



**The Mental Health State of Refugees in
Prison, A Case-study from Western Uganda**
Research Report



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The Mental Health of Refugees in Prison, a case-study from Western Uganda

Research Report

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List of acronyms

ACTV	African Centre for Torture Victims
APA	American Psychological Association
DRC	Democratic Republic of Congo
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
O/C	Officer in Charge
OPM	Office of the Prime Minister
PTSD	Post-Traumatic Stress Disorder
RLP	Refugee Law Project
SGBV	Sexual Gender Based Violence
UNHCR	United Nation High Commissioner for Refugees
UPF	Uganda Police Force
UPS	Uganda Prisons Services
WHO	World Health Organization

Foreword

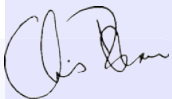
It is difficult to understand human beings without understanding their thought process, which determines behavior. Without this, one is likely to consider human beings as a homogenous group. Over time, RLP experience has shown the need for a proper understanding on issues relating to mental health in designing and devising strategies for refugee protection. In order to promote and protect the rights of refugees in detention facilities, it was critically important to assess their mental health.

In the forced displacement context, a lot of factors play a role in determining the refugees' psychosocial wellbeing. While in detention refugees face multiple challenges uniquely different from other inmates. For example, much as prison life coerces all inmates to live in homogeneity, refugees challenging situations are doubled with isolation from family support network, either lost during the asylum process or living far in refugee settlements; comprehending legal system in Uganda, and discrimination on grounds of their refugee status among others.

Therefore, as refugees in prison strive to attain justice, amidst lengthy judicial process characterized with postponement of trials due to case backlog, they continue to face unresolved emotional reactions, caused or exacerbated by harsh prison conditions. In such circumstances, to flourish psychologically depends on one's coping mechanism and ability. It is important for organizations working with refugees to have a grounded understanding of psychosocial dynamics of refugee detainees in order to promote their rights better.

This research was conducted to assess the mental wellbeing of refugees in prison in order to identify and recommend for better means of bridging the gaps identified by various actors.

Dr. Chris Dolan



**Director
Refugee Law Project,
School of Law, Makerere University**

Acknowledgement

Refugee Law Project has benefited from the support of many people and institutions. Our appreciation goes to Democratic Governance Facility (DGF) for their generosity and funding support towards this study. We thank the Commissioner Uganda Prisons for granting us permission to access prisons and all the prisons authorities in Western Uganda who provided a conducive environment in which we interacted with refugee prisoners and to refugee inmates who took their time to provide information on their experiences from which this report is derived.

We also thank Office of the Prime Minister, Directorate of Refugees for the continued collaboration with RLP. Special thanks go to Kizito Wamala, (Clinical Psychologist-ACTV), Eve Achan (Psychosocial Counselor- RLP) and Mary Kampogo (Psychosocial Counselor- RLP) for their technical guidance.

We express our appreciation to the RLP data collection team: David Stephen Ojok, Joyce Ameso, Lydia Asiimwe, RLP support staff Fred Ssekandi and driver Okello Geoffrey. Under no circumstances would we have finished this work without this strong and supportive team.

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Executive summary

This study looked at the mental wellbeing of refugees in prisons located in Western Uganda. It arose out of RLP's routine visits to detention facilities in the region under the objective on providing comprehensive legal aid to forced migrants in Uganda. RLP believed that in order to provide adequate and prompt services to refugee inmates, an understanding of their mental wellbeing was pertinent. The study specifically aimed at;

- » Understanding conditions in detention facilities and the extent to which they impact psychological well-being of refugee inmates
- » Examining the influence of past traumatic exposure on the psychological wellbeing of refugees in prisons
- » Examining the influence created by disconnection in social support on the mental health of refugee inmates
- » Exploring coping mechanisms of refugee inmates with regard to psychological problems

The study was conducted in prisons in the western districts of Uganda namely of Masindi, Hoima, Kyegegwa, Fort Portal, Mbarara and Isingiro. Structured questionnaires were administered by RLP officers to 109 refugee prisoners; 3 female and 106 male.

The study revealed that the conditions in which refugees live in prison impact on their mental health. 57.5% reported being very stressed by inadequacy in sleeping space, while while 54.4% felt stressed by a lack of information about their legal cases and legal.

Traumatic experiences before or during their flight (such as exposure to torture, witnessing violence, and other abuses associated with armed conflict situations) continue to haunt respondents and this manifests in depression and Post-Traumatic Stress Disorder (PTSD). These are exacerbated by poor living conditions within prisons. The situation is exacerbated by the fact that most prisoners are disconnected from the support of their family and friends; either because they have lost or become separated from them or they can hardly afford transport from far settlements to visit them.

Refugee prisoners try to cope with these challenges through prayers, as well as engagement in art and craft work.

1.0 Introduction and Background

Uganda currently hosts a population of over 642,250 refugees and asylum seekers.¹ The Western districts of Isingiro, Hoima, Kiryandongo and Kyegegwa accommodate the largest population of refugees in the country with 137,339 in Nakivale settlement in Isingiro,² 42,244 in Kyangwali³ in Hoima, 51,002 in Kiryandongo⁴ settlement, Kiryandongo district, and 27,964 in Kyaka II settlement in Kyegegwa.⁵ Many have experienced a range of traumatic events related to displacement, and many struggle with emotional and mental health challenges as a result.

While in Uganda, refugees are subject to laws and policies in the country. They are therefore likely to come in contact with the law and justice system either as accused persons, complainants or victims. Detention can be used for securing the presence of an accused person in court, for deterrence, for punishment and for rehabilitation (the Uganda Prisons Act, 2006 specifically states that prison facilities are for protection of the society and rehabilitation for offenders⁶). If accused, a refugee may therefore be detained before, during and/or after court processes, particularly given difficulties of accessing bail.

Studies have shown that although there are various legally binding instruments to ensure the wellbeing of inmates, they experience severe hardship while incarcerated. Linville et al., (1989) states that prison environments present with factors that potentially trigger or cause psychological problems.⁷ Significant studies have been done on prison, and findings documenting various challenges faced in such facilities (see e.g. Bolton, N et al 1976, Cooper, C., & Livingstone, M. 1991, Goodstein, L. & Wright, K.N. 1989, Toch, H. 1977).⁸ Some of the researches

1 UNHCR, 2015 UNHCR Country Operations Profile- Uganda, <http://www.unhcr.org/pages/49e483c06.html>

2 Office of the Prime Minister - Directorate of Refugees, Nakivale Refugee Settlement, Statistics April 2016, On file

3 UNHCR- Uganda- Monthly Refugee Statistics Update [February 2016]. <http://data.unhcr.org/drc/download.php?id=1216> .

4 Ibid

5 Ibid

6 Section 4, The Prisons Act, 2006

7 Linville, P.W., Fischer, G.W. & Salovey, P. (1989) Perceived distributions of the characteristics of ingroup and outgroup members: empirical evidence and a computer simulation. *Journal of Personality & Social Psychology*, 57, 165–188.

8 Bolton, N., Smith, F.v., Heskin, K.J., Ister, P.A. (1976). Psychological correlates of long-term imprisonment: A longitudinal analysis. *British Journal of Criminology*, 16, 36-47.

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focused on examining the psychological reaction of inmates' to prison life. However, there is limited research on refugees in detention, specifically focusing on their mental wellbeing, considering circumstances surrounding their experiences. In Uganda, no such research has been done. With this background, RLP was interested in understanding the psychological wellbeing of refugee inmates given their history coupled with the additional challenges experienced as inmates. Our findings aim to recommend better services based on the specific needs of forced migrants living not only in Western Uganda, but Uganda as a whole and beyond.

1.2 Theoretical Framework

We have applied cognitive theory to assess and explain the psychological consequences of prison life on refugees. The choice to use Cognitive Behavioral Therapy (CBT) theory was based on the notion that human beings can be understood by studying their internal processes of thinking and feeling and their resulting behavior. Beck noted that an individual may be influenced by negative thoughts about the self; the world; and the future. For some individuals, certain life events can be perceived as negative, which lowers mood and develops unhelpful thinking⁹. Given the fact that refugees experienced traumatic events in the past, the theory helps to create a link between past traumatic events and current events in the assessment of a person's psychological well-being.

1.3 Objectives

The general objective of the study was to assess how detention impacts on the psychological well-being of refugee inmates.

Specific objectives:

- » To understand conditions in detention facilities and the extent to which they impact on psychological wellbeing of refugee inmates
- » To examine the influence of past traumatic exposure on the psychological wellbeing of refugee in prisons.
- » To examine the influence of disconnection in social support (family and

Cooper, C., & Livingstone, M. (1991). Depression and coping mechanisms in prisoners. *Work and stress*, 5,2, 149-154.

Goodstein, L. & Wright, K.N. (1989). Inmate adjustment to prison. In L. Goostein & D. L. Mackenzie (Eds), *The American Prison: Issues in Research and Policy* (229-251). New York: Plenum.

Toch, H. (1977). *Living in prison: The ecology of survival*. Washington, DC: American Psychological Association.

9 Beck AT. *Cognitive Therapy and the Emotional Disorders*. New York: International Universities Press; 1976.

friends) on the mental health of refugee inmates.

- » To explore coping mechanisms of refugee inmates with regard to psychological problems

1.4 Key definitions

For purposes of this study, the following definitions have been adopted;

A refugee is a person who, “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country.”

10

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, constitution).¹¹

Mental health is the absence of psychiatric disorders or traits. It can be influenced by biological, environmental, emotional and cultural factors. This term is highly variable in definition, depending on time and place.¹²

Post-Traumatic Stress Disorder (PTSD), a psychological reaction that occurs after experiencing a highly stressing event, such as wartime combat, physical violence or a natural disaster.¹³

Anxiety, is a term used to describe experiences such as chronic fear, tension and panic attacks some of the common symptoms includes, sleepless nights and recurring thoughts, palpitations and dizziness.¹⁴

Psychosis or psychotic disorders, involves distorted perceptions of reality and irrational behavior, often accompanied by hallucinations and delusions.¹⁵

Psychotherapy refers to the treatment of mental health, emotional and personality problems through talking with a therapist. There are many different types of psychotherapy.¹⁶

Trauma, an extreme stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; witnessing an event that involves death, injury, or a threat to the physical integrity of another person’ or learning about unexpected of violent death, serious harm, or threaten of death or injury experienced by a

10 The 1951 Convention Relating to the Status of Refugees

11 The Constitution of the World Health Organisation accessed at www.Opbw.org/int_inst/health_docs/WHO-CONSTITUTION.pdf

12 DSM-IV: Diagnostic and Statistical Manual of Mental Health Disorders, 4th edition

13 Supra note 11

14 Ibid

15 Ibid

16 Ibid

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family member or other close associate (APA, 2008).¹⁷

Depression, an extended period of time (at least 2 weeks or more) in which a person experiences depressed mood characterized by loss of interest or pleasure in activities that were once enjoyed (Craighead, 2004).¹⁸

Stress is the mental and physical response and adaptation by our bodies to the real or perceived changes and challenges in our lives. A stressor is any real or perceived physical, social, or psychological event or stimulus that causes our bodies to react or respond.¹⁹

17 American Psychological Association. (2008). Children and trauma: update for mental health professionals. 2008 Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents. [Online]. Available: <http://www.apa.org/pi/families/resources/update.pdf>. [March 2010].

18 W. Edward Craighead & B. Nemeroff (2004), *The Concise Corsini Encyclopaedia of Psychology and Behavioural science*, Third edition, John Wiley and Sons Inc.

19 K. Glanz and M. Schwartz, "Stress, Coping and Health Behavior," in *Health Behavior and Health Education: Theory, Research and Practice*, 4th ed., eds. K. Glanz, B. Rimer, and K. Viswanath (San Francisco: Jossey Bass, 2008), 210–236.

2.0 Reviewed literature

Literature by Silverman and Vega (1988),²⁰ Wright (1991)²¹; states that prison environments can be extremely taxing and cause inmates to react in different ways, contributing to one of the more degrading experiences a person might endure (Samuel G. Kling 1941).²² Zimbardo, P.G. (2007) in his study of prisons reveals that imprisonment can be brutal, demeaning and generally psychologically devastating to individuals,²³ leading to mental health problems like depression, psychosis, anxiety and social withdrawal among inmates. Overcrowding in prisons is one factor that erodes the rehabilitative aspect of imprisonment by limiting adequate space necessary for basic survival needs.

From the concept of cognitive load burden, Bonta and Gendreau (1990) selectively focused on overcrowding as one of the challenges in prisons,²⁴ particularly on its relationship to physiological and psychological stress among inmates (Robjant et al 2009).²⁵ Noting from some of the selected literature above, the prison environment escalates physical and psychological problems. Some HIV-positive inmates do not have access to antiretroviral medication, and consequently their immunity in the fight against opportunistic infections lessens.²⁶ Such inmates are still subjected to hard labor which then weakens their body in the absence of a balanced diet. Inmates often experience negative effects of living in prison, and have difficulty adapting to the prison environment. Imprisonment can result in mental deterioration and apathy, personality changes, and questioning one's own identities.

Research on refugees states that many of them carry haunting psychological experience endured in the process of asylum, some of which stem from before

20 Silverman, M. & Vega, M. (1988). Analysis of stress, anger and curiosity in youthful offenders and correctional officers. *Journal of Crime and Justice*, 11, 1, 123-142.

21 Wright K, N. (1991). The violent and victimized in the male prison. *Journal of offender rehabilitation*. 16 (3/4), 1-25.

22 Samuel G. Kling, *The Prison Community*, 54 HARV. L. REV. 722, 722 (1941).

23 Zimbardo, P.G. (2007). *The Lucifer effect: Understanding How Good People Turn Evil*. New York and London: Random House.

24 Bonta, J., & Gendreau, P. (1990). Reexamining the cruel and unusual punishment of prison life. *Law and Human Behavior*, 14, 347-372.

25 Robjant, K., Robbins, I. & Senior, V., 2009a, 'Psychological Distress Amongst Immigration Detainees: a cross-sectional questionnaire study, *British Journal of Clinical Psychology*, 48, pp.275-286.

26 United States Department of State, 2014 report on human rights practice in Uganda:

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their flight (Porter & Haslam, 2005).²⁷ Their experiences often range from torture, sexual violence, terror, separation and loss, and include disappearance of relatives, abduction, and detention (Porter & Haslam, 2005, Fornazzari & Freire, 1990).²⁸ Prior exposure to torture often leads to an individual refugee's traumatic relapse, particularly if similar incidents happen in prison (Becker 1935).²⁹ These incidents occur whether he/she is tortured directly or witnesses a fellow inmate being tortured. Paradoxically, therefore, while detention is supposed to rehabilitate, in reality it often triggers the unresolved emotional issues with diverse traumatic effects ranging far beyond post-traumatic stress symptoms (Follette and Ruzek 2006).³⁰

With confinement as one of the purposes of prisons, they distinctively isolate inmates from the rest of the world with only a narrow connection through visits from relatives, thus creating an emotional gap (Edgar and Rickford (2009)³¹. This concept of isolation with limited social ties brings us to Dhami, Mandept K. et al., (2007)³² who noted that prisoners are deprived of their liberty and restricted in their movement, relationships with family and loved ones. The work of Flanagan ranked missing someone to be one of the most severe problem a person can endure (1980a).³³ Additionally, a social-interactions model assumes that prison environments influence socialization, consequently interfering with goal attainment and increased uncertainty (Cox et al., 1984³⁴). Erikson views isolation from intimate partners to be the main cause of pathology problems, especially one which involves intimate relationships. Erikson argues that intimacy is not restricted only to sexual relationships but also encompasses feelings of caring and commitment.

27 Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *Journal of the American Medical Association*, 294 (5), 602–612.

28 Fornazzari X, Freier M. Women as victims of torture. *Acta Psychiatr Scand*, 1990; 82: 258 ± 260.

29 Becker, C. (1935). Everyman his own historian. *American Historical Review*, 40, 221–236.

30 Follette, V. F., & Ruzek, J. I. (2006). *Cognitive– behavioral therapies for trauma* (2nd ed.). New York: Guilford.

31 Edgar, K., & Rickford, D. (2009). *Too Little Too Late*.

32 Dhami, Mandept K. et al., "Adaptation to Imprisonment: Indigenous or Imported?" *34 Crim. Just. & Behav.* 1085 (2007).

33 Flanagan, T. J. (1980a). The pains of long-term imprisonment. *British Journal of Criminology*, 20, 148-156.

34 Cox, V. C., Paulus, P. B., & McCain, G. (1984). Prison crowding research: The relevance of prison housing standards and a general approach regarding crowding phenomena. *American Psychologist*, 39, 1148-1160.

3.0 Research Design and Methodology

The study applied the use of both qualitative and quantitative methods to collect data. It used purposeful sampling techniques to generate cross sectional data from pre-defined selected respondents (refugees) drawn from prisons. In the context of prison life, insightful study of the concept of mental health issues/wellbeing of refugees constituted to the research.

Sample Size and Procedure

Quantitative data was obtained through the use of stratified sampling techniques where, ages were grouped according to margin of five years, and then respondents were randomly interviewed. The study had no age limitation; respondents of any age could participate so long as they fell within the definition of a refugee. For the purpose of obtaining qualitative data, the respondents were told the purpose of the study and assured of anonymity and confidentiality, and most importantly they were free will to participate and withdraw at any stage in case he/she found it deemed necessary. The free will to withdraw was based on the fact that some interviewee could experience traumatic relapses, which would require immediate counseling and a potential re-scheduling of the interview session. The Officer in-Charge of Prisons were notified of the data collection. Refugees were singled out from the general inmate population and gathered together. During each interactive session, the inmates were informed about the interview to allow them to decide on whether to participate or not. Those who agreed to participate were given the appropriate consent forms.

Data Collection and Tools Used

Data for this study was collected using semi-structured questionnaires which were used as interview guides. These had specific questions about the study which were asked through individual interviews with each inmate. The tool was partly adopted from the Hopkins mental health assessment instrument, which has been widely used in similar studies across cultures.

Ethical Consideration

RLP received permission from the Ugandan government through the Commissioner of Prisons to access and provide psychosocial and legal aid services. Key concern was placed on anonymity as a way of protecting the identities of the respondents. The purpose of conducting the research was clearly explained to the respondents and participation was totally each individual's choice. Additionally, respondents were requested to sign consent forms for affirmation of their decision, without revealing their identities.

3.1 Study Limitations

The study targeted 109 respondents, who participated fully in the stages process. The application of qualitative research method provided for open responses, which allowed for the identification of coping mechanisms used in dealing with psychological problem in the prison context.

Amidst data collection, some inmates experienced relapse of traumatic events, and they were provided on spot counseling, then appointment for later dates were sought, for those who agreed to still participate.

The small number of females interviewed reflects the small number of female refugee prisoners relative to male prisoners. All female inmates (refugees) who were in prison at the time of the research were interviewed.

4.0 Demographic Information on Study Area

The study was conducted in the western districts of Masindi, Hoima, Kyegegwa, Fort Portal, Mbarara and Isingiro which accommodate the largest population of refugees in the country. There are over 10 prisons in these districts; however, the research team specifically conducted interviews in Kigumba, Masindi, Hoima, Kyegegwa, Katojo, Igayaza, Kakyiika and Mbarara main prisons where refugees are frequently detained. The Uganda prison administrative system is centrally governed by the Commissioner of Prisons. At the district level, the Officers in-Charge of the Prisons are responsible for the day-to-day running of the prisons including granting access to the facilities upon production of a permission letter from the Commissioner. A daily record of the number of inmates in each prison and the status of their court cases is kept, however statistics do not provide disaggregation based on nationality or legal status (refugee or asylum seeker) of forced migrants.

5.0 Presentation and Discussion of Findings

This section analyses and presents the study findings as discussed by the target group. The findings are presented based on the interview guide questions and objectives of the study.

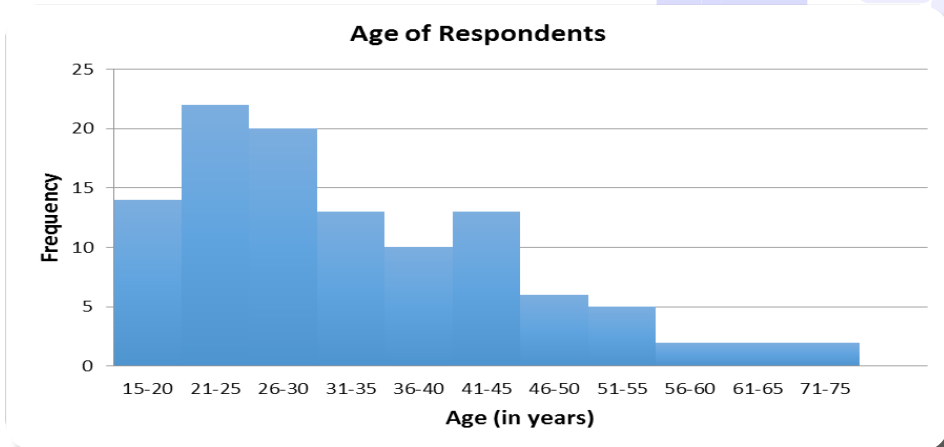
5.1 Demographic characteristics-quantitative

5.1.1 Gender of Respondents

109 respondents were interviewed from seven prisons in western Uganda; these included 106 males and 03 females. The limited number of female respondents was due to population of inmates in the prison at the time of the study.

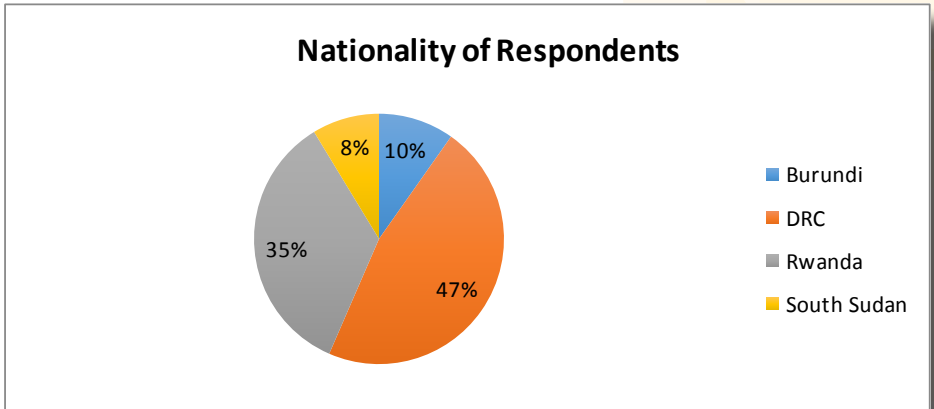
5.1.2 Age of respondents

Figure 1: Age of respondents



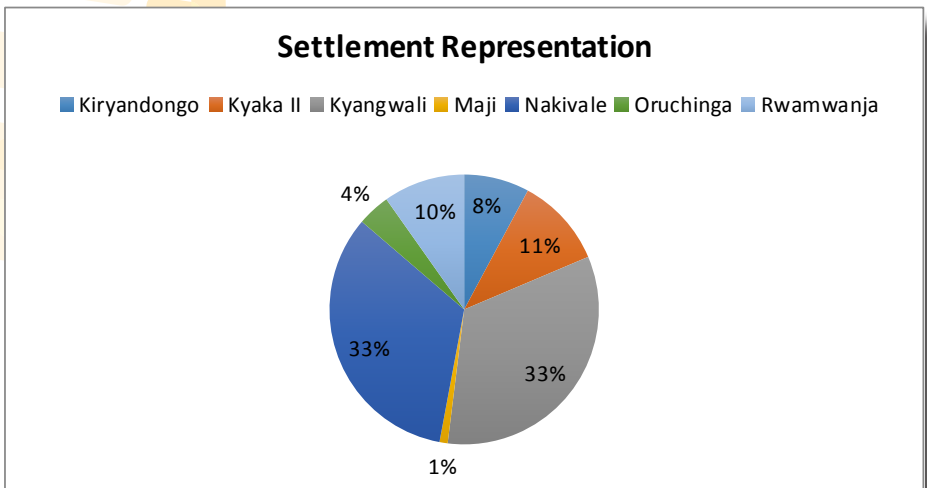
As shown above, respondents' ages were grouped in intervals with margins of 5 years. Respondents in age group (21-25years) were the majority with 20.2 %, followed by 26-30, with 18.3%, 15-20 with 12.8%. Even percentage of 11.9 was recorded in two categories, (31-35, and 41-45 years). Further, those in the group of 36-40 show 9.2%, there were few inmates at 46 years and above. The age range of 46-50 resulted with 5.5%, and 51-55 shows 4.6%. Lastly, the age group of 56-60, 61-65, and 71-75, each category has 1.8%.

Figure 2. Nationality of respondents



A large number of the respondents are from the Democratic Republic of Congo (47%), followed by Rwanda with a representation of 35%, while Burundi (10%) and South Sudan (8%) had few respondents.

Figure 3. Settlement representation



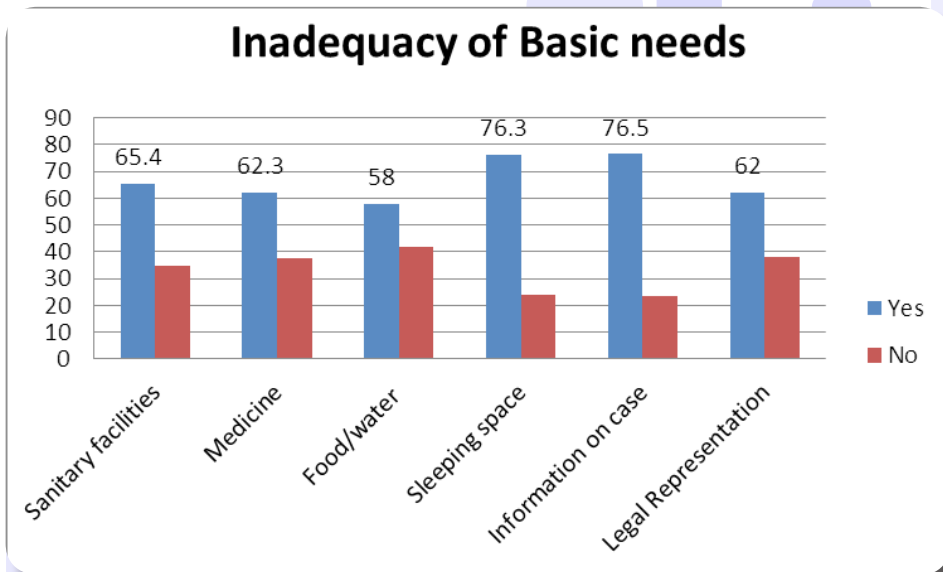
The figure above shows refugee settlements where the inmates lived before arrest. Kyangwali and Nakivale has the highest number of refugee inmates, represented by 33%, followed by Kyaka II with 11%, and Rwamwanja third with 10%. Kiryandongo has low number of refugees in prisons with 8%, meanwhile Oruchinga has 3.9% and the least is Maji (1%).

5.2 Conditions in detention facilities and their impact on psychological wellbeing of refugee inmates

A person's psychological wellbeing is influenced by the environment in which they live. In order to understand the mental wellbeing of refugees in detention, an examination of the conditions in which they live is crucial. To assess the conditions in prison and its impact on psychological wellbeing of refugee inmates, questions regarding basic needs were asked. The basic needs particularly for this study related to sanitary facilities, medicine, food, water, sleeping space, legal representation and information about individual cases. RLP assessed how respondents reacted to the inadequacy of these needs. The figure below highlights the conditions within the prison environment which are likely to predispose refugee inmates to stress as psychological problems.

5.2.1 Qualitative Data-Stress Factors

Figure 4. Inadequacy of Basic Needs

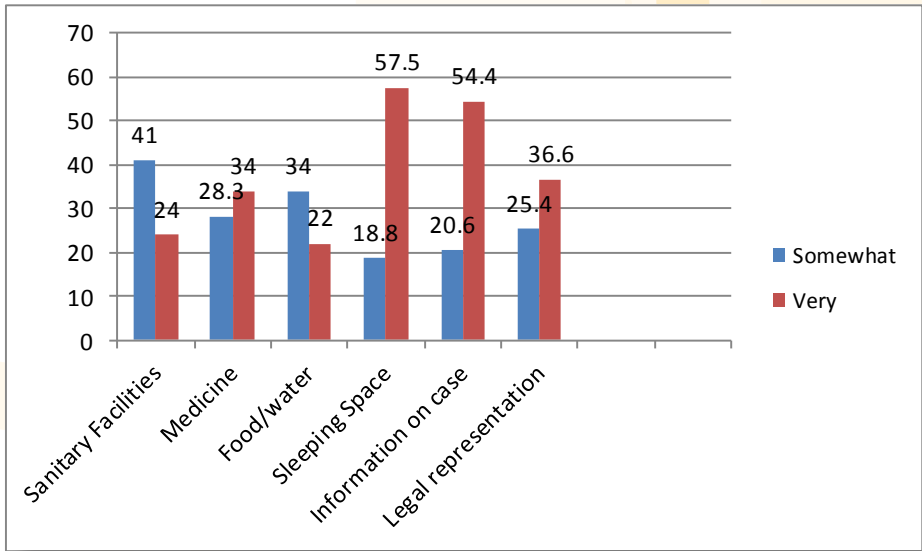


Of the 109 respondents, 76.5% experienced inadequacy in information on their court case, 76.3% felt sleeping space was inadequate while 65.4% felt that sanitary facilities were inadequate. In relation to their psychological wellbeing, those that felt that several basic needs were inadequate were asked whether or not they were stressed by the inadequacy. The study revealed that inadequacies in; sleeping space, information on the court case, legal representation and medicine made the respondents feel very stressed with 57.5% and 54.4% of the

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respondents stating they were very stressed by inadequacy in sleeping space and information on court case respectively (See Fig 5 below).

Figure 5: Stress associated with inadequacy of basic needs



This finding is in line with Zimbardo's findings³⁵ which revealed that the harshness and psychologically devastating nature of prison environments causes inmates to react in a certain way. He specifically stated that "the power that situation imposes over prisoners, subjects them to act in certain way". This explains the stress levels experienced by inmates because of conditions including inadequacy of sleeping space and information.

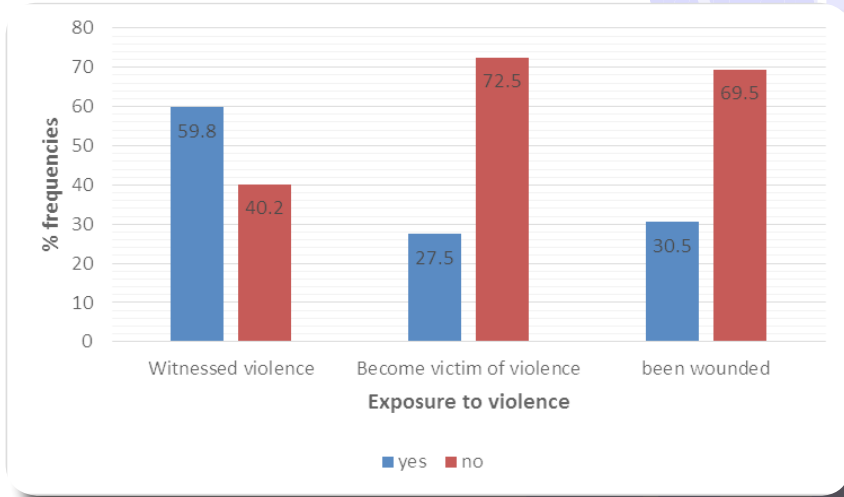
5.3 The influence of past traumatic exposure on the psychological wellbeing of refugee in prisons

For this section, three past traumatic events were chosen premised on the fact that a number of refugees have experienced one or two of them before and during flight. These events are; experiencing violence, being wounded or disabled as a result of violence and witnessing violence against others. The graph below shows the experiences of some of the refugees in prison, in relation to violence.

35 Zimbardo, P.G. (2007). *The Lucifer effect: Understanding How Good People Turn Evil*. New York and London: Random House.

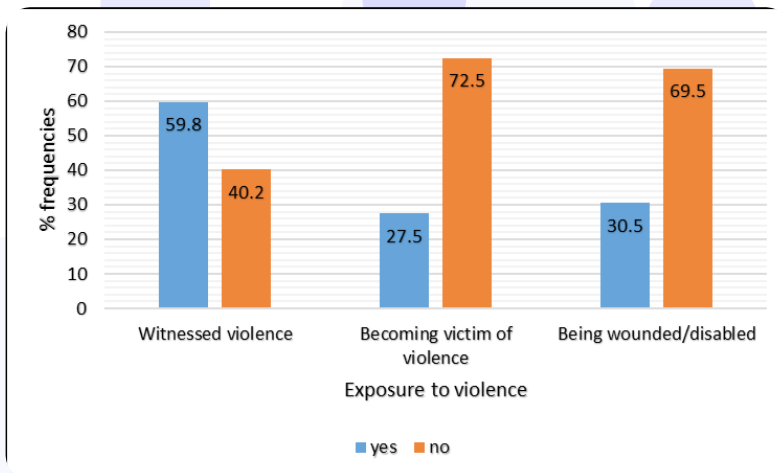
5.3.1 Victims or Witnesses of Violence (Emotional and/or Physical)

Figure 6: Exposure to violence



59.8% of the respondents had witnessed violence, 27.5% were themselves direct victims of violence and 30.5% were wounded or disabled as a result of violence. The study revealed that as a result of exposure to violence in the country of origin, 60.8% of those who witnessed violence are still stressed by it with 24.5 % of them being very stressed. It is however interesting to note that 71.6% of the victims of violence and 69.5% of those who were wounded are no longer stressed by the event. This could be related to the victims finding coping mechanisms among other factors (see fig 7 below).

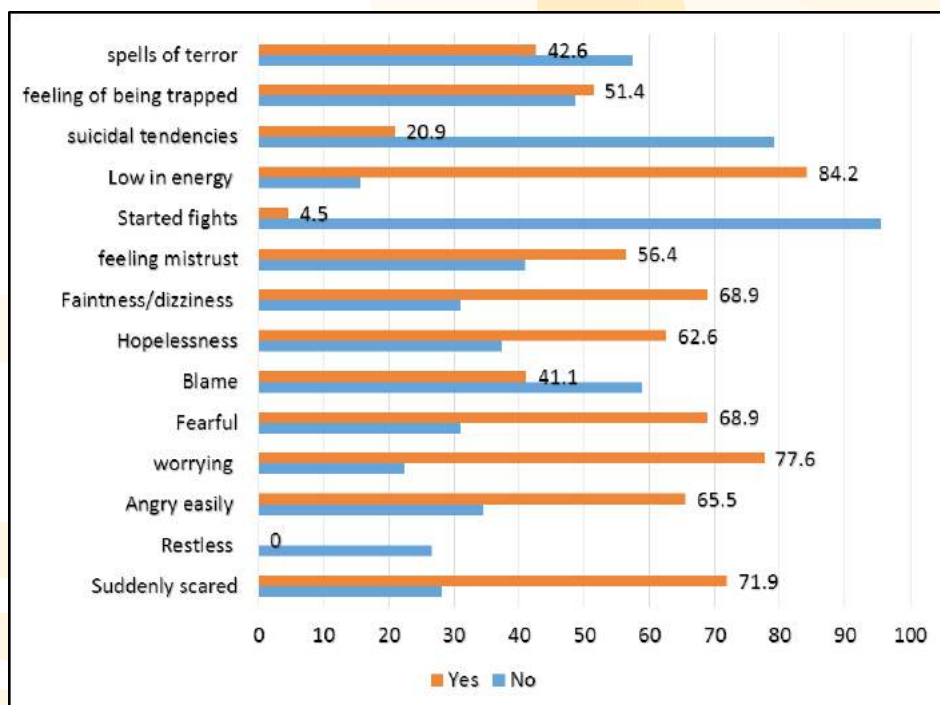
Figure 7: Stress of exposure to violence



5.3.1.1 Psychological reactions as a result of exposure to violence

Of those that had experienced traumatic events, a further assessment was done to determine their psychological (unseen reactions) and physiological (seen reactions) stress response.

Figure 8: Psychological reactions as a result of exposure to violence



The study shows that most inmates (over 60%) between the age of 21-25 have experienced at least some form of emotional or physical response to past traumatic events. Low energy (84.2%), worrying (77.6%) are some of the common psychological symptoms among refugee inmates. These symptoms symbolize the unresolved emotional issues with diverse painful effects as stated by Follette and Ruzek (2006). They also contribute to high levels of fear (68.9%) as seen in graph (figure 8) above. Most respondents reported having experienced either direct or indirect violence, for example sexual violence, torture or witnessing friends or relatives being threatened with execution and being forced to do unpleasant things among others are among some of the many realities refugees in prisons suffer the consequences. It is as a result of these experiences that symptoms of depression appear prevalent among inmates with thoughts of worthlessness, suicide, and hopelessness. Specifically 60% of those surveyed report at least sometimes feeling worthless, while 23% of refugee inmates said

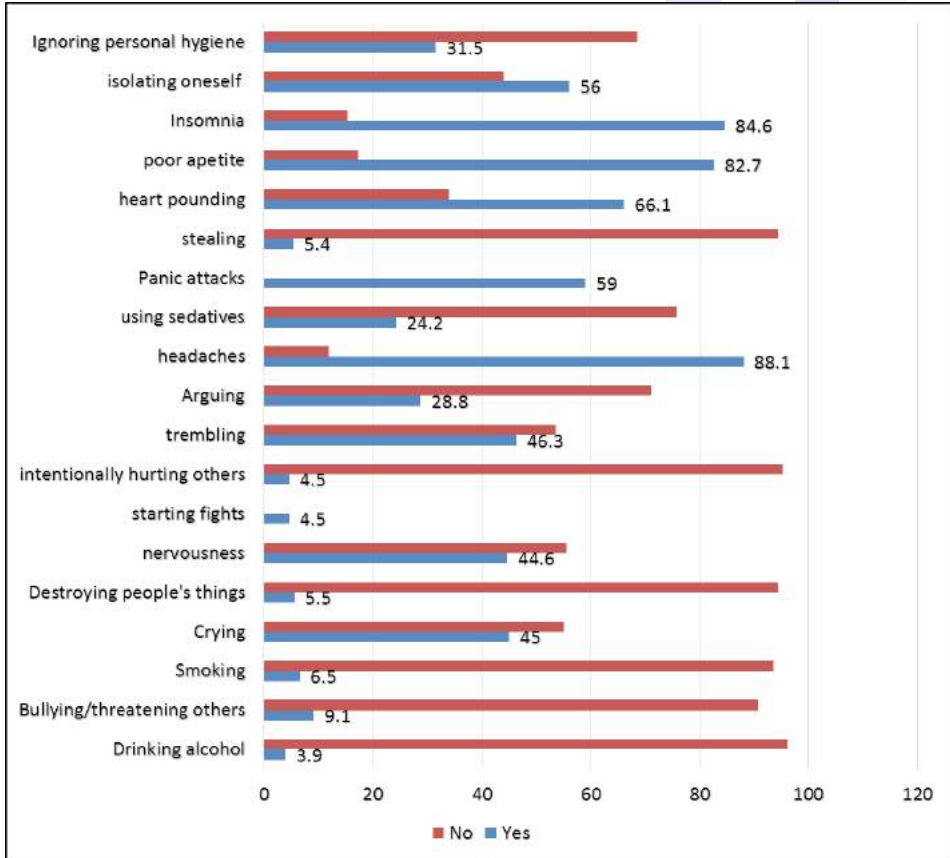
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they have had thoughts of ending their own life. Hopelessness also appears in 67% of respondents.

5.3.1.2 Qualitative Data-Physiological Stress Responses

Other than psychological symptoms, respondents also experienced physiological reactions to traumatic events they went through.

Figure 9. Physiological and behavioral reactions

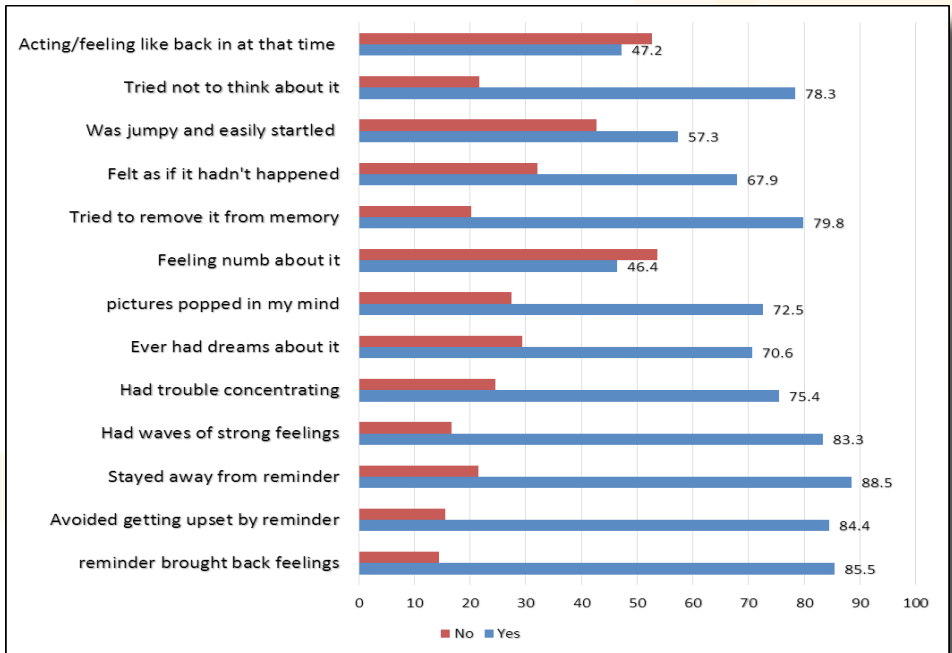


The table above shows physiological reactions found among refugees in prisons. 88.1% of the respondents stated that they experienced headache while 84.6% of the inmates faced problems of lack of sleep and 82.7% had poor appetite. A significant percent (66.1) of respondents admitted that their hearts pound. The reported physiological signs (figure 10) are of psychological conditions from emotional trauma.

5.3.1.3 Post-Traumatic Stress Responses

The figure is a graphical representation of stress symptoms following traumatic situations refugees encountered in their lives.

Figure 10. Post-traumatic stress responses



The findings reveal severe trauma among refugee inmates with various symptoms such as intrusive memories of past incidents (85.5 %) and waves of strong feelings (83.3%). Notable however is majority 84.4% tried to avoid getting upset by some of those reminders, either by staying away from them (88.5%) or trying to remove it from their memory (79.8%). A report by Physicians for Human Rights (2003) states that the traumatic experience suffered before flight, has profound impact on refugees' mental health functioning. Porter & Haslam (2005) found that effects of prior difficult events continues haunting refugees in their later life; its burden deepens more and transgress according to the existing circumstances faced at a particular time.

A related explanation is found in Becker's work (1935) which explains that, the accounts of events that happened in the life of a person becomes a point of reference when faced with challenging situations or related occurrence. For example, a refugee may experience guilt feelings when he/she interprets a situation by seeing himself as the cause, or turn to blame external factors for external causalities, all of which may lead to depression as seen by symptoms brought to light by this survey. Our finding asserts that inmates resort to other means of equal social approval (coping means) sought within the prison to meet their emotional needs.

5.4 The influence of disconnection in social support (family and friends) on the mental health of refugee inmates

The study assessed the role played by social support networks in the mental health of refugees in prison. Respondents were asked whether they felt separated from their families or friends while in detention. 75.3% felt separated from their families or friends while 24.7% did not. Those that felt isolated were further asked whether they found the situation stressful. 50.6% found the situation stressful while 22.2% found it somewhat stressing.

Figure 11: Family separation

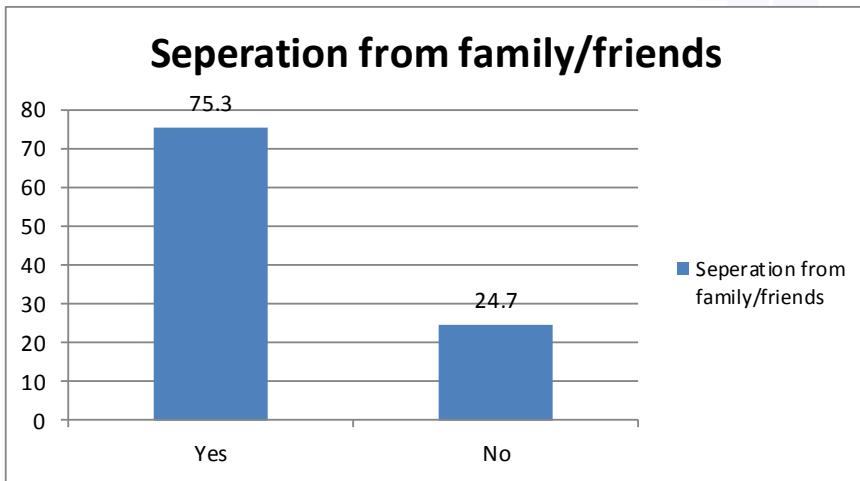
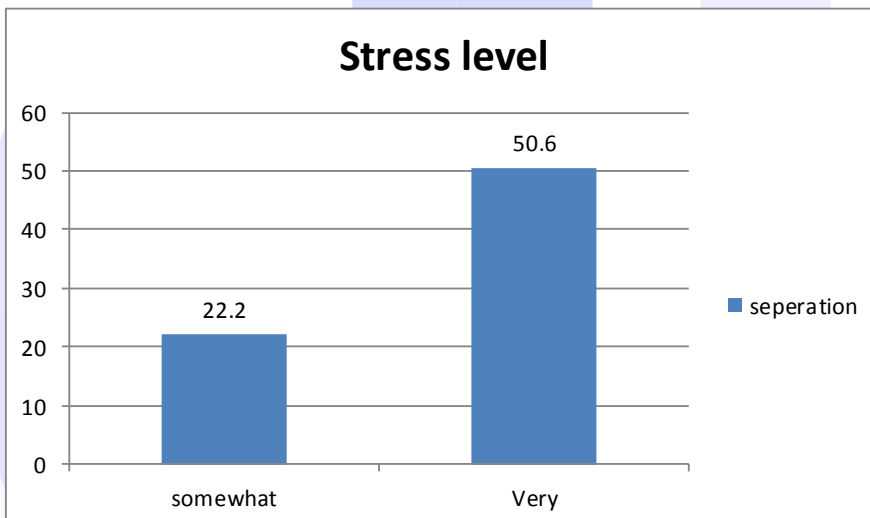


Figure 12: Stress levels related to family separation



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Separation from family and friends played a large role in increasing stress among those surveyed. Of those questions relating to alienation, segregation, or separation, a vast majority agreed the situation was particularly stressful. 75.3% of respondents stated they had been separated from their families, and 50.6% found the event very stressful. In connection to earlier research by Flanagan (1980a), missing somebody was ranked the most severe problem. Edgar and Rickford (2009) in a related finding noted the importance of family support in bridging emotional gaps. In this context, Hairston, C. F. (1991) used the concept of social capital to emphasise the benefit of social networks. This finding therefore shows that when inmates are isolated from social support network (family members, relatives and friends) who are in refugee settlements, their sense of attachment becomes porous, and disconnection in that relationship disrupts the flow of emotional values that enhances positive psychosocial wellbeing.

5.5 Coping strategies

This part presents the various coping mechanisms employed by refugees in prison as they try to adjust to stressful events they encountered in their past and the challenges they continue to experience while in prison. The findings showed that 90% of the respondents engage in prayer as a way of responding to the stressful events. However this is done alongside other activities like playing games, discussing with a friend, singing songs of hope. Below are some of the responses that respondents gave;

“I talk about it with others”, “chatting with friends”, “Sharing with fellow colleagues”, “Getting treatment”, “Counselling”, “Playing football”, “Games”, “I form company with other refugees to avoid boredom”, “Doing exercises and weaving my bags”, “Reading books”, “Make myself busy by making necklaces, baskets, etc.” “Story telling”, “Making baskets and studying”, “Keeping busy with community work assigned” “Spending most of my time in the workshop” “sleeping” “Making handicrafts”

Conclusions and Recommendations

Mental health in prison settings is an important aspect that needs to be clearly understood by all service providers. It is evident that prisoners exhibit various behaviors given their past and present experiences which are perpetuated by the fact that they are in detention and are isolated from their families. These behaviors are influenced by the prison environment which the prisoners perceive to be harsh thus hindering positive coping. Our study found that refugees are affected by psychological problems which include depression, PTSD, anxiety etc., as revealed by their responses on signs and symptoms presented in this report. We therefore conclude that, the mental wellbeing of prisoners should be given priority in programing and Service delivery by the Uganda Prison Service Commission as well as the other stakeholders.

Recommendations

- » Inadequacy in information and legal representation featured among the major stressing factors in prison for refugee inmates. There is therefore need for provision of adequate information and legal representation to refugees in prison about their court cases. This will reduce the uncertainty which eventually results into high stress levels. Further there is need for increased legal aid provision to refugees in detention.
- » There is need to have more psychologists and counselors to assess and handle psychological issues among refugee prisoners. This will assist the work of prison welfare officers who are always overwhelmed.
- » It is important for prison authorities to have regular capacity building trainings for prison staff to enhance their skills in handling prisoners' psychosocial issues.
- » Services providers whose mandates caters for basic needs and other non-food items need to consider carrying out ongoing needs assessments, and intervene whenever necessary.
- » UNHCR in collaboration with OPM need to consider providing or facilitating transportation of family members and relatives of refugees from refugee settlements to prisons. Here, both sides (victim and the accused) should be given equal opportunity.

INFORMED CONSENT

You are about to participate in a research that is carried out by Refugee Law Project- Uganda about mental health of refugees in prison

Participating means you will try to answer every question based on your experiences, your well-being and resources that might help you to overcome difficulties in your life.

All this information will be analyzed anonymously, meaning that we won't use your name and that we won't be able to identify you afterwards. We won't share information on your identity with anyone else.

One of the most important rules on participating in this research is that you declare to understand and agree with this information and give the researchers permission to use this information for their research. Therefore, we ask you to sign the consent form.

Note that, whenever you feel like bringing your participation to an end and withdraw from this study, it is possible without any consequences.

"I have read and understood all this information and accept all these above mentioned conditions. I will participate voluntarily by answering questions asked"

Signature:

DEMOGRAPHIC INFORMATION

Instructions

Below is a list of questions about you.

Where “ ”, write the response to the question,

e.g. Question: What is your Age?

Answer: ... **18** ...

Where “ 0 ”, color the circle which most applies to you,

e.g. Question: What is your Sex?

Answer: Male

Female

Question	Your answer
What is your age?
What is your gender?	0 Male 0 Female 0 other
What is your current place of residence?
Who do you live with?
What is your religion?
What is your occupation? (do you go to school, do you have a job? What is it about?)
Did you live in any camp? (write down name of camp if applicable)	0 Yes 0 No
If yes, for how long?
What's the number of your family members?

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a) Is your father still alive?	0	Yes
	0	No
- If yes, did you live together with him?	0	Yes
	0	No
- If no, how did he die?	
b) Is your mother still alive?	0	Yes
	0	No
- If yes, do you live together with her?	0	Yes
	0	No
- If no, how did she die?	
c) Your brothers and sisters		
- How many do you have?	
- How many did you live together with?	

STRESSFUL EVENTS QUESTIONNAIRE

Instructions

Below is a list of stressful events that might have happened to you before and during flight

Please tell us whether this event happened to you by coloring the circle that most applies to you,

e.g. Question: Did you experience the death of loved ones?

- Answer: No
 Yes

If yes, please tell us how stressful you found that experience by coloring the circle that most applies to you,

e.g. Question: How stressful did you find this experience?

- Answer: Not at all stressful
 Somewhat stressful
 Very stressful

Where “ ”, write the response to the question,

e.g. Question: Did you experience life in the settlement?

Answer: for months

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Nr.	Question	Did you experience this?		If yes, how stressful did you find this experience?		
	Did you experience ... ?			Not at all	Somewhat	Very
1.	Death of loved ones ? (e.g. family members, peers, neighbors, teachers, ...)	0 0	Yes No	0	0	0
2.	Separation from your family against your will ?	0 0	Yes No	0	0	0
3.	Life in a camp/ refugee settlement? If yes, for months ?	0 0	Yes No	0	0	0
4.	Life in captivity? If yes, for months ?	0 0	Yes No	0	0	0
5.	Witnessing violence against others ? (e.g. destruction of properties, maiming, killing, sexual abuse, abduction, ...)	0 0	Yes No	0	0	0
6.	Becoming a victim of violence yourself ? (e.g. destruction of properties, maiming, sexual abuse, abduction, ...)	0 0	Yes No	0	0	0
7.	(Forcibly) committing violence yourself ? (e.g. destruction of properties, maiming, killing, sexual abuse, abduction, ...)	0 0	Yes No	0	0	0

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8.	Lack of food and/or water ?	0 0	Yes No	0	0	0
9.	Lack of education ?	0 0	Yes No	0	0	0
10.	Lack of medical care?	0 0	Yes No	0	0	0
11.	Lack of jobs and income ?	0 0	Yes No	0	0	0
12.	Getting wounded and/or disabled ?	0 0	Yes No	0	0	0
13.	Live on the streets for several months	0 0	Yes No	0	0	0
14.	Threatening of rebels/armed forces ? (threat of abduction, attack of the village/ camp, ambushes, landmines, ...)	0 0	Yes No	0	0	0
15.	Not feeling accepted ? (lack of parental care, others call you names, the use of violence, ...)	0 0	Yes No	0	0	0
16.	Responsibility for other/too many children ? (child headed family)	0 0	Yes No	0	0	0
17	Psychological/ emotional torture	0 0	Yes No			

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18	Physical torture	0	Yes			
		0	No			
19	Sexual violence	0	Yes			
		0	No			
20.	Other stressful events that you experienced?	0		0	0	0

HSCCL-37A

Instructions

Below is a list of different feelings and behaviors of people. Please tell us how often you have had these feelings or have acted this certain way now and within the past month, by coloring the circle that most applies to your experiences.

e.g. Question: How many times did you feel suddenly scared for no reason?

Answer: Never Sometimes Often Always

Nr.	Question	Answer			
	How many times did you experience ... ?	Never	Sometimes	Often	Always
1.	Feeling suddenly scared for no reason	0	0	0	0
2.	Feeling restless, can't sit still	0	0	0	0
3.	Becoming angry easily	0	0	0	0
4.	Drinking alcohol	0	0	0	0
5.	Feeling fearful	0	0	0	0
6.	Blaming myself for things	0	0	0	0
7.	Bullying or threatening others	0	0	0	0
8.	Smoking cigarettes	0	0	0	0
9.	Faintness, dizziness or weakness	0	0	0	0
10.	Crying easily	0	0	0	0

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11.	Destroying or breaking things that belong to others	0	0	0	0
12.	Nervousness or shakiness inside	0	0	0	0
13.	Starting fights	0	0	0	0
14.	Feeling low in energy, slowed down	0	0	0	0
15.	Heart pounding or racing	0	0	0	0
16.	Poor appetite	0	0	0	0
17.	Intentionally hurting someone	0	0	0	0
18.	Trembling	0	0	0	0
19.	Difficulty falling asleep, staying asleep	0	0	0	0
20.	Arguing often	0	0	0	0
21.	Feeling tense or keyed up	0	0	0	0
22.	Feeling hopeless about the future	0	0	0	0
23.	Feeling no interest in things	0	0	0	0
24.	Headaches	0	0	0	0
25.	Feeling blue	0	0	0	0
26.	Using sleeping pills or sedatives	0	0	0	0

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27.	Spells of terror or panic	0	0	0	0
28.	Feeling lonely	0	0	0	0
29.	Thoughts of ending my life	0	0	0	0
30.	Feeling of being trapped or caught	0	0	0	0
31.	Worrying too much about things	0	0	0	0
32.	Stealing things	0	0	0	0
33.	Feeling everything is an effort	0	0	0	0
34.	Feelings of worthlessness	0	0	0	0
35.	Using drugs (opium, marihuana, chewing on leaves)	0	0	0	0
36.	Feelings of mistrust and suspicion	0	0	0	0
37.	Isolating myself	0	0	0	0
38.	Running away from home	0	0	0	0
39.	Not taking care of my personal hygiene	0	0	0	0
40.	Not wanting others to tell me what to do	0	0	0	0

IES-R

Instructions

Below is a list of difficulties people sometimes have after stressful life events. Please tell us how much you were distressed or bothered by these difficulties now and within the past month, by coloring the circle that most applies to your experiences.

e.g. Question: Did you experience that any reminder brought back feelings about it? Answer: Not at all A little bit Moderately Quite a bit Extremely

Nr.	Question	Answer				
	How much were you distressed by ...?	Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Any reminder brought back feelings about it	0	0	0	0	0
2.	I had trouble staying asleep	0	0	0	0	0
3.	Other things kept making me think about it	0	0	0	0	0
4.	I felt irritable and angry	0	0	0	0	0
5.	I avoided letting myself get upset when I thought about it or was reminded of it	0	0	0	0	0
6.	I thought about it when I didn't mean to	0	0	0	0	0
7.	I felt as if it hadn't happened or wasn't real	0	0	0	0	0
8.	I stayed away from reminders about it	0	0	0	0	0

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9.	Pictures about it popped into my mind	0	0	0	0	0
10.	I was jumpy and easily startled	0	0	0	0	0
11.	I tried not to think about it	0	0	0	0	0
12.	I was aware that I still had a lot of feelings about it, but I didn't deal with them	0	0	0	0	0
13.	My feelings about it were kind of numb	0	0	0	0	0
14.	I found myself acting or feeling like I was back at that time	0	0	0	0	0
15.	I had trouble falling asleep	0	0	0	0	0
16.	I had waves of strong feelings about it	0	0	0	0	0
17.	I tried to remove it from my memory	0	0	0	0	0
18.	I had trouble concentrating	0	0	0	0	0
19.	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	0	0	0	0	0
20.	I had dreams about it	0	0	0	0	0

Coping

1. Are there any other ways In which you adapted to cope with the stressful event e.g. prayer, trying not to think about it etc

.....

Thank you for participating!

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