Moral Injury Related to Immigration Detention on Nauru: A Qualitative Study

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Abstract

Background: Immigration detention is associated with detrimental mental health outcomes but little is known about the underlying psychological processes. Moral injury, the experience of transgression of moral beliefs, may play an important role.

Objective: Our aim was to explore refugees' and asylum seekers' moral injury appraisals and associated mental health outcomes related to immigration detention on Nauru.

Methods: We conducted in-depth interviews with 13 refugees and asylum seekers who had an experience of immigration detention on Nauru and lived in Australia after medical transfer. We used reflexive thematic analysis to develop themes from the data.

Results: The participant statement "In my country they torture your body but in Australia they kill your mind." conveyed key themes in our analysis. We describe 1) how participants' home country experience and the expectation to get protection led them to seek safety in Australia; 2) how they experienced deprivation, trauma and dehumanisation after arrival, with the Australian government seen as the driving force behind these experiences; and 3) how these experiences led to feeling irreparably damaged.

Conclusion: Our findings suggest that moral injury may be one of the mechanisms by which mandatory immigration detention can cause harm. Hence, refugees returned to Australia from offshore detention may benefit from interventions that specifically target moral injury. Our results highlight the potentially deleterious mental health impact of experiencing multiple subtle and substantial transgressions of one's moral frameworks. Policy makers should incorporate moral injury considerations to prevent damaging refugee mental health.

Key words: moral injury, post-migration living difficulties, immigration detention, asylum seeker, refugee mental health, Nauru

Introduction

There are estimated to be almost 80 million refugees and internally displaced persons worldwide (UNHCR, 2020). Most mental health studies conducted with refugees and asylum seekers focus on the psychopathological consequences of trauma, and have found elevated rates of posttraumatic stress disorder (PTSD), depression, and anxiety (e.g. Steel et al., 2009). However, the refugee experience also includes aspects beyond pre- and peri-migration trauma that must be accounted for when considering refugees' and asylum seekers' mental health and in designing mental health interventions. For example, refugees and asylum seekers face substantial post-migration living difficulties (PMLD) in the host community environment that may include discrimination, restricted economic opportunities, separation from family, and loneliness, which are associated with negative mental health outcomes (Gleeson et al., 2020; Hocking, 2020; Porter and Haslam, 2005). However, processes that underlie psychological symptoms related to PMLD remain unclear (Porter and Haslam, 2005) and it is unknown how these factors interact with pre-migration and migration factors. In order to better understand refugee and asylum seeker mental health in a potential host country context and inform the development of interventions, it is crucial to understand these processes (Schick et al., 2018; Schick et al., 2016).

Immigration detention and its consequences

A specific post-migration experience is immigration detention. In Australia, since 1992, asylum-seekers who arrive 'unauthorised' such as by boat have been mandatorily and indefinitely detained in on- or offshore detention facilities, or in 'community detention'. Offshore 'processing' on the remote Pacific islands of Nauru and Manus Island (Papua New Guinea) was introduced in 2001, suspended in 2007, and re-introduced in 2012 as a deterrence measure against further unauthorised maritime arrivals (Silove et al., 2000).

Long-term indefinite mandatory immigration detention has been shown to be detrimental to child and adult physical and mental health independent of the impact of pre-migration trauma and uncertain asylum status, with studies detailing a corresponding increase of the negative mental health consequences with increased time in detention (Mares, 2016; Newman et al., 2013; Robjant et al., 2009; Steel et al., 2006; Sundram and Ventevogel, 2017; Young and Gordon, 2016). Rates of self-harm in Australian immigration detention centres (off- and onshore) have been found to be 200 times higher than in the mainstream Australian population and four times higher than in asylum seekers living in the community (Hedrick et al., 2019).

Moral injury

A framework that may be useful in understanding some of the effects of immigration detention on mental health is “moral injury” (Litz et al., 2009; Nickerson et al., 2015). Shay (1991) first described the psychological consequences of moral transgressions in the context of war and military, defining moral injury as betrayal of “what is right” by oneself or an authority in a high stakes situation (Shay, 1991). Litz et al. (2009) expanded the definition to encompass the psychological, social, spiritual, biological, and behavioural consequences of violations of moral beliefs. In line with recent research (Hoffman et al., 2018; Nickerson et al., 2018; Nickerson et al., 2015), we conceptualized moral injury as an appraisal of potentially morally injurious events violating deeply held moral beliefs, resulting in a *lasting negative impact* on the person (Hoffman et al., 2018; Litz and Kerig, 2019). Moral injury is often divided into two subtypes, related to doing or failing to do what is morally right (MI-self) or to being the victim of or witnessing other’s morally wrong actions (MI-others) (Litz and Kerig, 2019).

Moral injury in refugees and asylum seekers

The few studies that have investigated moral injury in refugees and asylum seekers found that moral injury appraisals significantly contribute to adverse mental health outcomes (Hoffman et al., 2018; Hoffman et al., 2019; Nickerson et al., 2018; Nickerson et al., 2015). Moral injury appraisals have been found to be associated with high levels of PTSD, depression, and posttraumatic anger beyond the impact of pre-migration trauma (Hoffman et al., 2018). Furthermore, moral injury appraisals were positively related to pre-migration trauma exposure in recently resettled refugees (Hoffman et al., 2018).

Whereas moral injury in military samples is typically associated with transgressions of moral beliefs by oneself or feeling betrayed by authorities (Griffin et al., 2019), a study investigating profiles of moral injury appraisals in refugees and asylum seekers residing in Australia found that none of the participants suffered solely from morally injurious actions committed by oneself but rather from either morally wrong actions by others or a combination of actions by others and actions by oneself (Hoffman et al., 2019). Experiences beyond trauma such as PMLD, for example, family separation and immigration and settlement related concerns have also been found to be associated with combined self- and other-directed moral injury appraisals in refugees and asylum seekers (Hoffman et al., 2018; Hoffman et al., 2019; Nickerson et al., 2018).

There are indications that detention may be experienced as morally injurious. Although Cleveland et al. (2018) did not use a moral injury framework, they found that detained asylum seekers feel humiliated by being treated as criminals. They suggest that symbolic violence and disempowerment may be the main factors which impair mental health in detained asylum seekers.

The current study

Building on, and expanding the field of moral injury research, our paper aims to contribute to an understanding of immigration detention experiences for refugees and asylum seekers who

arrived in Australia by boat after 12th August 2012. Experiences of refugees and asylum seekers who were transferred to immigration detention on Nauru after arriving in Australia by boat have been investigated sparsely, in large part due to a lack of, or highly controlled, access to those living in detention on Nauru (Sundram and Ventevogel, 2017; UNHCR, 2016). We aimed to shed light on refugees' and asylum seekers' experiences, in particular related to moral injury, by conducting an in-depth qualitative study with refugees and asylum seekers who had had a medical transfer from Nauru to mainland Australia.

Methods

Design and setting

This qualitative study involved semi-structured, individual interviews as primary data as well as diagnostic assessments to describe the sample. We recruited participants from the Cabrini Asylum Seeker and Refugee Health Hub (Health Hub) in Melbourne, Australia. Cabrini is a non-profit Catholic healthcare service provider. The Health Hub provides both primary medical care and specialist mental health services to asylum seekers and refugees. The study was approved by the Monash Health Human Research Ethics Committee (Reference Number: HREC/52353/MonH-2019-168805) and by the Cabrini Research Governance Office.

Participants

Eligible for this study were adults aged over 18 years who had an experience of Australian-run immigration detention on Nauru after 2012 and who were subsequently medically evacuated from Nauru to Australia. We excluded people experiencing acute psychotic symptoms or acute suicidal ideation with plan and intent. Clinicians of the Health Hub asked potential participants for their interest in this study and provided a list of 25 eligible and

potentially interested participants to SP, who informed them of the study and obtained written consent for participation with the help of an interpreter, where necessary. Twelve people explicitly or implicitly declined to participate (feeling too distressed, unable to meet or could not be contacted) while 13 participated. The 13 participants (nine female, four male, with ages ranging from 21 to 60) had diverse backgrounds in terms of country of origin, religion, visa status and mental health diagnoses (see Table 1). Participants had spent between 1 and 36 months on Nauru. Two comprised a marital dyad and were interviewed together at their request (P12 and P13).

Data collection

Both the semi-structured and the diagnostic interviews (M.I.N.I., Sheehan et al., 2014) were conducted by SP, a clinical psychologist experienced in treatment of severely traumatised refugees. For the semi-structured interviews, we developed a topic list that included questions about participants' expectations and experiences, including thoughts and emotions as well as outcomes of these experiences (see Appendix 1). The topic list was broadly informed by our reading of previous work on potential aspects of moral injury and post-migration living difficulties (e.g. Molendijk, 2018; Nash et al., 2013; Nickerson et al., 2018; Silove et al., 1997; Steel et al., 1999; Yeterian et al., 2019). Since the concept "morality" may be understood differently in different cultures, we refrained from using the word "moral" and rather referred to "right" and "wrong" behaviour. We iteratively added questions to the topic lists guided by our initial analysis, for example asking participants more explicitly about what a typical day on Nauru was like for them. Depending on participants' answers, SP sought clarification, further insight or examples.

The interviews took place at the Health Hub. All but one participant gave permission to audiotape the interviews. We used researcher notes taken during and directly after the interview for analysis for the participant who declined. Participants were given the choice to

do the diagnostic interview directly after the semi-structured interview or within the next 21 days, and via face-to-face or phone-interview. The participants were reimbursed with 25AUD for their time. We followed-up with participants after the interviews to ensure that they received their regular or additional mental health support if needed.

The average duration of the semi-structured interviews was 55 minutes, ranging from 41 to 73 min. SP transcribed the audio recordings verbatim and EA checked the transcripts for accuracy. Identifying details of participants were substituted with words indicating their function (e.g. [my daughter] when a child's name was mentioned).

Data analysis

We used reflexive thematic analysis ('reflexive TA'; Braun and Clarke, 2006; Braun and Clarke, 2019; Braun and Clarke, 2020; Terry et al., 2017) to analyse the data from the semi-structured interviews. Reflexive TA involves six phases, moving from data familiarisation via extensive coding and theme development to the eventual write-up of the analysis (see e.g. Braun and Clarke, 2020). Our coding, conducted primarily by SP in collaboration with EA, was both deductive (informed by our reading of the moral injury, betrayal trauma and broader refugee mental health literature) and inductive (grounded in the interview data), and included primarily semantic, 'surface level' codes, complemented to a lesser extent by those that pointed to latent patterns. To aid coding, we used in NVivo Pro for Mac version 12 as well as the drawing and discussion of multiple thematic maps in the later phases of analysis. The quotations presented within the results section were minimally edited for readability.

Our stance was one of realism, treating participants' experiences as 'real and true to them' (Braun and Clarke, 2006; Pickens and Braun, 2018); in other words, we expected that appraisals would have been similar if we had spoken with other participants with similar experiences. As a team of mental health clinician-researchers, we were particularly aware of the role of intersectionality in the life and challenges encountered by families and individuals

seeking safety in Australia, and the human rights violations associated with immigration detention.

Results

“In my country they torture your body but in Australia they kill your mind” is a participant’s statement that conveyed several key themes in our analysis. In this results section, we specifically attend to 1) how participants’ home country experience and the expectation of protection led them to risk their life and seek safety in Australia, 2) the experience of deprivation, traumatisation and dehumanisation after arrival, with the Australian government seen as the driving force, and 3) how these experiences led to feeling irreparably damaged.

1) “In my country they torture your body” - Risking one’s life to find safety in Australia

Participants described that they consciously risked their lives embarking on the dangerous boat journey to Australia because they felt there was no option to stay in their home country. For example, one participant said:

“I’m from [...] They don’t let you talk; you can’t choose what you want to be. You can’t choose your religion. You can’t be a feminist. We decided that we didn’t have another way and we came by boat. And that’s not an easy way to travel. It’s very dangerous. So we made the decision to live in a jail or to die to get freedom. We choose to have freedom.” (P02)

They expected and/or had heard that they would attain safety and protection in Australia. Some expected that the Australian government would “look after them” and be “welcoming”. Many contrasted their home country experiences of war and persecution with the reception they anticipated. For example, one said that there had been fighting in her country even before she was born and that she came to Australia to have a “safe life”. Others

stated that they came from jail, didn't have any safe haven in their home country, and expected safety and protection from the Australian government. In other words, they expected their ordeal to be over once they arrived in Australia. One participant said that he was overjoyed when he arrived after six days on a boat:

“Oh, it's finished! I survived the water, survived back home [...] to come here in a safe place. Not worried about dying or being killed.” (P07)

2) “In Australia they kill your mind” – Deprivation, traumatisatisation and dehumanisation

All participants stated that what they experienced after arriving in Australia was the opposite of what they expected, several of them expressed ongoing disbelief and bitterness. Their reports conveyed experiences of deprivation, traumatisatisation, and dehumanisation. Many regretted coming to Australia and some said they wished they had died on the boat journey.

Deprivation

Participants felt not only confronted with tough environmental conditions in the detention centre on Nauru, such as living in tents in hot temperatures with high humidity and dirty facilities, but also with a lack of privacy and control over their lives, related to a vast set of arbitrarily applied and enforced rules. This led to frequent inadequate access to food, internet/phone facilities to contact family, medication, clothing and footwear, and sanitation. For example:

“When we wanted to go to the toilet. Even for the toilet paper, what they do, took some of the papers and saying that ‘This is your paper. Cannot give more.’”(P09)

“We didn’t have enough time to take a shower. Maximum two minutes and there was not enough water. We might still have some shampoo on our head but they would just turn off the tap.” (P06)

Having to queue for long periods of time in harsh conditions, with queues simply being disbanded when a timeslot for a service had passed (irrespective of whether people were still waiting), was mentioned frequently, and several participants said that the rules were not suitable for people with mental health difficulties or children because they were too difficult to remember and adhere to, contributing to further deprivation, exacerbation of mental ill-health, and erosion of agency. Lack of adequate medical treatment was mentioned as a particular concern, and participants described diagnostic and treatment failures for serious health conditions. Another element of deprivation was lack of schooling and play or educational materials for children.

The deprivation appeared to have an active component to it, with participants feeling that security guards created their own rules or had been trained to act inhumanely. Conveying the extent of deprivation that they experienced was difficult for participants, with one stating: *“No one would understand unless they experienced it themselves. When I tell you, it’s just a story for you. But what we experienced, it was horrible.” (P06)*

Traumatisation

Participants described multiple experiences that can be classified as potentially traumatic, and often hinted at further experiences that they felt were too difficult to discuss in the interview. Four participants spoke about being raped or a family member being raped, either in the Nauruan community or in the detention centre, and several female participants spoke about threats of sexual violence, stating that the detention centre was not safe for women and citing sexual harassment by security guards. One of the male participants was physically attacked by

people from the Nauruan community, and others stated that they did not feel safe living in the community. Of note, two participants who had been raped in the Nauruan community explicitly blamed the Australian government rather than the local people “because the Australian government knew that Nauru was not safe for [foreign] women.”

Traumatic transit experiences to and from Nauru also featured in participants’ accounts. For example, four participants informed that they witnessed or experienced incidents in the Darwin detention centre where they stayed after medical evacuation where, in the middle of the night, multiple armed police officers with dogs would invade refugees’ rooms and violently drag them out. One participant said that she was pulled out on the street half naked, having been separated from her young baby while breast-feeding. In this latter experience and in the other accounts of traumatic events, participants conveyed a sense of having lost their dignity, something that came through strongly also in the related theme of dehumanisation.

Dehumanisation

Not being treated as a human being was a strong theme in the interviews. Seven participants stated this explicitly. For example, they mentioned feeling treated as if they had a contagious disease, which they experienced as very painful:

“One behaviour from the officers that we didn’t really like and we actually wrote complaints about that. We found it very assaulting and insulting when they used to stand behind the fences and throw bags of clothing to us without even coming over as if we’re ill or sick people or have got something contagious....You know, all of us, my friends, my family and I, were so upset about that. We were saying ‘Do we have a skin condition that you just don’t want to be in contact?’”(P11)

Five participants made an explicit comparison with animals. They felt treated as less than animals, referring to the deprivation to which they were exposed as well as to mistreatment by security guards and other staff. For example, one participant said:

“We feel as an animal. It’s not what they do to humans. That time, I felt they were looking at me as an animal. But when they transferred me to Australia, I thought, no, I thought wrong because the people have a very nice behaviour with pets. When I went to the shop for the first time, I saw lots of food for dogs or cats. They have got toilets, they have got doctors. They have everything they need. So, we are smaller than that for the people who work in the detention camp or government.”(P02)

One participant described how she was not treated as a human by doctors because they examined her, but when she asked about her diagnosis and condition, refused to provide her with any information. Participants emphasized in the interviews that they *were* human beings – the same as others – and that they had the same mind and capabilities.

Many participants felt they were treated inhumanely by guards and commented that security guards behaved dismissively, used abusive language, used handcuffs unnecessarily, were present in excessive numbers for transfers, and hit them. The prison-like detention centres overall were perceived as inhumane, and participants questioned why they were treated like criminals by being placed in such centres.

Feeling dehumanised also included feeling used for political purposes in order to ‘stop the boats’, without any regard for the personal impact:

“It’s the policy – basically they were playing with our lives to use their policy. They used us as a bait to send us to Nauru or Manus Island to scare other people. They just play with people’s lives by saving their policy. I don’t think that’s really a human thing to do. It’s not a human nature. It’s just devil. Devil. Yeah, it’s devil.” (P07)

Participants' language conveyed that, rather than blaming individuals for what they experienced, they blamed the government (six participants), the immigration department (four participants), and the 'stop the boats' policy (three participants) for their suffering. For example, as mentioned above, they focused more on 'training' of the guards and systemic – though arbitrary – rules, and contrasted their examples with mentions of individuals who behaved kindly (eight participants), including making a distinction between the Australian government and Australian citizens, referring to Australian (and Nauruan) people as “good people.”

3) The result: feeling irreparably damaged

Participants mentioned their loss of trust in other people, an inability to feel close to others, and a negative view of the world and themselves. For example, two participants stated that they were scared of other people because other people reminded them of the detention officers. Two other participants were unable to make friends after their experience on Nauru. Participants also reported that after their experience of detention, they felt that “they lost themselves”, had been “damaged” or “destroyed”:

“Now I don't know, who am I? I lost myself. Because I'm not that person I was, that person who came to Australia. I was healthy. I was active. I had a hard time but I was happy. But now I can't laugh, I can't cry, I can't work. I can't study. I'm living in very dark place. (P02)

Participants felt hopeless due to having lost important years of their lives in detention. This also included the loss of health; they mentioned physical conditions that started or deteriorated in Nauru, such as skin diseases, renal and bladder calculi, various chronic diseases, unnatural hair loss, ear and eye problems, and Alzheimer's disease. Some felt haunted by questions of guilt (e.g. whether they had done something wrong), or why they were treated so badly. For example:

“If you don’t want to give me a life, okay kill me and shoot me and I will die one time. Why are you killing my brain? Why are you cutting my heart, every single day? When somebody uses a knife and you die, and when somebody kill you every single day, kill your brain and your mind, it’s totally different. It is better you die one time.” (P04)

All but one participant raised mental health problems – fear, depression, emotional numbness, sleeping problems, obsessive compulsive behaviours, irritability – or ongoing sadness related to their experiences in detention. The one participant who did not mention mental health problems had, notably, only stayed one month on Nauru compared to 6-36 months (mean = 15.3, SD = 10.9) for the other participants. As one participant stated:

“I don’t believe anybody in Nauru, who has been on Nauru, has good emotional health. We are all negative. Even me, I’m negative [laughs]. I’m honest.” (P04)

Many participants suffered from painful memories related to their experiences in detention, which they were unable to forget. These memories were not only related to traumatic experiences but also to the experiences of deprivation and dehumanisation. For example, one participant stated that whenever she sees a water bottle it reminds her of when an officer on Nauru refused to give her a water bottle when she was pregnant because it was “too expensive.”

Participants described that they and their friends were in such despair that self-harm and suicide attempts were common during and after detention on Nauru. Three participants said that they attempted suicide themselves, and the participant-couple said that their pre-teenage child had attempted suicide. Two attributed their suicide attempts to being raped on Nauru (and receiving no adequate support or treatment) whereas another participant attributed her suicide attempts to feeling dehumanised and hopeless. The participant-couple said that their child attempted suicide because schooling was suddenly cancelled with no replacement.

Some participants described, often with difficulty, having witnessed friends and acquaintances drinking dangerous chemicals or setting themselves on fire.

Multiple participants mentioned that their current situation still felt very precarious with the fear of being about to lose the right to live in the community, being sent back to Nauru or being detained again. Others referred to how difficult it is to live in Australia with only a 6-month visa, restricted rights and no governmental support. One participant stated:

“I’m constantly aware of my actions because I’m afraid that if I do any slight thing wrong they might tell me that ‘you need to go back to detention’.” (P11)

Discussion

In exploring refugee experiences on Nauru, the main message of our participants was that their arrival experiences in Australia were the antithesis of what they expected: instead of receiving safety and protection, they experienced deprivation, trauma, and dehumanisation, which resulted in feeling irreversibly damaged. Our research adds to findings of negative long-term psychological consequences of mandatory indefinite immigration detention (Mares, 2016; Newman et al., 2013; Robjant et al., 2009; Steel et al., 2006; Sundram and Ventevogel, 2017; Young and Gordon, 2016). We now discuss participants’ accounts with regard to the field’s current and expanding knowledge of moral injury, to extend the concept of institutional betrayal.

Participants’ expectations and the relation to moral injury

Moral injury is “a betrayal of what’s right”, a transgression of “normative expectations” or “commonly understood social values” (Shay, 1991; Shay, 2014). Our participants fled war and persecution to seek refuge in a country with the explicit expectation of receiving safety

and protection from its government. Many participants stated that they expected protection “from the Australian government”, which refers not only to a geographical destination but also to people and a political system, from which the participants trusted to receive protection. Most likely, this was not just an expectation based on safety considerations but also a moral expectation. Participants in our study grew up in countries where their rights (and moral beliefs) had been extensively transgressed. They stated that they had different expectations of Australia compared to their home countries. They expected safety and protection, as enshrined in the UN human rights (International Covenant on Civil and Political Rights), “The right to liberty and security of the person”, (Article 9, OHCHR, 1966) and therefore a normative expectation for a country that is a signatory to this and other UN human rights instruments. Contrary to their expectations, not only did they not receive protection (act of omission) but they were sent to places where they experienced severe deprivation, traumatisation, and mistreatment (acts of commission). The experience of being harmed after seeking protection was something that no participant expected, which can also be deemed a normative expectation: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.” (Article 7, OHCHR, 1966); “Refugees should not be penalised for their illegal entry or stay. ... Prohibited penalties might include being arbitrarily detained” (UNHCR, 1951). The dissonance between their experiences and pre-existing moral assumptions aligns with Litz et al. (2009)’s conceptualization of moral injury.

Participants’ experience of being treated “as less than animals”

Our study adds to findings of negative changes in core beliefs and feeling humiliated and disempowered after indefinite mandatory immigration detention (Cleveland et al., 2018; Coffey et al., 2010) by suggesting that these changes may be attributable to moral injury appraisals regarding dehumanisation by a trusted institution (the Australian government). Almost all participants felt they were not treated as humans and many used the descriptor

“being treated as less than animals” in some form. One participant who felt used for political purposes said that it was not “human nature” what the authorities did; it was [the] “devil”. Unlike Molendijk (2018)’s moral injury study, where military veterans felt that their belief in right and wrong failed them, for our participants it was their trust and belief in just systems which was betrayed. Their struggle was about being placed in circumstances where moral obligations to others did not appear to apply to them. They felt like members of an “out-group”, not as humans, not as animals, but as less than animals. Miller (2009) argues that diminishing the moral value of another person (that is, dehumanisation) is itself a morally injurious action. Dehumanisation is associated with “moral exclusion”. Moral standards that normally apply to others do not apply for morally excluded individuals; it seems justified to harm them (Opotow, 1990). Aligning with moral injury outcomes, feeling dehumanised is associated with feelings of guilt, shame, sadness, and anger for those experiencing it (Bastian and Haslam, 2011).

Our participants condemned their dehumanising experiences as unequivocally wrong. This is striking, given that it was the main finding of Molendijk (2018)’s study that moral injury comprised an ethical struggle and moral disorientation about moral values rather than unequivocal transgressions of moral beliefs. However, our participants suffered from transgressions by others (MI-others) whereas participants in Molendijk (2018)’s study were primarily affected by moral transgressions committed by themselves (MI-self). It might be easier to condemn an action that was done by others as unequivocally wrong compared to an action of oneself.

The outcome – feeling damaged and its relation to moral injury

Moral injury is conceptualised as a mental and behavioural health outcome consequent to a potentially morally injurious event (Litz and Kerig, 2019). The appraisal of a morally injurious event may lead to emotions such as shame or anger. In the case of moral injury,

these ‘moral’ emotions become extremely strong and incapacitating, affecting one’s sense of belonging and identity, with enduring negative self- and other-attributions (Litz and Kerig, 2019). Aligning with this conceptualisation, participants in our study made enduring self-attributions such as feeling “destroyed”, “damaged”, or “less human”. This is also in line with Shay’s (1991) observations in Vietnam war veterans who felt “being already dead” after morally injurious experiences. In accordance with what has been described as outcomes of moral injury (Griffin et al., 2017; Litz et al., 2009; Molendijk, 2018), participants in our study also suffered from loss of trust and closeness to others, emotional numbness, re-experiencing the morally injurious experiences, and guilt.

Self-harming may be part of the chronic impact of moral injury (Litz et al., 2009). There is an extant correlation between suicidal ideation, suicide attempts, and moral injury (Bryan et al., 2014; McEwen et al., 2020), although effects tend to be small (McEwen et al., 2020). In our study, several participants reported having attempted suicide themselves or witnessed the act, and one participant explicitly related it to being dehumanised.

Moral injury in the context of institutional betrayal

In our participants, the perceived agent of the moral transgressions was the (Australian) government. Molendijk (2019) advocates a moral injury theory that not only focuses on the conflict within the individual but also includes conflicts between the individual and political domains. She places moral injury in the context of “institutional betrayal”, an expansion of the betrayal trauma theory (Freyd et al., 2007), which comprises harm caused by institutions to individuals who trust and/or depend on that institution (Smith and Freyd, 2014). After believing they could place all their hopes and trust in Australia, our participants blamed the government for both acts of omission and acts of commission. In this context, it was striking that the two women who were raped in the Nauruan community did not blame the rapists but rather the Australian government for their failure to protect them.

Hence, our findings further expand moral injury within an institutional betrayal context by incorporating the element of the “other”. Our participants were seeking inclusion within a broad political and social institutional context – namely Australia – but instead experienced rejection. This was perceived as a betrayal of their fundamental human rights by the institution, and which compounded their sense of exclusion and dehumanisation.

Limitations

Even though this project provided rare access to refugees and asylum seekers who had a lived experience of immigration detention on Nauru, our relatively small sample size should be considered. Participants who have not had a medical transfer and are still living on Nauru (currently in the community once the detention centre was decommissioned) may have had different accounts and we cannot predict in which way these would have been different. In addition, participants had been transferred to the Australian mainland more than two years prior; as with all retrospective research, they may have found it difficult to recall certain experiences. Furthermore, the language barrier, the use of interpreters and cultural differences might have led to a loss of nuance or even a distortion of the results. Finally, several participants stated that they were not able to talk about the especially difficult experiences, which means that important information is likely missing and underscores the importance of continuing research in this domain.

Conclusions

Transgressions of moral assumptions, the appraisal of being dehumanised, and associated negative mental health outcomes align with conceptualizations of moral injury (Litz et al., 2009; Shay, 2014). Our study adds to the growing evidence that indefinite mandatory immigration detention over protracted periods of time and particularly offshore detention has long-lasting negative impacts on mental and physical health beyond experiences of past

trauma (Mares, 2016; Newman et al., 2013; Robjant et al., 2009; Steel et al., 2006; Sundram and Ventevogel, 2017; Young and Gordon, 2016) and suggests that moral injury might be one of the processes by which it can cause harm. It further adds to the literature on moral injury in refugees and asylum seekers, which also demonstrates that moral injury is associated with experiences beyond premigration trauma such as PMLD (Hoffman et al., 2018; Hoffman et al., 2019; Nickerson et al., 2018).

Refugees and asylum seekers returning from offshore detention may benefit from interventions that target moral injury. Yet, our results suggest that interventions developed to treat moral injury in veterans, which focus on self-forgiveness and/or acceptance (e.g. Griffin et al., 2019; Griffin et al., 2017), are less likely to apply to refugees and asylum seekers who have experienced immigration detention. Interventions for the latter group should include a focus on restoring the belief in justice and the ability to rebuild trust in others. However, an individual-focused treatment may not suffice, and collective steps are needed to address the underlying problems causing deterioration of refugee mental health in indefinite mandatory immigration detention. Avoiding the use of indefinite detention would be the simplest method. Our results highlight the potentially deleterious mental health impact of experiencing multiple subtle but insidious, as well as substantial, transgressions of one's moral frameworks.

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Declaration of interests

The Authors declare no conflict of interest.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author, [SP]. The data are not publicly available because their containing information could compromise the privacy of research participants.

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Table 1. Participants' characteristics

Gender, marital status, children ^a	Female (n=9), male (n=4), married (n=7), children (n=4)
Country of origin	Iran (n=4), Somalia (n=2), Nepal (n=2), Sri Lanka (n=2), other (n=3)
Religion	Christian (n=3), Muslim (n=4), Hindu (n=4), other (n=2)
Age (years)	Range = 21-60, mean = 37.9, SD = 13.5
Visa status	Final departure Bridging E visa ^b (n=7), community detention (n=5), Bridging E visa ^c without expiry date (n=1)
Time spent (in months) in Nauru and Australia	Nauru range = 1-36, mean = 14.2, SD = 11.1 Australia range = 28-64, mean = 55.3, SD = 12.3
Use of interpreter for in-depth interview	Without interpreter (n=5), on-site interpreter (n=6), phone interpreter (n=2).
Diagnosis ^d	PTSD (n=10), major depressive disorder (n=9), panic disorder (n=3), obsessive compulsive disorder (n=3)
Comorbidity	no current disorder (n=2), 1 disorder (n=2), 2 disorders (n=6), 3 or more disorders (n=3)
Suicidality	suicidal ideation (n=4), suicidal behaviour disorder in remission ^e (n=3), current suicidal behaviour disorder ^f (n=1)

^a participants with children < 18y. at the time of the interview

^b people who have been transferred to Australia from Nauru and Papua New Guinea for medical care are being issued this 6-month visa, which allows them to reside in the Australian community temporarily while finalising their arrangements to leave Australia

^c <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/bridging-visa-e-050-051>

^d One participant did not want to finish the diagnostic interview because it made her feel distressed and for two other participants, it was not possible to organise the diagnostic

interview. For these 3 participants, their psychiatrists had assessed them and reported their diagnoses.

^e suicide attempts > 2 years ago

^f suicide attempts < 12 months ago