

Staying Strong: Resilience, Alcohol and Destitution following the Asylum Process in the UK

Dr Fiona Cuthill, University of Edinburgh

**SHAAP/SARN 'Alcohol Occasional' Seminar
Thursday, 26th February 2015, The Royal College of Physicians of Edinburgh**

Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are proud to support the lunchtime 'Alcohol Occasional' seminars which showcase new and innovative research on alcohol use. All of the seminars are run in conjunction with the Royal College of Physicians of Edinburgh. These events provide the chance for researchers, practitioners, policy makers and members of the public to hear about new alcohol related topics and discuss and debate implications for policy and practice. The current theme for the seminars is "Alcohol and Mental Health". Briefing papers, including this one, aim to capture the main themes and to communicate these to a wider audience. SHAAP is fully responsible for the contents, which are our interpretation.

Dr Fiona Cuthill presented the findings from her qualitative study in the North East of England, with 22 men and 2 women who had come from Sudan, Libya, Eritrea, Somalia and Palestine. In documenting the lived experiences of people who had found themselves destitute following the asylum process, she wanted to explore not just the adversities they had faced, but also their descriptions of the structures that helped maintain their strengths. Participants in the research had been recruited by word of mouth, and although Cuthill had used interpreters, she suggested that, in her view, for the

interviewees the fact of speaking their language or sharing racial background did not seem as important as the ability to demonstrate understanding and compassion.

Fuelled by a hostile media, the subject of immigration is politically contentious, and in that context, Cuthill explained, the terminology related to immigration is also often misused. Therefore, she explained some definitions as follows. A 'refugee' has fled his/her country of nationality, because of a well-grounded fear of persecution for illegitimate reasons, such as one's race, nationality, religion, political membership or views. As a refugee, you might not have had travel documents, or you might have left these behind in the haste of fleeing for your life. You are regarded as an 'illegal entrant', for example, when you enter the country using false documents, or hidden in a vehicle. Under international law you can apply to become an 'asylum seeker', through a six-month process where you face detention or deportation, depending whether or not the Home Office staff see you as a refugee.

As an asylum seeker, Cuthill continued, you are allowed to remain in the UK, and you might eventually become a British citizen, though after a lengthy process. Nonetheless, many people slip through the official system, including people whose fear of persecution is genuine. In such cases, she explained, people risk becoming destitute and homeless, having to

survive in marginalised spaces, often sleeping rough amidst others who, in many cases, are suffering from poor health, with illnesses including those associated with alcohol and drug use. Her intent had been to explore personal experiences and strategies for coping with and surviving extreme adversities, such as torture, destitution and mental health problems. She had been especially interested in hearing from people who had become destitute, making use of the limited resources available to them, but who still had not got into problems related to alcohol and drug use. Cuthill suggested that such 'resilience' should not be regarded as an internal trait; rather, it should be seen as the structural-social resources available to an individual trying to overcome adverse conditions, which, she stated, is also seen as an asset in Public Health terms.

"the newspapers – they think we are all bad – criminals or terrorists. I escape danger in my country but I have not respect here. I started to drink – I have not had alcohol before. It helped me to forget. It was like a friend. I hate myself but I cannot stop. Now I am afraid. It is bad. What can I do?"

The foregoing are the words of a male refugee, one of a set of short statements which Cuthill read to the audience from her notebook. She explained that it might not be untypical for refugees who have escaped deadly situations in their country of

origin, to find safety in the UK, under a system where they continue to suffer disrespect and a lack of compassion. Being labeled by others as an 'asylum seeker' could be experienced negatively, because the interviewees previously had more positive views of themselves, since they had, in fact, survived social and political persecution.

Cuthill summarised her key findings, which included the following.

Besides the fear of being caught and the dangers of violence, interviewees faced daily challenges to have enough food, and to secure a place to sleep over night. As they were often afraid of statutory services, interviewees had to rely on friends who were also often in difficult situations. They resorted to food banks, meals and cash donations provided by local charities and faith-based groups. For those resorting to illegal work, long-hours of exploitation and unreported accidents were common experiences. However, the simple act of being believed by the people with whom they related had made interviewees feel stronger and more hopeful, and had helped them to maintain a sense of dignity. Finding strength in spirituality was often mentioned, and interviewees illustrated their experiences through the use of metaphors associated with their individual languages and cultures, for example, using expressions alluding to feelings of 'going through fire' and proverbs relating to camels.

In the discussions, a question was posed about how destitute refugees' experiences overlap with those of other groups, including people of UK origin who are destitute. Cuthill suggested that, from this study, destitute asylum seekers see themselves as quite separate. For example, when using the same services as others, they kept separate at mealtimes. They also constantly tried to present a persona of 'normality' in order not to call attention from statutory agencies. However, she added, this was not the case for those who were becoming involved with problematic use of alcohol and other

drugs, because they often mixed with other users, and inevitably sometimes with dangerous criminals. Cuthill also mentioned that the introduction to use of alcohol and other drugs had often occurred after arrival in the UK. She explained that because a great deal of shame was felt by those using alcohol and other drugs, it was unlikely that they would turn to their religious leaders for support.

Cuthill argued that, since they felt that they needed to hide from the authorities, destitute asylum seekers often felt apprehensive about using statutory support services. This fear was especially accentuated where people had come from very repressive states. The NHS seemed to be the most accessible of services, but she suggested that staff providing services within statutory alcohol policy structures feel confused, and sometimes fearful, about what they are allowed to do for this group. Discussants suggested that GPs would find it complicated to refer destitute asylum seekers to specialist alcohol services. Cuthill also explained that, in the field of criminal justice, when destitute asylum seekers come out of detention, they are unlikely to find statutory support when released. This becomes especially problematic, she added, because this is a very contentious political subject, where a lot of prejudice needs to be challenged, before any new systems can be put into place.

Based on this research, Cuthill's recommendations for Public Health included that asylum processes policies leading to destitution need to be challenged. She also argued that further research is needed to uncover organisations, people and places supporting resilience for the destitute. Finally, speaking about the health care context, Cuthill argued for the importance of expressing to asylum seekers the feelings, which according to her findings, were immensely valued by the latter, i.e. respect, understanding and hope.

Forthcoming Occasionals

Our next events in the current series of Alcohol Occasionals will be:

Alcohol-Related Brain Disorders

Dr. Aisha Holloway, University of Edinburgh

12:30–14:00, 18th June 2015

These events are popular and places are limited. We need you to confirm if you would like to attend. You can do this by registering via EventBrite through our website at www.shaap.org.uk/events.html