the case of forced migrants, the difficult social conditions are linked to distress (Giacco et al., 2018) and creating a safe social environment is recommended as part of the stabilisation phase (Herman, 1992).

As highlighted in **Subtheme 1.1: Post-migration stressors**, many participants discussed the lack of access to legal support. Some participants had paid lawyers all of their available money. Some participants described the long-term impact of bad legal representation, saying incorrect information about them had been provided or incorrect claims submitted, leading in some cases to refused applications and with that loss of entitlements, such as to housing. Another participant highlighted how he had only felt able to trust lawyers from his country, but they had taken his money and not adequately represented him. The lack of legal aid provision for immigration cases has been highlighted recently by a Justice Select Committee, with expert submissions arguing that forced migrants are unable to access legal advice (House of Commons Justice Committee, 2021). The Independent reported on a High Court ruling against several immigration firms that were charging large amounts of money for providing substandard legal representation, including; failing to submit evidence, using unqualified people to

submit claims or advising on unwinnable cases (Bulman, 2018). This article reported that the judge had warned of the cause being lack of access to legal aid provision. Given the acknowledgement of poor access to reputable legal aid firms and participants' experiences of suffering the consequences of substandard legal support, it is understandable that participants highlighted the importance of having access to a lawyer that made them feel safe and supported.

One participant described how this led to a long period of sleeping rough. It was only through multi-agency working and referral to a specialist organisation that he was able to submit a new claim and end his homelessness. Homelessness was noted by Phillimore et al. (2007) as a big problem for forced migrants, linked with arguments made earlier about inaccessibility of UK support systems. In light of the 'policy-imposed liminality' (Hynes, 2011, p. 94).

Many participants discussed the impact of therapy. This fits with a growing evidence base showing the effectiveness of individual (Siehl et al., 2021) and group (Bunn et al., 2018) therapy for survivors of torture and severe forms of violence. Interestingly, a literature review on the use of group therapies for survivors of torture and severe violence found a reluctance among participants to engage in groups due to fears around sharing their abuse history with group members, and were worried about confidentiality (Bunn et al., 2018). Consistent with that, **Subtheme 5.2: Service planning** showed that participants were concerned about the boundaries and policies of communities, commenting that being given assurances about confidentiality and vetting procedures had helped them to feel safe enough to engage. Clear boundaries and confidentiality may be an important function of communities insofar as they enable PWETT to feel safe and able to share. Although this is consistent with the principles of trauma-informed care and may seem natural (Butler et al., 2011), it is useful to have it evidenced in a group of forced migrants, for whom it has been suggested more informal ethnic communities may be useful (Salway et al., 2020). Whilst this certainly may still be the case for some forced migrants, others may benefit from more structured spaces.

Other participants highlighted the approach to longer term support as helpful. There has been much debate about length of treatment in the therapy field, with research generally indicating that factors other than number of sessions were more likely to impact the outcome of therapy (Evans et al., 2017). On the other hand, there are some ways in which longer-term treatment may be beneficial for PWETT. Firstly, as highlighted by participants, many have severe disturbances in their ability to build trust and feel safe in relationships, which may take time to rehabilitate. The patience of staff was highlighted as particularly helpful in this regard. Secondly, PWETT often experience long delays while they wait for the outcome of their asylum claim (Allison & Taylor, 2019). For this time period, many forced migrants feel in limbo and distress in maintained through this period (Ryan et al., 2014). Thirdly, many of the

mechanisms through which the facilitating effects of communities were enacted was through participants' peers. Staff input was required, but it stands to reason that community executed support could be more cost-effective because it requires fewer professionals than traditional one-to-one support models required. This additionally makes it more sustainable over time, which is a key value of critical community psychology models (Kagan et al., 2019).

Finally, in **Sub-theme 5.3: Cultural needs,** participants highlighted how communities could help them by meeting their cultural and faith needs. This fits with a series of focus groups conducted by Fish and Fakoussa (2018), which found forced migrants drew on ideas about connecting with faith, nature and the mind-body connection to help their mental health. Many participants felt that the mental health care they had been provided had been inadequate and commented that they had been prescribed medication but this had not helped them. This echoes arguments that have been made about the suitability of decontextualised Western models of care for those from different cultural backgrounds (Fish & Fakoussa, 2018). Research has found that for some from different cultures, being asked to discuss inner beliefs or experiences with a professional could be seen as unhelpful and frightening (Tribe, 1999).

What was striking about the findings from this section as a whole was that social interventions and relationships were seen to be as important as psychological interventions, which is in line with arguments about the dangers of over-emphasising trauma-focused treatment (Colic-Peisker & Tilbury, 2003). Opportunities to contribute to the community as well as be helped were highlighted. This is supported by community psychology values such as stewardship, in which enabling people to make a contribution is seen as important (Kagan et al., 2019). Using the assets and experience of community members alongside professional input seemed to lead to a more empowering experience, which may have enabled community members to fulfil desired roles of caring for each other (Regev & Slonim-Nevo, 2019). Finally, in line with social justice principles (Kagan et al., 2019), the use of professional support to advocate for better social conditions was valued.

4.4.3 What is not helpful about communities?

Although some participants did not highlight anything that was unhelpful about communities, other participants discussed discrimination, harassment or exploitation by others in their ethnic communities and the wider general public (**Constraining theme 3: When communities were not enough)**. As highlighted earlier, it has been argued that victims of trafficking remain vulnerable to exploitation after

leaving their trafficker (Salami' et al., 2021). Another key aspect to the discrimination experienced related to homophobia. Mercy reported fiercely homophobic attitudes in her ethnic community, which had contributed to her hiding her identity for many years. This issue was highlighted by a recent systematic review of mental health in LGBT asylum seekers and refugees (Nematy et al., 2022). Sutlan discussed how lack of access to LGBT specific spaces to make connections with other LGBT people had contributed significantly to his poor mental health. Another recent systematic review (Yarwood et al., 2022) found that LGBT forced migrants face additional discrimination and harassment from other migrants and difficulties in accessing services, which is also consistent with this account. This review suggested that access to online LGBT spaces was helpful for some participants. It is certainly an alternative that specialist LGBT-friendly organisations for forced migrants can help, as was made clear by Mercy in her account. This research may have highlighted a gap in service provision and the additional issues faced by LGBT PWETT warrants additional consideration by services.

There was some evidence that participants continued to struggle with difficulties despite having access to a supportive community. In some ways this was unsurprising, and no intervention is likely to be effective at removing all difficulties. On the other hand, participants did express ongoing significant distress, particularly Rashmi, who had felt unable to share something with his supportive community relating to harm coming to his family. There is evidence that fear for families back home made an independent contribution to the risk of psychopathology in Iraqi refugees (Nickerson et al., 2010). Community psychology theory would suggest that distress arises as a result of powerful political and economic systems and individual or community level interventions will not be sufficient to impact those (Kagan et al., 2019). Liberatory practice forms a large part of critical community psychology practice, in which groups of people are brought together to advocate for social change on a broader scale (Afuape & Hughes, 2016). Several systematic reviews have called for governments to improve socio-economic conditions for PWETT (Giacco et al., 2018; Jannesari et al., 2020), and the contribution made to the research field by this project suggests that social advocacy may be no less relevant.

4.4.4 Summary

This section highlighted that communities can be transformative for PWETT. Participants highlighted several key mechanisms of change, including the provision of specialised professional advocacy, sharing life's difficulties and supporting access to safe relationships. This helped participants to manage their mood, develop self-confidence, adjust to life in the UK and explore new identities. This is consistent with literature around social support being linked with post-traumatic growth (Lee et al.,

2018). Communities were also named as ideal places for PWETT to connect with their original cultures and learn about British culture with others who were new to it.

On the other hand, some participants highlighted experiences of abuse or exploitation from their ethnic communities, which may be a particular vulnerability of PWETT. Several elements of trauma-informed practices were highlighted by participants, including having assurances about confidentiality and referrals. This is indicative that therapeutic communities for PWETT should be carefully planned. There were some unmet needs for some participants, including continuing to struggle with post-migration stressors and not having access to LGBT-specific spaces. Since the organisations sit at the community level within the systemic framework, it is unsurprising that the societal factors may have an effect over and above this intervention.

Whilst there are recommendations for trauma-informed practice and individual psychological interventions, so too are there strong recommendations for social and collective interventions. Some of the most valued parts of communities for PWETT were related to the other people and the giving and receiving of support was seen as important. Whilst there were some unmet needs in relation to societal level post-migration stressors, community psychology theory would suggest that this is inevitable and liberatory practice could ameliorate the distress associated with this by fostering a sense of collectivism and belonging, as well as potentially producing longer-term systems change. There have been indicators throughout this thesis of the utility of community psychology principles in designing interventions for forced migrants and this will be reflected in the recommendations.

4.5 Clinical recommendations

As there have been findings at different levels of the UK system, so the recommendations will be structured accordingly and this section will be split into societal, community and individual level recommendations.

4.5.1 Whole system recommendation one: Develop systemic interventions for PWETT

Several of the findings from this research are indicative that whole community interventions may be transformative for PWETT. The presence of strong oppressive forces against PWETT in the form of 'hostile environment' policies and 'bogus illegal immigrant' discourses suggest that this group is highly marginalised in the UK. Community psychology is set up to 'take the side of the oppressed' and liberatory practice may support their empowerment through bearing witness, collective action and advocating for systems change. Community psychology has guidance around intervening at broad system levels. The findings also suggest that an asset-focused approach may suit the needs of many PWETT to engage in mutual caring and problem solving, desiring a role in giving back to the community as well as being 'the helped'. Working *with* communities to coproduce solutions is key to community psychology practice and has been indicated by the current study due to expertise of other community members that was highlighted.

The use of community psychology practices may also be indicated to resolve issues around access to communities for PWETT. The most common way for the participants of this research to find their supportive community was through a peer, and working with forced migrant communities locally to reach out may be more effective than intervening at an organisational level. Improving access to services and communities by coproducing local needs assessments is part of community psychology practice. This may also involve the use of primary care networks and homelessness services, linking in with other local community networks.

Nevertheless, another societal level recommendation involves better signposting and information about entitlements to be made available to PWETT. Much of the difficulty of PWETT accessing the right services was confusion about their entitlements, which led many participants to isolate. As outlined in **4.3.4 Summary**, a further difficulty involved how to reach PWETT because many participants deliberately did not reach out to services for fear of doing the wrong thing. For this reason, it is recommended that information should be provided in partnership with the Home Office so that all new PWETT can be approached. This is an ambitious recommendation, and it is acknowledged by advocates of community psychology approaches that ambitions can seem wildly out of proportion with the working remit of professionals and organisations on the ground (Kagan et al., 2019). For this reason, whole system recommendation one is presented alongside others that can be enacted immediately. Community psychology work must be completed via partnerships and draws on models of social advocacy with aims of rebalancing social power (Kagan et al., 2019).

4.5.2 Community level recommendation two: Creating safe and boundaried spaces

At the community level, organisations providing services for PWETT should ensure that their organisations feel safe and should ensure that PWETT are aware of organisation policies around confidentiality and vetting of people using shared spaces. Several participants highlighted having a specific space for PWETT was helpful for them. These recommendations are in line with models of trauma-informed care, which has been suggested as a useful approach for refugees (Im et al., 2020). There is growing evidence of the benefit of implementing trauma informed care practices (Reeves, 2015) A trauma-informed code of conduct was developed by one of the partner organisations for working with PWETT that may be relevant (Witkin & Robjant, 2021).

4.5.3 Community level recommendation three: Rapid access to quality care

This, and other studies, have noted that the longer PWETT went without access to support, the harder it became to reach out for help. Isolation could increase mental health symptoms and prevent effective acculturation, which long term could undermine self-efficacy and contribute to lack of trust in others. The need for rapid access to quality care is recognised in this recommendation. Although this is a recommendation at the community level, and it may be helpful for statutory and non-statutory services to carefully plan provision for PWETT, it is likely to be necessary for funding to be improved at the national level to allow for more rapid access.

4.5.4 Community level recommendation four: Systemic, specialised support

A large part of **Facilitating theme 5: Carefully planned services** was the role of professional support. Whilst social support is increasingly being evidenced as important, due to the vulnerability of PWETT to abuse and exploitation, this may need to be carefully managed, which may require professional oversight. Of equal importance to participants was access to therapy, advocacy and legal support. The specialist and experienced professionals working for the organisations were highly valued and helped participants feel supported. In moving towards providing supportive communities, professional support must not be lost, but must not also be overvalued.

4.5.5 Community level recommendation five: Culturally-sensitive services

Participants appreciated having spaces where they could connect with their original culture as well as learn about the culture of others. Participants valued diversity. It is therefore recommended at the community level that organisations reflect on their cultural sensitivity, train staff in cultural awareness and coproduce spaces for facilitating cultural sharing and connection. The protective nature of access to others from the same ethnic community has been previously acknowledged in research (Mossakowski, 2003) and there is a strong rationale for acculturation support being supported by communities (Phillimore, 2011), rather than by staff from different cultural backgrounds.

4.5.6 Individual level recommendation six: Clinician awareness of issues specific to PWETT

This research highlighted that despite the powerful effect of communities for some PWETT, it is a complicated picture and some participants had been exposed to highly negative experiences of community, which others commented could have led to participants disengaging altogether (**What is not helpful about communities?).** Whilst converging research is showing the importance of social support and community, this must therefore be executed with careful planning by organisations hoping to support PWETT. Care must be taken to ensure appropriate protections are in place for PWETT, who may be more vulnerable to abuse and exploitation. PWETT should feel able to report any difficulties. Professionals may need to consider whether connecting a PWETT with a particular community is appropriate and particular consideration is indicated for LGBT PWETT.

It is also relevant at the individual level for clinicians and services to reflect on the negative beliefs that PWETT may have about their peers and how this can be taken into consideration. It may help some PWETT to have a period of structured support with staff only prior to being involved with the community, as evidenced by Dabisco's case. Others may need additional support and encouragement to be able to access the community provision. Peer support workers may be useful for bridging this gap if individual relationships could be formed by one or two community members first.

4.6 Strengths

This research has contributed to the field of mental health research in PWETT by highlighting the detail of how supportive communities can be transformative for PWETT. It has also elucidated the barriers to accessing communities that are experienced by PWETT, some of which may be different to those experienced by forced migrants that do not have experiences of torture and trafficking. To the knowledge of the lead researcher, it is the first paper to take a broad and inclusive perspective of the interactions between PWETT and their communities and how this is related to wellbeing.

This research set out to create 'actionable outcomes', with clear implications for practice. Questions were designed to sit closely around participant experience and link as far as possible directly to current UK practice. It has produced recommendations that can be implemented by services and communities aiming to support PWETT and could improve post-migration life for this vulnerable group.

A qualitative paradigm was chosen for this research in line with its exploratory nature. This has allowed for more detailed accounts of how participants interacted with communities. This is helpful because it helps build understanding of more complex psychological and sociological processes that may be underlying those experiences.

Thematic analysis was chosen so as to reach a larger number of participants and for its applicability to the diverse groups that communities often encounter. This maximised its utility to those communities.

Finally, this research was conducted in line with quality recommendations (**Credibility and quality checks**) for qualitative research (Elliott et al., 1999). Whilst action-research was not possible due to time and resource constraints, consultation of an expert-by-experience group was completed prior to the project commencing and partner organisations were involved in the research planning. Participants were invited to feedback on the themes developed from the research findings. This feedback validated the utility of the themes in accurately capturing their experience. The researcher engaged with the research reflexively, keeping a reflective journal and sharing reflections regularly with research supervisors.

4.7 Limitations

This study was designed as a qualitative project and had a smaller sample size than would be common in quantitative research. The study provided limited demographic data and it was unclear whether there was representation in the sample of different age groups (although the study was limited to working-age adults). The demographic data that was collected showed a relatively homogenous sample and a lack of PWETT from the Middle East and Europe. Qualitative research generates large amount of data and sample sizes are often limited so that detail can be captured. A disadvantage of this is that it cannot be determined whether the findings from this study would apply across a broader sample of PWETT or how common they may be. Nevertheless, the research has provided a useful foundation to inform lines of inquiry for future quantitative studies to test this application.

Several decisions were taken in the design of the research that may have limited the applicability of the findings. Participants were recruited from specialist organisations supporting PWETT. This was important in ensuring the study was conducted ethically so that support for participants could be provided during and after interviews. This may inevitably have biased the sample being interviewed. It is possible that those accessing the specialist organisations may have higher support needs than a general sample of PWETT and therefore may have more of a need for communities. It is conversely possible that those with the highest levels of isolation from communities are not accessing support and there are remaining barriers to access or functions of communities that have not been elucidated. Colic-Peisker and Tilbury (2003) evidenced the existence of a group of refugees that had no contact with services through interviewing their peers, and similar suggestions were made by participants in this study. Equally, interviews were only conducted with those living in London and therefore the extent to which these findings apply to those living in other parts of the country cannot be determined. Forced migrants may have less access to specialist organisations in other parts of the country, which may change the role of communities. Finally, the partnership of the researcher with specialist organisations was made clear to participants. This was to provide reassurance to participants about the researcher. This may have impacted the results because participants did then not feel able to give negative feedback about the organisations. it was therefore possible that the function of these communities was overstated or negative effects were missed. Further research with a broader group of PWETT would therefore be useful to determine the impact of recruiting in this way.

All participants interviewed had experiences of torture and/or trafficking and this research elucidated how PWETT access and use communities. Some findings may be particularly important for PWETT. For example, participants in this research were particularly nervous about integrating into new communities (**Subtheme 6.1: Fear of others**) and appreciated reassurances about confidentiality and

services boundaries as a result (**Subtheme 5.2: Service planning**). These findings may be specific to PWETT and there is a rationale for some PWETT having additional vulnerabilities from their experiences that mean they feel less able to approach communities (e.g. Salami' et al. (2021) evidence around survivors of trafficking being vulnerable to being trafficked by members of their own communities). On the other hand, research has shown that refugees may hold negative beliefs about others (Nickerson et al., 2022), indicating this finding may also be relevant to other groups of forced migrants. Whilst PWETT are likely to have some unique clinical needs, forced migrants who have experienced significant levels of trauma may encounter similar barriers to accessing communities as well as similar benefits. An additional complication in specifying research findings for different groups of forced migrants is that it is difficult to determine how many forced migrants have experiences of torture and trafficking (Sigvardsdotter et al., 2016) and there are significant barriers to disclosure (Hunt et al., 2020). Accordingly, some forced migrant groups participating in research or in clinical populations may contain PWETT that are unidentified.

For the purposes of the research, PWETT and asylum seekers and refugees were grouped together. This often happens clinically and both trafficking and torture survivors have experienced high levels of interpersonal trauma. On the other hand, there may be differences in how trafficking and torture affect a person's relationship to communities that may have been missed by grouping in this way. One example of this is findings from Kira et al. (2021) that refugees with experiences of torture had greater identity salience than non-tortured refugees and identity salience predicted post-traumatic growth. This was thought to be specific to tortured refugees because of a stronger identification with others of the same ethnic grouping who were targeted. People with experiences of human trafficking are more likely to be targeted individually (Salami' et al., 2021). It is similarly possible that issues specific to asylum seeking PWETT were missed.

Finally, this research assessed participants experiences of communities through interviews with PWETT that were already accessing specialist organisations providing therapy and advocacy services alongside activities with a wider group of peers. One of the organisations provided group therapy. This makes it difficult to assess the contribution of the different aspects of support to well-being, and it cannot be concluded whether the wider community support was necessary in addition to group therapy or vice versa. On the other hand, all aspects of support were referenced specifically by participants and the positive impact for their wellbeing made clear. Further quantitative research may help to evidence this further if different aspects of services could be compared on their outcomes.

4.8 Impact of Covid-19 pandemic

This research was conducted during the Covid-19 pandemic and the potential impact of this on the results on this study must be acknowledged. Both organisations that partnered with the research continued to deliver their services online, but some aspects of community support were ceased during periods of lockdown. This may have made feelings of distress and isolation more acute for the participants of this study. This may have changed participants' perceptions of their communities in ways that are difficult to predict or quantify. It is possible that participants' perceptions of their communities were overvalued in comparison to the support that continued to be delivered. Further research beyond the pandemic may be helpful to confirm the results of this study.

4.9 Recommendations for future research

This research has provided useful detailed accounts of the difficulties of PWETT in accessing communities and facilitating as well as constraining aspects of their relationship to wellbeing. This was partially helpful due to limited research in the UK with this specific group of forced migrants that are often seen in specialist services. Further research may now focus on testing these findings with a wider sample of PWETT. The demographics of the people interviewed for this study were not wholly representative of PWETT in the UK and it would be useful for further research to explore whether similar orientations to communities are found in those from Middle Eastern and European backgrounds. Equally, older PWETT as well as unaccompanied migrants may show similar benefits from community and similar studies would be helpful in these populations.

Finally, a different service model is recommended through this research and this is line with calls for further research evaluating social and welfare interventions for PWETT (Hamid et al., 2019). The field would benefit from evaluations of existing and new services that are based on a community or social support model.

4.10 Concluding remarks

This thesis added to an emerging evidence base around the importance of communities for PWETT. Previous research indicated that communities were important for refugees (Phillimore et al., 2007) and research evidence is growing around the importance of social support across clinical populations (Brewin et al., 2000; Kira et al., 2019; Nickerson et al., 2019). Although asylum seeking or refugee populations can include PWETT, new considerations were added to the literature around working via communities for PWETT, who may be more vulnerable to exploitation and abuse from their own communities (Salami' et al., 2021). These vulnerabilities may require more considered and planned communities so that rehabilitation in relationships, social functioning and identity can occur in a safe way. This research has provided clear recommendations for organisations hoping to provide therapeutic communities that were grounded in the experiences of PWETT. It is hoped that these recommendations will improve services for PWETT long-term and help services to move beyond traditional models that overlook important clinical needs.

List of Abbreviations

GT	Grounded Theory
IPA	Interpretative Phenomenological Analysis
NET	Narrative Exposure Therapy
PSoC	Psychological Sense of Community
PWETT	People with Experiences of Torture and Trafficking
RTA	Reflexive Thematic Analysis

Appendices

Appendix A: Survivor involvement ladder

Rung	Role	Research activity	Planning and decision-making	Researchers	Data	Analysis	Dissemination
2	Survivors Co-produce the research.	Survivors are involved as equal partners in all stages and aspects of the research. The conduct of the research meets most of the principles of the Survivors' Charter.	Survivors share decision-making. including the purpose of the research and the planning stage. They may assist to secure funding.	Most of the researchers are survivors and all are trauma-informed. They receive some training and support, and may be recompensed.	All the significant data is from survivors. It may be supported by data from others.	The survivor perspective is central to the analysis. Survivors share in writing the report.	Survivors are central to the dissemination of the results. The report is freely available to survivors. They share discussions about what impact the research may have. They take part in any impact evaluation.
3	Survivors act as advisers to the research project	Survivors act as advisers on research design and delivery and may share some aspects of the research activity. The conduct of the research meets some of the principles of the Survivors' Charter.	Survivors do not have the final say on decisions but their views are acted on. The purpose is already decided and funding secured.	Some of the researchers are survivors and most are trauma-informed. There is limited training and support for survivor-researchers, and token recompense, if any.	Key data is from survivors, and data from others e.g. professionals, supporters, family, may be included.	Survivors may have contributed to the analysis but their views are not central	Survivors may inform the dissemination process The report is available to contributors, but there may be a cost to the public. Survivors may be asked about desired impact, which may not be evaluated.

Appendix B: Information Sheet

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Participant Information Sheet

Research title: Why do communities matter? A study looking at the role of communities in the lives of people with experiences of torture and trafficking.

You are being invited to take part in a research project. Before you decide whether you will take part, it is important for you to understand why the research is being done and what you will be asked to do. Please take time to read this information carefully and talk to others about it if you want to. Take time to decide whether or not you want to continue. If there is anything that you don't understand or if you have any questions, you can ask the lead researcher, Jess Pugh (contact details below) or a member of staff at [name of organisation].

What is the purpose of the project?

This research project aims to understand how communities might be helpful to people with experiences of torture and trafficking and how communities are found and connected with. Previous research has shown that life can be difficult for people after they arrive in the UK and in particular people can feel alone and isolated. Support that is provided by a person's community or friend might be more helpful than support provided by a professional like a therapist or a support worker. Finally, not everyone finds communities where they feel comfortable and some have problems with their community. It is hoped that by understanding how people find and benefit from new communities after arrival in the UK, better services can be designed by organisations hoping to support people.

This research project will take place from June 2021 until January 2022.

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Why have I been chosen?

You have been chosen because you are receiving support from [name of organisation] and because you have experiences of having to leave your country of origin to live in the UK.

Do I have to take part?

It is completely your choice whether or not you take part in the research project. If you do decide to take part, you will be given this information sheet to keep.

What will I be asked to do?

If you agree to take part in the research, you will be invited for an interview with the lead researcher, Jess. This interview will be about 1 hour in length. You will be asked questions about your experiences of community and life in the UK and invited to talk about them. It should feel like a conversation. There are no right or wrong answers in this interview, and it will not feel like a test. You will **not** be asked about any traumatic things that have happened to you. You might be asked about the community in your country of origin, but only because of how it might be different to communities in the UK. You will not have to answer any questions that you do not want to answer.

Once all of the interviews have been done, I will ask [name of organisation] to get in touch with you again. This will be to invite you to another short [individual or group] interview in which I will ask whether you agree with the results of the study. You don't have to agree to this if you would prefer to just take part in the first interview.

Deciding not to take part

You can still withdraw (decide not to take part) by speaking to a member of staff at [name of organisation] or emailing the lead researcher (Jess).. You do not have to give a reason. The researcher (Jess) will not tell [name of organsation] it will not affect your support from [name of organisation] in any way. After the interview has

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happened, for one week afterwards you can still choose to withdraw your interview from the research. After one week, your interview will have been made anonymous and data analysis will have started, and you will no longer be able to withdraw.

What are the possible down sides to taking part?

It is possible that you may be asked about times in communities when you have felt upset or distressed. This may cause you to be upset or distressed. If this happens, we can pause the interview. You will not be asked to talk about any traumatic experiences, reasons for leaving your home country or experiences of torture or trafficking. You will be able to do what you need to so that you can feel better and you will never be forced to talk about something that you don't want to, or to carry on with the interview if you think this will make you feel worse. We will take things at your own pace.

What are the possible benefits to taking part?

It is hoped that this research will inform support organisations about communities and how they might be helpful to people with experiences of torture and trafficking. You will receive a £15 voucher in exchange for participating.

What happens to your information?

What you have said during the interview will be recorded, either by audio recording or by the researcher taking notes depending on what you choose. This recording will then be written down in what is called a transcript. This will be done by a professional transcriber who is not part of the research team. This person will listen to the recording and write down what you said and is bound by the same strict confidentiality regulations as the research team. This person has been checked by the University of Leeds. Your name and other personal details will **not** be kept with your recording or your transcript. Each interview will instead be given a participant number.

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Your interview will be stored securely so that nobody can access it and will not be shared with anybody outside of the research team, apart from a professional transcriber. **The lead researcher and the University of Leeds have no relationship with the Home Office or the UK Government in any capacity. The information you provide or your participation in this research will never be shared with the Home Office or any other governmental body.**

To find more about how the University of Leeds look after information about you click here.

What will happen to my personal information?

After the interview has taken place, your contact information will be destroyed and none of your personal information will be stored. What you say in the interview will be kept strictly confidential and will not usually be shared with anybody outside of the research team apart from the professional transcriber. It will not usually be shared with [name of organisation]. However, if the lead researcher is worried that there is a risk of you or someone else being harmed then information about this risk will be shared with [name of organisation]. The rest of the information that you have given will not be shared.

What will happen to the results of the research project?

The results of this research will be written in a research report. It is possible that things you said in the interview will be directly written in the research report. If this happens, we will take steps to remove any information that might make it possible to tell it was you that said it. If you would like, you can be sent the research report and/or a summary of the findings before they are published anywhere. The research findings may be written up into briefings for organisations to use to communicate with the general public, but it will not be possible from this to identify you. It is possible that the report will be published in an academic journal or on the internet.

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Who is organising/ funding the research?

The University of Leeds is funding the research as part of the Doctorate in Clinical Psychology course. This research project has been checked and approved by an ethics committee at the University of Leeds (reference: MREC 20-80).

Contact for further information

If you have any questions or what to talk about participating, you can contact:

Lead researcher: Jess Pugh, umjp@leeds.ac.uk *or*

Research supervisors: Dr Tracey Smith, T.E.Smith@leeds.ac.uk & Dr Mahua Das M.Das@leeds.ac.uk

Thank you for taking the time to read this information sheet. You will be given a copy of this sheet to keep.

Appendix C: Consent form

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This form will be read out to participants at the start of the interview so that they can confirm their verbal consent. The verbal consent process will form part of the interview recording/transcript. The participant will have a copy of this form to keep.

Researcher: "I am going to read you some sentences that relate to different parts of the research project. Please could you confirm at the end of each statement that you agree with the sentence. You can confirm by saying 'yes' or 'I agree'. Please ask me if you have not understood any part of these sentences."

Consent to take part in community research project

You confirm that you have read and understand the information sheet dated 26/07/2021 giving information about the research project entitled "*Why do communities matter? A study looking at the role of communities in the lives of people with experiences of torture and trafficking."* You confirm that you have been given the chance to ask questions about this research.
You understand that you do not have to take part. You can leave the interview and remove your participation in the research at any point without giving any reason. You can do this until one week after the interview. If you do this there will not be any negative consequences for you. You know that you don't have to answer questions that you do not want to. If you choose to leave the study, you understand that any information and contact details that have been collected about you will be destroyed.
You understand that your interview record will be made anonymous by the lead researcher removing anything that might identify you. After this, other people from the university may be able to look at your responses.
You understand that your name will **not** be kept with your interview record. There will be a report written about the research, but it will not be possible to tell that it is you from reading this report. I might use quotations from things that you have said, but these will not have your name or any personal information in.
You understand that I will not share the details of your responses with anyone and no information that you have provided will be told to Room to Heal. **There are exceptions to this** including where you have said something that makes me concerned about your safety or the safety of other people. If this happens, you understand that I will have to tell Room to Heal what you have told me. I will only tell them what I have to, to keep people safe. I won't tell them anything else you have told me.
You understand that some parts of your interview record may be looked at by people from the University of Leeds or by people from other universities. This is to check that the research has been of a good standard. These sections will be anonymised and so it will not contain your name.
You agree to take part in an interview for the above research project.

Appendix D: Topic Guide

Topic Guide

Researcher to read out: *"Community has been defined as groups that have in common: geography or physical place; interest; health need; disadvantage or shared identity."*

1. Do you agree with this definition of community?
    a. Would you add anything to it?
    b. Does it describe what you think of when you think of community?
2. Could you please take a moment to think about it and then tell me a list of all the communities you are involved with? I will write them down.
    a. Would you add any that you have been involved with at different times in your life?

Researcher: So that we can be clear which community we are talking about, please could you tell me which community that you're talking about when you answer the question. If you want to answer and say different things for different communities that is fine, please just tell me that you are talking about something else.

3. What do you think about communities in the UK? *Researcher to prompt as necessary: please tell me which community you're talking about in your answer or is it x community that you're talking about now?*
    a. How are they different to communities in your country of origin?

4. When you came to the UK, how did you look for new communities? *Researcher to prompt as necessary: please tell me which community you're talking about in your answer or is it x community that you're talking about now?*
    a. How important was this to you?
    b. How difficult was this?
    c. Were there good things about this process?
    d. What advice would you give somebody trying to find a community to connect with?

5. Can you tell me about your experiences of communities in the UK? *Researcher to prompt as necessary: please tell me which community you're talking about in your answer or is it x community that you're talking about now?*
    a. Can you tell me about when you have felt that you belonged to a community?
    b. How has being in a community been helpful for you?
        i. What things were helpful? Why were they helpful?
    c. Are there things that you would change about your communities in the UK?
    d. Are there differences in your experience between your communities in the UK?

6. How have your communities affected how you feel? *Researcher to prompt as necessary: please tell me which community you're talking about in your answer or is it x community that you're talking about now?*
    a. Have your communities made you feel better or worse?
    b. How did they make you feel worse?
    c. How did they make you feel better?

Appendix E: Slide shown during interview

Appendix F: Interview Management Plan

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Interview Briefing and Management Plan

Name:

Interview Date:

This table shows information that will be given in a phone call with participants prior to the interview day.

Item	Comments	Done
Explain research aims and questions		
Inclusion and exclusion criteria met		
What is involved in interview		
Confidentiality and limits to confidentiality		
Anonymity		
Right to withdraw		
Recording of interviews		
Researcher's independence from supporting organisation		

School of Medicine, Faculty of Medicine and Health
Worsley Building, Clarendon Way, University of Leeds, LS2 9NL

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Management Plan

1. If you become upset during the interview, these are the things that we can do:

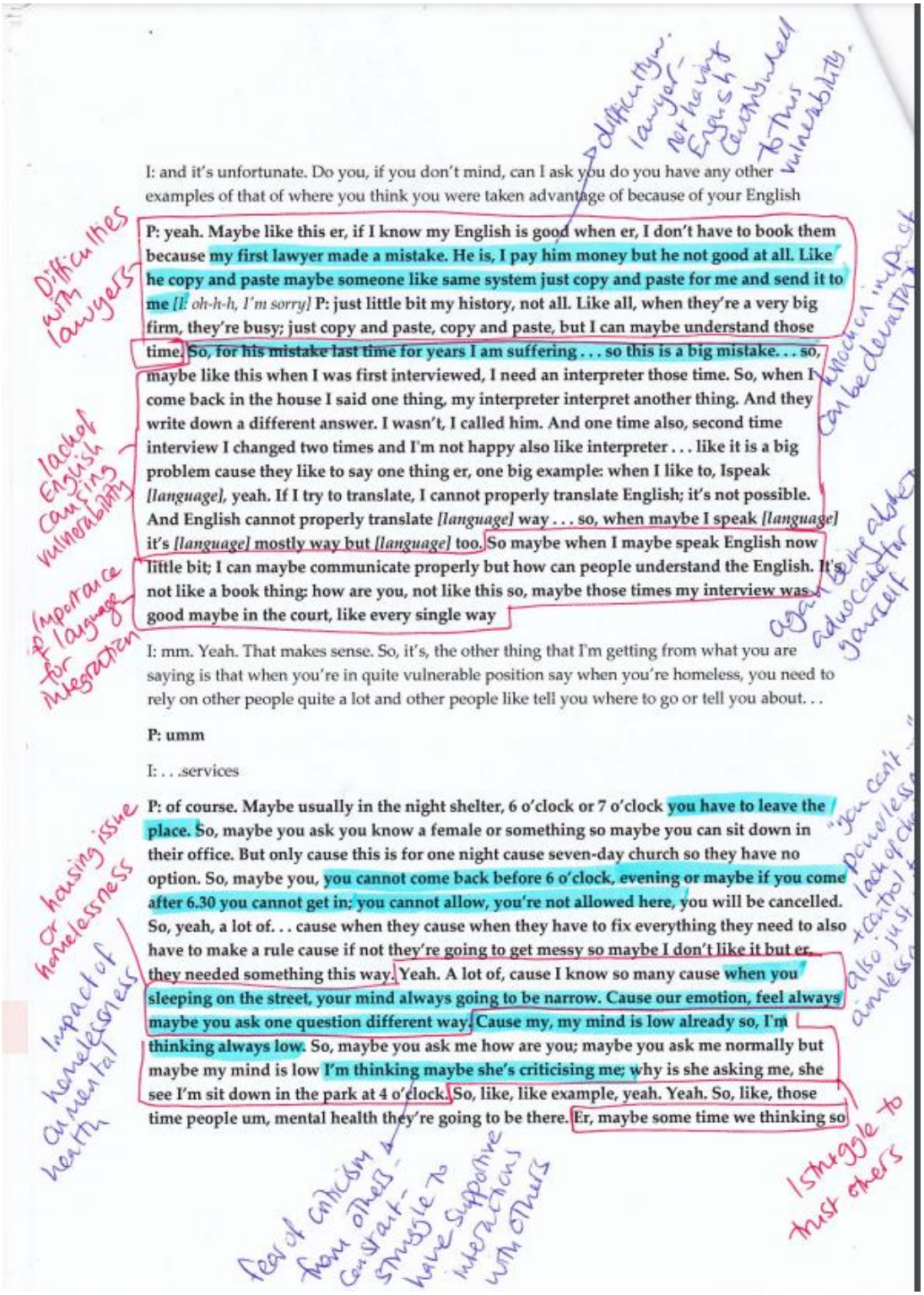
2. How will you let me know that you don't want to answer a question or that you need some time?

3. Who is supporting you at the moment that could be contacted if you need some extra help during or after the interview? Do you give permission for me to contact this person for you if I'm worried about you?

4. Consent to share this document with:

This document has been agreed between *insert name* and Jessica Pugh, Lead Researcher and Trainee Clinical Psychologist at the University of Leeds.

Appendix G: Annotated Transcript extract



I: and it's unfortunate. Do you, if you don't mind, can I ask you do you have any other examples of that of where you think you were taken advantage of because of your English

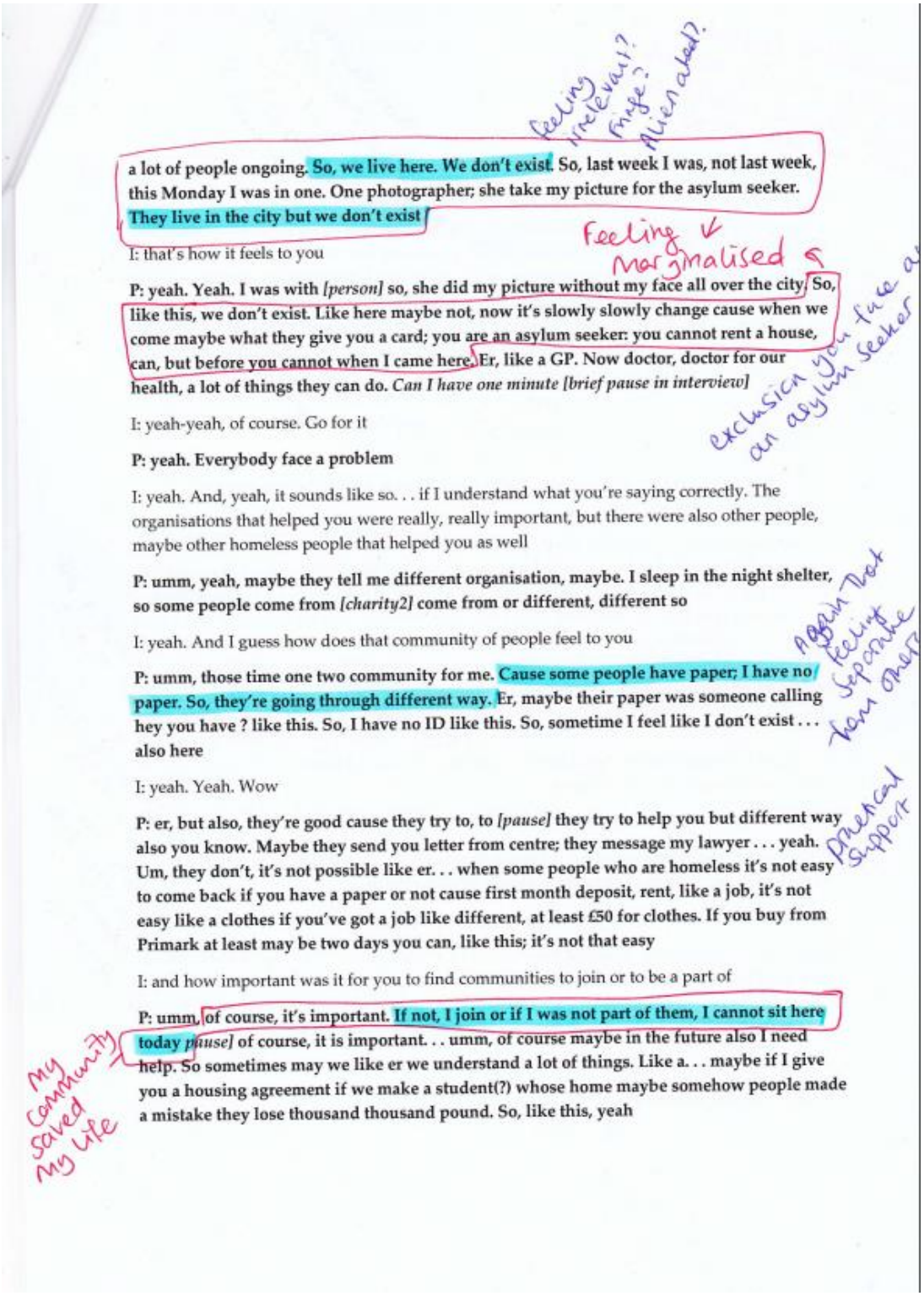
P: yeah. Maybe like this er, if I know my English is good when er, I don't have to book them because my first lawyer made a mistake. He is, I pay him money but he not good at all. Like he copy and paste maybe someone like same system just copy and paste for me and send it to me *[I: oh-h-h, I'm sorry]* **P: just little bit my history, not all. Like all, when they're a very big firm, they're busy; just copy and paste, copy and paste, but I can maybe understand those time. So, for his mistake last time for years I am suffering . . . so this is a big mistake. . . so, maybe like this when I was first interviewed, I need an interpreter those time. So, when I come back in the house I said one thing, my interpreter interpret another thing. And they write down a different answer. I wasn't, I called him. And one time also, second time interview I changed two times and I'm not happy also like interpreter . . . like it is a big problem cause they like to say one thing er, one big example: when I like to, Ispeak** *[language]*, **yeah. If I try to translate, I cannot properly translate English; it's not possible. And English cannot properly translate** *[language]* **way . . . so, when maybe I speak** *[language]* **it's** *[language]* **mostly way but** *[language]* **too. So maybe when I maybe speak English now little bit; I can maybe communicate properly but how can people understand the English. It's not like a book thing: how are you, not like this so, maybe those times my interview was good maybe in the court, like every single way**

I: mm. Yeah. That makes sense. So, it's, the other thing that I'm getting from what you are saying is that when you're in quite vulnerable position say when you're homeless, you need to rely on other people quite a lot and other people like tell you where to go or tell you about. . .

P: umm

I: . . .services

P: of course. Maybe usually in the night shelter, 6 o'clock or 7 o'clock you have to leave the place. So, maybe you ask you know a female or something so maybe you can sit down in their office. But only cause this is for one night cause seven-day church so they have no option. So, maybe you, you cannot come back before 6 o'clock, evening or maybe if you come after 6.30 you cannot get in; you cannot allow, you're not allowed here, you will be cancelled. So, yeah, a lot of. . . cause when they cause when they have to fix everything they need to also have to make a rule cause if not they're going to get messy so maybe I don't like it but er, they needed something this way. Yeah. A lot of, cause I know so many cause when you sleeping on the street, your mind always going to be narrow. Cause our emotion, feel always maybe you ask one question different way. Cause my, my mind is low already so, I'm thinking always low. So, maybe you ask me how are you; maybe you ask me normally but maybe my mind is low I'm thinking maybe she's criticising me; why is she asking me, she see I'm sit down in the park at 4 o'clock. So, like, like example, yeah. Yeah. So, like, those time people um, mental health they're going to be there. Er, maybe some time we thinking so



a lot of people ongoing. So, we live here. We don't exist. So, last week I was, not last week, this Monday I was in one. One photographer; she take my picture for the asylum seeker. They live in the city but we don't exist

I: that's how it feels to you

P: yeah. Yeah. I was with *[person]* so, she did my picture without my face all over the city. So, like this, we don't exist. Like here maybe not, now it's slowly slowly change cause when we come maybe what they give you a card; you are an asylum seeker: you cannot rent a house, can, but before you cannot when I came here. Er, like a GP. Now doctor, doctor for our health, a lot of things they can do. *Can I have one minute [brief pause in interview]*

I: yeah-yeah, of course. Go for it

P: yeah. Everybody face a problem

I: yeah. And, yeah, it sounds like so. . . if I understand what you're saying correctly. The organisations that helped you were really, really important, but there were also other people, maybe other homeless people that helped you as well

P: umm, yeah, maybe they tell me different organisation, maybe. I sleep in the night shelter, so some people come from *[charity2]* come from or different, different so

I: yeah. And I guess how does that community of people feel to you

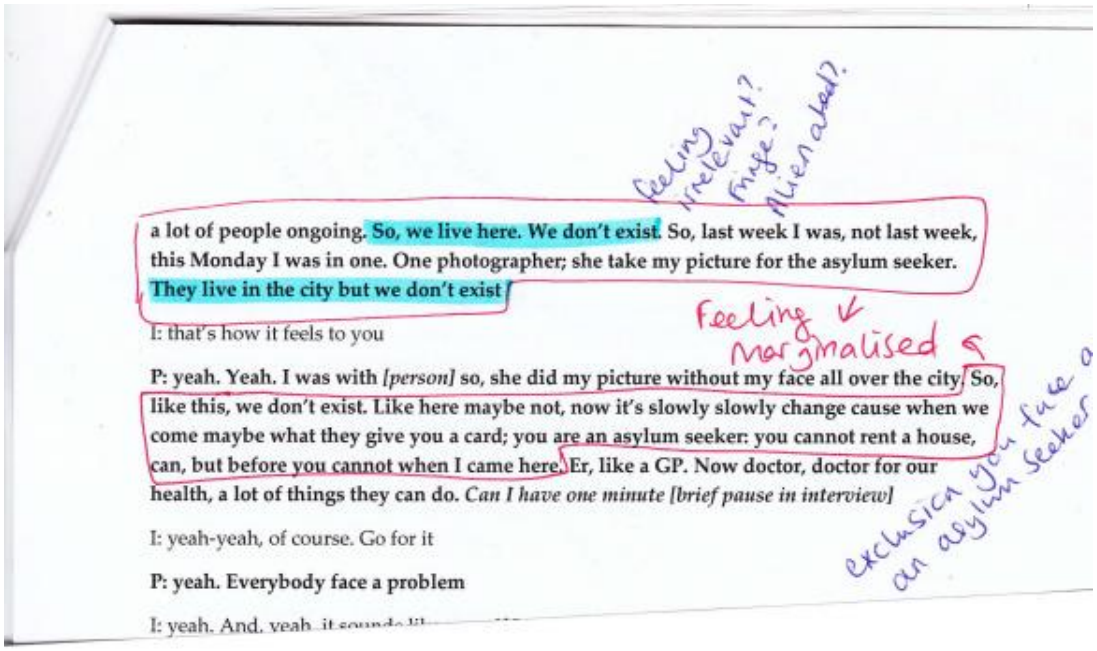
P: umm, those time one two community for me. Cause some people have paper; I have no paper. So, they're going through different way. Er, maybe their paper was someone calling hey you have ? like this. So, I have no ID like this. So, sometime I feel like I don't exist . . . also here

I: yeah. Yeah. Wow

P: er, but also, they're good cause they try to, to *[pause]* they try to help you but different way also you know. Maybe they send you letter from centre; they message my lawyer . . . yeah. Um, they don't, it's not possible like er. . . when some people who are homeless it's not easy to come back if you have a paper or not cause first month deposit, rent, like a job, it's not easy like a clothes if you've got a job like different, at least £50 for clothes. If you buy from Primark at least may be two days you can, like this; it's not that easy

I: and how important was it for you to find communities to join or to be a part of

P: umm, of course, it's important. If not, I join or if I was not part of them, I cannot sit here today *pause]* of course, it is important. . . umm, of course maybe in the future also I need help. So sometimes may we like er we understand a lot of things. Like a. . . maybe if I give you a housing agreement if we make a student(?) whose home maybe somehow people made a mistake they lose thousand thousand pound. So, like this, yeah



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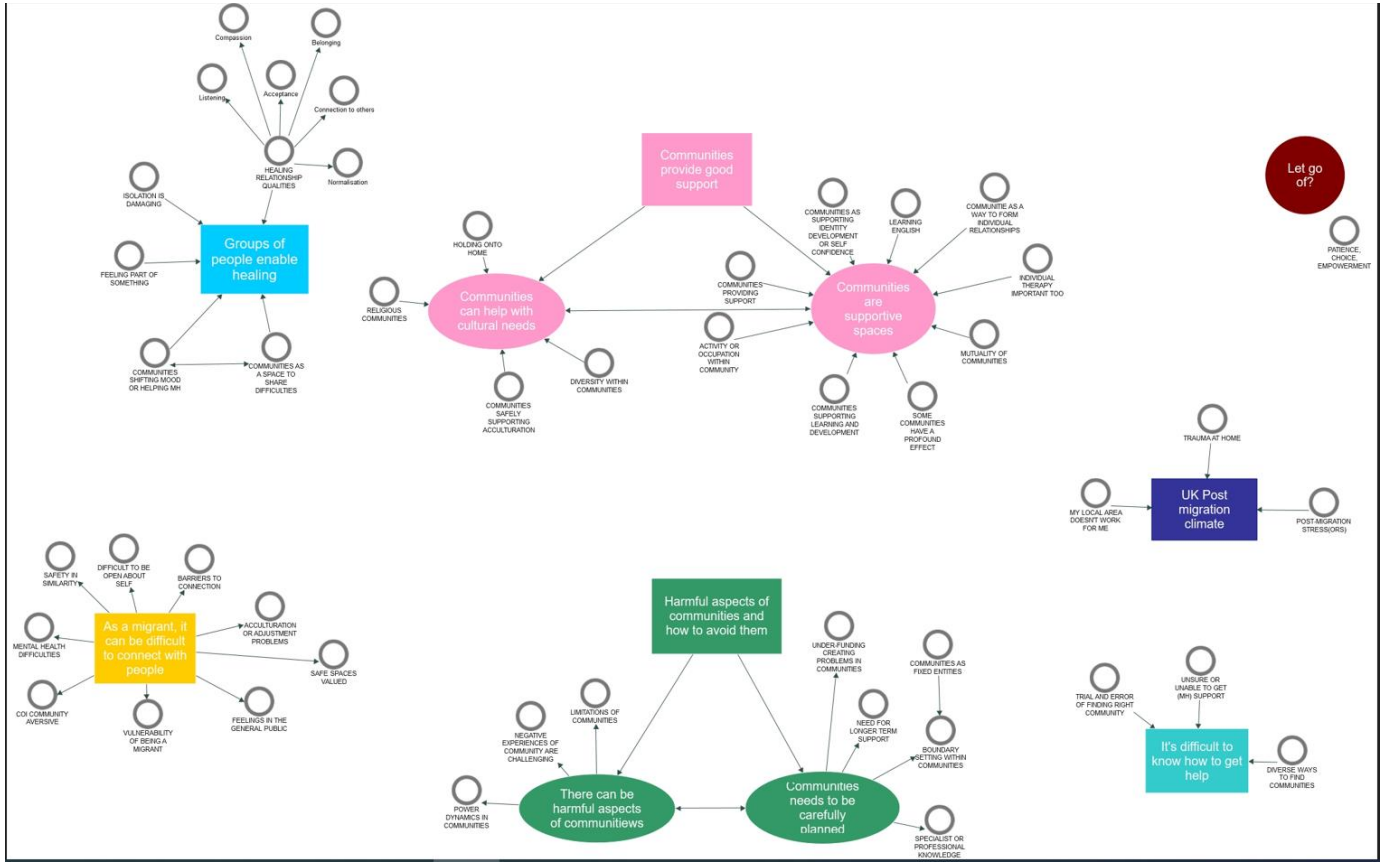
I: yeah-yeah, of course. Go for it

P: yeah. Everybody face a problem

I: yeah. And, yeah, it sounds [illegible]

Appendix H: Thematic Map



Appendix I: Final Thematic Map

Appendix J: Ethical Approval

MREC 20-080 Conditional Approval August 2021

Rachel Prinn
To Jessica Pugh

Reply | Reply All | Forward

Tue 10/08/2021 12:3

You replied to this message on 23/08/2021 11:30.

Dear Jessica

MREC 20-080 Why do communities matter? A study looking at the role of communities in the lives of people with experiences of torture and trafficking.

NB: All approvals/comments are subject to compliance with current University of Leeds and UK Government advice regarding the Covid-19 pandemic.

I am pleased to inform you that the above research ethics application has been reviewed by the School of Medicine Research Ethics Committee (SoMREC) and on behalf of the Chair, I can confirm a conditional favourable ethical opinion based on the documentation received at date of this email and subject to the following condition/s which must be fulfilled prior to the study commencing:

1. Add the MREC no to all forward facing documents (eg all the PIS including the easy read versions/consent forms)

2. Put a link to the privacy statement on the non-easy read versions

The study documentation must be amended where required to meet the above conditions and submitted for file and possible future audit.

Once you have addressed the conditions and submitted for file/future audit, you may commence the study and further confirmation of approval is not provided.

Please note, failure to comply with the above conditions will be considered a breach of ethics approval and may result in disciplinary action.

Please retain this email as evidence of conditional approval in your study file.

Please notify the committee if you intend to make any amendments to the original research as submitted and approved to date. This includes recruitment methodology; all changes must receive ethical approval prior to implementation. Please see https://ris.leeds.ac.uk/research-ethics-and-integrity/applying-for-an-amendment/ or contact the Research Ethics & Governance Administrator for further information onFMHUniEthics@leeds.ac.uk if required.

Ethics approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

Please note: You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, risk assessments and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

I hope the study goes well.

Appendix K: Extracts from reflective diary

After interview 4	Concerns that language may be getting in the way of some of the interviews and participants may be struggling to understand the questions. Particularly those questions relating to community in the abstract and definitions. Some participants are expecting the interviews to be about the host organisation only, rather than communities more generally. Possible they are struggling to understand the context or approach of the research? In interviews where language is more of an issue, I am becoming more directive. Need to reflect on whether at times that is becoming leading. There were some interruptions in this interview as the participant was looking after her children and they came into the room a few times. Still mostly positive views of community, most participants are saying that peer acceptance and support is very important for wellbeing. However there is clearly a role for casework and immigration support as well, and therapy. Can these things come under community support as well? Afterall community support is not just about peer support or social support – cc literature review! Interviews 2-4 language was a bit of an issue in all of them, with each getting progressively more difficult. There is no doubt that this participant had found communities to be helpful for wellbeing and her wellbeing had improved after joining [partner org]. There was mention that the group activities help her to feel connected Critical: it is almost unhelpful interviewing [partner organisation] people as they have developed their own understanding of the word community through work as an organisation. This participant in particular was struggling to differentiate communities from charities, and seemed to treat each organisation or charity the same. Is this ok? From my perspective [partner organisation] is quite unique in trying to cultivate a community, but perhaps this is wrong as communities can be defined broadly as groups of people and so each organisation is a community! For a community orientated person, or culture (eg [nationality]) this may be more obvious and different to me; that all groups of people, however differentiated, form communities of people.	28/11/2021
Alter thematic structure	Changed ongoing trauma at home impact recovery – split into effects of and ongoing trauma at home. I was needing to code the impact of homophobia and the trauma of having to hide himself on P12 and it didn't quite make sense as on *ongoing* trauma – so added effects of. Didn't quite make sense as a whole separate theme because very much related to ongoing trauma, so trauma at home added as the overall theme heading.	

After re-reading transfer	Re social support – people having too few social connections and too many post-migratory factors so that their relationships get overwhelmed. Reflection: *is this then why we need to create safe relationships for people in communities? Because PWETT are not able to feel safe in 'naturally occuring' communities due to their vulnerability? This is linked to what P2 said about being exploited by people from her cultural community because she was undocumented and therefore they knew she was vulnerable and unable to use authorities appropriately. Alone, P2 cannot use communities to support her.*

Appendix L: Summary of key findings and discussion points

Table 9

Summary of Research Questions, Key Findings and Corresponding Discussion Points

Research Question	Cross-reference	Key findings	Discussion points
What do we mean by communities?	**What do we mean by community?**	All participants agreed with the definition put forward by the British Psychological Society (British Psychological Society, 2018). Two areas were identified as missing: • Family • Advantage	Phillimore et al. (2007) – tended to emphasise sentimental aspects of community such as feeling welcomed and belonging, which were not highlighted by participants in this study Likely to be attributable to the design
What communities do PWETT have involvement with in their post-migration context?	**Table 7**	A variety of communities were identified There were a mixture of more formal organised communities such as specialist charities for PWETT and more 'naturally occurring' communities such as ethnic communities	Different to previous findings (Phillimore et al., 2007) in that less emphasis was placed on ethnic communities and a more diverse range of communities was identified (colleges and LGBT organisations) Possibly due to additional vulnerabilities related to having experienced torture or trafficking (Salami' et al., 2021)

Research Question		Cross-reference	Key findings	Discussion points
How do PWETT access communities?	How do PWETT find communities to be a part of and how do they integrate into them?	**Constraining theme 2: Joining communities is a "quest"**	A diverse range of methods were identified including: • Word of mouth • Referral via GP or organisation • Internet • Going into a place of worship • Through educational establishment	Some overlap with previous findings on how migrants build social networks (Phillimore et al., 2007; Salway et al., 2020) Yarwood et al. (2022) found the internet had been helpful for LGBT forced migrants Lack of discussion of the use of primary care health services for those with little contact with services

Research Question		Cross-reference	Key findings	Discussion points
	What are the barriers to access?	**Theme 1: UK Post-Migration Context** **Subtheme 2.1: Trial and error of searching for communities** **Constraining theme 6: Facing things alone**	<u>Societal level barriers:</u> • Post-migration stressors and marginalisation • Feeling marginalised <u>Community level barriers:</u> • Lack of knowledge of where to look • Lack of knowledge of entitlements • Lack of social networks to help • No onwards referral if not accepted into a service • Negative experiences within communities • Organisation not responding <u>Individual level barriers:</u> • Lack of confidence to approach • Fear of discrimination, rejection or exploitation • Poor mental health	Links with previous large body of research linking post-migration stressors and mental health difficulties (Giacco et al., 2018; Jannesari et al., 2020) Feeling marginalised previously linked with social discourses (Bottura & Mancini, 2016) Difficulties accessing services previously documented (Fish & Fakoussa, 2018) Evidence to suggest that pre-migration trauma may discourage social engagement with communities via cognitive mechanisms including negative beliefs about others and this may be exacerbated by negative experiences with communities (Nickerson et al., 2022; Salway et al., 2020)

Research Question		Cross-reference	Key findings	Discussion points
	How difficult is this process?	**Subtheme 2.1: Trial and error of searching for communities** **Constraining theme 6: Facing things alone**	Participants felt that locating communities was difficult and involved a 'trial and error' process of following up multiple leads This had a negative impact on mental health and could result in hopelessness Some participants framed this positively and felt they developed personally through the process Participants emphasised that joining a community was important to them because they found it difficult to be alone. This created a vicious cycle of isolation, increase in trauma symptoms and acculturation problems, which made it even more difficult to join new communities so isolation increased further.	Evidence that link between PTSD and social support is mediated via hope that one can reach desired goals (Snyder et al., 1999) and self-efficacy (Nickerson et al., 2022), which may partly explain why difficulty finding communities was so challenging Some findings on post-traumatic growth that social support can facilitate positive framing (McCormack & Strezov, 2021). Possible that more time had allowed some participants to reframe this process but not others Large body of work linking isolation with poor outcomes (Leigh-Hunt et al., 2017). Vicious cycle highlighted by previous qualitative work (Phillimore et al., 2007). Possible link with worrying about family back home (Nickerson et al., 2010).

Research Question		Cross-reference	Key findings	Discussion points
What are the functions of communities for PWETT?	What are communities like for PWETT?	**Sub-theme 1.2: Power dynamics** **Facilitating theme 7: Transformative impact of supportive communities**	Compared to communities back home, participants generally commented on the greater equality and freedoms in the UK. This made it more difficult for some participants to adjust to living in the UK. Participants talked about the positive impact that supportive communities had on them.	Globally, PWETT are a very marginalised group and particularly in countries with hostile policies (Mulvey, 2010). Liberation psychology may be indicated for working with oppression and marginalisation (Afuape & Hughes, 2016) Supported by literature suggesting that social support may lead to positive outcomes via stress buffering and facilitating post-traumatic growth (Feeney & Collins, 2015). Key that this can be generated by wider groups than individual relationships and in clinical population.

	What is helpful about communities?	**Facilitating theme 4: Safe connections valued** **Facilitating theme 5: Carefully planned services**	When they worked well, participants found their communities to be helpful places where safe connections to others could be formed. This enabled them to experience healing relationship qualities including: acceptance, belonging, compassion, normalisation and feeling heard. Participants appreciated spaces to share their difficulties with others and hear about others difficulties. Participants appreciated opportunities to give back to their communities and preferred mutually giving relationships Participants found it helpful to spend time in their communities through meaningful activity or occupation Participants appreciated professional skills and support including therapy and advocacy Participants felt communities needed clear boundaries and policies to feel safe. Communities were appreciated as spaces to meet their cultural needs such as connecting with their faith, speaking their	Relevant theory from community psychology that fostering sense of belonging and community leads to positive mental wellbeing (Nelson & Prilleltensky, 2005). Fits with asset-focused approaches which emphasise using community resources (e.g. lived experience expertise). Relevant findings regarding collectivist cultures and forced migrants that mutual caring (Regev & Slonim-Nevo, 2019) and opportunities to support the community may be important and empowering. Evidence that spaces for formal and informal community activities may be important for protecting against social isolation for migrants (Salway et al., 2020). Evidence that therapy (both individual and group) effective in helping forced migrants (Bunn et al., 2018; Siehl et al., 2021) and that boundaries were important. Evidence that culturally sensitive services and spaces are appreciated by forced migrants (Fish & Fakoussa, 2018) Wider evidence regarding need for social interventions alongside trauma

Research Question		Cross-reference	Key findings	Discussion points
			language and mixing with a diverse group of people Emphasis on going beyond traditional psychological and psychiatric interventions to social and community interventions	interventions (Colic-Peisker & Tilbury, 2003).
	What is not helpful about communities?	**Sub-theme 1.2: Power dynamics** **Sub-theme 2.2: Negative experiences with communities** **Constraining theme 3: When communities were not enough**	Some participants experienced discrimination and abuse within their communities. Of particular concern to LGBT participants. These negative experiences could feel devastating and lead participants to isolate or lose confidence to take up future opportunities Some participants continued to experience significant effects of trauma and marginalisation even with community support in place	Evidence to support additional challenges faced by LGBT forced migrants (Nematy et al., 2022; Yarwood et al., 2022) Community psychology principles that distress arises from oppression and may not be resolved unless societal level barriers are addressed (Kagan et al., 2019). Liberatory practices may be clinically helpful (Afuape & Hughes, 2016).

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