Perceived Credibility in an Asylum-Seeking Context: The Effect of Emotions on Decision-Making.

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Table of Contents

List of Figures

List of Tables

Lay Summary

People who are forced to leave their homes because of reasons like war, violence or persecution, are known as Forcibly Displaced People (FDP). FDP include groups of individuals such as asylum seekers. Asylum seekers are people who have applied to stay in another country for their safety and are waiting for their application to be processed. FDP are at a greater risk of experiencing traumatic events and mental health difficulties, including Post-Traumatic Stress Disorder (PTSD).

Empirical Study

Asylum seekers in the United Kingdom (UK) typically attend an interview where they are asked to explain why they are seeking asylum. Whether an asylum seeker's application is successful is partly determined by whether they are seen as credible. To be seen as credible, an asylum seeker's statement and any evidence needs to be detailed, specific, consistent, coherent and plausible. It has been argued that PTSD might negatively impact whether an asylum seeker is seen as credible. This is due to certain features of PTSD, including how individuals can be avoidant of talking about their traumatic experiences and can find it difficult to remember parts of, or details about, what happened. This study investigated whether providing information on PTSD affects decisions about an asylum seeker's credibility.

Research has also shown that if an individual presents in an emotional or distressed way, they are often seen as more credible compared to someone who is less or unemotional. Research also suggests that a decision-maker's own emotions may be related to credibility judgements. There is a lack of research, however, exploring the role of emotions in the context of asylum credibility assessments. Therefore, this study aimed to explore whether the emotional demeanour of an asylum seeker, and the emotions of a decision-maker, are related to credibility judgements.

From the general population, 128 adults watched a video of a mock asylum interview and completed an online survey. Some participants watched a video with an actor displaying behaviours indicative of PTSD and some participants watched a video without PTSD behaviours being portrayed. Participants also either received information about PTSD or they did not. The survey included open and closed questions on ratings of credibility, the emotions displayed by the asylum seeker and participant's own emotions upon watching the video.

It was found that:

- Participants provided similar credibility ratings of the asylum seeker, regardless of whether they received information about PTSD or not, and regardless of what video they watched.
- The asylum seeker was seen as more credible when he displayed emotions such as fear, and less credible when he displayed little or no emotion.
- There was a relationship between greater feelings of compassion for the asylum seeker and higher credibility ratings. There was also a relationship between participants feeling little or no emotion and lower credibility ratings.

Participant's provided reasons for their ratings on credibility and emotions. When these reasons were analysed, three main themes were found:

- *Genuine vs Fake Distress*: Some participants interpreted the asylum seeker's distress as genuine and therefore believed he was credible. Other participants interpreted the asylum seeker's distress as fake and therefore thought he was being deceiving.
- *Emotional Congruence with the Story*: Whether the asylum seeker was seen as credible or not was influenced by whether his emotions were seen as in line with the traumatic experiences he was describing.
- *Follow the Heart or the Head?*: Participants felt sadness, anger and fear on behalf of the asylum seeker, whilst others felt no emotion as an attempt to remain objective.

Overall, the study found that the emotional demeanour of an asylum seeker and the decision-maker's own emotions are important when judging the credibility of an asylum seeker. These findings have implications for the training of decision-makers and policies around conducting credibility assessments. Future research is needed to address the limitations of the study and to see whether findings can be generalised, for example to immigration decision-makers and judges.

Systematic Review

The empirical study found that hearing an asylum seeker's testimony with descriptions of trauma can evoke emotions in the decision-maker. Professionals who work with FDP often hear distressing stories of traumatic events, which can lead to secondary traumatisation. Secondary traumatisation refers to the negative psychological effects of being exposed to stories of trauma and can include symptoms that closely resemble PTSD and a reduced ability to feel compassion for others.

This systematic review aimed to understand what factors mitigate against, and increase the risk of, secondary traumatisation in professionals working with FDP. Electronic databases were searched to identify relevant studies. 271 studies were screened and 30 studies met the criteria to be included in the review.

It was found that:

- Social support, self-care and a strong relationship with your supervisor are protective against secondary traumatisation.
- Coping strategies such as substance use or denial were identified as risk factors for secondary traumatisation. Some professionals use emotional detachment, cynicism or disbelief as coping mechanisms.

- A lack of support, resources and funding within the workplace can lead to professionals feeling ineffective, putting them more at risk of secondary traumatisation.
- A hostile and unaccepting political climate towards FDP can create feelings of hopelessness and acts as an additional stressor.
- Age, gender, a personal history of trauma and the amount of exposure to trauma narratives were not consistently identified as risk or protective factors.
- The positive effects of working with FDP often outweighed the negative effects and were seen as protective against secondary traumatisation.

Overall, the review identified individual and organisational factors that contribute to the risk of and protection against secondary traumatisation. The findings have implications for organisations, including suggestions for how to best support staff. Future research is needed to understand inconsistencies across studies and would benefit from examining factors over time and the relationships between factors.

Integration, Impact and Dissemination

The empirical study and systematic review both explored the role of trauma in the context of working with FDP and refer to the emotional impact of working in this field. The two studies did differ in focus, however also partly informed one another and overlapped in themes. Overall, the findings are important for professionals, organisations and policy makers to consider. A summary of the findings of the study will be shared with participants and professionals who opted-in to receive this. The results will also be presented at a conference specialising in psychology and law and submitted to academic journals to reach a wider audience.

Empirical Paper

Perceived Credibility in an Asylum-Seeking Context: The Effect of Emotions on Decision-Making.

Abstract

Perceived credibility is key in refugee status decisions. Features of Post-Traumatic Stress Disorder (PTSD), such as avoidance and fragmented memory, are thought to negatively impact credibility assessments of asylum seekers. There is limited research, however, on the effect of providing information about PTSD on credibility judgements. Additionally, research proposes that the emotional demeanour of the asylum seeker, and the affect of a decision-maker, may inform credibility judgements. Research exploring these factors in an asylum-seeking context is in its infancy. The present study aimed to investigate the effect of providing a PTSD brief on the perceived credibility of an asylum seeker. It also aimed to examine the relationship between credibility, the emotions displayed by an asylum seeker and the emotions of the decision-maker.

The study used a mixed-methods, between-subjects design and had four conditions. Participants (N = 128) were members of the general public who watched a video of a mock asylum interview, with an actor either displaying behaviours indicative of PTSD or not. Participants also either received a brief on PTSD or received no brief. Participants completed open and closed questions on ratings of credibility, the emotions displayed by the asylum seeker and their own emotional affect.

The study did not find an effect of the PTSD brief on credibility ratings. Consistent with previous research, we found an emotional congruence effect. Credibility ratings were higher when the asylum seeker displayed emotions such as fear, and lower when he displayed little or no emotion. A more novel finding, however, was evidence of an affect heuristic contributing towards the judgements of the decision-maker. Notably, there was a relationship between feelings of compassion for the asylum seeker and higher credibility ratings, and between participants feeling little or no emotion and lower credibility ratings. The limitations of the study, implications and recommendations for future research are discussed.

Introduction

The Process of Seeking Asylum

The number of people forcibly displaced due to war, violence and persecution exceeded 100 million for the first time in 2022 (United Nations High Commission for Refugees [UNHCR], n.d.-a). As of November 2022, there were 231,597 refugees and 127,421 pending asylum cases in the UK (UNHCR, n.d.-b). The number of asylum applications has reached the highest annual number since 2002 and is more than double what it was in 2014 (Sturge, 2023). According to the 1951 Refugee Convention, a refugee is someone who is unable or unwilling to return to their country of origin due to a "well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (United Nations, 1951, p. 14). An asylum seeker is someone who has applied for the right to remain in another country due to fears of persecution and their application is yet to be processed (Home Office, n.d.).

Due to the nature of forcible displacement, asylum seekers often arrive with a lack of substantial evidence to support their claims. For instance, asylum seekers often have to flee without time to gather their personal documents and threats of persecution are not commonly documented (Home Office, 2022). As a result, an asylum seeker's testimony is often key evidence in refugee status decisions. In the UK, asylum seekers are typically expected to attend a substantive interview whereby they are asked about their reasons for claiming asylum (Home Office, 2022). Whether an asylum seeker has a well-founded fear of persecution is partly determined by assessing the credibility of the testimony. Guidance states that to be deemed credible, statements and evidence needs to be of sufficient detail and specificity, consistent, coherent and plausible (Home Office, 2022). It is important that research investigates factors that may influence asylum credibility assessments due to the increasing numbers of people seeking asylum, the subsequent pressure this puts on decision-

makers and the importance of getting decisions around an individual's safety and protection right (Sasse et al., 2023).

Post-Traumatic Stress Disorder (PTSD)

Although the decision to grant asylum is based on a fear of future persecution, this is often founded in past experiences of persecution and traumatic events (Graham et al., 2014). As a result of pre- and post-migration experiences asylum seekers are likely to have experienced traumatic events and have high rates of mental health difficulties, including PTSD (Due et al., 2020; Gleeson et al., 2020; Turrini et al., 2017). Estimates suggest a 31% prevalence rate of PTSD in refugees and asylum seekers (Blackmore et al., 2020; Patanè et al., 2022).

PTSD occurs following exposure to a life-threatening, frightening or dangerous event. Key features include recurrent, unwanted and distressing memories of the event, as well as flashbacks and nightmares (American Psychiatric Association [APA], 2013). Being reminded of the event either by external factors, such as people or places, or internal factors, such as thinking or talking about the event, can cause high levels of distress and often leads to individuals attempting to avoid these reminders (APA, 2013; McVane, 2020). Additional features include changes in mood and cognitions, including feelings of shame and guilt, and changes in hyper-arousal, such as an increased startle response and hyper-vigilance to threat (APA, 2013).

Intrusive memories and avoidance of trauma-related stimuli are thought to impact how accounts of traumatic experiences are recalled in PTSD (Herlihy et al., 2012). Additionally, trauma memories are thought to differ in their organization, storage and retrieval compared to non-traumatic memories. For instance, trauma memories are thought to be static, disjointed and disorganized (Brewin, 2014; Ehlers, 2015), with the details of a traumatic event not always remembered clearly or at all (Brewin, 2018; Graham et al., 2014).

Research suggests that PTSD may have a negative impact on an asylum seeker's perceived credibility due to the reduced ability to recall and disclose information about past experiences in their testimony (Herlihy et al., 2002; Herlihy & Turner, 2015; Memon, 2012). For instance, testimonies may be lacking in detail, which is concerning given that lack of detail is often used as an indicator of deception (Nahari, 2023). Additionally, asylum seekers, and professionals who work with them, have reported difficulties in disclosing traumatic events in Home Office asylum interviews due to reasons including dissociation, stigma and shame (Abbas et al., 2021; Bögner et al., 2007; Bögner et al., 2010; McVane, 2020). In light of the above, the expectation of asylum seekers to provide a coherent, consistent and detailed testimony in order to be seen as credible is unrealistic (Abbas et al., 2021; Kendall, 2020; Saadi et al., 2021).

Factors Relating to the Decision-Maker

In addition to factors related to PTSD and the asylum seeker's ability to disclose information, research also highlights how factors related to the decision-maker play a role in credibility assessments. When assessing testimonies, the use of heuristics, or 'mental short-cuts', may be used, which are often based on stereotypes, assumptions and previous experiences or knowledge (Dror, 2020; Gilovich et al., 2002). For example, people may hold inaccurate assumptions about trauma and memory, including that testimonies should have no minor inconsistencies and should be of sufficient detail (Dowd et al., 2018; Herlihy et al., 2010; Skrifvars et al., 2022). Additionally, Wilson-Shaw et al. (2012) found that legal representatives make decisions around the presence of PTSD based on their own lay knowledge and stereotypical understanding of it. The study found that participants had less awareness of certain symptoms such as avoidance and hyperarousal. Further, participants relied on emotion based factors, such as the level of distress their clients displayed, to decide whether to refer clients for a psychiatric assessment and medico-legal report.

Additionally, subjective interpretations of non-verbal communication, such as eye contact and emotional expressions, have been found to impact decision-making in asylum cases (Bishop, 2022; Johnson, 2011; Puumala et al., 2018). This may be due to the fact that behaviours such as gaze aversion and signs of nervousness are commonly used cues for deception (DePaulo et al., 2003; Vrij, 2008, 2019). These behaviours could, however, be due to symptoms of PTSD, including flashbacks or avoidance behaviours (Hellawell & Brewin, 2002). Considering the potential overlap between features related to PTSD and deceptive cues, Rogers et al. (2015) investigated the effect of behaviours characteristic of PTSD on credibility judgements. Participants watched mock asylum interviews containing different levels of "traumatised" and "deceptive" behaviours and provided credibility ratings. The study found that traumatised presentations weren't rated as any less credible, but what was important was the extent to which the traumatised presentation was congruent with an individual's idea of what PTSD "should" look like. Specifically, emotional congruence was highlighted, whereby participants held expectations that a traumatised asylum seeker should appear fearful and distressed. One limitation of this study was that specific emotions, for example sadness or anger, were not measured (Rogers, 2010). It was therefore recommended that future research should include measures exploring which emotions are perceived by participants, to understand further what is seen as emotionally congruent or incongruent.

The findings of Rogers et al. (2015) are in line with the emotional victim effect (EVE) identified in studies investigating credibility in other contexts, such as victims of crime. Research has found that victims who express strong negative emotions when talking about victimization are perceived as more credible than those who display little emotion or positive feelings (Kaufmann et al., 2003; Landström et al., 2019; Lens et al., 2014; Nitschke et al., 2019; van Doorn & Koster, 2019; Wessel et al., 2012; Wrede & Ask, 2015). One explanation of the EVE in the literature refers to how an emotional victim is more in line with the

stereotypes people hold of what a "normal" reaction to victimization is (Ask & Landström, 2010; Hackett et al., 2008).

Another explanation underlying the EVE refers to the decision-maker's own emotional response, referred to as the affective-response mechanism by Ask and Landström (2010). In their study, police trainees watched an interview of a woman reporting a crime and found that a more emotional victim evoked stronger feelings of compassion, which in turn was associated with credibility judgements (Ask & Landström, 2010). These findings are related to an affect heuristic, whereby an individual's affective state provides information which can guide and bias judgements and decisions (Engelmann & Hare, 2018; Schwarz, 1990; Slovic, 2007). For example, studies suggest that people rely on affect when making risk assessments, with feelings of fear increasing risk estimates and feelings of anger doing the opposite (Lerner et al., 2003). To the author's knowledge, the role of specific emotions felt by the decision-maker within asylum credibility assessments has not yet been explored. This is particularly important to examine given that hearing testimonies of persecution are known to provoke emotional responses and can lead to psychological distress (Bailott et al., 2013; Canning et al., 2021).

Overall, using the emotional demeanour of an asylum seeker to inform credibility judgements is worrying considering it is not a reliable indicator and that there is significant variability in how an individual might respond to a traumatic event or present with PTSD. For example, some individuals present with a flattened affect or seem emotionally numb (McAdams & Jones, 2017; Schock et al., 2015; Silove & Mares, 2018).

Briefing Decision-Makers on PTSD

Considering the above, improving knowledge of PTSD and the impact of trauma within professionals conducting credibility assessments has been recommended in the literature (Abbas et al., 2021). A better understanding by the Home Office of the complexity

of trauma and disclosure has also been called for (Chaffelson, 2021; Kendall, 2020). Initial research has found that providing information on the effects of trauma can reduce inaccurate assumptions about how victims should behave within police officers (Ask, 2010; Franklin et al., 2020). Similarly, in a mock juror setting, Nitschke et al. (2023) explored the effect of providing information on trauma and coping strategies within judicial instructions. The study found a reduction in the extent to which stereotypes or misperceptions of trauma were endorsed. Specifically, there was a greater understanding that not all complainants would feel emotionally upset or experience negative feelings. On the other hand, Mihic (2021) similarly provided trauma-informed judicial instructions in a mock juror setting and found no differences on ratings of guilt between participants who did and did not receive trauma-informed instructions. Lastly, although not in the field of trauma, Maras et al. (2019) explored differences in credibility ratings across witnesses who were either neurotypical or had autism spectrum condition (ASC). The study found that when it was disclosed that the witness had ASC and information about ASC was provided, the witness was seen as more credible.

Overall, there is limited research on the effect of providing information about PTSD on credibility judgements, and to the author's knowledge this is yet to be investigated within an asylum-seeking context. Briefing decision-makers on the ways in which someone might respond to trauma might reduce reliance on unreliable indicators of credibility, such as stereotypical assumptions. This is important considering the high stakes for asylum seekers on being believed and granted asylum, including a potential loss of safety, freedom and future persecution.

Aims

Overall, certain features associated with PTSD are thought to have a negative influence on an asylum seeker's perceived credibility. Additionally, research has found that a

decision-makers' heuristics about PTSD, memory and emotions can inform credibility decisions. This study aimed to investigate the effect of providing a PTSD brief on the perceived credibility of an asylum seeker. This study also aimed to extend Rogers et al. (2015) by exploring the relationship between specific emotions and credibility ratings; both the asylum seeker's emotions and the decision-maker's emotions.

It is hoped that the present study will deepen our understanding of how PTSD presentations influence credibility decisions and may have important implications for training professionals working in the asylum-seeking sector.

Hypotheses

In the present study, members of the general public were presented with a video of a mock asylum interview and asked to complete a series of questionnaires on credibility and emotions. Some participants were presented with a video of an actor displaying behaviours indicative of PTSD, whilst others were presented with a video not containing these behaviours.

It was hypothesised that:

1. The asylum seeker will be rated as more credible when participants receive a brief about PTSD and watch the PTSD video.
2. The asylum seeker will be rated as more credible when they are perceived to be experiencing emotions that are congruent with their negative testimony.
3. There will be a significant relationship between the decision-maker's emotions and credibility judgements.

Method

Design

The study used a mixed-methods, between-subjects design. A mixed-methods design was used to provide a more in-depth and comprehensive understanding of participant's decision-making and the factors influencing ratings of credibility and emotions. There were two independent variables with two levels each; Brief (brief vs no brief) and Video ("PTSD" vs "non-PTSD"). Participants were randomly assigned to one of four conditions (Table 1). The main dependent variables were ratings of credibility judgements and emotions.

Table 1

2 x 2 Factorial Design and the Number of Participants in Each Group

		Video	
		PTSD	Non-PTSD
PTSD Brief	Brief	Group 1 (*n*=33)	Group 2 (*n*=32)
	No Brief	Group 3 (*n=32)*	Group 4 (*n*=31)

Piloting and Public Involvement

Members of the public and clinicians within the field were involved in the design of the study and the development of an online survey. Rogers (2010) was consulted, which included consideration of the limitations of their study and adaptations to measures. Two clinicians with experience of working with trauma, refugees and asylum seekers were consulted in the development of a PTSD brief. Recommendations included adaptations to language and expansion on certain behavioural features, such as dissociation.

Three members of the public and three professionals with either research or clinical experience in the field piloted the survey and provided feedback. Troubleshooting and feedback was gathered including on the survey length, content and order of measures. Additionally, the survey was initially piloted with a small sample of participants to check for any technical problems before the remainder of the sample were recruited.

Participants

Power Analysis

Power calculations were completed prior to the study indicating a minimal sample size of 128 (G*Power: a-priori analysis, ANOVA, effect size $f = .25$, $\alpha = .05$, power = .80, numerator df = 1, 4 groups). The estimate of effect size was based on studies examining the effect of PTSD symptoms on credibility (Rogers, 2010), the effect of a brief on ASC on credibility (Maras et al., 2019), the role of emotions in credibility (Nitschke et al., 2019), and within the deception literature (DePaulo et al., 2003; Sternglanz et al., 2019).

Sample and Recruitment

Participants ($N = 128$) were adults aged 18 and over from the general population, living in the UK. Recruitment was sought through an advertisement (Appendix A) on Prolific, an online research recruitment platform, between August and September 2022. Within Prolific, participant's responses are either accepted, rejected or returned by the researcher. An exclusion criteria was set whereby only participants who had a minimal acceptance rate of 95% could participate. This was to avoid recruiting participants who did not sufficiently take part in studies and whose data would likely be excluded. There were no other exclusion criteria. Demographic characteristics of participants are presented in Table 2.

Table 2

Frequencies and Percentages in Parentheses of Participant Demographics and Fisher's Exact Results Assessing for Baseline Group Equivalence

Characteristic	PTSD Video		Non-PTSD Video		Total Sample	*p*	Effect Size *(V)*
	Brief	No Brief	Brief	No Brief			
Age						.066	.24
18-24	1 (3)	5 (16)	10 (31)	6 (19)	22 (17)		
25-34	18 (55)	8 (25)	10 (31)	10 (32)	46 (36)		
35-44	8 (24)	7 (22)	4 (13)	8 (26)	27 (22)		
45-54	3 (9)	9 (28)	4 (13)	5 (16)	21 (16)		
55-64	3 (9)	1 (3)	2 (6)	2 (7)	8 (6)		
65 or above	0 (0)	2 (6)	2 (6)	0 (0)	4 (3)		
Gender						.888	.13
Female	22 (67)	21 (66)	19 (59)	20 (65)	82 (64)		
Male	9 (27)	9 (28)	12 (38)	10 (32)	40 (31)		
Non-Binary	0 (0)	0 (0)	1 (3)	0 (0)	1 (1)		
Transgender Male	0 (0)	0 (0)	0 (0)	1 (3)	1 (1)		
Missing	2 (6)	2 (6)	0 (0)	0 (0)	4 (3)		
Ethnic Group						.949	.10
White British/White Other	26 (79)	26 (81)	25 (78)	24 (77)	101 (79)		
Asian/Asian British	3 (9)	5 (16)	3 (9)	3 (9)	14 (11)		
Black/African/Caribbean/Black British	2 (6)	1 (3)	3 (9)	2 (7)	8 (6)		
Multiple Ethnic Groups	1 (3)	0 (0)	1 (3)	2 (7)	4 (3)		
Missing	1 (3)	0 (0)	0 (0)	0 (0)	1 (1)		
Education						.536	.19
Secondary School	7 (21)	4 (12)	2 (6)	4 (13)	17 (13)		

A-level/Equivalent	6 (18)	8 (25)	10 (31)	10 (32)	34 (26)		
Undergraduate degree	17 (52)	13 (41)	14 (44)	10 (32)	54 (42)		
Masters	2 (6)	6 (19)	6 (19)	5 (16)	19 (15)		
PhD	0 (0)	1 (3)	0 (0)	1 (3)	2 (2)		
Other	0 (0)	0 (0)	0 (0)	1 (3)	1 (1)		
Missing	1 (3)	0 (0)	0 (0)	0 (0)	1 (1)		
Occupation						.090	.37
Healthcare	1 (3)	1 (3)	1 (3)	4 (13)	7 (6)		
Education	1 (3)	6 (19)	0 (0)	2 (7)	9 (7)		
Skilled Professional	1 (3)	1 (3)	1 (3)	0 (0)	3 (2)		
Manager	7 (21)	1 (3)	4 (12)	1 (3)	13 (10)		
Business and Administration	4 (12)	6 (19)	5 (16)	6 (19)	21 (17)		
ICT	3 (10)	0 (0)	1 (3)	1 (3)	5 (4)		
Civil Servant	2 (6)	0 (0)	3 (10)	0 (0)	5 (4)		
Law Enforcement/Legal	0 (0)	0 (0)	1 (3)	1 (3)	2 (1)		
Student	0 (0)	2 (6)	6 (19)	4 (13)	12 (10)		
Self-employed	2 (6)	1 (3)	0 (0)	0 (0)	3 (2)		
Unemployed/Retired	6 (18)	9 (28)	4 (12)	7 (23)	26 (20)		
Other	4 (12)	5 (16)	6 (19)	4 (13)	19 (15)		
Missing	2 (6)	0 (0)	0 (0)	1 (3)	3 (2)		

Note. V= Cramer's V.

Materials and Measures

Caseworker Scenario

Participants were asked to adopt the role of a Home Office caseworker and provided with information about the role (Home Office, 2015, Appendix B). This included how a claimant's statement can be seen as credible if it is of sufficient detail, consistent, coherent and plausible. Definitions of a refugee, credibility and plausibility were incorporated to ensure all participants had a shared understanding of what these terms meant.

The scenario was adapted from Rogers' (2010) study. It was originally planned that professionals familiar with the caseworker role would be consulted on the scenario to check for accuracy and realism. Numerous professionals were contacted and an advertisement was shared with relevant organisations. Unfortunately, no response was received. Instead, the scenario was updated based on the literature and Home Office guidelines at the time of material development (Home Office, 2015).

PTSD Brief

The PTSD brief (Appendix C) was a written summary outlining how individuals can experience a range of responses following a traumatic event, with some people developing PTSD. The key features associated with PTSD were described, including re-experiencing symptoms, avoidance of reminders of the traumatic event, changes in mood and cognitions and changes in physical reactions. The brief was developed in accordance with the literature and diagnostic manuals (American Psychiatric Association, 2013; First et al., 2015; National Institute of Mental Health, 2022).

Manipulation Check

To check whether participants had read and understood the information within the PTSD brief, they were asked six true or false questions based on the brief (Appendix C). This

was provided directly following the brief and participants were not able to go back to the brief to aid their answers. A cut of score of 75% or higher was set to pass the check.

Videos

Two videos of a mock asylum interview were used, taken from Rogers (2010). Participants were informed that the video was of a simulated asylum seekers' testimony. To improve external validity, the story content of the video script (Appendix D) was developed based on a published asylum seeker's "survival story" (Medical Foundation, 2009). Within the video, an interviewer attempts to gather further information about the claim for asylum and the asylum seeker refers to being oppressed, arrested and tortured by the government, due to involvement in political groups.

A male actor, in his late 20s, from a mixed White and Asian ethnic background was recruited for each video. In each video, the actor sat at a table with a cup, with his head, torso and legs visible (Appendix E). The story content remained the same across the videos, but differed in how the actor behaved. In the PTSD video the actor presented with behaviours associated with PTSD, which were operationalised by Rogers (2010) by consulting the literature and clinicians (n = 5) within the field. The behaviours included: a heightened startle response (for example, jumping in response to a loud noise), avoidance of discussion of trauma (for example, reluctance to answer questions), dissociative phenomena (for example, increased staring into space), increased motor behaviour (for example, hand/leg movement) and increase agitation/emotion when describing the trauma. In the non-PTSD video, the actor did not show these PTSD operationalised behaviours.

As a validation check, two independent raters, experienced in psychology and research and blind to the purpose of the study, provided ratings on the extent to which they observed operationalised behaviours in the videos (Rogers, 2010). PTSD behaviours were reliably identified (Cronbach's α = .74). As well as videos containing trauma behaviours, Rogers' (2010) study also made use of videos containing "deception" behaviours, which were

also independently rated. It was found that the PTSD video was perceived to contain some deception behaviours by the raters. This was due to an overlap between some of the operationalised behaviours of the two constructs, namely between the presence of tension and pauses. As a final check, two further experts in the field rated the videos and correctly identified high levels of trauma behaviour and low levels of deception.

Demographic Information

Participants provided information on their age, gender identity, ethnic group, education and occupation (see Table 2, p. 21). This was to assess for baseline group equivalence and to control for potential confounds, as individual differences are thought to influence decision-making in credibility judgements (Dietrich, 2010).

Credibility Ratings

Participants completed a 4-item scale, based on Rogers (2010). The first 3 items asked participants to rate the story plausibility, story credibility and asylum seeker credibility, on a 10-point scale (1 = *not plausible/credible*, 10 = *plausible/credible*). Higher scores on these measures indicated higher credibility judgements. In line with research recommendations (Maras et al., 2019; Rogers, 2010), an open-ended item was included, asking participants what their reasons were for their credibility ratings.

Likelihood of Granting Asylum

Participants were asked to rate how likely *they* would be to grant the asylum seeker's claim, on a 10-point scale (1 = *extremely unlikely*, 10 = *extremely likely*). Participants were also asked to rate how likely they thought the claim was *actually* granted on a 10-point scale (1 = *extremely unlikely*, 10 = *extremely likely*). This second item was incorporated to examine whether participants had been adequately primed into the caseworker role. Higher scores indicated a higher likelihood of granting asylum.

Before answering these items, participants were informed that they do not need to be certain or convinced that a claim is true, but believe that it is reasonably likely. This was adapted from Rogers (2010) and updated in line with Home Office guidelines (Home Office, 2015, Appendix F).

Emotions

As the emotional literacy of participants' was unknown, the emotions used in the measures were based on Ekman's theory of basic human emotions (Ekman, 2004); sadness, anger, fear, surprise, disgust and contempt. A measure of "no emotion" was also incorporated, to capture a lack of emotions and emotional incongruence.

Asylum seeker's Emotional Demeanour. Participants were asked "to what extent did the asylum seeker in the interview seem to experience the following emotions", followed by a 7-item rating scale (see Table 3 for an excerpt and Appendix F for full measure). Higher scores indicated a higher degree to which the participant perceived the asylum seeker to be displaying that emotion. Two open-ended questions were also incorporated, asking participants to explain any ratings of 5 or above and to list and explain any additional emotions they perceived.

Table 3

Response Scale on the Asylum seeker's Emotional Demeanour Measure

Emotion	Response Scale									
	1: Not at all	2	3	4	5	6	7	8	9	10: Extremely
Fear	○	○	○	○	○	○	○	○	○	○
Anger	○	○	○	○	○	○	○	○	○	○
Sadness	○	○	○	○	○	○	○	○	○	○

Decision-Maker's Emotions. In light of research highlighting an affect heuristic/mechanism (Ask & Landström, 2010; Slovic et al., 2007), participants were asked

to “please rate below the extent to which *you* felt the following emotions during/after watching the interview”, followed by a 7-item rating scale (see Table 4 for an excerpt and Appendix F for full measure). Higher scores indicated a higher degree to which the participant felt that emotion. Two open-ended questions were also used, asking participants to explain any scores of 5 or above and to list and explain any additional emotions they felt.

Table 4

Response scale on the Decision-Maker’s Emotions Measure

Emotion	Response Scale									
	1: Not at all	2	3	4	5	6	7	8	9	10: Extremely
Fear	○	○	○	○	○	○	○	○	○	○
Anger	○	○	○	○	○	○	○	○	○	○
Sadness	○	○	○	○	○	○	○	○	○	○

Compassion. Participants were asked the extent to which they felt compassion towards the asylum seeker on a 10-point scale (1 = *no compassion at all*, 10 = *very strong compassion*). Higher scores indicated a higher level of compassion for the asylum seeker. An item on compassion was incorporated due to research suggesting that this may be an important factor within the EVE (Ask & Landström, 2010).

Pre-Existing Biases

Previous Knowledge and Experiences. Participants pre-existing knowledge of PTSD was measured on a self-report 5-point Likert scale, ranging from *none at all* to *extensive knowledg*e. Participants were then asked about their experience of asylum seeker related issues on a 5-point Likert scale, ranging from *I know nothing about asylum seeker related issues* to *I have direct experience of asylum seeker related issues.* Participants were also asked a yes/no question regarding whether they had any prior experiences of trauma

themselves. These items were included to control for potential confounds and to assess for baseline group equivalence.

Attitudes and Feelings Towards Asylum seekers Scales. The Attitudes Towards Asylum seekers Scale is a 10-item measure of participants' attitudes towards asylum seekers. It was developed by Nickerson and Louis (2008) and indicates good internal consistency (α = .91). Responses were on a 7-point scale (1 = *strongly agree*, 7 = *strongly disagree*). Two questions regarding detention centres were omitted from the scale. It was thought that a UK sample may be less aware of detention centre issues compared to the Australian population the measure was developed for.

The Feelings Towards Asylum seekers Scale (Nickerson & Louis, 2008) is an 11-item measure of feelings towards asylum seekers. The scale is comprised of six positive (for example, acceptance, affection) and five negative feelings (for example, hostility, hatred). Responses were on a 10-point scale (1 = *none*, 10 = *extreme*). The measure has been found to have good internal consistency (α = .94).

These measures were incorporated to control for individual biases that may confound the results. For instance, individuals with polarised views towards asylum seekers may not be as impacted by manipulations such as the PTSD brief. Negative items on both scales were reverse scored and averages were calculated to provide an index score, with higher scores indicating more positive attitudes and feelings.

Procedure

After following the link on Prolific, participants were taken to the online survey within Qualtrics XM®. Participants were firstly presented with an information sheet (Appendix G) and consent form (Appendix H), and then asked to provide their Prolific ID and demographics.

Four blocks and a randomiser element were set up within Qualtrics XM®, so that participants were presented with the appropriate materials and measures for the condition they were allocated to. All participants were firstly presented with the Caseworker Scenario. Participants allocated to the PTSD brief conditions were then told that as part of their caseworker role they were trained in what PTSD is and were asked to read the PTSD brief. Following this, they were presented with either the PTSD or non-PTSD video. Participants who were not allocated to the PTSD brief conditions went straight to being asked to watch either the PTSD or non-PTSD video. Participants then completed measures on credibility, emotions and pre-existing biases (Appendix F).

On average, the survey took 28 minutes to complete and participants were then provided with a debrief form (Appendix I), outlining further information about the study aims and hypotheses. Participants were given the option to opt-in to receiving the results of the study. Participants responses were reviewed and either approved, returned or rejected by the researcher. Payment of £5 was made through the Prolific platform to participants whose responses were approved.

Ethical Considerations

Ethical approval was granted by the Royal Holloway University of London Ethics Committee (REC ID: 3119, Appendix J). Informed consent was obtained, participants were informed about what the study entailed, their right to withdraw and how confidentiality would be maintained. The primary researcher's and project supervisor's contact details were provided for any questions or requests for data to be removed. Participants were informed of the potential for distress due to descriptions of oppression, arrest and torture and were provided with contacts for support should they need it.

Data Analysis

Quantitative

The Statistical Package for the Social Sciences (SPSS; version 28) was used to carry out statistical analyses. All data was stored on Qualtrics XM® before being exported to SPSS. A random sample of 13 participant's data (approx. 10%) was selected and checked for data-entry errors against the raw data in Qualtrics XM®. No errors were found. Differences in credibility ratings between conditions and relationships between emotions and credibility ratings were explored using ANOVAs, correlational and regression analyses. A post-hoc power calculation was conducted, confirming that there was sufficient power to conduct regression analyses. Bonferroni corrections were conducted and applied where multiple testing occurred (correlation analyses) to protect against the risk of a Type 1 error.

Qualitative

Reflexive thematic analysis (RTA) was used to analyse data from the open-ended survey questions relating to what factors influenced participant's ratings on credibility and emotions. The data was imported into NVivo and the six-steps outlined by Braun and Clarke (2006) were followed; (1) free-text responses were read and re-read to become familiar with the data. (2) Responses were coded, identifying meaningful features of the data that were related to the study aims and hypotheses. (3) Codes were organised into potential themes and subthemes. (4) Themes were reviewed in relation to individual extracts and the data as a whole. (5) Themes and sub-themes were refined and defined. (6) Themes were written up into an analytic narrative. Analysis was conducted across all questions as opposed to individually, so that common themes throughout the data as a whole could be identified.

RTA was used due to its theoretical flexibility and in-depth description of the data, which is often the most suitable for more under-researched areas (Braun & Clarke, 2006, 2012). Alternative approaches, such as codebook approaches or Grounded Theory were not chosen to allow for a reflexive approach and due to the large sample size and form of data (for example, not in-depth interviews) (Braun & Clarke, 2021a). A constructionist and

experiential stance was taken, focusing on the meaningfulness of the data, as constructed by both participants and the researcher (Byrne, 2022). An inductive and deductive approach was taken to ensure themes were grounded in the data but also relevant to the study's aims. Both semantic and latent coding were used, in line with the overall approach of being grounded in participant's responses, whilst acknowledging the interpretations of the researcher.

Quality Assurance. Guidelines on conducting high quality RTA were considered throughout (Braun & Clarke, 2021b). Quality RTA does not require multiple coders with the aim of reaching a consensus (Braun & Clarke, 2013; Bryne, 2021). Instead, extracts of coding and initial themes and sub-themes were provided to a research supervisor, who was in agreement with the themes and offered feedback in a reflexive manner. For example, sense-checking ideas, providing alternative interpretations of the data and suggesting ideas for further sub-themes.

Reflexivity. The researcher is a White, British, 27-year-old female working as a trainee clinical psychologist. As the researcher plays an active role in RTA (Braun & Clarke, 2006), a reflexive log was kept, taking into account the researcher's own biases and experiences. For instance, experiences of working with trauma and views towards the current socio-political context in the UK regarding asylum seekers and refugees were held in mind throughout the analysis, with re-examinations of the data conducted searching for any contradictory themes to the researcher's position.

Results: Quantitative

139 participants accessed the survey. 10 participants decided to withdraw or did not complete the study within the maximum time allowance set by Prolific. One participant's data was rejected and excluded from the analysis, due to low-effort and insufficient answers required for meaningful analysis.

Preliminary Analyses

Missing Data

Due to a forced response option being set within Qualtrics XM® on the majority of questions, missing data was minimal and only occurred on demographic variables. Four participants failed the PTSD brief manipulation check. The data was analysed with and without these participants. No changes to the significance of results was found and so it was decided not to exclude these participants' data.

Normality and Outliers

Skew, kurtosis and histograms were examined for continuous variables overall and across groups, as recommended (Field, 2018). Some variables on the emotions scales revealed a positive skew ($z > 3.29$) and subsequent square-root and log10 transformations were used to achieve normal distributions. There was a normal distribution for all other variables. Boxplots were used to check for outliers deviating by 3 standard deviations or more from the mean (Field, 2018). No outliers were identified.

Visual and statistical analyses revealed that data met the assumptions required for conducting ANOVAs, correlations and regression analyses. This included assessments of multicollinearity, homoscedasticity, independent errors, linearity and normally distributed errors.

Pre-existing Biases and Baseline Equivalence Across Groups

Participant's pre-existing knowledge and experience prior to taking part in the study is presented in Table 5. Chi-square and Fisher's exact tests (when cell counts were less than 5, Field, 2018) were used to assess for baseline equivalence across groups. No significant differences on pre-existing biases (Table 5) or demographic variables (see Table 2 in methods, p. 21) were found across groups. Participant's attitudes and feelings towards asylum seekers were positive and scores similarly did not differ between groups (see Table 6).

Table 5

Frequencies and Percentages in Parentheses of Pre-Existing Biases and Fisher's Exact/Chi-Square Results Assessing for Baseline Group Equivalence

Variable	PTSD Video		Non-PTSD Video		Total Sample	χ^2	*p*	Effect Size *(V)*
	Brief	No Brief	Brief	No Brief				
Prior Knowledge of PTSD						-[a]	.276	.20
None at all	2 (6)	0 (0)	1 (3)	3 (10)	6 (5)			
A little	18 (55)	15 (47)	14 (44)	19 (61)	66 (51)			
A moderate amount	9 (27)	12 (37)	15(47)	7 (23)	43 (33)			
A lot	2(6)	5 (16)	2(6)	2 (6)	11 (9)			
Extensive Knowledge	2 (6)	0 (0)	0	0 (0)	2 (2)			
Prior Experience of Asylum seeker Issues						-[a]	.479	.17
I know nothing	7 (21)	2 (6)	6 (19)	5 (16)	20 (16)			
I have some knowledge from the media	23 (70)	27 (85)	19 (60)	25 (81)	94 (73)			
I know a lot	1 (3)	1 (3)	3 (9)	1 (3)	6 (5)			
I have a particular interest	1 (3)	1 (3)	1 (3)	0 (0)	3 (2)			
I have direct experience	1 (3)	1 (3)	3 (9)	0 (0)	5 (4)			
Experience of Traumatic Event(s)						2.96[b]	.401	.15
Yes	14 (42)	15 (47)	17 (53)	10 (32)	56 (44)			
No	19 (58)	17 (53)	15 (47)	21 (68)	72 (56)			

Note. V= Cramer's V.

[a] Fisher's exact test conducted, no test statistic to report (Field, 2018). [b] Chi-square test conducted as assumptions were met.

Table 6

Means and Standard Deviations in Parentheses, and One-Way Analyses of Variance in Attitudes and Feelings Towards Asylum seekers

Variable	PTSD Video		Non-PTSD Video		*F* (3,124)	*p*	η_p^2
	Brief	No Brief	Brief	No Brief			
Attitudes towards asylum seekers	4.45 (1.01)	4.45 (1.26)	4.63 (1.39)	4.43 (1.10)	0.19	.903	.005
Feelings towards asylum seekers	7.44 (1.21)	7.36 (1.64)	7.40 (1.75)	7.44 (1.44)	0.02	.995	.001

Note. Attitudes were measured on a scale of 1 = negative to 7 = positive attitudes. Feelings were measured on a scale of 1 = negative to 10 = positive feelings.

Likelihood of Granting Asylum

A medium correlation was found between the likelihood of granting asylum by participants and the claim actually being granted ($r(126) = .46$, $p < .001$), suggesting participants were sufficiently primed into the role of a caseworker. A new variable, "likelihood of granting asylum" was computed and mean scores were similar across groups (see Table 7).

Table 7

Means and Standard Deviations in Parentheses of Likelihood of Granting Asylum Ratings Across Groups

Variable	PTSD Video		Non-PTSD Video	
	Brief	No Brief	Brief	No Brief
Likelihood of Granting Asylum	6.47 (1.82)	6.31 (1.60)	5.98 (1.82)	6.60 (1.64)

Note. Measured on a scale of 1 = unlikely to 10 = extremely likely.

Hypothesis Testing

Hypothesis 1: The Asylum seeker will be Rated as More Credible when Participants Receive a Brief about PTSD and Watch the PTSD Video.

Ratings of story plausibility, story credibility and asylum seeker credibility correlated highly with each other ($r(126) = .78$ or above, $p < .001$). Therefore, a mean value across the three ratings was calculated, creating a collapsed variable referred to as "credibility ratings". Descriptive statistics are presented in Table 8, showing that credibility ratings were similar across groups. A strong correlation was found between the likelihood of granting asylum and credibility ratings ($r(126) = .76$, $p < .001$).

Table 8

Means and Standard Deviations in Parentheses of Credibility Ratings Across Groups

Variable	PTSD Video		Non-PTSD Video	
	Brief	No Brief	Brief	No Brief
Credibility Ratings	7.10 (2.06)	7.04 (1.96)	6.73 (1.86)	7.23 (1.63)

Note. Measured on a scale of 1 to 10, where 1 = not credible and 10 = credible.

A 2 (Brief: brief, no brief) x 2 (Video: PTSD, non-PTSD) ANOVA on credibility ratings was conducted, with homogeneity assumptions met ($F(3, 124) = 0.63$, $p = .598$). There was no significant main effect of brief, $F(1, 124) = 0.41$, $p = .524$, $\eta_p^2 = .003$, or main effect of video $F(1,124) = 0.09$, $p = .768$, $\eta_p^2 = .001$. Additionally, there was no significant interaction effect, $F(1,124) = 0.72$, $p = .398$, $\eta_p^2 = .006$. Hypothesis 1 was therefore not supported.

Hypothesis 2: The Asylum seeker will be Rated as More Credible when they are Perceived to be Experiencing Emotions that are Congruent with their Negative Testimony.

Bivariate correlations were conducted to investigate this (see Table 9). The asylum seeker was perceived to be displaying emotions of fear and sadness the most. The hypothesis was partly supported; the asylum seeker was rated as more credible when displaying emotions of fear, anger and sadness, and less credible when he displayed little or no emotion. No other significant correlations were found between emotions and credibility.

Table 9

Means and Standard Deviations, and Bivariate Correlations of the Emotional Demeanour of the Asylum seeker and Credibility Ratings

Variables	M (SD)	1	2	3	4	5	6	7	8
1. Fear	6.16 (2.28)	-							
2. Anger	3.43 (2.06)	.43**	-						
3. Sadness	6.03 (2.35)	.69**	.39**	-					
4. Disgust	3.59 (2.16)	.37**	.65**	.33**	-				
5. Surprise	2.64 (1.88)	.15	.44**	.06	.47**	-			
6. Contempt	3.44 (2.30)	.21*	.48**	.19*	.54**	.45**	-		
7. No Emotion	4.10 (2.57)	-.40**	-.33**	-.38**	-.25*	-.08	-.04	-	
8. Credibility	7.03 (1.88)	.54**	.25*	.47**	.19*[a]	.10	.12	-.32**	-

Note. Measured on a scale of 1 = not at all to 10 = extremely.

[a] Correlation between disgust and credibility became no longer significant after applying Bonferroni correction.

**$p < .001$

*$p < .05$

To examine the relationship between the emotions displayed by the asylum seeker and credibility ratings further, a multiple regression was carried out with credibility ratings as

the outcome variable and the following as predictor variables: fear, anger, sadness and no emotion. The regression equation revealed that these perceived emotions accounted for a significant amount of variance in credibility (R^2 = .32, $F(4,123) = 14.61$, $p < .001$), with a large effect size ($f^2 = 0.47$). The regression coefficients are presented in Table 10, showing that perceived fear was a significant predictor of credibility ratings, when the other emotions were held constant.

Table 10

Multiple Linear Regression for Perceived Fear, Anger, Sadness and No Emotion on Credibility Ratings

Predictor Variable	*b*	SE *b*	β	*t*	*p*	CI	
						Lower	Upper
(Constant)	4.62	0.62		7.44	< .001*	3.39	5.85
Perceived Fear	0.32	0.09	.39	3.65	< .001*	0.15	0.50
Perceived Anger	-0.02	0.08	-.03	-0.31	.760	-0.18	0.13
Perceived sadness	0.14	0.08	.17	1.65	.102	-0.03	0.30
Perceived no emotion	-0.08	0.06	-.11	-1.29	.199	-0.20	0.04

Note. b = unstandardised beta coefficient, SE b = standard error of beta, β = standardised beta, CI = 95% confidence interval for β.

*$p < .001$

Hypothesis 3: There will be a Significant Relationship between the Decision-Maker's Emotions and Credibility Ratings.

Bivariate correlations were conducted to investigate this (see Table 11). The highest rated emotions that participant's felt during/after watching the videos were compassion and sadness. The hypothesis was partly supported; greater feelings of anger, sadness, disgust, and compassion were associated with higher credibility ratings and feeling little or no emotion was associated with lower credibility ratings. No other significant correlations were found

between emotions and credibility.

Table 11

Means and Standard Deviations, and Bivariate Correlations of the Decision-Maker's Emotions and Credibility Ratings

Variables	M (SD)	1	2	3	4	5	6	7	8	9
1. Fear	2.91 (2.23)	-								
2. Anger	4.22 (2.71)	.65**	-							
3. Sadness	5.45 (2.73)	.60**	.75**	-						
4. Disgust	4.05 (2.86)	.59**	.67**	.54**	-					
5. Surprise	2.40 (1.94)	.46**	.37**	.37**	.46**	-				
6. Contempt	2.58 (2.29)	.40**	.47**	.42**	.50**	.19*	-			
7. No Emotion	2.71 (2.42)	-.20*	-.31**	-.41**	-.29**	-.08	-.11	-		
8. Compassion	6.89 (2.22)	.45**	.61**	.75**	.51**	.24*	.37**	-.49**	-	
9. Credibility	7.03 (1.88)	.25*[a]	.47 **	.55 **	.34 **	.04	.20*[a]	-.41 **	.72**	-

Note. Measured on a scale of 1 to 10, where 1 = not at all and 10 = extremely.

[a] Correlations between fear and credibility and contempt and credibility became no longer significant after applying a Bonferroni correction.

**$p < .001$

*$p < .05$

To explore the relationship between the decision-maker's emotions and credibility ratings further, a multiple regression was carried out with credibility ratings as the outcome variable and the following as predictor variables: anger, sadness, disgust, compassion and no emotion. The regression equation revealed that these emotions accounted for a significant

amount of variance in credibility (R^2 = .52, F(5,122) = 26.70, p < .001), with a large effect size (f^2 = 1.08). The regression coefficients are presented in Table 12, showing that compassion was a significant predictor of credibility ratings, when the other emotions were held constant.

Table 12

Multiple Linear Regression for the Decision-Maker's Feelings of Anger, Sadness, Disgust, No Emotion and Compassion on Credibility Ratings

Predictor Variable	*b*	SE *b*	*β*	*t*	*p*	CI	
						Lower	Upper
(Constant)	3.24	0.50		6.46	< .001*	2.25	4.24
Felt anger	0.07	0.08	.12	0.98	.330	-0.08	0.22
Felt sadness	-0.01	0.08	-.02	-0.17	.869	-0.17	0.14
Felt disgust	-0.06	0.06	-.09	-1.04	.301	-0.17	0.05
Felt no emotion	-0.44	0.40	-.08	-1.12	.264	-1.23	-0.34
Compassion	0.57	0.09	.67	6.63	<.001*	0.40	0.74

Note. b = unstandardised beta coefficient, SE b = standard error of beta, β = standardised beta, CI = 95% confidence interval for β.

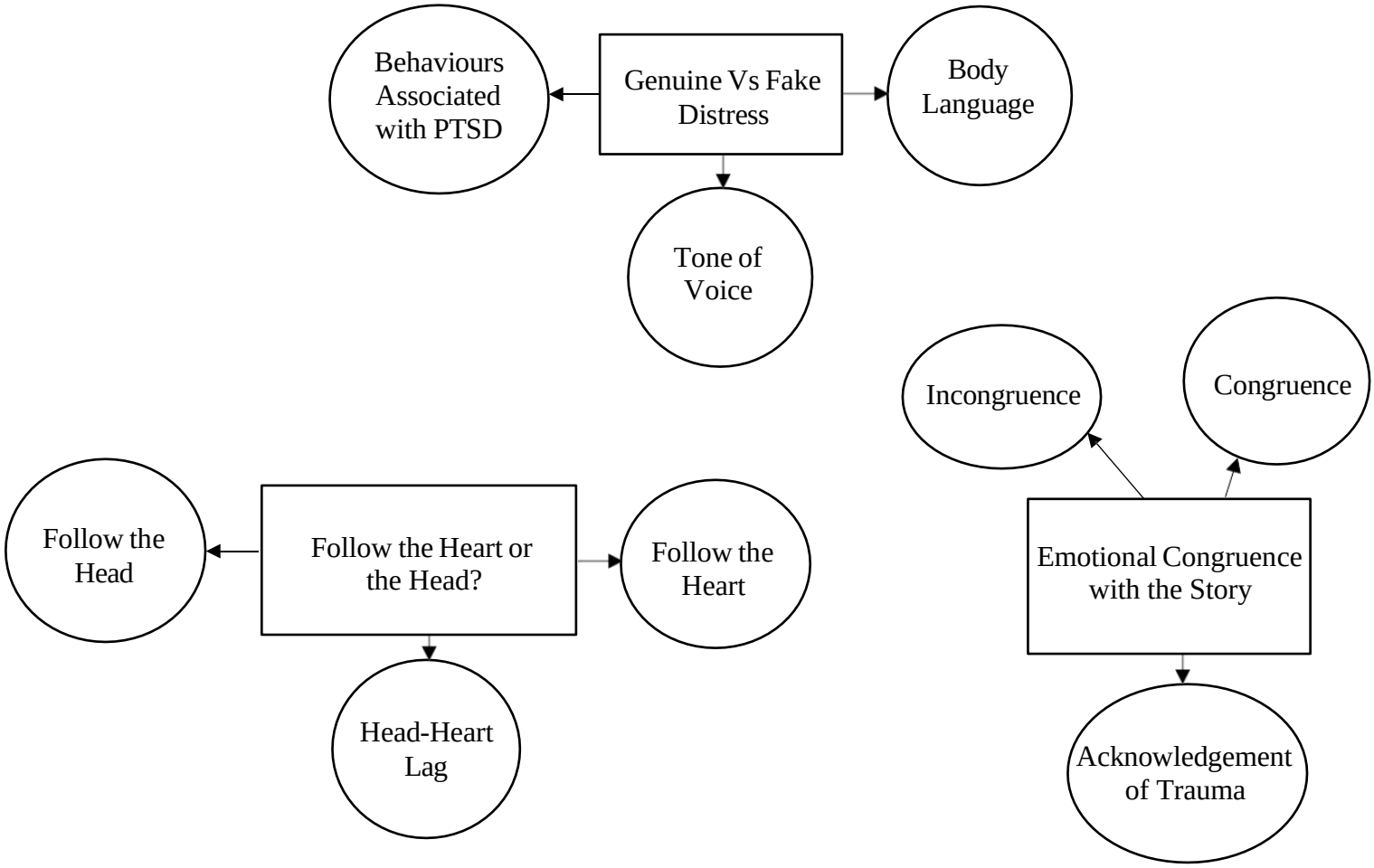
*p < .001

Results: Qualitative

Three superordinate themes and nine subordinate themes were identified from RTA. The thematic map can be found in Figure 1. Extracts of coding and additional evidence of themes can be found in Appendix K and L.

Figure 1

Thematic Map Illustrating Superordinate and Subordinate Themes from Reflexive Thematic Analysis



Superordinate Theme 1: Genuine vs Fake Distress

Participants commented on the emotional demeanour of the asylum seeker when asked about their reasoning for credibility judgements. Participants saw the asylum seeker as credible when they perceived him to be genuinely distressed. On the other hand, some participants perceived the asylum seeker's distress as fake or rehearsed, which was interpreted as deceptive:

> *"He seemed genuinely distressed while telling his story and looked like he was being honest" (P40)*

> *"I could see no genuine stress, only deceptive behaviour. He was too controlled and rehearsed" (P85)*

Subordinate Theme: Behaviours Associated with PTSD.

The behaviour of the asylum seeker was a key factor informing perceptions of distress. Participants consistently commented on the operationalised PTSD behaviours in the video, such as jumping in response to the door closing. Again, some participants interpreted these behaviours as genuine signs of PTSD, whilst for others, these behaviours came across as fake or exaggerated:

> *"I found it very believable. At the start of the video there was a loud banging of a door which scared him. This might be a sign of PTSD" (P120)*

> *"Just not sure I believe him…the jump at the beginning indicating PTSD seemed fake" (P102)*

Subordinate Theme: Body Language.

Participants also seemed to use the asylum seekers body language, including facial expressions and eye movement/contact, to inform judgements around emotions and credibility:

"Overall his general demeaner came across to me as sad through his facial expressions and body language" (P98)

"It looked like he was putting on a sad face throughout and struggled with eye contact" (P102)

Subordinate Theme: Tone of Voice.

The asylum seekers tone of voice was also referred to by many participants as an indicator of emotion, including sadness or a lack of emotion:

"His voiced never strayed off the same level, I would of thought if he was fearful his voice would be going up and down in pitch" (P60)

"I felt like there was an undertone of constant sadness in his voice" (P99)

Superordinate Theme 2: Emotional Congruence with the Story

Whether the emotional demeanour of the asylum seeker was congruent or incongruent with his story of persecution was also identified as important in judging credibility.

Subordinate Theme: Congruence.

Participants often commented on how the asylum seeker's level of distress made sense, as it was in line with the experiences of oppression and torture he was describing. This then contributed to the asylum seeker being seen as credible:

"He appeared nervous and distressed which is plausible as his previous experiences would make this be part of his character" (P94)

"Mr K's narration seemed plausible and credible because he seemed distressed when recalling the events that led him to come to the UK again to seek asylum" (114)

Subordinate Theme: Incongruence.

Participants who perceived the asylum seeker to be expressing little or no emotion described how this contrasted with what they would expect to see in someone describing his story of persecution. This led participants to doubt his credibility:

"If someone had been through his experience as he described it, I would have expected…for him to show some sort of emotion. He lost credibility with me because of this" (P103)

"I was interested to hear the story though upon hearing it and with no emotion involved I found it hard to believe" (P56)

Subordinate Theme: Acknowledgement of Trauma.

Alternative reasons for the asylum seeker displaying little or no emotion were acknowledged by some participants, including the role of trauma and/or PTSD:

"PTSD often can leave someone looking emotionless or dissociated from what they are talking about, which could explain why I felt there was little to no emotion" (P46)

"He was giving his account as though it was like he was telling a story. This is quite common in people who've experienced trauma and makes me think that he was dissociated from his emotions" (P45)

Participants also acknowledged that little or no emotion could be explained as a coping mechanism for trauma:

"He was lacking a bit in emotion but this may be his psychological defence for the trauma he endured" (P30)

"He didn't seem to be particularly upset...This could be a way of coping" (P18)

Superordinate Theme 3: Follow the Heart or the Head?

Contrasting themes were identified regarding participant's own emotions during the study.

Subordinate Theme: Follow the Heart.

Participants who believed the asylum seeker and his story described feeling a range of emotions, including empathy and sadness for what had happened to him. Further, participants described a sense of fear that his life could be at risk if his claim was not accepted:

"Compassion & empathy. I wanted to help him" (P77)

"Fear - Because I'm worried if his asylum application isn't granted, then his life is at jeopardy" (P12)

In contrast, if participants did not perceive the asylum seeker as credible, they described finding it difficult to empathise and feel emotion, or felt angry or distrusting:

"I could not find myself emotionally reacting to the video as I was not convinced at an early stage that this gentleman was telling the truth. As a result, possibly wrongly, this clouded my judgment for the whole of the video" (P105)

"It made me angry that he wanted to stay in the UK when there must be other people who have been treated much worse" (P67)

Subordinate Theme: Follow the Head.

In contrast to experiencing a range of emotions, some participants reported a purposeful effort to not feel emotions as an attempt to remain objective and unbiased:

"I was trying to be as unbiased and objective as possible to judge fairly" (P69)

"I thought it best to try & stay as unemotional as possible & be very objective, but I could not help but feel very sad for the man" (P104)

Subordinate Theme: Head-Heart Lag.

Lastly, some participants reflected on a conflict between how they were thinking and feeling. Participants acknowledged that feelings were evoked by the asylum seeker and his story, but also acknowledged that they had to focus on the job at hand of judging credibility:

"Mixed emotions, one which I'd say is the most complicated; Whilst still trying to empathize, in this situation the interviewer and listener is having to be alert to challenge discrepancies in the tale of woe, which is very difficult and causes a split in feeling and thinking" (P110)

"I felt compassion and empathy for the man. But also unsure if I believed him so I also experienced a conflict of emotions" (P58)

Participants also commented on a feeling of uncertainty, with some acknowledging the complexity of the role of the decision-maker in this context:

"My ratings…are mainly due to not being able to know if this man's story is being truthful, having to be the decider of this could massively impact his life, or go the other way and…having to live with letting him into the UK vs someone who would been genuine and really needed it" (P94)

"Imagining myself as the case worker, I would feel pressed to ask for more detail and explanations of some of the events, which would be difficult to do" (P126)

Discussion

This study explored credibility assessments in a mock asylum interview, focusing on the effect of providing a PTSD brief and the role that emotions of the asylum seeker and decision-maker may play. Whilst the PTSD brief did not have an effect on credibility, the emotions displayed by the asylum seeker and the affect of the decision-maker were found to be related to credibility judgements. Each of these findings will be discussed in turn, including references to the existing literature and theories.

The Effect of a PTSD Brief

The hypothesis that the asylum seeker would be rated as more credible when participants received a brief about PTSD and watched the PTSD video was not supported. The present study found that credibility ratings of the asylum seeker did not differ across groups. The non-significant findings could have a number of explanations. The confound of pre-existing knowledge was controlled for, with no significant differences found between groups in PTSD knowledge prior to the study.

One explanation concerns the manipulation of the brief. The PTSD brief used was a single-page written summary presented to participants at the start of the study. It could be that the brief was insufficient in its length and amount of information to generate an effect. Although a manipulation check was used, there is no guarantee that participants read the brief in its entirety or attended to it thoroughly. Alternatively, it could be that the operationalised PTSD behaviours across the videos were not sufficient. A number of key features associated with PTSD were incorporated in the PTSD video. However, the addition of features such as differences in consistency or detail of the testimony, to represent a fragmented memory, could strengthen the manipulation. Indeed, some studies have incorporated statement consistency as a variable in mock legal settings and found that consistency can affect perceived credibility of victims of crime (Landström et al., 2019; Pozzulo & Dempsey, 2009).

Another explanation for the non-significant findings could simply be that there is no effect. There has been limited research exploring the effect of providing information about PTSD on credibility ratings. One study, Mihic (2021), did explore the effect of providing trauma-informed judicial instructions and found no effect on ratings of guilt in a mock juror setting. Additionally, at a recent online international conference on credibility it was recognised that there is a significant challenge in translating knowledge into practice when assessing credibility (*Beyond Proof: 10 Years on*, 2023). Regarding differences in credibility ratings across the videos, Rogers et al. (2015) similarly found no significant differences in credibility ratings between the PTSD and non-PTSD video. Instead, a video containing a combination of PTSD and deceptive behaviours led to the asylum seeker being perceived as less credible.

The Asylum seeker's Emotional Demeanour

The second hypothesis that the asylum seeker would be rated as more credible when he was perceived to be displaying emotions that were congruent with his negative testimony was partly supported. When the asylum seeker was perceived to be displaying fear, anger and sadness, this was associated with higher credibility ratings. On the other hand, when the asylum seeker was perceived to be displaying little or no emotion, this was associated with lower credibility ratings. The emotion of fear seemed particularly important, with this emotion being the highest rated emotion that the asylum seeker was perceived to be displaying, and the only emotion to significantly predict credibility ratings. These findings are in line with research on the Emotional Victim Effect (EVE), where people who express strong negative emotions when talking about stories of victimization are perceived as more credible than those who display little emotions (Landström et al., 2019; van Doorn & Koster, 2019).

The qualitative findings similarly revealed that the asylum seeker's emotional demeanour, and whether this was congruent with his negative testimony, was used to inform credibility ratings. Participants commented on how, if the story were true, they would expect to see higher levels of distress or emotion. This seemed to lead participants to doubt the truthfulness of the asylum seeker's story. This supports expectancy violation theory, suggesting that violations of expected behaviour can raise suspicion and impact judgements about deception (Bond et al., 1992; Ask & Landström, 2010).

Although no differences were found in credibility ratings across the PTSD and non-PTSD video, the presence of behaviours associated with PTSD were emphasised by many participants as reasons for their credibility ratings. Behaviours such as jumping in response to a loud noise, were interpreted by some participants to be genuine indicators of fear and PTSD. This is similar to Rogers et al. (2015) who found that expectations of a typical "fear based" PTSD played a role in credibility judgements. Some participants, however, interpreted

behaviours such as the shaking of hands and legs as fake and deceptive. This is in line with research finding that commonly used cues to deception include those that may indicate emotional distress or nervousness, such as fidgeting or movement of the hands or body (Vrij, 2008).

Acknowledgement of PTSD also arose in interpretations of the asylum seeker presenting with little or no emotion. Some participants commented on how a lack of emotion could be due to symptoms such as dissociation, and acknowledged that trauma may present differently across individuals. Although the present study did not find an effect of the PTSD brief on credibility ratings, the qualitative results do suggest that holding knowledge around PTSD may reduce the extent to which stereotypes, such as those underlying the EVE, are relied upon. Previous studies have found that providing information on trauma can reduce reliance on inaccurate assumptions and the extent to which a victim's emotional demeanour impacts credibility (Ask, 2010; Franklin et al., 2020; Nitschke et al., 2023).

Lastly, emotions such as surprise and contempt were not found to be significantly related to credibility ratings. Bosma et al. (2018) suggests that victims are stereotypically expected to present with emotions such as fear and sadness, as opposed to emotions like contempt. This is thought to be due to a common perception that these emotions are more in line with narratives that victims are powerless, vulnerable and passive. Similarly, the term "vulnerable" is prominently used in relation to asylum seekers, with the nature of being dependent on a country granting them refuge placing them in a powerless position (Gilodi et al., 2022).

The literature also highlights how asylum seekers and migrants are often portrayed as either victims or villains (Blumell, 2019; Cooper et al., 2021; Haw, 2023; Thomann & Rapp, 2018). Media discourses suggest that asylum seekers who present as passive and helpless victims are deserving of sympathy and help, whilst others who pose a threat are undeserving

(Chouliardki & Stolic, 2017; Crawley et al., 2016; Peterie, 2017). In the present study, the majority of participants reported that their knowledge of asylum seeker related issues came from media sources. In the UK, recent controversial policies regarding asylum seekers have been argued to be encouraging a more demonising rhetoric (European Council on Refugees and Exiles, 2023). Despite this, it may be that in the present study perceiving the asylum seeker to be experiencing emotions such as fear and sadness, as opposed to contempt, was more in line with narratives around asylum seekers being victims and in need of our help, leading to more favourable judgements of credibility.

The Decision-Maker's Emotions

The final hypothesis that there would be a significant relationship between the decision-maker's emotions and credibility judgements was partly supported. There was an association between higher credibility ratings and participants' feelings of anger, sadness, disgust and compassion upon hearing the testimony. Feelings of compassion towards the asylum seeker emerged as particularly important, with this emotion being the highest rated emotion that participants felt and the only emotion to significantly predict credibility ratings. To the author's knowledge, this is the first study to examine the role of the emotions of the decision-maker in assessing credibility in an asylum-seeking context and provides support for an affect heuristic (Engelmann & Hare, 2018; Slovic et al., 2007) and the affective-response mechanism (Ask & Landström, 2010).

As emotions are instinctive and require little cognitive effort, they may be used as short-cuts in decision-making, particularly when mental resources are limited or decisions are complex (Finucane et al., 2000). Similar to the findings in the present study, Ask and Landström (2010) found that feelings of compassion, as opposed to other emotions, were associated with credibility ratings in a mock crime setting. In understanding the emphasis on compassion compared to other emotions, we might refer to the conceptualisation of compassion in that it includes a motivation to act to alleviate suffering (Cassell, 2002; Strauss

et al., 2016). Although not in the field of credibility judgements, research in other areas sheds light on how compassion is an important driver of prosocial behaviour (Leiberg et al., 2011; Luberto et al., 2018; Miller et al., 2012). For example, individuals with more compassion were more likely to stay home and wear masks throughout the Covid-19 pandemic in order to protect others (Karnaze et al., 2022). Overall, it may be that the motivational element of compassion translates to wanting to act by providing more favourable credibility judgements.

On the other hand, the correlation between compassion and credibility could also be interpreted in the reverse direction; participants who perceived the asylum seeker as credible may have subsequently felt higher feelings of compassion and vice-versa. Indeed, qualitative findings highlighted how participants who believed the asylum seeker and his story did feel compassion and empathy towards him, as well as feelings of anger, sadness and fear on his behalf. In contrast, other participants found it difficult to hold compassion for the asylum seeker and reported that, because they did not believe he was credible, they did not feel any emotion.

There was also a subset of participants who held the view that they should be objective in their decision-making, and to do this they should stay free from feeling emotions. Interestingly, quantitative findings revealed an association between experiencing little or no emotion and lower credibility ratings. The role of emotions in decision-making is a long-standing debate. Emotions are often pitted against objectivity and seen as something to be excluded from the law to maintain rational thinking and decision-making (Grossi, 2019). Guidelines and the UNHCR do outline the need for an objective and impartial approach to credibility assessments (UNHCR, 2013). This is to ensure that decisions are not made based on "gut-feelings" or individual assumptions and stereotypes. For example, the use of an asylum seeker's demeanour is highlighted as being an unreliable indicator of credibility and at odds with objectivity, in that interpretations of demeanour will be biased by the decision-maker's values, prejudices and experiences (UNHCR, 2013).

However, it is also acknowledged that remaining objective in credibility assessments is a challenge and research has called for more evidence on how UK officials make decisions around credibility (Kendall, 2020; Mayblin, 2019; Thomas, 2006). Even methods of gathering what is considered to be objective evidence, such as information about an asylum seekers' country of origin, has been argued to be an "illusion" of objectivity (Bodström, 2023). Reports about a country of origin are typically long and information is selected, shortened and reformulated into the context of the current asylum claim. This process of deciding which information is addressed and how it is interpreted is argued to be easily biased and at times illogical (Bodström, 2023). For example, a male claiming a threat of persecution for an extra-marital affair could be overruled by information about the country of origin stating that it is mainly women who face persecution for this (Bodström, 2020).

Furthermore, professionals working with asylum seekers report that obtaining total objectivity is unrealistic when factors such as human emotions are at play (Kendall, 2020). In fact, compassion has been argued to be important in legal reasoning, as it helps individuals imagine the perspectives of others in more depth (Del Mar, 2017) and may avoid more narrow points of view (Eldergill, 2015). The results of the present study highlight how emotions are important in decision-making, including feeling unemotional. These results are more in line with arguments that emotions are an important part of our cognition and evaluative skills, rather than something to be seen as separate and avoided (Grossi, 2019).

Lastly, for some participants a conflict arose between what they were feeling and thinking. Whilst feeling compassion for the asylum seeker, participants also acknowledged that they had an important decision to make regarding credibility. This perhaps relates to the complexity of decision-making in asylum cases, whereby decision-makers are expected to elicit accounts of often distressing events, whilst assessing the truthfulness of it. The complexity and demands of the role, including repeated exposure to traumatic narratives, can

have an emotional impact on decision-makers. To cope, professionals have been found to detach or distance themselves from the narratives. However, this has been raised as a concern, as putting up a barrier could lead to a lack of engagement with, or ownership of, decisions and a reluctance to engage with the claimant's narrative (Baillot et al., 2013; UNHCR, 2013). Cynicism and disbelief of traumatic narratives have also been identified as ways of coping with the emotional impact of working as an asylum lawyer or caseworker (Graffin, 2019). Employing strategies such as disbelief may lead to claimants being seen erroneously as not credible, and ultimately further hinders the ability to remain objective and impartial (Cohen, 2001; UNHCR, 2013).

Strengths, Limitations and Future Research

To the author's knowledge, this is the first study to investigate the effect of a PTSD brief and the role of specific emotions on credibility ratings in an asylum-seeking context. The mixed-methods design of the study enabled an in-depth understanding of the factors underlying participant's decision-making. Additionally, this study differs to a large majority of research in the field in that it made use of a non-student sample. Despite the strengths, the study also has several limitations.

Firstly, in light of this study being exploratory, findings should be interpreted with caution and attempted to be replicated in future research for more confident conclusions to be made. Additionally, the use of analyses such as correlations mean that certain findings indicate associations between variables, but a cause-effect relationship cannot be concluded.

Another limitation refers to selection bias. Participants self-selected themselves to participate, meaning that participants who chose to take part could differ from the wider population. For example, participants may have had a particular interest in or held polarised attitudes or feelings towards asylum seekers. Additionally, the sample obtained predominantly identified as White and female. Prolific acknowledge that samples may be

subject to a social sciences bias towards Western, Educated, Industrialised, Rich and Democratic (WEIRD) individuals (Prolific, 2023). This limits the generalisability of the results to other populations.

There are, however, similarities in demographics between participants in the present study and professionals working within the Home Office. For example, Home Office staff are predominantly White (76%) and over half are female (52%) (Home Office, 2023). Participants in this study, however, differ in that they did not have sufficient training on credibility assessments and asylum law. Recruitment of Home Office professionals was expected to be difficult in light of the high sample size required for the study and feasibility issues such as time restrictions. Difficulties were encountered in attempting to receive consultation on the materials used in the study and so it can be anticipated that challenges in recruiting participants for the study would have arisen. It would be interesting for future research to replicate the study with professionals who conduct credibility assessments, to explore any similarities or differences in findings.

Additionally, the limitation of an online survey with a simulated video of a mock asylum interview should be considered, in light of this differing significantly to a real-life substantive interview, whereby there are actual consequences following a decision. To avoid deceiving participants, they were informed that the video was of a simulated asylum-seeker's testimony. It is possible, however, that participants' responses were influenced by this and responses may have differed had they not been informed. For instance, a few participants noted in their qualitative responses that they did not feel much emotion, or found it difficult to connect with the video, knowing it was not real. On the other hand, some participants stated that even though they were aware the video was simulated, emotions were still evoked in response to the video due to knowledge that people do go through experiences similar to those outlined in the asylum-seeker's testimony.

Limitations of the study also relate to the materials and measures used. The likelihood of granting asylum measure made use of a rating scale, as opposed to a binary choice response. The use of a rating scale was chosen to capture the degrees of certainty and uncertainty that often arise in human decision-making and to collect an optimum amount of data. Considering participants' lack of training in asylum law and credibility assessments compared to real-life decision makers, it was anticipated that they may experience uncertainty in their decision, which was supported by qualitative findings. At the same time, it should be acknowledged that in real-life, the law does impose a binary choice for decision-makers, therefore reducing the external validity of the measure.

The likelihood of granting asylum measure was made up of two items; one referred to the likelihood of participants granting asylum and the second referred to the likelihood that the claim was actually granted. There was a moderate correlation between the two items. A larger correlation would have allowed for greater confidence that participants were primed into the role of a caseworker. Limitations of the measure could explain why a larger correlation was not found. For example, how participants interpreted the two questions is unknown. Upon reading the second question, participants could have interpreted the first question to be about their own personal perspective, as opposed to the perspective of themselves in the caseworker role that they were asked to adopt. Additionally, the two questions were within the same question block within Qualtrics XM®, meaning participants could have modified their answer to the first question after reading the second. Specifying that the first item referred to participants as a caseworker and preventing participants from going back and modifying their responses could have improved the validity of the measure.

Additionally, psychometric properties such as the validity of the Attitudes and Feelings Towards Asylum seekers Scales (Nickerson & Louis, 2008) have not been

previously reported and so these measures may not be valid in the constructs they are measuring and in their use with populations outside of Australia. Alternative measures for assessing pre-existing biases were considered. For instance, one of the most widely used measures is Pedersen et al.'s (2005) Attitudes Toward Asylum Seekers Scale. However, there was also a lack of data reporting the psychometric properties and many items were relevant to the Australian political climate at the time of development (for example, items related to riots and self-harm protest methods). It was thought that a UK sample may be less aware of such issues at the time of recruitment. A more psychometrically tested measure called the Prejudice Against Asylum seekers Scale (Anderson, 2018) was also considered. However, it was made up of items solely representing negative views towards asylum seekers, and therefore would not have captured any positive views participants' held. During piloting, it was decided that the Attitudes and Feelings Towards Asylum seekers Scales (Nickerson & Louis, 2008) were the most suitable for capturing both positive and negative views towards asylum seekers.

Additionally, the measure of compassion did not incorporate a definition. There is often a lack of consensus on the definition of compassion and it is often used in relation to other terms, such as empathy, sympathy and kindness (Strauss et al., 2016). We therefore cannot be certain what participants' understanding of compassion was and whether a shared understanding of compassion was held across participants. Future research could benefit from incorporating a definition to ensure the measure is internally valid.

Regarding the materials used, as mentioned previously, the non-significant findings regarding the effect of a PTSD brief and video could have been due to the manipulation not being sufficient. Future research could examine the effect of a more substantial training on trauma and PTSD. Additionally, future research could incorporate additional features associated with PTSD, such as inconsistencies in testimony or the differing presentations of PTSD, such as those that are emotionally numb (Putica et al., 2021; Silove & Mares, 2018).

Implications

The findings of this study have implications for assessing credibility in an asylum-seeking context and for future research.

The findings have implications for the training of professionals working in the Home Office. Guidelines have been updated whilst this study was conducted (Home Office, 2022), which do acknowledge trauma and the impact of factors such as memory and shame on disclosure. Although quantitative findings did not reveal an effect of providing a brief on PTSD on credibility ratings, qualitative findings highlighted how knowledge of PTSD did influence some participants' interpretations of the asylum-seeker's emotional demeanour. It may be that education on PTSD has the potential to reduce the extent to which people rely on inaccurate beliefs and assumptions regarding PTSD when making credibility decisions. Alternatively, it may be that some beliefs and assumptions are so entrenched that education on PTSD does not have an effect. Indeed, some studies have found that education on rape myths in mock judicial trials does not always have an effect, suggesting that some myths may be too difficult to shift (Leverick, 2020). Generally, there is a lack of research exploring the effect of providing such information on credibility assessments and future research should ascertain whether a significant effect exists. This is important to continue to investigate as trauma-informed practices, including providing knowledge of the signs and symptoms of PTSD, have been called for in legal settings, to prevent re-traumatisation and produce optimal results for legal systems (McKenna & Holfreter, 2021; Webb et al., 2022).

Information on the role of stereotypes and an individual's assumptions within credibility judgements seems to be missing within UK guidelines for asylum decision-makers. It could be, for example, that professionals hold assumptions that an individual with PTSD will present in a fearful manner, and not hold knowledge about presentations that may be less emotional. Furthermore, PTSD has been criticised for being a politicized and westernised social construct due to research highlighting cultural differences in symptoms

and the interpretation of symptoms (Drožđek, 2015). For example, some studies indicate higher rates of somatic symptoms in certain cultures, such as bodily pain and dizziness, as opposed to more emotional or psychological symptoms (Hinton & Lewis- Fernández, 2011). Therefore, culturally-sensitive recognition of trauma among decision- makers to avoid cultural misunderstandings has been called for (Theisen-Womersley, 2021). Consideration of an individual's beliefs, assumptions and cultural differences regarding trauma would be important to incorporate in future research, guidelines and the training of decision-makers.

The findings of this study also have implications regarding the role of the decision-maker's emotions, particularly feelings of compassion. Generally, the role of the decision-maker's emotions in credibility judgements in this context is under-researched and future research would be beneficial in order to subsequently inform policy, training and support for caseworkers. It is possible that the emotions experienced by asylum decision-makers, with real demands and pressures related to the role, may be different to those experienced by participants in a simulated study.

This may be particularly so given research highlighting how one of the most common issues of this field of work includes emotional or psychological distress, including compassion fatigue (Canning, 2021). Furthermore, the use of heuristics is thought to be triggered by situational factors, including time pressure (Hilbig et al., 2012), and when under stress, quick and effortless heuristics may take precedence over slower reasoning and deliberation processes (Yu, 2016). With the increasing numbers of individuals seeking asylum, and an already substantial backlog of asylum cases awaiting decisions (Walsh & Sumption, 2023a), professionals may be under exceptional pressure and stress during the decision-making process. It is therefore crucial that a better understanding of the decision-maker's emotions and education on the effect of heuristics on credibility ratings is implemented.

Conclusion

To conclude, the present study suggests that the emotional demeanour of an asylum seeker is an important factor when making decisions about credibility. Specifically, displaying emotions such as fear was associated with higher credibility ratings and displaying little or no emotion was associated with lower credibility ratings. The study also highlights the importance of factors relating to the decision-maker. These factors include assumptions and knowledge around PTSD and the decision-maker's own emotions, including a relationship between emotions such as compassion and credibility ratings. The study did not find an effect of providing a PTSD brief on credibility ratings and future research is needed to examine whether an effect exists. Considering the study limitations and the exploratory nature of the study, further research is required to see if findings are replicated and generalisable, for example to professionals assessing the credibility of asylum seekers.

The findings of the present study are important considering the impact credibility assessments have on the safety, freedom and well-being of asylum seekers, as well as considering the increasing number of asylum claims in the UK. The study provides an important, novel finding regarding an affect heuristic contributing towards decision-making around credibility. Moreover, the current data likely underestimates how affect may distort decision-making in an increasingly pressured and, in the UK, broken asylum system.

Systematic Review

Secondary Traumatisation in Professionals Working with Forcibly Displaced People: A Systematic Review of Risk and Protective Factors.

Abstract

Professionals working with forcibly displaced people (FDP) are at risk of secondary traumatisation as a result of exposure to trauma narratives. This systematic review aimed to synthesise the risk and protective factors of secondary traumatisation within individuals working with FDP. In the current review, secondary traumatisation is used as an umbrella term referring to secondary traumatic stress (STS), vicarious trauma (VT) and compassion fatigue (CF). These constructs all refer to the negative psychological effects of working with trauma.

Studies which explored professionals' experiences of working with FDP, with outcomes relating to STS, VT or CF, and which identified risk or protective factors of secondary traumatisation were included. Studies also had to be peer-reviewed journal articles and in English. The databases PsycInfo, Web of Science and Scopus were searched in September 2022 and 30 studies were included. The Mixed Methods Appraisal Tool (MMAT; Hong, Pluye, et al., 2018) revealed that the quality of papers were variable.

Narrative synthesis identified a range of factors across studies associated with levels of secondary traumatisation. Factors such as social support, self-care, and the supervisory relationship were highlighted as being protective against secondary traumatisation. Maladaptive coping mechanisms and feelings of ineffectiveness, due to a lack of organisational resources and funding, were some of the factors identified as potential risk factors. Other factors investigated revealed inconsistent and at times contradictory results, including those relating to demographics, a personal history of trauma, and the level of exposure to trauma narratives.

The findings, implications and limitations are discussed, as well as indications for future research. Notably, it is important that studies employ longitudinal designs, with mediating and moderating variables taken into account. Going forward, research should also

continue to develop and evaluate interventions, so that professionals can maintain their well-being, feel supported and continue to effectively help FDP.

Introduction

Forcibly displaced people (FDP) are those who are forced to move from their home due to reasons such as persecution, conflict, human rights violations and natural disasters (United Nations High Commission for Refugees [UNHCR], 2021). The term FDP encompasses groups such as refugees, asylum seekers, and internally displaced people. Internally displaced people are those who are forced to flee their homes but remain in their country, whereas externally displaced people are individuals such as asylum seekers and refugees who have crossed an international border. There has been a rising number of FDP worldwide over the past decade, with 31.7 million refugees and asylum seekers and 53.2 million internally displaced people reported in June 2022 (UNHCR, 2022).

FDP are often exposed to various types of repeated and prolonged traumatic events, including torture, physical and sexual assault and the death of loved ones (Li et al., 2016; Nickerson et al., 2015). In addition to pre-migration trauma, research highlights how FDP experience ongoing trauma and distress during and post-migration. These include experiences relating to the migratory journey, a lack of social support in a new country (Peñuela-O'Brien et al., 2022), racism and xenophobia (Jaskulowski & Pawlak, 2020), and the impact of the asylum-seeking process and immigration policy (Chaffelson, 2021; Jannesari et al., 2022; Li et al., 2016). These experiences combined, increase the likelihood of FDP experiencing mental health problems, including PTSD, anxiety and depression (Bogic et al., 2015; Chen et al., 2017; Gleeson et al., 2020).

Individuals who work with FDP often hear their distressing narratives of traumatic events. Professionals report that hearing these traumatic narratives can have a significant impact on their well-being (Apostolidou, 2016; Century, 2007) and can lead to secondary traumatic stress (STS), vicarious trauma (VT) and compassion fatigue (CF). Studies suggest that professionals including psychologists, social workers (Brooks et al., 2022), interpreters

(Kindermann et al., 2017), lawyers (Harris & Mellinger, 2021) and asylum evaluators (Mishori et al., 2014), working with FDP are at risk of developing STS, CF and VT. A recent meta-analysis revealed a 45.7% pooled prevalence rate of STS in various professionals working with FDP, which is thought to be higher than levels of STS in other helping professions (Roberts et al., 2021). The terms STS, VT and CF are often used interchangeably to reflect the negative impact of being exposed to traumatic material. However, outlined below are distinctions between them.

Secondary Traumatic Stress (STS)

Figley (1995) defined STS as "the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 10). STS focuses on measurable symptoms which are acute in nature and closely resemble symptoms seen within PTSD, such as intrusive thoughts, avoidance and arousal symptoms (Baird & Kracen, 2006; Bride et al., 2004).

Vicarious Trauma (VT)

VT refers to the cumulative, negative effects of empathically engaging with traumatic material (McCann & Pearlman, 1990). VT is seen as an extensive and long-lasting shift of an individuals' inner experience, resulting in changes to one's beliefs and cognitive schemas (Rauvola et al., 2019). It is proposed that changes to cognitions occur in five key areas; safety, trust, esteem, intimacy and control (Pearlman & Saakvitne, 1995). For example, beliefs about the world being safe and others being trustworthy may shift following exposure to repeated stories of violence or harm. Individuals instead might start to form beliefs that others are dangerous and the world is unjust.

Compassion Fatigue (CF)

CF refers to the distress that results from exposure to traumatic experiences, which negatively impacts the ability to care for and feel compassion towards others (Mathieu, 2007). CF was originally conceptualised to be the same as STS (Figley, 1995; Stamm, 2005),

but more recently is suggested to be a combination of STS and burnout (Stamm, 2010). STS in the context of CF is defined as "a negative feeling driven by fear and work-related trauma" (Stamm, 2010, p. 12). It refers to both indirect and direct traumatic experiences in the workplace and includes symptoms such as sleep difficulties and intrusive images (Huggard et al., 2013; Stamm, 2010). The second part of CF relates to burnout, which refers to symptoms such as feelings of hopelessness, difficulties in doing your job effectively and high workloads (Cieslak et al., 2014; Huggard et al., 2013).

Although the above constructs differ in their definitions, they converge in their reference to negative effects following exposure to trauma narratives (Jenkins & Baird, 2002; Molnar et al., 2017). In the literature, the terms are often poorly defined and used interchangeably. Therefore, for the purposes of this review, "secondary traumatisation" will be used as an umbrella term encompassing STS, VT and CF.

Risk and Protective Factors

Across settings, studies have identified a range of risk and protective factors of secondary traumatisation. For instance, organisational factors, such as the frequency and quality of supervision, are suggested to be protective against secondary traumatisation in home visitors (Begic et al., 2019), domestic violence advocates (Slattery & Goodman, 2009), social workers (Quinn et al., 2019; Robinson, 2013) and mental health professionals (Sutton et al., 2022). Social support, both at work and from family and friends, has also been identified as a protective factor in psychologists (Diehm et al., 2019), first responders (Greinacher et al., 2019), nurses (Glover-Stief et al., 2021) and criminal justice professionals (Ko & Memon, 2022). On the other hand, a lack of support, particularly within the workplace, has been found to be associated with a higher risk of STS (Baird & Kracen, 2006; Lerias & Byrne, 2003), including an unsupportive work culture (Begic et al., 2019).

Demographic variables have also been identified as risk and protective factors of secondary traumatisation. For instance, being female and young in age has been associated with a greater risk of secondary traumatisation by some studies (Baum, 2016; Greinacher et al., 2019; Ko & Memon, 2022; Lerias & Byrne, 2003). Protective factors identified at an individual level include cultural background (Dodds & Hunter, 2022) and positive coping strategies, such as exercise or spiritual coping (Ko & Memon, 2022). Risk factors include poor psychological well-being or a history of mental illness (Ko & Memon, 2022; Lerias & Byrne, 2003; Quinn et al., 2019), coping strategies such as alcohol use or denial (Baird & Kracen, 2006; Ko & Memon, 2022), and a personal history of trauma (Baird & Kracen, 2006; Diehm et al., 2019; Hensel et al., 2015; Mehus & Becher, 2015).

Existing Reviews

As outlined above, studies and reviews of the literature have explored the risk and protective factors of secondary traumatisation in populations such as healthcare providers, criminal justice and mental health professionals. To the author's knowledge, only one review exists exploring this topic within a population working with FDP. Dodds and Hunter (2022) conducted a review exploring the risk and protective factors of VT in nurses working with refugees. This review found that VT was common amongst nurses, and mainly focused on how aspects of an individual's cultural background contribute towards risk and protective factors.

Other reviews exist that more broadly relate to secondary traumatisation in professionals working with FDP. Roberts et al. (2021) conducted a meta-analysis and systematic review on the prevalence rates of STS in individuals working with FDP. Their review found high levels of STS and recommended that future research explore factors that may mitigate against secondary traumatisation. Additionally, Fernandes et al. (2022) conducted an integrative review summarising research on both the negative and positive

impact of working with FDP. The review highlighted how professionals are often challenged in their work and experience changes in their beliefs and attitudes, whilst at the same time experience benefits and rewards. Lastly, Ebren et al. (2022) conducted a literature review on the theoretical background of STS and VT in refugee relief workers, as well as current interventions and guidelines in non-governmental organisations. The review concluded that comprehensive, reliable and evidence-based interventions are needed.

Aims & Rationale of the Current Review

To the author's knowledge, no systematic review has yet been conducted which examines the risk and protective factors of secondary traumatisation within professions working with FDP, other than VT within nurses. The current review therefore aimed to provide an understanding of which factors protect against, and increase the risk of, secondary traumatisation within professionals and volunteers working with FDP.

It is important to address this gap in the literature given the personal, professional and organisational consequences of secondary traumatisation. Secondary traumatisation can influence people's relationships with others, their mental and physical health, and ability to concentrate (Killian, 2008; Nsenga, 2020; Rizkalla & Segal, 2019). It is also thought to impact the quality of therapeutic relationships and can lead to professionals becoming emotionally distant from clients (Delgadillo et al., 2018; Harrison & Westwood, 2009; Killian, 2008). At an organisational level, secondary traumatisation is thought to influence productivity, therapeutic outcomes and high levels of staff turnover and sickness (Degladillo et al., 2018; Harrison & Westwood, 2009; Stamm et al., 2002; White, 2006).

It is particularly important to explore the risk and protective factors of secondary traumatisation in professionals working with FDP, such as immigration decision-makers and judges. Such professionals are routinely exposed to trauma narratives whilst assessing and making decisions around the credibility of asylum seekers. Research highlights how, to cope

with the emotional demands and responsibilities of this work, professionals employ certain strategies. For example, emotional detachment, denial, cynicism and a tendency to avoid hearing trauma narratives (Baillot et al., 2013; Rousseau et al., 2002). If relied upon excessively, these coping strategies could translate into disbelief and a reluctance to emotionally engage in an asylum seeker's testimony. This could subsequently lead to an asylum seeker being inaccurately perceived as not credible (UNHCR, 2013). Therefore, secondary traumatisation may threaten both the well-being of professionals and decisions affecting the safety of FDP.

Overall, it is hoped that synthesising research on risk and protective factors of secondary traumatisation will inform practice, policy and interventions, in order to better support those working with FDP and FDP themselves.

Method

Guidelines from Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA; Page et al., 2021) were followed throughout the review process. The study protocol was registered with PROSPERO, with a registration number of CRD42022345546.

Search Strategy

PsycInfo, Web of Science and Scopus electronic databases were searched in September 2022. These databases were chosen as they contain sources relating to a range of disciplines, including psychology, law, physical health and social sciences. Initial scoping searches of the literature were conducted to explore key studies and previous systematic reviews in the area. These searches revealed the key terms used in the literature relating to secondary traumatisation, as outlined previously (STS, VT, CF). In light of these constructs often being used interchangeably (Baird & Kracen, 2006; Ebren et al., 2022), they were all

included in the search strategy to ensure a broader focus. Search terms relating to burnout were incorporated due to it being conceptualised as part of CF.

Search terms such as "migrant" or "immigrant" were not included due to the definition of these terms differing to FDP in that individuals are not forced to flee. Further, the addition of such terms led to studies appearing in the search which were not relevant to the research question, such as those exploring burnout in immigrant workers. It was also decided not to specify professions within the search terms, to decrease the risk of incorrectly omitting studies due to a profession being missed. In the initial stages, search terms were reviewed and refined with guidance from a university librarian with experience of conducting systematic reviews. No restrictive filters were placed on the search.

Using Boolean operators and truncation, the following search terms were used for all databases:

1. Terms relating to secondary traumatisation: "vicarious trauma*" OR "secondary trauma*" OR "compassion fatigue" OR "burnout" OR "burn out"

AND

2. Terms relating to displaced persons: "asylum-seek*" OR "asylum seek*" OR "refugee*" OR "displaced"

Eligibility Criteria

The inclusion criteria were as follows:

1. Studies focusing on the experiences, or impact, of working with FDP
2. Research outcomes relating to STS, VT and/or CF, either quantitatively (for example, using a validated outcome measure) and/or qualitatively (for example, identified as or within a theme/subtheme)
3. Participants include professionals or volunteers who work directly, either daily or intermittently, with FDP

4. Identifies risk and/or protective factors of secondary traumatisation

5. Peer-reviewed journal articles where the full text was available and in the English language

The exclusion criteria were as follows:

1. Studies which were related to the experience or impact of working with FDP, but did not predominantly investigate secondary traumatisation. For example, studies examining more broadly the challenges of working in this context, with no or limited reference to the impact of exposure to trauma narratives.

2. Studies which measured broader aspects of well-being, such as mental health outcomes, or solely burnout not in the context of CF. This is due to burnout being distinct to secondary traumatisation in that it does not require a professional to be exposed to traumatic narratives (Roberts et al., 2021).

3. Dissertations, opinion pieces, commentaries, editorials, reviews, study protocols, book chapters and book reviews.

Study Selection

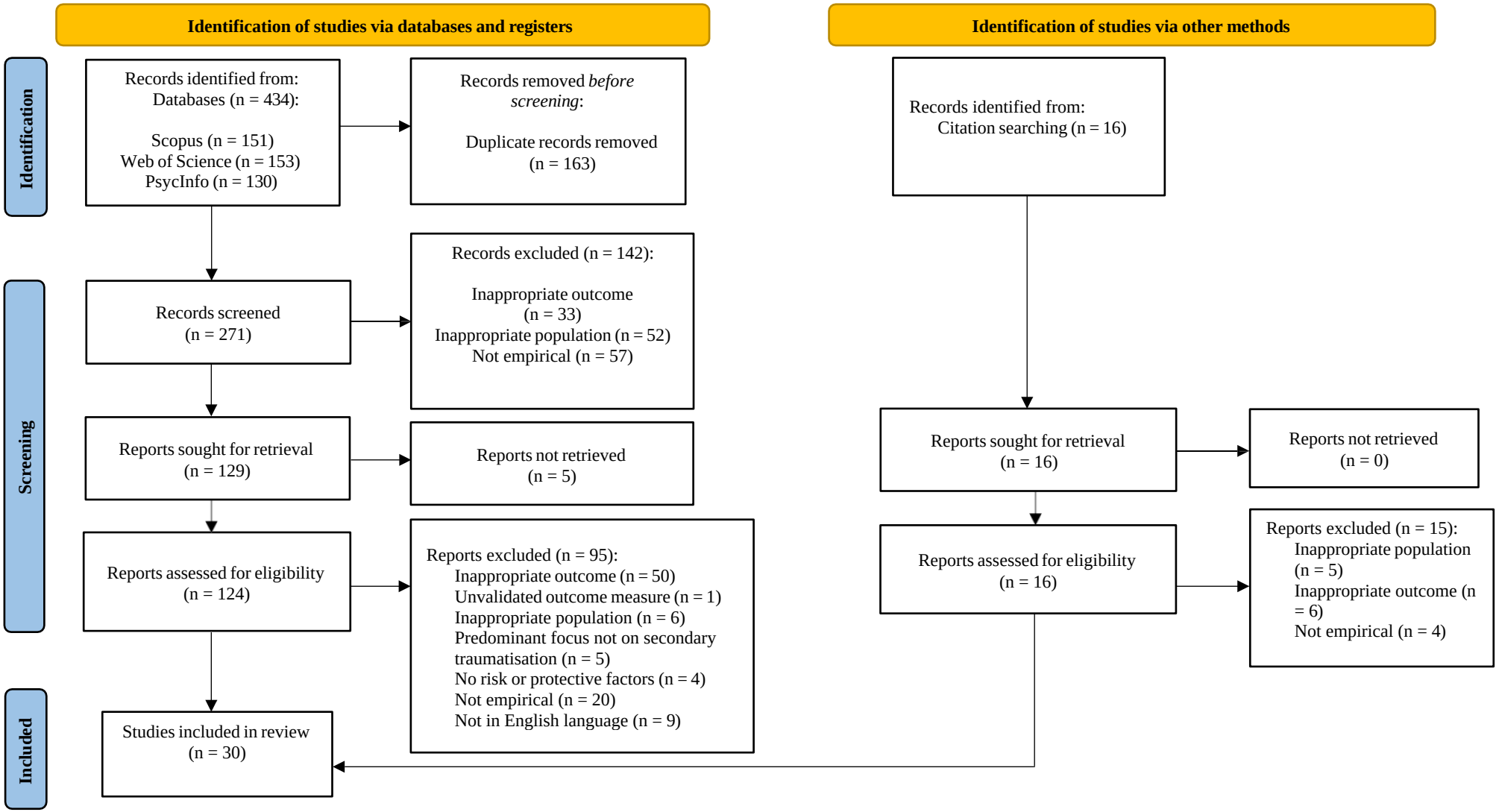
Figure 2 illustrates the process of study selection. Electronic database searches identified 434 records. All references were exported to Zotero (reference management software) and duplicates were removed, leaving 271 papers to be screened. The titles and abstracts of the 271 papers were screened against the eligibility criteria, leading to the exclusion of 142 studies (see Figure 2 for details). Five papers could not be retrieved, leaving 124 papers, which were screened against the eligibility criteria, with a further 95 excluded. To discover any additional eligible studies, reference lists of studies which met eligibility criteria and key existing systematic reviews and meta-analyses were manually searched, which identified one additional study. Therefore, a final total of 30 studies met eligibility criteria and were included in the review. Three articles used the same sample, but had

different research aims and thus provided independent contributions to the review. Decisions were made in line with PRISMA guidelines (Rethlefsen & Page, 2022).

To account for risk of bias, an independent second reviewer screened 20% of the papers selected for full-text eligibility review. The inter-rater reliability value was K = .715, indicating substantial agreement (McHugh, 2012) between the two reviewers. Disagreement arose on the eligibility of three papers, which was resolved following discussions around eligibility criteria. Two of these papers were excluded and one paper was included.

Figure 2

PRISMA Flow Diagram of Study Selection



Data Extraction

Data was extracted from the included studies using a pre-determined data extraction table. For each eligible study, data regarding publication details (including year and country), design and methodology (including data collection and outcome measures), the sample (including demographics and sample size), the secondary traumatisation term(s) investigated and the identified risk and protective factors were extracted.

Risk of Bias

The methodological quality and risk of bias of the included studies was assessed using The Mixed Methods Appraisal Tool (MMAT; Hong, Pluye, et al., 2018). The MMAT was chosen as it allows for the critical appraisal and comparison of qualitative, quantitative and mixed-methods studies. The MMAT has been updated since its initial development, leading to improvements in its content validity and usefulness (Hong, Fàbregues, et al., 2018; Hong, Gonzalez-Reyes & Pluye, 2018; Hong et al., 2019) and has previously been reported to have good reliability (Pace et al., 2012) and validity (Pluye et al., 2009).

Each study was critically appraised using the relevant criteria for the study design (Appendix M). The criteria for assessing quantitative descriptive studies was used for all quantitative studies. The criteria assesses the relevance of the sampling strategy, representativeness of the sample, appropriateness of the measures, risk of nonresponse bias and appropriateness of statistical analyses. The criteria for assessing qualitative studies includes the appropriateness of the qualitative approach, adequacy of data collection methods, whether findings are adequately derived from the data, whether interpretation of results is sufficiently substantiated by the data and whether there is coherence between data sources, collection, analysis and interpretation. For mixed-methods studies, the criteria assesses whether there is adequate rationale for the use of a mixed-methods design, effective integration and interpretation of the qualitative and quantitative components, whether

divergences or inconsistencies are adequately addressed and whether the different components of the study adhere to the quality criteria of each method.

Hong (2020) suggests that an overall score can be reported but that expansion of appraisals are also important to avoid a lack of information on what aspects of studies are problematic. Therefore, both description and an overall score was derived for each study, with scores out of 5 being converted to the relevant percentage as outlined in guidance (Hong, 2020).

Data Synthesis

Due to substantial heterogeneity in the designs, methods and outcome measures used across studies included in the review, a narrative synthesis was chosen as opposed to statistical methods, such as meta-analysis (Siddaway et al., 2019). Data synthesis was reported in accordance with the PRISMA checklist (Page et al., 2021) and followed the steps outlined by Popay et al. (2006). A summary of study characteristics is provided. Relevant findings related to risk and protective factors were extracted from the included studies, summarised and organised into themes.

Results

Study Characteristics

Details of the included studies can be found in Table 13. The included studies were published between the years 2011 and 2022 and were conducted in the following countries: United States of America (n = 8), Australia (n = 8), UK (n = 3), Germany (n = 3), Turkey (n = 2), North Korea (n = 1), Kenya (n = 1), Sweden (n = 1), Haiti (n = 1), New Zealand (n = 1), and Jordan (n = 1). One study (Živanović & Vukčević Marković, 2020) was conducted in various countries across the Balkan Route, a main migratory pathway into Europe.

Study Design and Data Collection

Among the reviewed studies, 14 were quantitative (47%), 9 were qualitative (30%) and 7 used a mixed-methods design (23%). Twenty-six studies used a cross-sectional design (87%) and four studies used a longitudinal design (13%). The qualitative approaches used were: thematic analysis (n = 6), content analysis (n = 1), phenomenology (n = 3), grounded theory (n = 2) and narrative and discourse analysis (n = 1). All qualitative studies used semi-structured or in-depth interviews and all quantitative studies collected data though survey questionnaires. Three mixed-methods studies used both of these methods and three mixed-methods studies used surveys with open and closed questions. One mixed-methods study employed an online survey and focus groups (Crezee et al., 2011).

Participants, Sampling and Settings

Sample sizes across studies ranged from six to 317, with a total number of 2090 participants (Barrington & Shakespeare-Finch, 2014, Espinosa et al., 2019 and Posselt et al., 2020 samples excluded due to duplicate samples). Overall, there were double the number of females (n = 1386) than males (n = 685). One study (Khalsa et al., 2020) failed to report gender frequencies and 12 participants declined providing this information. The age of participants ranged from 18 to 70 years old. 17 studies reported the mean age of participants, with an overall mean age of 36.13 years.

17 studies reported on participants' racial or ethnic group or their nationality. A large proportion of participants identified as Middle Eastern or White, samples also included participants who identified as Asian and Black, African and African American. The most frequently reported professions were therapists, counsellors or psychologists (n = 14), followed by healthcare professionals such as doctors or nurses (n = 11), social workers (n = 8), interpreters (n = 7), lawyers (n = 5), administrators (n = 5) and caseworkers or migration agents (n = 5). Six studies included volunteers in their sample. Participant's work experience ranged from 3 months to 30 years.

Inclusion criteria across the studies mainly referred to working directly with FDP within the specific profession or setting the research question was focused on. Some studies included criteria such as a minimum amount of time working in the field (n = 3), age of participants (n = 2), quantity of contact with FDP (n = 1) and working specifically with "traumatised" people or survivors of war/torture (n = 7). Samples in seven studies included professionals who were forcibly displaced or immigrants themselves.

The majority of studies used purposive sampling techniques (n = 67%). Five studies did not report on the sampling procedure. Participants worked across settings such as refugee aid centres, detention centres or refugee camps (n = 10), non-governmental organisations (n = 8), governmental organisations/agencies (n = 7), not-for-profit agencies or charities (n = 5), mental health services such as trauma clinics (n = 5), legal aid settings (n = 3) and healthcare settings (n = 1).

Measures of Secondary Traumatisation

The majority (n = 10) of studies examining STS used a quantitative or mixed-methods design. Six of these studies used the Secondary Traumatic Stress Scale (STSS; Bride et al., 2004), and three studies used the German Questionnaire for Secondary Traumatization (FST, Weitkamp et al., 2014) to measure STS. All studies which made use of the STSS reported on reliability, with Cronbach's alpha values ranging from .77 to .93, indicating high internal consistency. None of the studies making use of the FST reported on psychometrics and instead reported previous findings of high internal consistency, $\alpha = .94$ (Weitkamp et al., 2014). One qualitative study identified STS within a theme, alongside burnout and other emotional impacts related to the work.

Nine studies made use of the ProQOL (Stamm, 2005, 2010) to measure CF, as well as STS within its subscale. One study (Lusk & Terrazas, 2015) made use of both the ProQOL and the STSS to measure STS and CF respectively. Five studies reported on reliability, with

Cronbach's alpha values ranging from .70 to .86, indicating high internal consistency. Additionally, one qualitative study identified CF as a theme (Khalsa et al., 2020).

10 studies focused solely on VT, with the majority of these studies employing a qualitative design. Two studies employed a quantitative design and used the Trauma and Attachment Belief Scale (TABS; Pearlman, 2003) as a measure of VT. Only one study reported on its reliability (Rizkalla & Segal, 2020), indicating high internal consistency (α = .95)

Table 13

Study Characteristics and Identified Risk and Protective Factors

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
Akinsulure-Smith et al. (2018)	USA	*N* = 210 Refugee resettlement workers with direct contact with refugee clients e.g. health care providers, social workers, case managers. 155 female, 55 male Mean age = 32.96, SD = 10.22 64.9% White Mean work experience = 2.64 yrs, SD = 4.67 Mean caseload = 4.20 cases, SD = 2.17 Convenience sampling	Quantitative Online Survey	STS STSS	**Risk:** - Trauma history - Maladaptive coping strategies (e.g. humour, self-blame, substance use) **Protective:** - Emotional intelligence **NA:** - Age - Gender - Adaptive coping strategies, e.g. emotional support, positive reframing - Caseload - Length of work experience	60%
Barrington & Shakespeare-Finch (2013)	Australia	*N* = 17 Frontline clinical, administrative or managerial staff providing psychological	Qualitative Semi-structured interviews	VT	**Protective:** - Self-care, e.g. mindfulness, eating well - Healthy work-life balance	80%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		services to refugees and asylum seekers who have suffered torture or trauma. 2 males and 15 females Mean age = 42, SD = 7.79 29% Australian, 24% South American, 24% European Mean work experience = 6.3 yrs, SD = 5.60 Mean contact with refugees per week = 26 hrs, SD= 11.52 Snowball sampling			- Effortful meaning-making processes - Increasing awareness of the possibility of VPTG	
Barrington & Shakespear e-Finch (2014)	Australia	*N* = 12 (at time 2) Frontline clinical and administrative staff providing psychological services to refugees and asylum seekers 1 male and 11 female Mean age = 40.5 yrs, SD = 7.1 Mean work experience = 8.6 years, SD = 6.0 Mean direct client contact per week = 26 hrs, SD = 12.1	Longitudinal Qualitative Semi-structured interviews	VT	**Protective:** - Supervision - Colleague support - Professional development opportunities - Positive work environment/culture - Self-care, e.g. mindfulness, exercise - Work-life balance - Focus on the positives→ shifts in life philosophy, self-perception (VPTG)	80%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		Majority of pts migrants themselves. 33.3% South American, 16.7% European, 16.7% African and 16.7% Australian Purposive and snowball sampling				
Brooks et al. (2022)	Turkey	*N* = 104 Mental health service providers working with Syrian refugees at least 50% of the time, e.g. social workers, psychologists 51 male, 51 female Mean age = 28.56, SD = 5.08 83% Turkish Nationals 67.31% had been in their profession for 2+ years. Convenience sampling	Quantitative Survey	STS STSS	**Risk:** - Low organisational support **NA:** - Gender - Caseload - Supervision frequency - Length of work experience	80%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
Crezee et al. (2011)	Australia & New Zealand	*N* = 90 Interpreters in refugee settings, including detention centres, police and mental health settings 68 female, 22 male 90% aged over 30 8% African, 10% Latin American, 12.5% Middle Eastern, 30% Asian, 40% Other. 22% from a refugee background Purposive Sampling	Mixed-methods Online survey and focus groups	VT	**Protective:** - Briefing and debriefings (as opposed to training) - Blocking things out as a coping strategy	40%
Denkinger et al. (2018)	Germany	*N* = 84 Service providers working directly with traumatized refugee and asylum seeker women and children from Northern Iraq, e.g. social workers, interpreters. 78 female, 5 male Mean age = 44, SD = 13 Mean work experience = 72.1 months, SD = 93.7	Quantitative Survey	STS FST	**Risk:** - History of trauma - History of flight - Preoccupied attachment style - High number of hours of direct contact with refugees/asylum seekers per week **Protective:** - Secure attachment **NA:** - Supervision	100%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		Purposive sampling			- Training - Volunteer vs paid	
Espinosa et al. (2019)	USA	See Akinsulure-Smith et al. (2018)	Quantitative Questionnaires	STS STSS	**Risk:** - Gender (female) **Protective:** - High emotional intelligence **NA:** - Age - Trauma history - Adaptive coping mechanisms - Caseload	60%
Graffin (2019)	UK/Republic of Ireland	*N* = 10 Practising solicitors working across various organisations, or caseworkers working for the Office of the Immigration Commissioner 8 female and 2 male 1-30 years of experience Age not specified	Qualitative Semi structured interviews	STS	**Risk:** - Occupational factors, e.g. heavy caseloads, funding cuts → inability to help clients - External pressures/stigma towards refugees **Protective:** - Detachment/professional distance - Cynicism/disbelief	100%
Guhan & Liebling-	UK	Purposive and snowball sampling *N* = 12	Mixed-methods	CF/STS ProQOL	**Risk:** - Occupational factors, e.g. high caseloads, limits of	60%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
Kalifani (2011)		Staff working at a refugee centre offering practical help and support to refugees and asylum seekers 8 female, 4 male Mean age = 34.6 Work experience ranged from 3 months - 7 years. Ethnicity: White British (*n*=7), Indian (*n*=2), Pakistani (*n*=1), Iraqi Kurdish (*n*=1) and White and Black African (*n*=1) Purposive sampling	Interviews and questionnaire		the system → demoralised, ineffective **Protective:** - Support from colleagues, family and friends - Supervision and training - Self-care, e.g. exercise, spiritual or religious beliefs - Toughening up/desensitised - Work being rewarding, personal growth and CS	
Hamid et al. (2021)	Turkey	*N* = 61 Individuals supporting Syrian clients with mental health presentations, e.g. psychologists, psychiatrists 32 females, 29 males Mean work experience ranged from 1-16+ years 86.9% forcibly displaced themselves 85.2% had trauma cases Purposive sampling	Quantitative Questionnaire	STS ProQOL	**Risk:** - No prior psychological educational training **NA:** - Gender - Religion - Supervision frequency - Caseload - % of trauma within caseload - Length of work experience	80%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
Hernandez-Wolfe et al. (2015)	USA	*N* = 13 Mental health providers working at torture treatment centres, e.g. psychologists, social workers 12 female, 1 male Work experience ranged from 4-30 yrs 12 pts European, 1 South Asian. 4 participants were immigrants. Sampling procedure not reported	Qualitative Semi structured interviews	VT	**Risk:** - Occupational factors, e.g. competition for resources, not feeling valued, **Protective:** - Supervision and training - Self-care, e.g. meditation - Personal therapy - Positive focus - resilience and transformation from witnessing client's strength.	60%
Isawi & Post (2020)	USA	*N* = 98 Clinicians providing therapeutic services for traumatized refugees, e.g. social workers and counsellors 78 were female and 20 male Mean age = 43.05, SD = 12.83	Quantitative Online Survey	STS STSS	**Protective** - High levels of self-efficacy	80%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		Mean work experience = 11.5 yrs, SD = 10.71 68.4% White, 12.2% Middle Eastern, 7.1% Asian, 4.1% African American, 4.1% Latino, 2% mixed, 2% other 41% reported that more than 50% of current caseload consistent of refugee clients with trauma Purposive sampling				
James et al. (2014)	Haiti	*N* = 8 Lay mental health workers working for an earthquake relief organization, earthquake survivors themselves 4 males and 4 females Mean age = 25 Mean work experience = 7.42 months Purposive sampling	Mixed-methods, Longitudinal Questionnaire	CF/STS ProQOL	**Protective:** - Limited working hours - Education on self-care strategies - Processing/debriefing strategies - Supervision - Personal growth, positive effects of helping others	40%
Khalsa et al. (2020)	USA	*N* = 7	Qualitative	CF	**Risk:** - Occupational (e.g. resources, funding)	80%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		Individuals working at a refugee aid service, e.g. educators, administrators. Working directly with refugees for at least 6 months. Information on demographics and sampling not provided.	Semi-structured interviews		- Political Climate - Lack of training - Unclear/crossed boundaries **Protective:** - Shared refugee status - Finding inspiration /enjoyment in the work	
Kim (2017)	North Korea	*N* = 179 Service providers working within organisations for North Korean refugees, e.g. social workers and psychotherapists 120 female, 59 male Mean age = 32.4 Mean work experience = 20.95 months Sampling procedure not reported	Quantitative Survey	STS STSS	**Risk:** - Full-time staff (vs part-time) - North Korean-born (vs South-Korea), suggesting history of trauma **NA:** - Gender - Type of organisation	80%
Kinderman n et al. (2017)	Germany	*N* = 64 Interpreters assisting asylum seekers and refugees during medical and psychosocial	Quantitative Survey	STS FST	**Risk:** - History of trauma - Dismissing attachment style **Protective**	80%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		care and official asylum-seeking procedures 36 female and 28 male Mean age = 37, SD = 14.2 52% from the Near East, 17% North Africa, 19% Germany 25% had shared history of flight Mean work experience = 3yrs Purposive sampling			- Secure or preoccupied attachment style - Sense of coherence - Existing social support **NA:** - Gender (trend but not significant) - Personal history of flight - Length of work experience - Volunteer vs paid - Profession	
Kinderman n et al (2019)	Germany	*N* = 62 Volunteer medical students working at a registration and reception centre 49 female, 13 male Mean age = 23.63, SD = 2.40 Purposive sampling	Longitudinal, mixed-methods Semi-structured interviews & survey	STS FST	**Risk:** - Higher number of shifts **Protective:** - Higher sense of coherence **NA:** - Gender - Attachment style	60%
Kjellenberg et al. (2014)	Sweden	*N* = 69 Professionals working with refugees who have survived war and torture, e.g.	Quantitative Questionnaires	CF/STS ProQOL	**Risk:** - Fear of and resignation towards human evil - Length of work experience **Protective:**	80%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		psychologists, social workers and interpreters 52 female, 17 male Mean age = 50.36, SD = 10.28 71% born in Sweden, 13% refugees Mean work experience = 9.47 yrs, SD = 8.21 Mean exposure to trauma narratives per week = 18 hrs, SD = 8.92			- CS **NA:** - Age - Gender - History of trauma - Level of exposure to trauma narratives	
Lusk & Terrazas (2015)	USA	Purposive sampling *N* = 31 Professionals working directly with refugees in legal aid offices and counselling centers 24 female, 7 male Mean age = 42.74, SD = 13.27 67.6% Hispanic	Mixed-methods Structured interviews and questionnaires	STS & CF STSS & ProQOL	**Protective:** - Culture - Self-care, e.g. exercise, music, reading - Support from family and friends - Inspiration and job satisfaction/CS	40%
Newmeyer et al. (2014)	Kenya	Purposive sampling *N* = 22	Longitudinal, Quantitative	CF ProQOL	**Protective:** - Spirituality (tentative) **NA:**	40%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		Counsellors who engaged in a cross-cultural experience delivering trauma focused interventions to indigenous refugees 7 male, 15 female Age ranged from 18 - 70 yrs 22% Black/African, 64% White, 4% Hispanic, 9% other All Christian religious background. Sampling procedure not reported	Questionnaires		- Debriefing intervention	
Petrov (2015)	USA	*N* = 6 Physicians working at a refugee centre Two male, four female. Mean work experience = 20 yrs Purposive sampling	Qualitative In-depth semi-structured interviews	VT	**Protective:** - Vicarious resilience via critical incident appraisal	40%
Posselt et al. (2019)	Australia	*N* = 50 Clinicians working therapeutically with refugee and asylum seeker survivors of torture or trauma, e.g.	Mixed-methods Online survey	CF/STS ProQOL	**Risk:** - Immigration policy/political climate → feeling hopeless/despair - Organisational demands **Protective:**	60%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		social workers, psychologists. 36 female, 11 male Mean age = 41, SD = 11.84 Mean work experience = 5.62 yrs, SD = 5.10 Snowball sampling			- Team culture and support - Supervision - Engaging in reflective practice/meaning-making processes - CS and finding the work rewarding, meaningful. **NA:** - Gender - Profession - Full time vs Part time - Client group (refugee vs asylum seeker)	
Posselt et al. (2020)	Australia	See Posselt et al. 2019	Mixed-methods Online Survey	CF/STS ProQOL	**Protective:** - Supervisory alliance and rapport - Relational and support-seeking practice - Physical and contemplative practices, e.g. debriefing/reflection - Professional growth opportunities - Maintaining work-life balance and boundaries. **NA:** - Supervision frequency - CS	60%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
Puvimanasinghe et al. (2015)	Australia	*N* = 26 Mental health, physical health and resettlement workers working across not-for-profit organisations and state health department 18 female, 8 male Work experience ranged from 1.5- 30 yrs One third of pts belonged to a minority group including refugees and recent immigrants. Two thirds from White Australian society. Sampling procedure not reported	Qualitative Semi-structured interviews	VT	**Risk:** - Inadequate services → Disempowerment, distress and helplessness - Especially when working with asylum seekers vs refugees. **Protective:** - Supervision - Counselling/other support in the workplace - Reducing caseloads - Reflexivity - Work satisfaction - Positive focus, appreciation of client's strengths and resilience - Attempt not to get too emotionally involved	100%
Raynor & Hicks (2019)	Australia	*N* = 188 Registered migration agents 115 female, 67 male Aged between 38-47 yrs old. 53.2% from Australia or New Zealand 36.2% part-time 33% working in field for 5-10 years	Quantitative Online survey	CF/STS ProQOL	**Risk:** - Lower empathy - Maladaptive coping mechanisms **Protective:** - Adaptive coping mechanisms - High Empathy	60%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		17.2% never worked with trauma clients				
Rizkalla & Segal (2020)	Jordan	Purposive sampling *N* = 317 Aid workers in Jordan providing services to Syrian refugees in camps and/or host communities, e.g. administrative, mental health and medical professionals 180 female, 137 male Mean age = 29.32, SD = 7.91 90.8% Jordanian, 8.2% Syrian, 1% other. Mean work experience = 3.09, SD = 5.54 Mean exposure to trauma narratives per week = 18.38 hrs, SD = 13.76	Quantitative Survey	VT TABS	**Risk:** - Decreased differentiation **Protective:** - Increased VPTG - Organisational support - Supervision, training, safety and security at work, team support, personal therapy - Satisfaction from work	100%
Rønning et al. (2020)	UK	Purposive sampling *N* = 70 Legal professionals working in the field of asylum law 58 female, 12 male	Quantitative Online Survey	VT TABS	**Risk:** - Higher number of clients per week **NA:** - Training	80%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		Mean age = 35.8 years, SD = 8.55 66.7% White, 5.8% Indian, 2.9% Pakistani, 4.3% Other Asian, 2.9% African, 10.1% Mixed/multiple, 7.2% other Work experience ranged from less than 2 years (10%) to more than 10 years (36.7%) Contact with trauma-exposed clients in past 3 months ranged from 1-10 (21.4%) to 40+ (15.7%) Snowball sampling			- Supervision - Length of work experience - Weekly work hours - Contact with trauma-exposed clients	
Schweitzer et al. (2015)	Australia	*N* = 12 Individuals with a qualification of either a psychologist, counsellor or social worker, with more than 12 months of experience working therapeutically with refugees 10 women, 2 men Mean work experience = 7.6 yrs	Qualitative Semi-structured interviews	VT	**Protective:** - Supervision - Self-care, e.g. exercise, relaxation, breaks	100%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		7 pts born in Australia, 5 were not but had been living in Australia for an average of 17 years. 2 pts refugee background. Snowball sampling				
Simms et al. (2021)	USA	*N* = 10 Interpreters working at a refugee mental health service. 6 female, 4 male Mean age = 38.2, SD = 11.9 3 pts identified as refugees Work experience 2-10+ years Ethnicity: Arab/Middle-Eastern (50%), Black/African American or Caribbean (10%),White/non-Hispanic White (30%) and Chaldean (10%) Purposive sampling	Qualitative Semi-structured interviews	VT	**Risk:** - Socio-political climate **Protective:** - Shared experiences e.g. trauma or flight - Support from colleagues, family and friends - Supervision/debriefing/training - Self-care (e.g. relaxation, personal prayer) - Emotional detachment - Personal Growth/Empowerment/positive effects of the job	80%
Živanović & Vukčević Marković (2020)	The Balkan Route	*N* = 270 Those working directly with refugees for at least one	Quantitative Online survey	STS STSS	**Risk:** - Content of trauma narratives (migratory vs pre-migration)	60%

Authors (Year)	Country	Participants, setting and sampling	Design and Data Collection (cross-sectional unless otherwise stated)	Variable and Outcome Measure (if applicable)	Risk and Protective Factors	QA Score
		month, across various organisations, e.g. psychologists, lawyers. 154 female, 116 male Mean age = 33.66, SD = 9.58. Mean work experience = 34.68 months, SD= 70.73 43.7% had full-time contact with refugees Purposive sampling			**NA:** - Profession - Amount of direct contact/exposure - Length of work experience	

Note. QA = Quality Appraisal score as measured by The Mixed Methods Appraisal Tool (Hong, Pluye, et al., 2018). STS = Secondary Traumatic Stress. CF = Compassion Fatigue. CS = Compassion Satisfaction. VT = Vicarious Trauma. VPTG = Vicarious Post Traumatic Growth. STSS = Secondary Traumatic Stress Scale (Bride et al., 2004). FST = German Questionnaire for Secondary Traumatization (Weitkamp et al., 2014). ProQOL = Professional Quality of Life Scale (Stamm, 2015, Stamm, 2010). TABS = Trauma and Attachment Belief Scale (Pearlman, 2003). NA = No Association. SD = Standard Deviation. FDP = Forcibly Displaced People.

Risk of Bias

Using the MMAT, the overall score was 100% for five studies, 80% for eleven studies, 60% for nine studies and 40% for five studies. The overall scores for each study can be found in Table 13 and the quality ratings by criteria in Appendix M.

Qualitative Studies

Most studies used an appropriate qualitative approach and data collection method. Three studies (Guhan & Liebling-Kalifani, 2011; Hernandez-Wolfe et al., 2015; Simms et al., 2021) did not provide adequate rationale for the approach that was used. Five studies did not provide sufficient information on interview schedules, making it difficult to determine whether data collection was sufficient in answering the research question (Barrington & Shakespeare-Finch, 2013, 2014; Hernandez-Wolfe et al., 2015; Khalsa et al., 2020; Petrov, 2015). These studies were not excluded due to other methodological factors that strengthened their overall quality, including how the findings were adequately derived from the data and relevant to answering the research question of the present review. Data analysis was appropriate for the majority of studies, however, three mixed-methods studies did not specify what analysis method was used for the qualitative analysis (Crezee et al., 2011; James et al., 2014; Lusk & Terrazas, 2015). Petrov's (2015) study provided a limited selection of quotes to support analysis and interpretation. Three studies (Guhan & Liebling-Kalifani, 2011; Lusk & Terrazas, 2015; Petrov, 2015) generally lacked coherence between the data collection, analysis and interpretation, mainly due to a lack of information provided, for instance on how participants were recruited and on how analysis was undertaken.

Quantitative Studies

Some studies (Akinsulure-Smith et al., 2018; Espinosa et al., 2019; Kim, 2017; Raynor & Hicks, 2019; Živanović & Vukčević Marković, 2020) did not provide sufficient detail on participants or sampling, so it was unknown how participants were recruited, what

eligibility criteria was set and how representative samples were. The majority of studies either did not report non-response rate, or reported a high non-response rate. Overall, sample size seemed determined by the number of responses as opposed to power calculations. As many studies used self-selection, i.e. an option for participation, there could have been a selection bias. For instance, participants who chose to take part could differ from the wider profession, such as holding polarised views towards their job.

The measures used across studies were standardised questionnaires, with measures such as the STSS being validated and recommended in the literature (Roberts et al., 2021; Watts & Robertson, 2014). However, limitations of the measures should be noted, including that they are self-report questionnaires and that construct validity of measures such as the ProQOL has been questioned (Cieslak et al., 2014; Geoffrion et al., 2019). The majority of studies used appropriate statistical analyses, although they were predominantly correlational, meaning causality cannot be inferred. The results of James et al. (2014) and Newmeyer et al. (2014) should be viewed with caution in light of small sample sizes and a lack of power for robust statistical analysis.

Mixed-Methods Studies

The majority of studies did not provide a rationale for the use of a mixed-methods design. Generally, the quantitative and qualitative components across studies were integrated by comparing the qualitative and quantitative results and the outputs of both qualitative and quantitative components were adequately interpreted. Most studies adequately addressed inconsistencies between quantitative and qualitative results. The mixed-methods studies were also individually appraised using the criteria for qualitative and quantitative studies. The main limitations included those mentioned previously, relating to non-response rates and lack of description of sampling procedures. In particular, Crezee et al. (2011) provided a lack of

information on data collection methods, did not specify what qualitative approach and analyses were used, and provided no quotes from focus groups to substantiate the data.

Data Synthesis

A range of factors associated with higher or lower levels of secondary traumatisation were identified across the 30 studies. These factors were organised into the following eight themes: individual factors, history of trauma, shared refugee status, coping mechanisms, level of exposure to trauma narratives, organisational factors, the political climate, and the positive effects of working with FDP.

1. Individual Factors

14 studies investigated participant characteristics or demographics as risk or protective factors of secondary traumatisation. All of these studies used a quantitative or mixed-methods design and the majority of studies investigated either STS or CF.

Demographics. Studies found no significant associations between variables such as age or profession and levels of STS (Akinsulure-Smith et al., 2018; Espinosa et al., 2019; Posselt et al., 2019; Živanović & Vukčević Marković, 2020) or CF (Kjellenberg et al., 2014). Hamid et al. (2021) found that having no prior educational training in a psychology-related discipline was related to higher levels of STS. No significant differences were found between levels of STS and individuals working in a volunteer versus paid role (Denkinger et al., 2018; Kindermann et al., 2017). Nine studies investigated the role of gender, with the majority of studies reporting no significant differences on levels of STS or CF (Akinsulure-Smith et al., 2018; Brooks et al., 2022; Hamid et al., 2021; Kjellengerg et al., 2014; Kim, 2017; Kindermann et al., 2019; Posselt et al., 2019). These studies scored moderate to high in quality (60-80%). Espinosa et al. (2019) was the only study to find that females reported significantly higher levels of STS compared to males (quality score 60%). The same trend was found by Kindermann et al. (2017), although this was not significant. In contrast, levels

of VT were found to be higher in males than females by Rizkalla and Segal (2020), who's study scored high in quality (100%).

Culture, Religion and Spirituality. Lusk and Terrazas (2015) found that culture played a protective role against CF/STS, including particular Hispanic cultural values or traditions, such as attending Church and having extended family as a support network. Similarly, Guhan and Liebling-Kalifani (2011) found that sharing the same culture, religion and background with refugee clients was beneficial in protecting against CF/STS. When explored quantitatively, religion was not found to be associated with STS (Hamid et al., 2021). Newmeyer et al. (2014) explored the role of spirituality in CF and found that ratings of spirituality were significantly higher following a cross-cultural helping experience. Levels of CF did not increase over time, and the authors suggested spirituality may serve as a protective factor. However, this was speculative and statistical analysis to support this was not reported.

Attachment. Three studies investigated attachment style, with mixed results. A secure attachment style was found to correlate significantly with lower scores of STS (Denkinger et al., 2018; Kindermann et al., 2017), and mediate the relationship between a history of trauma and STS (Kindermann et al., 2017). A preoccupied attachment style, was found by one study to be associated with lower levels of STS within a sample of interpreters (Kindermann et al., 2017, quality score 80%) and by another study to be associated with higher levels of STS within professions including social workers, physicians and interpreters (Denkinger et al., 2018, quality score 100%). Similarly, a dismissing-attachment style was found to be related to higher levels of STS by Kindermann et al. (2017), but not found to be significantly associated by Denkinger et al. (2018). The third study exploring the role of attachment style within a sample of volunteer medical students found no associations

between any of the aforementioned attachment styles and STS (Kindermann et al., 2019, quality score 60%).

2. History of Trauma

Regarding a personal history of trauma, seven studies reported on this. Six of these were quantitative studies, four of which identified a history of trauma as a risk factor for STS (Akinsulure-Smith et al., 2018; Denkinger et al., 2018; Kim, 2017; Kindermann et al., 2017), and the other two found no significant relationship with STS or CF (Espinosa et al., 2019; Kjellenberg et al., 2014). One qualitative study, Simms et al. (2021), found that having lived experience of trauma was helpful when working with refugees and shared experiences enabled professionals to empathise and relate to clients.

3. Shared Refugee Status

Two studies explored quantitatively the relationship between STS and past experiences of flight, and found either no significant association (Kindermann et al., 2017) or that it significantly predicted higher levels of STS (Denkinger et al., 2018). In contrast, when examining the relationship qualitatively with VT and CF, professionals viewed having shared refugee status as helpful and contributed towards resilience (Khalsa et al., 2020; Simms et al., 2021). Kjellenberg et al. (2014) found that shared refugee status was associated with higher levels of vicarious post-traumatic growth (VPTG).

James et al.'s (2014) study found that lay mental health workers, who were themselves survivors of a natural disaster, showed moderate levels of STS. The authors note that with shared experiences of trauma, flight and loss, levels may have been expected to be higher. Instead, the study found high levels of compassion satisfaction (CS) and personal growth.

4. Coping Mechanisms

Various coping mechanisms were highlighted as both risk and protective factors of secondary traumatisation across 16 studies. Social support from family and friends was consistently identified as protective against VT (Barrington & Shakespeare-Finch, 2013, 2014; Simms et al., 2021) and STS (Guhan & Liebling-Kalifani, 2011; Kindermann et al., 2017; Lusk & Terrazas, 2015). Studies also found that engaging in self-care helps mitigate against secondary traumatisation, including exercise, meditation, mindfulness and eating and sleeping well (Barrington & Shakespeare-Finch, 2013, 2014; Guhan & Liebling-Kalifani, 2011; Hernandez-Wolfe et al., 2015; Lusk & Terrazas, 2015; Schweitzer et al., 2015; Simms et al., 2021). Personal prayer and religious or spiritual beliefs were also highlighted as protective coping mechanisms (Guhan & Liebling-Kalifani, 2011; Simms et al., 2021).

A handful of studies explored the role of adaptive versus maladaptive coping mechanisms for STS. Adaptive coping mechanisms, such as positive reframing and emotional support, were not found to significantly predict lower levels of STS (Akinsulure-Smith et al., 2018; Espinosa et al., 2019). Kindermann et al. (2017, 2019) explored sense of coherence; a coping style referring to comprehending, managing and making sense of experiences. An increased sense of coherence was related to lower levels of STS, suggesting it may be protective.

Maladaptive coping mechanisms, such as humour, substance use, denial and self-blame, were found to be associated with higher levels of STS and CF (Akinusulure-Smith et al., 2018; Raynor & Hicks, 2019). Examining this relationship further, Espinosa et al. (2019) found that higher emotional intelligence was related to lower levels of STS, and that unhealthy coping behaviours mediated this relationship. Their results suggest that individuals with higher emotional intelligence are less likely to engage in maladaptive coping strategies, protecting them against STS.

Qualitative findings highlighted how some professionals use emotional detachment or distancing as a coping mechanism. Over time, participants had "toughened up", become desensitised, (Guhan & Liebling-Kalifani, 2011), or "blocked things out" as a way to cope (Crezee et al., 2011). Similarly, Graffin (2019) found that maintaining a professional distance to clients was seen as protective against STS, particularly in legal professionals who felt their role allowed for this. They also found that cynicism and disbelief was a protective mechanism used by some, whereby not believing everything someone tells you can protect you from the emotional consequences. The importance of not being too distant from clients and emotions in that you lose empathy was acknowledged by some. Lower levels of empathy were associated with higher levels of STS and CF in one study (Raynor & Hicks, 2019). Lastly, Rizkalla and Segal (2020) examined the role of differentiation, defined as a self-regulating mechanism enabling a balance between both intellectual and emotional functioning. Lower levels of differentiation were associated with higher levels of VT.

5. Level of Exposure to Trauma Narratives

Another risk factor examined across studies refers to the level of exposure to trauma narratives. This was measured in various ways across 12 quantitative studies.

Years of Experience. The majority of studies found no association between the number of years working in the field and STS or VT (Akinsulure-Smith et al., 2018; Brooks et al., 2022; Hamid et al., 2021; Rønning et al., 2020; Živanović & Vukčević Marković, 2020). Kjellenberg et al. (2014) found that more years working in the field was associated with higher levels of CF, but also with higher levels of VPTG.

Duration of Exposure. Three studies did not find an association between the amount of time spent exposed to trauma narratives (e.g. hours per week) and STS, VT or CF (Kjellenberg et al., 2014; Rønning et al., 2020; Živanović & Vukčević Marković, 2020). Only one study found that a higher number of hours of direct contact with refugees per week was

associated with higher STS, but this measure did not specify whether this contact involved exposure to trauma narratives (Denkinger et al., 2018). Živanović and Vukčević Marković (2020) found that, rather than duration, it was the quality and content of contact that was related to severity of STS. Specifically, exposure to trauma narratives about refugees' travel experiences, as opposed to their country of origin, were related to higher levels of STS.

Full-Time vs Part-Time. Two studies compared secondary traumatisation across those who worked full-time or part-time, with one finding no differences in STS (Posselt et al., 2019, quality score 60%) and the other finding that full-time professionals experienced higher levels of STS (Kim, 2017, quality score 80%).

Caseload. A higher caseload, however, was not found to be associated with levels of STS (Akinsulure-Smith et al., 2018; Espinosa et al., 2019; Hamid et al., 2021). Kindermann et al. (2019) found that medical students reported higher levels of STS the greater number of shifts they completed. Regarding VT, having more clients per week was associated with greater cognitive changes, including beliefs that you can't trust other people's motives (Rønning et al., 2020).

6. Occupational Factors

Numerous occupational factors were found to be related to levels of secondary traumatisation across studies.

Lack of Resources and Self-Efficacy. Shortages in resources and funding in organisations led to unclear boundaries between work and home-life, professionals taking on greater caseloads, working unpaid over-time, and a feeling of being unable to help clients (Graffin, 2019; Hernandez-Wolfe et al., 2015; Khalsa et al., 2020). Inadequate services, particularly those serving asylum seekers (Puvimanasinghe et al., 2015), led to professionals feeling demoralised, ineffective and hopeless, putting them at risk of VT and STS (Guhan & Liebling-Kalifani, 2011). This is important considering how one study found that counsellors

who perceived themselves as efficacious in working with refugees had lower levels of STS, suggesting that feeling effective in one's role may be protective (Isawi & Post, 2020).

Organisational Support. Studies found that support from colleagues and teams was important in protecting against STS and VT (Barrington & Shakespeare-Finch, 2014; Guhan & Liebling-Kalifani, 2011; Posselt et al., 2019, 2020; Puvimanasinghe et al., 2015; Rizkalla & Segal, 2020; Simms et al., 2021). Having lower organisational support, however, was associated with moderate to severe STS (Brooks et al., 2022). Similarly, having a healthy team culture and sense of camaraderie was identified as protective against STS and VT (Barrington & Shakespeare-Finch, 2014; Posselt et al., 2019), whereas not feeling valued by your organisation was identified as a risk factor for VT (Hernandez-Wolfe et al., 2015).

Training. Receiving educational training, resources and professional development opportunities were identified as mitigating against VT and STS (Barrington & Shakespeare-Finch, 2014; Hernandez-Wolfe et al., 2015; Posselt et al., 2020; Rizkalla & Segal, 2020; Simms et al., 2021). Although, access to such opportunities were highlighted as limited (Guhan & Liebling-Kalifani, 2011; Khalsa et al., 2020). Two quantitative studies, however, did not find an association between the severity of STS between those who did and did not receive training (Denkinger et al., 2018; Rønning et al., 2020). In fact, in one study, interpreters spoke of how no amount of training could prepare them for the distressing narratives they were often exposed to (Crezee et al., 2011).

Supervision. Receiving supervision was also identified across studies as being protective against STS and VT (Barrington & Shakespeare-Finch, 2014; Guhan & Liebling-Kalifani, 2011; Hernandez-Wolfe et al., 2015; James et al., 2014; Posselt et al., 2019; Puvimanasinghe et al., 2015; Rizkalla & Segal, 2020; Schweitzer et al., 2015; Simms et al., 2021). On the other hand, five quantitative studies found no significant associations between supervision frequency and STS or VT (Brooks et al., 2020; Denkinger et al., 2018; Hamid et

al., 2021; Posselt et al., 2020; Rønning et al., 2018). Posselt et al. (2020) looked at the role of supervision further and found that it wasn't the frequency of supervision that was important in protecting against STS, but the quality of supervision and the supervisory alliance.

Debriefing. Providing spaces to debrief or reflect was highlighted as protective against VT and STS (James et al., 2014; Posselt et al., 2020; Simms et al., 2021). Similarly, it was suggested that providing briefings and debriefings could be protective against VT in interpreters, yet it is not often offered (Crezee et al., 2011). James et al. (2014), who found that lay mental health workers experienced positive changes from their work, suggested that part of this may be due to the workplace factors that were implemented in the study, including debriefing/processing practices. Petrov (2015) suggested that engaging in critical incident appraisal, whereby you process, evaluate and learn from experiences, may be protective against secondary traumatisation. Newmeyer et al. (2014), however, was the only study which evaluated a debrief intervention strategy and did not find an effect on scores of CF. Both Petrov (2015) and Newmeyer et al. (2014) scored lower in quality ratings (40%).

7. The Political Climate

Four qualitative studies highlighted how the strict, punitive and stigmatising culture in society towards FDP, meant professionals were often confronted with further distressing stories about experiences of discrimination (Graffin, 2019; Khalsa et al., 2020; Simms et al., 2021). Participants commented on how the unaccepting political climate, including strict immigration policies, represented an additional challenge in their work, further contributing to feelings of hopelessness and despair (Posselt et al., 2019; Simms et al., 2021).

8. Positive Effects of Working with Trauma

Although studies reported on the negative impact of exposure to trauma narratives, qualitative findings also consistently emphasised a number of positive effects related to the work. These positive experiences were reported to counterbalance, or protect against, the

negative effects. For instance, actively searching for the positives in their work was seen as beneficial, which included focusing on a client's strengths, resilience and capacity to grow (Puvimanasinghe et al., 2015). This positive focus led to experiences of empowerment and personal growth, including changes in life-philosophy, self-perception, interpersonal relationships and having a renewed appreciation for life (Guhan & Liebling-Kalifani, 2011; Hernandez-Wolfe et al., 2015; Khalsa et al., 2020; Posselt et al., 2019; Simms et al., 2021).

One study found that there was a reduction in VT symptoms over time, as clinicians processed their client's traumatic narratives, reworked their existing beliefs and engaged in effortful meaning-making processes (Barrington & Shakespeare-Finch et al., 2013, 2014). The authors suggested that increasing professionals' awareness of the possibility of VPTG might therefore be protective. Overall, job satisfaction was identified as a protective factor against STS (James et al., 2014; Lusk & Terrazas, 2015) and VT (Simms et al., 2021), which encouraged VPTG (Barrington & Shakespeare-Finch, 2013, 2014; Guhan & Liebling-Kalifani, 2011) and vicarious resilience (VR) (Puvimanasinghe et al., 2015). Compassion satisfaction (CS), was also found to be associated with lower levels of CF and STS by one study (Kjellenberg et al., 2014, quality rating 80%), but not by another (Posselt et al., 2020, quality rating 60%).

Discussion

Given that individuals working with FDP are at a greater risk of secondary traumatisation (Roberts et al., 2021), this review aimed to systematically examine associated risk and protective factors. In this review, the term secondary traumatisation is used as an umbrella term to refer to secondary traumatic stress (STS), vicarious trauma (VT) and compassion fatigue (CF). Overall, a wide range of variables were investigated across studies.

Main Findings

Generally, demographic variables were not found to be associated with STS or CF, in line with another meta-analysis investigating STS in therapists (Hensel et al., 2015). Whether associations with demographic variables exist will depend on the samples used across studies, and so relevant limitations should be noted. For instance, participants were predominantly female and a self-selection bias could have been present. Only two studies found significant differences in levels of STS and VT across genders, with contradictory findings (Espinosa et al., 2019; Rizkalla & Segal, 2020). Indeed, mixed findings regarding the role of gender are apparent in other reviews and studies (Gray & Rydon-Grange, 2020; Molnar et al., 2020; Turgoose & Maddox, 2017). Overall, the results of this review do not suggest that gender is a risk factor for secondary traumatisation.

One's culture, religion and spirituality was suggested to be protective of STS/CF, which is consistent with Dodds and Hunter's (2022) review exploring VT in nurses working with refugees. Cultural differences are thought to create more strained relationships and communication difficulties, whilst cultural similarities provide a better understanding of, for instance, cultural beliefs about how to overcome trauma (Dodds & Hunter, 2022). Only one study explored the role of religion quantitatively, and found no association with STS (Hamid et al., 2021). This inconsistency could be due to the quantitative study solely examining two religions, whereas qualitative studies took a broader perspective. Mixed results were found regarding whether an individual's attachment style is a risk or protective factor of STS. It is thought that attachment may play a role due to the fact that attachment style later impacts the ability to regulate emotions and cope with stress (West, 2015). Further research is needed, however, to make firm conclusions within this context.

The majority of studies exploring the role of a personal history of trauma found that it was a risk factor for STS. A history of trauma has been acknowledged as a risk factor for STS

and CF within the literature (Caringi et al., 2015; Hensel et al., 2015; Ivicic & Motta, 2017; Molnar et al., 2020; Turgoose & Maddox, 2017). This is thought to be due to factors such as reactivation of one's own trauma memories and an increased empathic response (Figley, 1995; McCann & Pearlman, 1990). Two studies failed to find this association (Espinosa et al., 2019; Kjellenberg et al., 2014). This inconsistency could be explained by additional factors that were often not reported on across studies. For instance, factors such as gender, the type of trauma, the extent of exposure and whether past trauma difficulties were subsequently resolved are thought to influence the relationship between a history of trauma and the risk of secondary traumatisation (Baum, 2016; Hargrave et al., 2006; Hensel et al., 2015).

Most of the literature has explored a history of trauma as a risk factor of STS, due to the conceptual overlap between STS and PTSD, with symptoms resembling one another. The current review highlights how, in contrast, when investigating VT or CF, shared experiences may be beneficial. Qualitative findings revealed that having a shared experience of trauma or refugee status was seen as helpful by some, as they felt more able to relate to and empathise with their clients. Indeed, having lived experience is seen as highly valuable across a range of contexts. For example, self-disclosure of lived experience within counsellors has been found to strengthen alliances, redistribute power and de-pathologize client's difficulties (Cleary & Armour, 2022). Furthermore, the use of peer support workers has been found to be beneficial in supporting mental health treatments (Barr et al., 2020), physical health outcomes (Bellamy et al., 2017) and service delivery and development (Sunkel & Sartor, 2022). Exploring the role of shared refugee status quantitatively, results were inconsistent. Interestingly, two studies (James et al., 2014; Kjellenberg et al., 2014) found that shared experiences may instead lead to compassion satisfaction (CS) and vicarious post-traumatic growth (VPTG), two constructs which will be expanded on below. Overall, whilst past trauma may be

considered a risk factor for STS, this may not be the case for VT, which has similarly been found elsewhere (Michalopoulos & Aparicio, 2012).

Social support and self-care were consistently highlighted across studies as being protective against secondary traumatisation. These variables arose mainly within qualitative findings, although one study (Kindermann et al., 2017) made use of the Social Support Questionnaire (Fydrich et al., 1999). Maladaptive coping mechanisms, on the other hand, were identified as risk factors for STS and CF, such as denial and substance use. Overall, the review's findings on coping strategies are consistent with the literature examining secondary traumatisation in mental health, criminal justice system and child protection settings (Fernandes et al., 2022; Hensel et al., 2015; Ko & Memon, 2022; Molnar et al., 2020; Sprang et al., 2019; Thieleman & Cacciatore, 2014; Thompson et al., 2014; Turgoose & Maddox, 2017). These findings are also consistent with research that more broadly examines factors contributing towards psychological resilience, such as emotion regulation and interpersonal support (Hamby et al., 2018; Ungar & Theron, 2020).

Mixed findings were identified in the current review regarding the level of exposure to traumatic material as a risk factor. This is similar to the broader literature investigating secondary traumatisation within professionals working in mental health and child protection settings (Molnar et al., 2020; Sprang et al., 2019; Turgoose & Maddox, 2017). Inconsistencies are likely due to heterogeneity across studies. For instance, multiple differences were identified in the way exposure was measured, from the number of clients on a caseload, to years in the field and number of hours per week working with trauma clients. Additionally, studies focused on different constructs of secondary traumatisation and used different outcome measures.

One study found that rather than duration, it was the quantity of different traumatic events that were shared with professionals and the content of trauma narratives that seemed

important (Živanović & Vukčević Marković, 2020). Specifically, a greater number of different traumatic events occurring during the migratory journey, as opposed to pre-migration, were related to higher levels of STS. Overall, results suggest that the relationship between the level of exposure and secondary traumatisation is more complex than a one-dimensional relationship. It has been argued that inconsistencies in the literature could be explained by multiple other dimensions of variables that have not been taken into account (Cieslak et al., 2013). For example, rather than the volume of trauma clients on one's caseload, initial research suggests it is the ratio of trauma to non-trauma clients that is associated with greater levels of STS (Cieslak et al., 2013; Hensel et al., 2015).

Feeling supported by colleagues, having a healthy team culture, and feeling valued were also identified as protective organisational factors of secondary traumatisation. These results are consistent with other research (Hensel et al., 2015; Ko & Memon, 2022, Molnar et al., 2020; Sutton et al., 2022; Thompson et al., 2014). On the other hand, a lack of organisational support, funding and resources was found to leave professionals with feelings of hopelessness and ineffectiveness. Organisational support was predominantly highlighted within qualitative findings, although two studies (Brooks et al., 2022; Rizkalla & Segal, 2020) made use of outcome measures, including the Needs at Work Assessment Scale (Rizkalla & Segal, 2020) and the Survey of Perceived Organisational Support (Eisenberger et al., 1986).

Factors such as training, debriefing, and supervision were identified by some studies as important, although results were at times mixed between studies. For example, receiving supervision was suggested to be protective against STS and VT by some studies but when explored quantitatively five studies found no significant association. In understanding the mixed results, we might turn to the way in which supervision was captured across qualitative and quantitative studies. Whereas the frequency of supervision was focused on in quantitative studies, qualitative studies focused more on why supervision is protective, highlighting how

it provides a space for meaning-making processes and managing difficult emotions and feelings of hopelessness. Indeed, Posselt et al. (2020) found that rather than supervision frequency, it was the quality of the rapport and the supervisory alliance that was key in reducing the risk of STS. This is similar to previous research suggesting that supervision that is relational-oriented, supportive and acknowledges and validates VT is beneficial (Kapoulitsas & Corcoran, 2015; Posselt et al., 2020; Sutton et al., 2022).

Additionally, there was an overarching theme across studies highlighting the positive effects of working with FDP, including finding the work rewarding, meaningful and empowering. Having a positive focus on client's strengths and resilience appears to minimise the negative consequences of working with trauma (Puvimanasinghe et al., 2015). Within the literature, the positive impact of working with trauma is also recognised. For instance, the term vicarious resilience (VR) refers to the positive transformations and empowerment professionals experience from learning about, witnessing and being a part of their clients recovery (Hernández et al., 2007). VR can inspire changes in life goals and perspectives and can increase capacity to attend to trauma narratives (Hernandez-Wolfe, 2018). A related concept, vicarious post-traumatic growth (VPTG), includes changes in self-perception, a greater appreciation for life and changes in life philosophy (Arnold et al., 2005; Deaton et al., 2022). Compassion satisfaction (CS) relates to the "pleasure you derive from being able to do your work well" and being able to help others (Stamm, 2010, pg. 12). A combination of the aspects of CS and CF are conceptualised within the ProQOL measure (Stamm, 2010).

One study in this review found that over time, VT reduced as clinicians engaged in meaning-making processes, processed trauma narratives and modified existing beliefs (Barrington & Shakespeare-Finch, 2013, 2014). These results suggest that the possibility of VPTG may be protective against secondary traumatisation. Previous research and reviews (Choi, 2017; Dodds & Hunter, 2019; Ko & Memon, 2022), highlight how although not painless, VT and VR co-exist (Hernandez-Wolfe et al., 2015). Similarly, higher levels of VT

have been linked with higher levels of VPTG, but it is thought that this relationship may be curvilinear, whereby if levels of VT become too high, opportunities for growth decrease (Tsirimokou et al., 2022). Additionally, studies in the current review suggest that CS may be protective, similar to research exploring secondary traumatisation in settings such as child welfare and protection and mental health (Molnar et al., 2020; Turgoose & Maddox, 2017).

Overall, many of the risk and protective factors highlighted in this review are similar to those identified in other trauma fields, such as child protection, criminal justice system and mental health settings (Hensel et al., 2015; Ko & Memon, 2022; Molnar et al., 2020; Sutton et al., 2022; Thompson et al., 2014; Turgoose & Maddox, 2017). A more unique risk factor specific to working with FDP was, however, identified in the current review, relating to the socio-political climate. This review highlights how the socio-political climate further exacerbates feelings of ineffectiveness and despair for some professionals, due to stigmatising and punitive immigration policies and societal narratives towards FDP. Indeed, the UK government has been criticised for creating a hostile and de-humanising anti-refugee rhetoric and policy (Freedom from Torture, 2022; Hubbard, 2022). Within the literature, socio-political factors are acknowledged as a unique and additional challenge of working with FDP, impacting professionals' well-being, feelings of powerlessness and the therapeutic process and relationship (Partavian & Kyriakopoulos, 2021). This is important given that feelings of hopelessness and ineffectiveness were identified in some studies as increasing professionals' risk of secondary traumatisation.

Limitations

This is the first review to systematically synthesise risk and protective factors of secondary traumatisation in those working with FDP. The review took a broad and comprehensive approach to account for the various terms and outcome measures used within the literature. Additionally, it incorporated studies with both qualitative and quantitative designs, offering a more in-depth understanding of the experiences and voices of

professionals. Another strength of the review is the use of a second independent reviewer within full-text eligibility screening, reducing the risk of error and researcher bias. At the same time, there are limitations relating to both the review and the studies included in the review.

One limitation of the included studies refers to the predominant use of cross-sectional designs and correlational analyses. It therefore cannot be concluded that the relationships identified between risk and protective factors and secondary traumatisation are causal, and the relationships could be interpreted in reverse. For instance, it could be that having lower levels of secondary traumatisation means individuals are better able to engage in self-care, whilst experiencing high levels of secondary traumatisation may put individuals more at risk of using maladaptive coping strategies (Acquadro Maran et al., 2023).

Additionally, inconsistencies were often found across studies, suggesting it may be several factors in combination which mitigate against or increase the risk of secondary traumatisation. It is likely that additional variables may mediate or moderate the causal relationship. Unfortunately, only three studies included in this review (Espinosa et al., 2019; Kindermann et al., 2017; Rizkalla & Segal, 2019) reported on mediator and moderator variables. For instance, it was found that a low secure attachment mediates the relationship between primary and secondary trauma (Kindermann et al., 2017) and that emotional intelligence is important in reducing unhealthy coping strategies and subsequently the risk of STS (Espinosa et al., 2019). Exploring other relationships, such as whether gender or the type of trauma mediates or moderates the relationship between primary and secondary trauma, was missing across studies.

A sampling bias should also be considered. Studies used either purposive or convenience sampling and relatively brief exclusion criteria was often set. This compromises the external validity of results, with the extent to which findings can be generalised to other populations questioned (Andrade, 2021). As participants across studies predominantly

identified as female and as either Middle Eastern or White, findings cannot be confidently generalised to more diverse populations. This is important considering the role culture may have when working with FDP. Differences in cultural backgrounds have been found to lead to difficulties in communication and differences in understanding, such as regarding illness explanatory models (Asfaw et al., 2020; Suphanchaimat et al., 2015). Such differences and difficulties have been suggested to lead to professionals feeling ineffective and more at risk of VT (Dodds & Hunter, 2020). A shared cultural background, however, might allow for greater understanding, a more person-centred approach and, as outlined previously, is thought to be protective against secondary traumatisation (Dodds & Hunter, 2020; Guhan & Liebling- Kalifani, 2011; Lusk & Terrazas, 2015).

Limitations of the review process include the exclusion of unpublished and grey literature, meaning additional information may have been missed and the risk of publication bias is increased. Additionally, there was substantial heterogeneity in the study designs, settings and the secondary traumatisation term investigated. As a result, it was more difficult to interpret the results and draw firm conclusions. Furthermore, the use of various outcome measures made it harder to compare results. Consistency of outcome measures is important not only to allow for comparisons but also given that measures of STS and CF have been found to differ in their threshold of measuring STS (Roberts et al., 2021). Lastly, a second reviewer was not used at other stages of the review process, such as when assessing risk of bias across studies, potentially introducing bias and error in the way studies were evaluated and interpreted.

Implications

The current review has important implications for clinical practice and future research. The review suggests that professionals can take certain steps to mitigate against secondary traumatisation, including seeking support from friends and family and attending to self-care. A large proportion of interventions for secondary traumatisation so far have

focused on self-care, well-being and health promotion. For instance, mindfulness-based stress reduction is one intervention suggested to be effective in preventing and treating STS (Goodman & Schorling, 2012; Thieleman & Cacciatore, 2014). Additionally, interventions based on evidence-based treatments, psychoeducation and professional skills trainings are promising, however there is a need for evaluations of their effectiveness (Molnar et al., 2017). Moreover, it is argued that interventions emphasising factors such as self-care place responsibility solely on individuals, as opposed to highlighting an organisation's responsibility (Sprang et al., 2017). Indeed, organisations do have a duty and responsibility to protect the well-being of their staff (Munroe, 1995).

Across studies it was found that external stressors regarding the organisational or political context contributed towards distress, sometimes more so than listening to trauma narratives. This review identifies certain organisational factors that can help mitigate against secondary traumatisation, including providing support for past trauma, supervision, encouraging peer support, ensuring staff feel valued and developing a healthy team culture. Creating a culture where professionals feel safe and free from judgement to talk about the impact of working with trauma and the wider socio-political context may be particularly important. This is in light of research suggesting that fear of professional consequences and stigma are significant barriers in disclosure and seeking support at work (Hensel et al., 2015; Molnar et al., 2017). Recent research has called for vicarious trauma-informed organisations to be developed, whereby organisations recognise and address the effects of secondary traumatisation through their practices, procedures, programs and policies (Molnar et al., 2017).

Initial research has started to assess the effectiveness of vicarious trauma-informed organisations within educational, community mental health, juvenile justice and child welfare settings. These studies outline various ways in which organisations can support staff, including providing staff wellness rooms, workshops on STS and resilience and promoting

strong peer support among staff and supervisors (Lang et al., 2016; Sprang et al., 2017; Sprang et al., 2021). Additionally, leadership level changes are also identified as important, including leaders who respond to STS as an occupational hazard, rather than a weakness, and who encourage and model self-care (Sprang et al., 2017). Levels of STS have been found to decrease over time in response to making such organisational changes (Sprang et al., 2021). The use of champions who lead the effort in improving organisations responses and understanding of STS has also been recommended. Champions who engage in problem-solving strategies and who share knowledge and skills regarding STS among peers are considered particularly helpful in promoting change (Sprang et al., 2023). In addition, this review highlights how it could also be important to raise awareness of VR and VPTG and provide spaces to aid and engage in reflective meaning-making processes. Overall, it is important that future research continues to develop and evaluate interventions, with more rigorous and longitudinal designs (Molnar et al., 2017; Sprang et al., 2021).

It would also be beneficial for future research to explore risk and protective factors with a longitudinal design to investigate causality, as well as consider the role of mediator and moderator variables. Studies focused mainly on which variables were associated with secondary traumatisation as opposed to why variables might be related. To understand relationships in more depth, it is important that research measures the specific components of variables that might be underlying results. For example, rather than measures of supervision frequency, measures of the supervisor alliance, such as the Supervisory Working Alliance Inventory (Efstation et al., 1990) or the Supervisory Relationship Questionnaire (Palomo et al., 2010), may be beneficial in identifying which aspects of supervision are protective. Additionally, qualitative findings in this review highlighted how feelings of ineffectiveness, due to organisational and socio-political factors, may serve as a risk factor of secondary traumatisation. Yet, only one study in this review (Isawi & Post, 2020) measured self-

efficacy. To provide further support for the role of professional self-efficacy in secondary traumatisation, the use of outcome measures such as the Counselor Self-Efficacy Scale (Larson et al., 1992) may be useful.

Lastly, there was a lack of research exploring secondary traumatisation within decision-makers, such as asylum case workers and immigration judges. Previous research has identified that individuals in these settings may employ coping mechanisms such as denial and detachment to help manage the emotional demands of their work (Bailott et al., 2013; Rousseau et al., 2002; UNHCR, 2013). It is important that secondary traumatisation is explored further within this specific population, given that maladaptive coping mechanisms such as denial were identified in this review to be a risk factor for secondary traumatisation.

Conclusion

The results of this review have highlighted possible risk and protective factors of secondary traumatisation in those working with FDP. Specifically, the role of social support and self-care strategies seem important in protecting against secondary traumatisation. Instead of a sole focus on individual factors and the impact of listening to trauma narratives, this review suggests a broader focus should be taken. Specifically, a focus which acknowledges and addresses organisational factors, the socio-political context and the resilience, growth and empowerment that can be gained from working with FDP. The review offers insights into factors organisations can prioritise to support their staff and mitigate against secondary traumatisation, including a focus on building quality supervisory relationships. Numerous inconsistencies in results were found, suggesting that the relationships between variables are complex, and it is likely a combination of factors that contribute towards the risk and protection of secondary traumatisation.

There remain gaps in the literature and future research is needed to understand the specific components of variables that may be important and variables that may mediate or

moderate relationships, to allow for more confident and clear conclusions. Overall, secondary traumatisation has a significant impact on the well-being of individuals and is likely to impact their effectiveness in their roles. It is therefore imperative that research continues to evaluate interventions for secondary traumatisation, not only to support professionals, but also the FDP who have already experienced significant trauma and distress.

Integration, Impact and Dissemination.

Integration

The empirical study and systematic review both focused on trauma in the context of working with forcibly displaced people (FDP), and incorporated a focus on the emotional impact of working within this field. Although the aim was to develop two studies that directly supplemented each other, this was quite challenging to do within a more under-researched area, whilst also ensuring both components were suitable for a DClinPsy thesis and contributed something novel to the literature. As a result, proposals for both studies were changed and amended during the initial stages of development and the systematic review ended up taking a broader focus.

My initial interest in this area stemmed from a lecture (Ottisova & Turner, 2021), which made me more aware of the often re-traumatising process of seeking asylum and the role of trauma within credibility assessments. Upon discussing this interest with my supervisors, Rogers' (2010) previous thesis was brought to my attention. Subsequently, the empirical study was developed, which aimed to explore the effect of providing information about PTSD on credibility judgements, and to examine further the role of emotions within the decision-making process. The empirical study specifically focused on trauma narratives within the asylum-seeking process and the emotions of the decision-maker upon hearing these narratives. It felt appropriate for the systematic review to expand upon this and to think more broadly about the emotional and psychological impact of exposure to trauma narratives in professionals working with FDP. Additionally, at the start of developing this thesis I met with professionals working with FDP in various roles to get a sense of some of the real-world challenges. The emotional toll on professionals stemming from the breadth of challenges they were faced with was highlighted. These conversations further informed the development of the systematic review, which aimed to explore secondary traumatisation in professionals working with FDP and the associated risk and protective factors.

Although the empirical study and systematic review differed in their focus, they did inform elements of one another. During the initial stages of the systematic review, studies investigating the emotional impact of working as an immigration decision-maker and judge informed the empirical study. These studies highlighted how strategies such as detaching from one's emotions and holding a more disbelieving mind-set helped these professionals cope with the emotional demands of the role (Baillot et al., 2013; Graffin, 2019). As the empirical study focused on these decision-making professions, these findings strengthened the decision to include measures relating to the decision-maker's emotions and, in particular, informed the inclusion of an item capturing a lack of or no emotion. The findings of the empirical study revealed a relationship between the decision-maker feeling little or no emotion and lower credibility judgements. Integrating the findings of the empirical study and systematic review reveals that the coping strategy of emotional detachment may be helpful in protecting against secondary traumatisation, but it could potentially have negative consequences for the perceived credibility of asylum seekers.

Additionally, similar themes arose across the findings of the empirical study and systematic review. For example, the role of compassion was highlighted across both studies. The systematic review focused on compassion fatigue, whereby professionals working with FDP can experience a reduced ability to feel compassion for their clients as a result of exposure to hearing trauma narratives (Mathieu, 2007). The empirical study highlighted how, out of all the emotions felt by the decision-maker, compassion seemed particularly important in predicting credibility ratings. Taken together, the findings suggest that experiences of compassion fatigue could negatively influence credibility judgements. As this was an exploratory study, however, it would be beneficial for future research to see if these findings are replicated and to explore the role of compassion in assessing credibility further.

Another key similarity across the empirical study and systematic review refers to an emphasis on individual factors. Within the systematic review, certain risk and protective factors of secondary traumatisation related to the individual and their context, including past experiences, cultural background and an individual's coping style. Within the empirical study, the role of individual differences and subjectivity in credibility assessments was highlighted. For example, the qualitative findings revealed that whilst some participants interpreted an asylum seeker's distress as genuine, others perceived it as fake, and whilst some participants felt compassion towards the asylum seeker, others found it difficult to empathise. Integrating the findings of both studies highlights how individuals are unique in their backgrounds, experiences and knowledge, which will ultimately contribute towards decision-making and the way in which they might cope with the emotional demands of their role. Overall, the empirical study and systematic review highlight the complexity and challenges associated with working within this field.

Reflections and Challenges

Recruitment

Within the empirical study, it was decided that members of the general population would be recruited, as opposed to attempting to recruit professionals with experience of conducting credibility assessments in the asylum-seeking process. Access to direct contacts that might have helped facilitate recruitment of such professionals was difficult to ascertain. In light of this, it was deemed that obtaining a sample of 128 participants for the study to be sufficiently powered was not feasible in the time-scale of this thesis.

Recruiting members of the public, with an incentive, and through an online research recruitment platform was undertaken instead. This method allowed for efficient recruitment and access to a pool of participants from a range of ages, education levels and employment backgrounds. Limitations relating to this method and the final sample, however, exist and

have previously been acknowledged. These include how participants who chose to take part in this study may differ to the wider population, such as holding a special interest in or polarised views towards trauma or asylum seekers.

Experts by Experience

Similarly, although attempted, it was not possible to obtain an expert by experience with experience in or familiarity with conducting credibility assessments in an asylum-seeking context. This would have provided invaluable feedback on the how accurate and realistic materials were, such as the caseworker scenario and videos of a mock asylum interview. Instead, as previously mentioned, members of the public and professionals within the field aided in the development and design of the study. Having members of the public provide feedback on the survey allowed for technical difficulties to be resolved, jargon or misunderstandings within materials to be amended and provided reassurance regarding the length of the survey and the number of measures included. Multiple clinicians and researchers in the field of trauma and FDP were approached and consulted in the design of the study and development of materials and measures. For instance, consultations on the development of the PTSD brief were particularly valuable in helping me think about the language I was using and ensuring this was accessible.

Development of the Survey

Developing the survey for the empirical study was at times more challenging than anticipated. Decisions around which materials and measures to incorporate in the survey were repeatedly amended and refined to strike a balance between ensuring important variables and confounds were measured, whilst not producing a survey that was so long that it would create high drop-out rates or a fatigue effect. As a result, certain measures, such as the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960), were excluded in the final survey. It should therefore be acknowledged that we cannot be certain whether participants'

responses were their true opinions or responses given in order to be viewed favourably. Attempts, however, were made to reduce social desirability bias. For example, using an online survey as opposed to face-to-face contact and ensuring participants' responses were anonymised.

An additional challenge in the development of the survey were the technological difficulties relating to the use of Qualtrics and Prolific. Difficulties arose throughout the process, from uploading the videos which were of large storage to the use of a logic tool to ensure participants received the appropriate measures and materials depending on what condition they were assigned to. I was grateful for the support obtained through the University and the Qualtrics/Prolific support teams to overcome any obstacles.

Systematic Review

Due to my lack of experience and knowledge in conducting systematic reviews, I found this process at times a challenge. Within the literature, multiple constructs are used to refer to secondary traumatisation, often interchangeably (Baird & Kracen, 2006; Ebren et al., 2022). Initial scoping searches allowed me to become familiar with these terms and led to the development of search terms that were refined but still broad in scope. For example, it was decided that "well-being" would be excluded from search terms to allow for a specific focus on the impact of trauma narratives. Nevertheless, there were still a large number of papers to read through at the full-text screening stage. This was mainly due to abstracts not always being clear on whether they were investigating secondary traumatisation or more general constructs such as well-being or mental health outcomes. I found the use of a second reviewer particularly valuable to help clarify and reflect on the inclusion criteria and decisions made during the screening process.

PTSD as a Diagnostic Construct

Throughout the process of conducting the empirical study I was conscious of how I was using the diagnostic term of PTSD and the issues and controversies associated with it. For instance, disagreements exist around what constitutes a "traumatic event" (Frommberger et al., 2014; Levin et al., 2014) and there are issues relating to pathologizing human suffering, as opposed to acknowledging the wider social, political and moral context in which traumatic events often occur (Marsella, 2010; Summerfield, 2001). Moreover, by definition, FDP are those who come from other countries and therefore other cultures. Subsequently, there are concerns about the use of a westernised diagnostic construct across cultures, who's reactions to and definitions of traumatic events may differ substantially (Theisen-Womersley, 2021).

Whilst conducting this project, I was also aware of how the use of a video portraying an asylum seeker with behaviours indicative of PTSD may feed into a narrative around FDP being traumatised victims (Chouliardki & Stolic, 2017). Such narratives and presumptions of FDP significantly minimises their strengths and resilience and can contribute towards an imbalance of power (Marlowe, 2010; Theisen-Womersley, 2021). I held these issues in mind throughout the research process and, where possible, I attempted to ensure the language and messages I was communicating to participants acknowledged them. For example, within the PTSD brief, participants were informed that it's important to remember that not everyone who experiences a traumatic event will develop symptoms of PTSD, and that responses to trauma will differ depending on individual differences, such as one's cultural background.

The Socio-Political Climate and Reflexivity

Throughout conducting this research, I was also aware of the current socio-political climate in the UK towards FDP. Since the start of this research project, significant changes have occurred within Home Office policies and guidelines for those seeking asylum. Proposed policies and changes include the removal of individuals to "safe third countries" without assessing their asylum claim and a more recent proposal to deny asylum to those who

arrive irregularly, which has created profound concern (UNHCR, 2023; Walsh & Sumption, 2023b). The UK government's policies towards FDP have been criticised as being hostile, de-humanising and in breach of the 1951 Refugee Convention (Freedom from Torture, 2022; Global Justice Now, 2018; Hubbard, 2022).

With ongoing policy changes and large media attention within this area, engaging in reflexivity through a reflective log was highly useful, and is a key component of RTA (Braun & Clarke, 2019). This included reflections on my own feelings of frustration and hopelessness in regards to conducting a piece of research that has implications for a system that has been found to foster a culture of hostility and disbelief towards FDP (Freedom from Torture, 2020; Williams, 2020). I also found myself reflecting on my own privilege and the power imbalance between me as a White British researcher and those experiencing the real-life consequences and hardships of the system. Engaging in reflexivity forced me to acknowledge my active role as a researcher, whereby my interpretations of the data are influenced by my own feelings, beliefs and values. It was important to reflect on how my own feelings and attitudes could be biasing my interpretations of the data and I often re-examined the data with this in mind.

Impact

The findings of the empirical study and systematic review have the potential to impact professionals, organisations, policy makers and, more indirectly, FDP themselves. The limitations relating to both components of the thesis and the exploratory nature of the empirical study mean future research is needed to determine replicability and to make more confident conclusions. Nevertheless, there are important implications to consider.

Professionals

Overall, the empirical study highlights certain individual factors that can play a role in making decisions about the credibility of asylum seekers. These factors include an

individual's knowledge or expectations around emotional demeanour, PTSD and one's own emotions. The empirical study found that an asylum seeker was seen as more credible when they appeared distressed and fearful, and less credible when they appeared unemotional. An asylum seeker was also seen as less credible when the decision-maker themselves felt little or no emotion and more credible when the decision-maker experienced feelings such as compassion. These results have implications for professionals conducting credibility assessments. Not everyone who experiences a traumatic event will develop PTSD (National Institute of Mental Health, 2022), and the way in which PTSD presents across individuals also differs, with some individuals presenting with a numb or flattened affect (Putica et al.,2021; Silove & Mares, 2018). It would therefore be beneficial for decision-makers to have an understanding of the various presentations of PTSD, as well a culturally-sensitive understanding of PTSD, as previously mentioned (Hinton & Lewis-Fernández, 2011; Marsella, 2010). It is important for decision-makers to develop this understanding in order to avoid potentially perceiving a genuine asylum seeker as not credible because they do not fit with westernised expectations of PTSD. Additionally, becoming aware of how one's own emotional response to trauma narratives, including a lack of emotion, may bias decisions around credibility would also be important.

The results of this thesis also suggest implications for the way in which various professions could work together. Clinicians who work with FDP may be in a position to develop more trusting relationships with their clients, advocate on their behalf and liaise with other professionals, including those conducting credibility assessments. Clinical psychologists, for instance, who deliver trauma-focused interventions to asylum seekers who are yet to attend a Home Office asylum interview could provide information and context to decision-makers around how their client may present. For example, if clients have been taught stabilising techniques or have completed a course of treatment, they could inform

decision-makers about how they may present in a less fearful manner. More generally, clinical psychologists and mental health professionals working in the field of trauma and FDP will hold a wealth of knowledge regarding trauma and secondary traumatisation. They are therefore in a position to inform and educate on culturally-sensitive practices, trauma-sensitive interviewing and provide support in managing and mitigating against secondary trauma (Ardalan, 2016; Musalo et al., 2010; Pineda & Punsky, 2022). Overall, a multi-disciplinary approach is important in light of how factors relating to credibility assessments come from a range of disciplines, including psychology, sociology and neurobiology (Gyulai et al., 2013; UNHCR, 2013). Indeed, the use of a multi-disciplinary approach has been highlighted in a recent document on credibility assessments in the European asylum system, taking into account factors such as memory, the impact of trauma and cultural differences (European Union Agency for Asylum, 2023).

Organisations

The systematic review was the first to synthesise risk and protective factors of secondary traumatisation within professionals working with FDP. The wide range of studies included in the review meant that numerous professions were represented, with the findings having implications for organisations employing healthcare professionals, interpreters, social workers and more. The results highlighted important ways in which organisations can support their staff and protect against secondary traumatisation. For example, encouraging and modelling to staff the importance of self-care, the development of strong supervisory alliances and ensuring that staff feel supported by their peers and organisation seem crucial. Ensuring that staff feel valued and that healthy team cultures are developed were also identified as protective within the review. Overall, the results of the systematic review provide support for the development of vicarious trauma-informed organisations, which research has more recently started to develop and evaluate. Vicarious trauma-informed

organisations include those which promote strong peer support, who use champions to share knowledge and skills about managing secondary traumatisation and who's leaders acknowledge secondary traumatisation as an occupational hazard (Molnar et al., 2017; Sprang et al., 2017, 2021, 2023).

Policy Makers

The findings of this thesis could also be of benefit to policy makers, by informing policy and guidelines relating to working with FDP. There seems to be a lack of acknowledgement within current credibility assessment guidelines in the UK about the use of heuristics in decision-making, such as stereotypes and assumptions. A greater recognition of heuristics regarding trauma, emotional demeanour and memory within policies and guidelines would be beneficial, as well as ensuring staff are sufficiently trained in PTSD and it's presentations across individuals and cultures. Immigration guidelines in Canada, for example, offer guidance on avoiding myths, stereotypes and incorrect assumptions in the context of sexuality and gender identity (Immigration and Refugee Board of Canada, 2022).

In addition, professionals conducting credibility assessments are often repeatedly exposed to hearing trauma narratives and are therefore not immune to the emotional and psychological impacts, such as secondary traumatisation. The results of this thesis provide a rationale for creating policies that recognise the importance of maintaining the well-being of staff and that move towards trauma-informed organisations. This may be particularly important to consider given that individuals working as asylum decision-makers will likely be under significant, additional pressure and stress in light of the backlog of cases waiting to be processed (Walsh & Sumption, 2023a). Overall, it is important that future research explores whether the findings of the empirical study are replicated with a sample of professionals in order to develop future policy and decision-making processes that are fair and informed.

FDP

Lastly, the implications of this thesis have the potential to indirectly impact FDP themselves. Ensuring staff are supported against secondary traumatisation may mean professionals are in a better position to support FDP, as the negative consequences of secondary traumatisation could be reduced. Consequences such as professionals becoming more distant to clients, less productive and having a higher staff turnover (Delgadillo et al., 2018; Killian, 2008; White, 2006), for example, could be prevented. Additionally, multi-disciplinary approaches and decision-makers developing a greater understanding of PTSD and their own biases, could ultimately avoid genuine asylum seekers' claims from being rejected.

Dissemination

A summary of the empirical study findings will be disseminated to participants who opted-in to receive this at the end of participation. This summary will include the key results from the study and the language will be amended to ensure it is accessible. A summary of findings will also be distributed to professionals who were involved in the development of the study and who requested to be informed of the results. Further, a summary of results will also be disseminated via the Centre for the Study of Emotion and Law website.

The results of the empirical study have already been disseminated to students and course staff at Royal Holloway, University of London, via an online presentation. This process was beneficial in receiving peer feedback on the findings of the study and also represented an opportunity for informing future thesis projects. The thesis will also be made available to students at staff via Pure, Royal Holloway's research portal, with the hope that it may provide a basis for future research in the area.

To maximise the impact of the findings of this thesis, the studies will be prepared for submission to peer-reviewed academic journals to reach wider academic and clinical

audiences. ‘Psychology, Crime & Law’, ‘Psychology, Public Policy and Law’, ‘Journal of Applied Research in Memory and Cognition’ and ‘Applied Cognitive Psychology’ are potential journals to approach, which have published studies in similar areas. In particular, ‘Psychology, Crime & Law’ will likely be approached as this journal published Rogers et al. (2015), which this study aimed to extend.

Lastly, it is hoped that the study findings will be further disseminated via presenting at conferences. At present, there are plans for the findings to be shared within a symposium at the annual European Association of Psychology and Law conference. This will ensure that results are shared with researchers and academics within the field and may further contribute towards informing future research.

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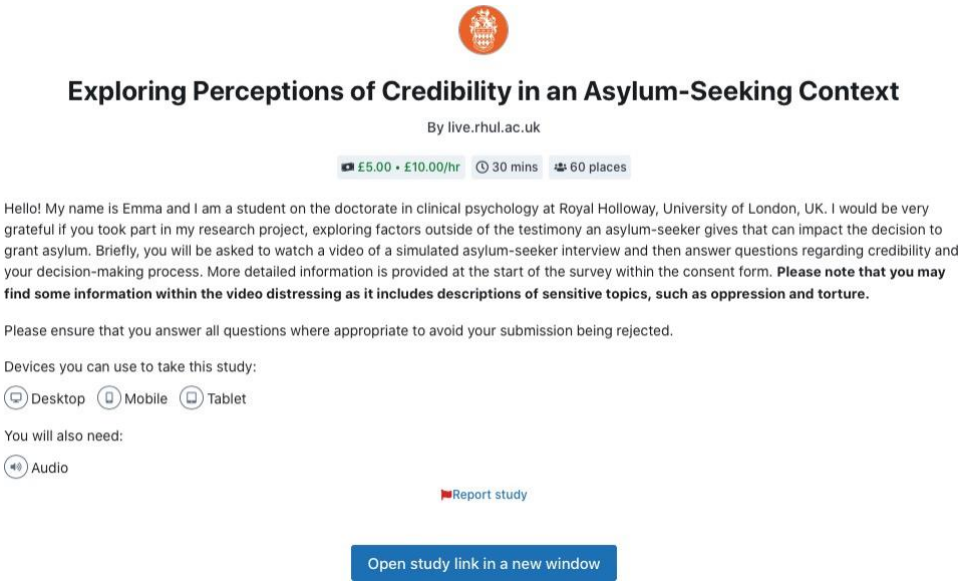
Appendices

Appendix A

Prolific Advertisement for Recruitment



Exploring Perceptions of Credibility in an Asylum-Seeking Context

By live.rhul.ac.uk

£5.00 • £10.00/hr | 30 mins | 60 places

Hello! My name is Emma and I am a student on the doctorate in clinical psychology at Royal Holloway, University of London, UK. I would be very grateful if you took part in my research project, exploring factors outside of the testimony an asylum-seeker gives that can impact the decision to grant asylum. Briefly, you will be asked to watch a video of a simulated asylum-seeker interview and then answer questions regarding credibility and your decision-making process. More detailed information is provided at the start of the survey within the consent form. **Please note that you may find some information within the video distressing as it includes descriptions of sensitive topics, such as oppression and torture.**

Please ensure that you answer all questions where appropriate to avoid your submission being rejected.

Devices you can use to take this study:

Desktop Mobile Tablet

You will also need:

Audio

Report study

Open study link in a new window

Appendix B

Caseworker Scenario

We would like you to imagine that you work for the Home Office as a Case Worker. As a case worker, you follow a case through from the time that an asylum seeker arrives at port, to the point at which they are required to return to their country of origin or granted asylum in the UK. It is your job to use your skills to decide whether to accept or reject an asylum claim.

You are required to make an informed decision about the credibility of claims based on certain criteria, including documentary evidence about the political situation in the country of origin and consistency of other documentary evidence provided. A claimant's statement and evidence can be assessed as credible if it is of sufficient detail, consistent, coherent and plausible. Asylum seekers can be invited to an interview by their case worker to ascertain further whether they have a legitimate claim to be accepted into the UK as a refugee.

The Home Office definition of a refugee is as follows: "a person unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion".

For the purposes of this study, 'credible' is considered to mean "worthy of belief or confidence; trustworthy, reliable" and 'plausible' means "seeming reasonable, probable or truthful".

Appendix C

Post-Traumatic Stress Disorder Brief and Manipulation Check

As part of your role as a case worker you are trained in what Post Traumatic Stress Disorder is:

What is Post Traumatic Stress Disorder (PTSD)?

• Some people may develop symptoms of PTSD after experiencing a threatening, frightening or dangerous event. This is what we refer to as a traumatic event.
• It is completely natural to experience a range of responses after a traumatic event.
• For some, these responses will naturally go away with time and for others they may continue to experience difficulties.

Some of the key features associated with PTSD include:

Re-experiencing symptoms. This refers to experiencing sudden and unwanted distressing memories of, thoughts about or feelings towards the traumatic event. Symptoms include nightmares and flashbacks. A flashback is when you vividly re-experience aspects of the traumatic event. For some people, it can feel as though the event is re-occurring in the here and now. During a flashback, an individual might experience physical sensations, emotions, notice smells, tastes or sounds or see images all related to the traumatic event.

Avoidance of things that remind a person of the traumatic event, including external reminders (e.g. staying away from particular places, events or objects) and internal reminders (e.g. trying to avoid remembering, talking or thinking about the trauma). Additionally, some people might dissociate, meaning they cut off or disconnect from the difficult thoughts, feelings or memories associated with the traumatic event.

Changes in mood and cognitions. This includes difficulties in remembering details and important aspects of the traumatic event, negative beliefs about themselves, other people and the world (e.g. I am bad, others can't be trusted, the world is dangerous) and difficult feelings such as anger, guilt and shame.

Changes in physical reactions. For example, people might feel really 'on-edge' and alert in the body (e.g. heart racing, breathing rate quickens) and be easily startled (e.g. by unexpected noises). Some people might also have difficulties sleeping and concentrating.

It is important to remember that not everyone who experiences a traumatic event will develop symptoms of PTSD. Additionally, there is no 'one size fits all'. Individuals will respond differently following a trauma and experience symptoms in different ways, for example responses to trauma and symptoms may differ depending on individual factors, such as someone's cultural background.

Please answer the following true or false questions which are based on the information you have just received:

	True	False
Everyone who experiences a traumatic event will develop PTSD.	○	○
PTSD can lead to changes in physical reactions, such as being easily startled.	○	○
Avoiding things that remind a person about the traumatic event is a key feature of PTSD.	○	○
Boredom and elation are common emotions associated with PTSD.	○	○
Nightmares and flashbacks are associated with PTSD.	○	○
Some people with PTSD might feel emotions such as guilt and shame.	○	○

Appendix D

Video Scripts (taken from Rogers, 2010)

Non-PTSD Video:

Mr K is a man from an unnamed country claiming asylum in the UK. He is unshaven but otherwise well kempt. He seems sad, perhaps a little angry underneath but is measured and quiet.

INT. A FEATURELESS ROOM.

Mr K sits on a chair facing the interviewer, who is just off camera. There is a table to his left which he leans on, resting his chin in his hand. There is a mug on the table. The camera faces Mr K for the entirety of the scene.

INTERVIEWER:

For the purposes of this interview...This is Mr K...and it's....10:37 on the 3rd of June.

OK.....Mr K, we'll start off with a brief overview of why you're claiming asylum in the UK then I'll ask you some more in depth questions after that. Alright?

[A door slams in the background]

MR K:

[Nods]

INTERVIEWER:

Could you tell me basically why you're claiming asylum in the UK?

MR K:

I am part of a group of people in my country that are being oppressed by the government. We don't have any rights there. [shakes head and shoulder-shrugs]. We are not even allowed to speak our own language. [Looks down briefly and then back up at the interviewer.]

INTERVIEWER:

Mmm. Hmm.?

MR K:

I was involved with political groups in my country in the nineties. [He absentmindedly reaches for the mug, whilst talking to the

interviewer]. My cousin, also. We wanted to fight for the rights of our people. But the government did not like this. We were arrested many times by the police.

INTERVIEWER:
Can you tell me what happened when you were arrested?

MR K:
Uh, yes [nodding, eyebrows raised]... They beat me in there. They treat us like animals – I was not allowed clothes [looks down at his body and gestures a lack of clothing with a facial shrug]. They put cigarettes out on our skin [gestures to his arm]. All night were screams from the other cells [shakes head but maintains eye contact with the interviewer] . I had to get away so when I got out of prison the last time I came here but they would not let me stay. They sent me home [gestures over shoulder]!

INTERVIEWER:
So you'd tried to claim previously but were sent home? We'll go into that in more detail later on. For now, can you tell me what happened at home?

MR K:
[Mostly looking at the interviewer, occasionally looking away, he is by turns incredulous and sad]

The police were waiting for me at the airport. I was arrested as soon as I landed.....They called me a traitor, and they punched me [makes a small punch gesture] and warned that they would always be watching me [gestures from his eye to the interviewer's]. I didn't go anywhere for the next year, except...ah [looks away briefly]...to visit my mother's grave [sctratches his forehead and frowns].

INTERVIEWER:
But I understand that you joined a political party again?

MR K:
Yes. [Nods] My cousin was in prison. [shrugs] I had to do something. The party was legal so I did nothing wrong [shaking head].

INTERVIEWER:
So why are you claiming asylum this time?

MR K:

[sighs and gives a palms up gesture] I was arrested again because they said I had been involved in recent bombings. They said they would use electric shocks to help me remember my involvement.

They shocked me [gestures to his chest] every half hour. I asked for a solicitor and to inform my family where I was, but they said no.

INTERVIEWER:

But you got away…?

MR K:

Well, [shrugs, palm-up] eventually they asked me to be an informer, to give them information about the party's activities and members. I refused [shakes head and does a palm-down swipe]. But each time I said no they would throw me from wall to wall [points to illustrate]. In the end I thought I had no choice; they would keep going until I agreed. So I said ok and they let me go. Of course I could not give them any information so I knew I must leave [deep sigh] or they would arrest me again, or [raises eyebrows] something worse. [small facial shrug] I made arrangements to leave my family and come here again [he looks at the interviewer with heavy lids, sad eyes but otherwise a lack of apparent emotion].

INTERVIEWER:

OK Mr K. Thank you….[pause] …Going back to ….[fades out]

PTSD Video:

Mr K is a man from an unnamed country claiming asylum in the UK. He is unshaven but otherwise well kempt.

INT. A FEATURELESS ROOM.

Mr K sits on a chair facing the interviewer, who is just off camera. There is a table to his left with a mug on it. The camera faces Mr K for the entirety of the scene.

INTERVIEWER:
For the purposes of this interview...This is Mr K...and it's....10:37 on the 3rd of June.

OK.....Mr K, we'll start off with a brief overview of why you're claiming asylum in the UK then I'll ask you some more in depth questions after that. Alright?

[During this section a door slams off camera. Mr K visibly jumps and looks towards the door, gathers himself by staring into space briefly and then turns back to the interviewer and nods with little emotion.]

MR K:
[Nods]

INTERVIEWER:
Could you tell me basically why you're claiming asylum in the UK?

MR K:
I am part of a group of people in my country that are being oppressed by the government. We don't have any rights there. We are not even allowed to speak our own language. [stares into space]

INTERVIEWER:
Mmm. Hmm.?

MR K:
I was involved with political groups in my country in the nineties. My cousin, also. We wanted to fight for the rights of our people. But the government did not like this. We were arrested many times by the police.

INTERVIEWER:
Can you tell me what happened when you were arrested?

MR K:
...Yes....[looking at the interviewer, emotionless]

INTERVIEWER:

.....Um...How many times?

MR K:

[pause]....Four. [looking at the interviewer]

INTERVIEWER:

[pause].....And?...

MR K:

[Mr K shrugs and looks away at his mug. He fiddles with it and his legs begin to bounce]

INTERVIEWER:

MR K....What happened please?

MR K:

[Long pause]....They beat me. They treat us like animals – I wasn't allowed clothes. They put...uh...cigarettes out on our .....on our skin [gestures to his arm]. All night were ...[he puts his hand to his face, frowns and rubs his forehead] screams.....[staring into space] from...the other cells. I had to get away so when I got out of prison the last time I came here but they would not let me stay. They sent me home [gestures over shoulder]!

INTERVIEWER:

So you'd tried to claim previously but were sent home? We'll go into that in more detail later on. For now, can you tell me what happened at home?

MR K:

[Mostly looking away from the interviewer, occasionally looking up]

The police were waiting for me at the airport. I was arrested as soon as I landed.....They called me a traitor, and they punched me [makes a small punch gesture into his upper arm} and warned that they would always be watching me. I didn't go anywhere for the next year, except to visit my mother's grave.

INTERVIEWER:

But I understand that you joined a political party again?

MR K:

Yes. [rubs back of head] My cousin was in prison. [shrugs] I had to do something. The party was legal so I did nothing wrong [shaking head].

INTERVIEWER:

So why are you claiming asylum this time?

MR K:

[Begins to fiddle with the cup again]

I was arrested again because they said I had been involved in recent bombings.

INTERVIEWER:

I'll ask you about this accusation a bit later on. Can you explain what caused you to come back to the UK to seek asylum?

MR K:

They....uh....

[He looks pained, frowns, looks to the door and his leg bounces increase]

INTERVIEWER:

Mr K?

MR K:

...They said...

[He rubs his chin and looks away from the interviewer, hiding a spike of emotion in his eyes]

...they would use electric shocks to help me remember my involvement.

INTERVIEWER:

....Did they shock you Mr K?

MR K:

Yes. [he stares into space]

INTERVIEWER:

..Yes.....OK....How did you get away?

MR K:

Eventually they asked me to be an informer, to give them information about the party's activities and members. I refused. But each time I said no they would....um..[he frowns and looks away again]...would...um...uh...um..they would...um... throw me from wall to wall. In the end I thought I had no choice; they would keep going until I agreed. So I said ok and they let me go. Of course I couldn't give them any information so I knew I must leave or they would arrest me again, or something worse. I made arrangements to leave my family and come here again.

INTERVIEWER:

OK MR K. Thank you....[pause] ...Going back to ....[fades out]

.....

Appendix E

Screenshot of the Video and Participant Instructions

You are about to watch a video of a simulated asylum seeker's testimony about their experience in their country of origin. Imagine that, as the case worker, you are the decision-maker in this case and have been tasked with interviewing this asylum seeker about their reasons for seeking asylum.

Please ensure your sound is turned up and click play on the video below. Once you have watched the video please proceed to the next page.

Appendix F

Participant Measures

Participant Information

What is your Prolific ID? *Please note that this response should auto-fill with the correct ID.*

_____

Please fill in as much of the following information as you are comfortable with.

What is your age?

- ○ 18-24
- ○ 25-34
- ○ 35-44
- ○ 45-54
- ○ 55-64
- ○ 65 or above

What gender do you identify as? (e.g. Male/Female/Non-Binary)

_____

What best describes your ethnic background?

- ○ White British/White Other
- ○ Asian/Asian British
- ○ Black/African/Caribbean/Black British
- ○ Mixed/Multiple ethnic groups
- ○ Other (please specify) _____

Please select the highest level of education that you have attained:

- ○ Secondary school up to 16 years
- ○ A-level/equivalent
- ○ Undergraduate Degree
- ○ Masters
- ○ PhD
- ○ Other (please specify) _____

What is your occupation?

_____

_____

Credibility Ratings

Based on what you have just seen, you ask yourself the following questions.

On the below scales of 1-10, please select the number that best applies to your opinion of the interview.

A reminder that for the purposes of this study, 'credible' is considered to mean "worthy of belief or confidence; trustworthy, reliable" and 'plausible' means "seeming reasonable, probable or truthful".

The **story** appeared…

1: **Not Plausible**	2	3	4	5	6	7	8	9	10: **Plausible**
○	○	○	○	○	○	○	○	○	○

The **story** appeared…

1: **Not Credible**	2	3	4	5	6	7	8	9	10: **Credible**
○	○	○	○	○	○	○	○	○	○

The **man** appeared…

1: **Not Credible**	2	3	4	5	6	7	8	9	10: **Credible**
○	○	○	○	○	○	○	○	○	○

What are your reasons for these judgements?

_____

_____

_____

Likelihood of Granting Asylum Ratings

Case Workers are instructed to apply the construct of 'reasonable degree of likelihood' to all claims. This means that, after assessing the documentary and interview evidence, a caseworker does not need to be certain, convinced or satisfied of the truth of the claim, but believe that the claim is 'reasonably likely' and the caseworker accepts what they have been told.

We know that there are other pieces of information that must be considered when deciding on

1: Extremely Unlikely	2	3	4	5	6	7	8	9	10: Extremely Likely
○	○	○	○	○	○	○	○	○	○

a verdict but based on what you have **seen** today, how likely would **you** be to grant this claim?

How likely do you think it is that this claim was **actually** granted?

1: Extremely Unlikely	2	3	4	5	6	7	8	9	10: Extremely Likely
○	○	○	○	○	○	○	○	○	○

Emotions Measures

Based on what you have just seen, please rate to what extent the asylum seeker in the interview seemed to experience the following emotions:

	1: Not at all	2	3	4	5	6	7	8	9	10: Extremely
Fear	○	○	○	○	○	○	○	○	○	○
Anger	○	○	○	○	○	○	○	○	○	○
Sadness	○	○	○	○	○	○	○	○	○	○
Disgust	○	○	○	○	○	○	○	○	○	○
Surprise	○	○	○	○	○	○	○	○	○	○
Contempt	○	○	○	○	○	○	○	○	○	○
No Emotion	○	○	○	○	○	○	○	○	○	○

If you rated any of the emotions as 5 or above, please explain your answer. (e.g. why do you think the asylum seeker experienced this emotion (or no emotion)? What did you see in the interview to make you think he felt this way?)

_____

_____

If there were any other emotions you think the asylum seeker was experiencing please list them below and, as before, explain your answer.

_____

_____

Please rate below the extent to which **you** felt the following emotions during/after watching the interview:

	1: Not at all	2	3	4	5	6	7	8	9	10: Extremely
Fear	○	○	○	○	○	○	○	○	○	○
Anger	○	○	○	○	○	○	○	○	○	○
Sadness	○	○	○	○	○	○	○	○	○	○
Disgust	○	○	○	○	○	○	○	○	○	○
Surprise	○	○	○	○	○	○	○	○	○	○
Contempt	○	○	○	○	○	○	○	○	○	○
No Emotion	○	○	○	○	○	○	○	○	○	○

If you rated any of the emotions as 5 or above, please explain your answer. (e.g. why/what made you feel this emotion (or no emotion) during/after watching the video?)

_____

_____

If there were any other emotions you felt during/after watching the interview please list them below and, as before, explain your answer.

_____

_____

To what extent did you feel compassion towards the asylum seeker in the interview?

1: No compassion at all	2	3	4	5	6	7	8	9	10: Very strong compassion
○	○	○	○	○	○	○	○	○	○

Pre-Existing Knowledge and Experience

Prior to taking part in this study, how much knowledge did you hold about trauma/PTSD?

None at all	A little	A moderate amount	A lot	A great deal/Extensive knowledge
○	○	○	○	○

Please choose from the following which answer best describes your experience of asylum seeker related issues:

- ○ I know nothing about asylum seeker related issues
- ○ I have some knowledge of asylum seeker related issues from the media
- ○ I know a lot about asylum seeker related issues
- ○ I have a particular interest in asylum seeker related issues
- ○ I have direct experience of asylum seeker related issues

Have you ever experienced one or more significant life events which were threatening, frightening or dangerous? (E.g. a life-threatening event, physical violence, arrest)

- ○ Yes
- ○ No

Attitudes Towards Asylum seekers Scale (Nickerson and Louis, 2008)

The following questions concern your own views on asylum seekers. Please select the appropriate response.

The way in which the government is treating asylum seekers is:

1 - Too Harsh	2	3	4	5	6	7 - Too Lenient
○	○	○	○	○	○	○

The majority of asylum seekers are here for legitimate reasons.

1 - Strongly Agree	2	3	4	5	6	7 - Strongly Disagree
○	○	○	○	○	○	○

The quota on the number of asylum seekers accepted per year should be increased.

1 - Strongly Agree	2	3	4	5	6	7 - Strongly Disagree
○	○	○	○	○	○	○

The way asylum seekers are treated here is:

1 - Good	2	3	4	5	6	7 - Bad
○	○	○	○	○	○	○

It is legitimate to set a quota for asylum seekers.

1 - Strongly Agree	2	3	4	5	6	7 - Strongly Disagree
○	○	○	○	○	○	○

We all have a moral duty to shelter and protect asylum seekers.

1 - Strongly Agree	2	3	4	5	6	7 - Strongly Disagree
○	○	○	○	○	○	○

The contribution that asylum seekers make to society is primarily:

1 - Positive	2	3	4	5	6	7 - Negative
○	○	○	○	○	○	○

My overall attitude towards asylum seekers is:

1 - Positive	2	3	4	5	6	7 - Negative
○	○	○	○	○	○	○

Feelings Towards Asylum seekers Scale (Nickerson and Louis, 2008)

When I think of asylum seekers, I feel:

1- No admiration ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10- Extreme admiration ○
1- No hostility ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10- Extreme hostility ○
1- No disliking ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10- Extreme disliking ○
1- No acceptance ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10- Extreme acceptance ○
1- No affection ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10- Extreme affection ○
1- No contempt ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10- Extreme contempt ○
1- No approval ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10- Extreme approval ○
1- No hatred ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10-Extreme hatred ○
1- No sympathy ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10-Extreme sympathy ○
1- No rejection of them ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10-Extreme rejection of them ○
1- No warmth ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 ○	10-Extreme warmth ○

Do you have any final comments on what factors influenced your survey responses? (e.g. any factors to do with your background or personal or professional experiences)

Appendix G

Participant Information Sheet

Introduction to the study

Thank you for showing interest in this study. Before you decide whether to take part it is important for you to read the information below. If you have any questions about the study you can email the primary researcher, Emma, at emma.bailey.2020@live.rhul.ac.uk.

This study is looking at factors outside of the testimony an asylum seeker gives that can impact the decision to grant asylum. For example, how confident an asylum seeker appears may influence how believable (credible) their story is.

What will my participation involve?

If you decide to take part, you will be asked to watch a short video showing a simulation of an interview with an asylum seeker, based on a real case. You will then be asked to provide some ratings and answer questions regarding credibility. You will also be asked about your decision-making process, attitudes and past experiences. The study should take approximately 30 minutes to complete. It is important that you can see the video clearly in order to answer the questions. **If you do decide to take part, please consider doing so on a computer/laptop rather than a mobile phone.**

Are there any risks in taking part?

You may find some of the information in the video distressing as it includes descriptions of sensitive topics, such as oppression, arrest and torture/cruelty. This may be particularly so for individuals who have experienced a previous traumatic event themselves. If you do feel distressed, please remember that you are free to withdraw your participation at any time and without giving a reason. Please see below contacts for support should you feel you need it at any point during or after the study:

- Samaritans - call 116 123 or email jo@samaritans.org (24 hrs a day, every day). https://www.samaritans.org
- Your registered GP practice
- SANEline - call 0300 304 7000 (4.30pm-10.30pm every day). https://www.sane.org.uk/how-we-help/emotional-support/saneline-services
- Campaign Against Living Miserably (CALM) - call 0800 58 58 58, or webchat (5pm-midnight every day). https://www.thecalmzone.net/help/webchat/
- Mind Infoline - call 0300 123 3393 (9am-6pm Monday-Friday). https://www.mind.org.uk/information-support/helplines

Will my participation be kept confidential?

We will ask for your Prolific ID, which does not reveal any identifiable information, and which will be stored separately to your data responses. Your data will remain anonymous and will initially be stored securely on a trusted site before subsequently being stored on an encrypted hard-drive. Only the researchers and examiners will have access to the research data. This research may be shared with other bodies, such as the electronic thesis service or research journals. The data will remain anonymous within these research outputs.

Do I have to take part?

No, participation is voluntary and you can withdraw from the study at any time, without consequences or giving a reason. You can withdraw your data until May 2023 by contacting me on the email above.

Ethical Approval

This study has received ethical approval from Royal Holloway, University of London's Research Ethics Committee, with the approval ID of 3119.

If you have any concerns about the study, please contact either the primary researcher (emma.bailey.2020@live.rhul.ac.uk), the academic supervisor (amina.memon@rhul.ac.uk), or Royal Holloway's Research Ethics Committee via ethics@rhul.ac.uk. If you wish to make a formal complaint, please email integrity@rhul.ac.uk.

Data protection

This research commits to abide by the Data Protection Act (2018). For more detailed information please visit:
https://intranet.royalholloway.ac.uk/research/documents/researchpdf/new-intranets/research-participant-privacy-notice.pdf

Royal Holloway has put in place appropriate security measures to prevent any personal data from being accidentally lost or accessed in an unauthorised way, as well as procedures for any suspected personal data security breaches. You can find out more by visiting https://www.royalholloway.ac.uk/about-us/more/governance-and-strategy/data-protection/ and if you wish to exercise your rights, please contact dataprotection@royalholloway.ac.uk.

Appendix H

Participant Consent Form

Please read the following statements and indicate your response to each statement:

	Yes, I agree	No, I disagree
I confirm that I have read the information sheet, had the opportunity to consider the information, ask questions and have had any questions answered satisfactorily.	○	○
I understand my participation in this study is voluntary.	○	○
I understand that I am free to withdraw from the study at any time without giving a reason and without detriment to myself, and that I can withdraw my data from the project until May 2023.	○	○
I understand that all data will be kept confidential and stored securely online through a trusted site and then within an encrypted hard-drive.	○	○
I agree to participate in this study.	○	○

Appendix I

Participant Debrief

Thank you for taking the time to participate in this study. Please see below the background and full details of the study. This information has been provided following study participation, as opposed to before, to avoid this information impacting or biasing your responses.

Title of Project: The effect of a Post-Traumatic Stress Disorder brief on perceived credibility in an asylum-seeking context.
Name and contact of researcher: Emma Bailey. emma.bailey.2020@live.rhul.ac.uk

This study is investigating how Post-Traumatic Stress Disorder (PTSD) might impact an asylum seeker's claim. As a result of pre and post-migration experiences, asylum seekers are likely to have experienced traumatic events and have high rates of mental health difficulties, including PTSD. Memory loss and difficulties, as well as an avoidance of discussing traumatic events, are key symptoms of PTSD. In light of this, it has been argued that it is unrealistic to expect asylum seekers to disclose past traumatic experiences in a coherent, consistent and detailed manner, which is what is required to be deemed as credible. Additionally, research has found that our expectations are a key factor in making credibility judgements.

This study aims to examine the impact of providing a brief on PTSD (i.e. what PTSD is and its impact on memory and behaviour) on credibility judgements in a mock asylum seeker interview. You will have been allocated to one of four conditions; you will have watched a video with an 'asylum seeker' who either did or did not present with behaviours associated with PTSD, and either have or have not been provided with a brief on PTSD. This was decided at random and for those who did not receive the brief, please click the link at the bottom of this page where you will be able to read this, if you would like.

This study is interested in examining differences in credibility judgements between the four conditions and will also be exploring what factors influence these credibility judgments. The study hypothesizes that credibility ratings will differ between participants in the four conditions.

Thank you again for taking part. If any of the issues raised during this study have caused you any distress or concern, please get in touch with any of the following contacts for support:

- Samaritans – call 116 123 or email jo@samaritans.org (24hrs a day, every day). https://www.samaritans.org
- Your registered GP practice
- SANEline – call 0300 304 7000 (4.30pm-10.30pm everyday). https://www.sane.org.uk/how-we-help/emotional-support/saneline-services
- Campaign Against Living Miserably (CALM) – call 0800 58 58 58 or webchat: https://www.thecalmzone.net/help/webchat/ (5pm-midnight, everyday)
- Mind Infoline: 0300 123 3393. https://www.mind.org.uk/information-support/helplines/

Lastly, if you would like to receive a summary of the results of this study, please follow the below link. The same link will also provide the PTSD brief that was used within the study, for those who did not receive this as outlined above.

https://rhulpsychology.eu.qualtrics.com/jfe/form/SV_40WlLwVgMAQxkFM

Appendix J

Royal Holloway University of London Ethics Application and Approval

Ethics Review Details

You have chosen to submit your project to the REC for review.	
Name:	Bailey, Emma (2020)
Email:	NJJT025@live.rhul.ac.uk
Title of research project or grant:	The effect of a PTSD brief on perceived credibility in an asylum-seeking context.
Project type:	Royal Holloway postgraduate research project/grant
Department:	Psychology
Academic supervisor:	Professor Amina Memon
Email address of Academic Supervisor:	Amina.Memon@rhul.ac.uk
Funding Body Category:	No external funder
Funding Body:	
Start date:	04/04/2022
End date:	31/07/2023

Research question summary:

Asylum seekers are at risk of experiencing traumatic events and have high rates of mental health difficulties, including PTSD. During the asylum-seeking process, individuals are expected to disclose their past experiences in a coherent and consistent manner to be deemed ascredible. However, this has been argued to be unrealistic given the difficulties in memory and avoidance that is often seen within PTSD.

Additionally, non-verbal behaviours, including gaze aversion and lack of detail, are commonly used cues for deception, and can influenceperceived credibility. These behaviours could, however, be present as a result of symptoms of PTSD, such as flashback memories or avoidance.

Rogers et al. (2015) explored the potential overlap between PTSD behaviours and deceptive cues by asking participants to watch a mock asylum interview containing different levels of 'traumatized' and 'deceptive' behaviours and asked them to complete measures on credibility.

They found that the extent to which 'traumatised' behaviours were congruent with an individual's model of what PSTD 'should' look like impacted credibility judgements. Specifically, the emotions displayed, or not displayed, by the asylum seeker in the video was found to be important. This is similar to theories such as expectancy violation theory, and other research that has found that expectations and displayedemotions are important when investigating credibility in victims of crime.

This study aims to extend Rogers et al., 2015 by examining whether providing a brief on PTSD and its impact on memory and behaviour,has an impact on credibility decisions. The main research questions are:

1. Will there be differences in the perceived credibility of an 'asylum seeker' between participants who do and do not:

a) watch a video containing PTSD/'traumatised' behaviours

b) receive a brief on PTSD

2. What factors (including expectations, displayed emotions) influence credibility judgements?

Research method summary:

Participants will be adults over 18 from the general population, N= 180. There is no other exclusion criteria. This study is an online surveywhich will be delivered through Qualtrics. Participants will be recruited through an online recruitment platform (Prolific) and other online platforms such as research forums and social media if needed. Participants will be randomly allocated to one of four conditions.

Participants will either receive, or not receive, a brief on what PTSD is, its impact on memory and behaviours often associated with PTSD. Participants will also watch a video of a mock asylum interview with an actor either presenting with 'traumatised' behaviours (e.g. avoidanceof discussion of trauma, agitation/emotions at description of trauma), or 'non-traumatised' behaviours. During the video an 'asylum seeker' is asked questions on why they are claiming asylum and includes references to oppression and torture. Participants will be informed of this in the information sheet and should they feel distressed during/after the study, they will be provided with relevant contact numbers/encouraged to speak to their GP.

Participants will be provided with an information sheet and consent form and asked about demographics, experience of asylum seeker related issues and past experiences of traumatic events. After either receiving (or not receiving) the brief participants will be asked to watcha video of an asylum interview as if they were a Home Office Case Worker. They will be provided with the details of their role and what is typically required of them. After the video, participants will be asked to complete a variety of measures on credibility judgements, perceivedand felt emotions, compassion and expectations of what a 'traumatised' asylum seeker would present as. Questions will also be asked about the brief as a manipulation check and about pre-existing biases/knowledge of trauma. Finally, participants will receive a debrief form.

Working with participants that are 'at risk'

Will the research involve any of the following ‘at risk’ participants?
Children (under the age of 16),
No

Participants with cognitive or physical impairment that may render them unable to give informed consent,
No

Participants who may be at risk due to personal, emotional, psychological or other reasons,

No

Participants who may become at risk as a result of the conduct of the study (e.g. because it raises sensitive issues) or as a result of what isrevealed in the study (e.g. criminal behaviour, or behaviour which is culturally or socially questionable),
No

Participants who are in unequal power relations (e.g. groups that you teach or work with, in which participants may feel coerced or unable towithdraw),
No

Participants who may potentially suffer negative consequences if identified (e.g. professional censure, exposure to stigma or abuse,damage to professional or social standing),

No

Details,

Other considerations when working with people and their data

Does your study include any of the following?

Will it be necessary for the research that people take part in the study without their informed consent at the time?,No

Will the research, however briefly, be managing identifiable or special category data as defined by GDPR? (Please see the RoyalHolloway's research ethics intranet page for guidance),
No

Is pain or discomfort likely to result from the study?,No

Could the study induce psychological stress or anxiety, or cause harm or negative consequences beyond the risks encountered in normallife?
No

Does this research involve NHS patients, staff, premises, resources, data or tissue samples?,No

If so what is the NHS Approval number,

Are drugs, placebos or other substances to be administered to the study participants, or will the study involve invasive, intrusive orpotentially harmful procedures of any kind?,
No

Will human tissue including blood, saliva, urine, faeces, sperm or eggs be collected or used in the project?,No

Will the research work with a dataset that requires a data sharing agreement?,No

Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?,No

Is there a risk that any of the material, data, or outcomes to be used in this study has been derived from ethically-unsound procedures?,No

Details,

Risks to the Environment / Society

Will the conduct of the research pose risks to the environment, site, society, or artifacts?,No

Will the research be undertaken on private or government property without permission?,No

Will geological or sedimentological samples be removed without permission?,No

Will cultural or archaeological artifacts be removed without permission?,No

Details,

Risks to Researchers, Research Collaborators, and Royal Holloway

Does your research present any of the following risks to researchers, research collaborators, or Royal Holloway?

Is there a possibility that researchers or research collaborators could be exposed to emotional or physical risks (e.g. by being alone withvulnerable, or potentially aggressive participants, by entering an unsafe environment, by working in countries in which there is unrest, accessing archives with troubling content, or by examining material that may cause secondary trauma)?,
No

Is the topic of the research sensitive or controversial such that the researcher could be ethically or legally compromised (e.g. as a result ofdisclosures made during the research)?,
No

Will the research involve the investigation or observation of, proximity to, or participation in illegal practices?,No

Could any aspects of the research mean that Royal Holloway has failed in its duties of care?,No

Is there any reputational risk concerning the source of your funding?,No

Is there any other ethical issue that may arise during the conduct of this study that could bring the institution into disrepute?,No

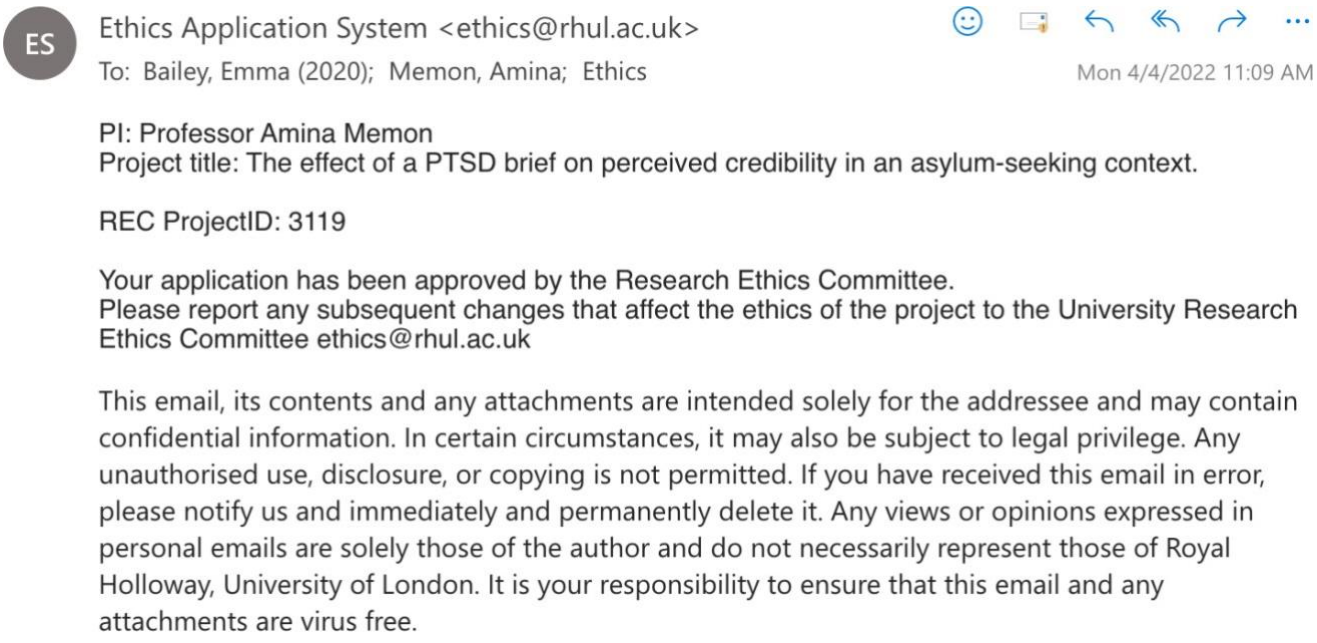
Details,

Declaration

By submitting this form, I declare that the questions above have been answered truthfully and to the best of my knowledge and belief, and that I take full responsibility for these responses. I undertake to observe ethical principles throughout the research project and to report anychanges that affect the ethics of the project to the University Research Ethics Committee for review.

Certificate produced for user ID, NJJT025

Date:	21/05/2023 14:05
Signed by:	Bailey, Emma (2020)
Digital Signature:	
Certificate dated:	5/21/2023 2:04:22 PM
Files uploaded:	Full-Review-3119-2022-02-27-17-58-NJJT025.pdf Recruitment template.docx Information sheet.docx Consent Form.docx Debrief Form.docx



ES

Ethics Application System <ethics@rhul.ac.uk>

To: Bailey, Emma (2020); Memon, Amina; Ethics

Mon 4/4/2022 11:09 AM

PI: Professor Amina Memon
Project title: The effect of a PTSD brief on perceived credibility in an asylum-seeking context.

REC ProjectID: 3119

Your application has been approved by the Research Ethics Committee.
Please report any subsequent changes that affect the ethics of the project to the University Research Ethics Committee ethics@rhul.ac.uk

This email, its contents and any attachments are intended solely for the addressee and may contain confidential information. In certain circumstances, it may also be subject to legal privilege. Any unauthorised use, disclosure, or copying is not permitted. If you have received this email in error, please notify us and immediately and permanently delete it. Any views or opinions expressed in personal emails are solely those of the author and do not necessarily represent those of Royal Holloway, University of London. It is your responsibility to ensure that this email and any attachments are virus free.

Appendix K

Examples of Data extracts and Coding

Data Extract	Code
'He seemed genuinely distressed while telling his story and looked like he was being honest'	Asylum seeker appeared genuinely distressed
'it felt a little too rehearsed and did not make complete sense to me. the fidgeting and zoning out felt fake also'	Asylum seeker seen as fake/rehearsed
'While I have no experience in the matter, he described undergoing electric shock as punishment and seemed emotional when describing his situation and experiences.'	Asylum seeker was emotional when telling/recalling the story
'I found that the man conveying the story to be less credible…I also expect the person to be quite emotional about it and would not be able to tell the whole story without pausing while recalling upsetting events.'	No/lack of emotions led to doubts in credibility
'Ptsd often can leave someone looking emotionless or dissociated from what they are talking about, which could explain why I felt there was little to no emotion'	No/lack of emotions attributed to trauma/PTSD
'I was trying to be as unbiased and objective as possible to judge fairly.'	Observer felt no emotion to remain impartial/unbiased
'I just didn't really believe him and didn't feel moved by the testimony. I know if it was true and there was greater convincing details I would be very moved emotionally'	Observer felt no emotion as asylum seeker not believed
'His story made me feel sad because he is being treated horribly for doing nothing wrong. Also, I felt anger towards the people that were treating him this way.'	Belief in the asylum seeker and his story evokes emotions within participants
'I felt annoyance that he was possibly spinning a yarn, mentioning the words he knew would be picked up, to tick the boxes as it were for claiming asylum.'	'Negative' feelings towards the asylum seeker and his story
'I felt compassion and empathy for the man. But also unsure if I believed him so I also experienced a conflict of emotions'	Uncertainty towards what to feel and what to think

Appendix L

Additional Extracts to Evidence Themes

Theme	Additional Data Extracts
Genuine **Vs**	‘appears genuine, is nervous and jumpy’ ‘appears genuinely distressed and displaced evidence of emotional trauma’ ‘The man seemed to be genuine recalling some horrible torture he went through’ ‘It's easy to portray one or two emotions, but to portray the range of emotions that he did is hard to fake. He seemed genuine in his responses.’
Fake Distress	‘to me it just felt forced and rehearsed not genuine at all’ ‘This was an acted well-rehearsed deceptive interviewee, who knew the answers to give in order to work the system. This was a blatant false claim wasting tax-payers money.’ ‘Fake sadness and deceptive story-telling to influence the case worker. This was his second asylum attempt and rehearsed how to work the system.’ ‘I felt as though he was not being very truthful at times and not at all helpful. Also the hand shaking and jumping at noises seemed over the top and maybe just for effect’
Behaviours Associated with PTSD:	‘There were pauses in his retelling that made me think that he was reliving those memories. I found it very believable. At the start of the video there was a long banging of a door which scared him. This might be a sign of PTSD.’ ‘I think that his story is true because he's showing signs of ptsd, when he jumped at the loud noise and also the twitching leg’. ‘He did seem to be in a state where he was reliving traumatic moments in his life, and the nervous fiddling with the cup and staring into space made him appear as though he has lived through it’ ‘the gentleman in question was clearly very nervous. He jumped when the door banged and his hands and knees were shaking. This could be evidence of trauma’
Body Language:	‘his body language appeared suspicious’ ‘He seemed in my mind to be telling the truth, he wasn't displaying any guarded body language for example he didn't have his arms crossed’ ‘he look like he was trying to think of something to say on the answers. He didn’t continue give eye contact he would look sideways, as to look for an answer’ ‘He seemed to be telling the truth. He showed good eye contact and was not nervous.’

Tone of Voice:	‘The way he spoke and his tone of voice made him seem scared and sad.’ ‘His pace of answers, his tone of voice and pitch of his voice all suggested his fear.’ ‘His words were shocking but he had a matter of fact tone which showed acceptance and sadness.’ ‘there wasn't much or any emotion his voiced never strayed off the same level, I would of thought if he was fearful his voice would be going up and down in pitch but I don't whether he had ptsd and he hadn't come to terms with his experiences yet?’
Emotional Congruence with the Story	
Congruence	‘He seemed really shaken up remembering what had happened to him’ ‘he was very nervous and obviously had difficulty explaining what had happened to him probably due to bad memories of the experience’ ‘he described undergoing electric shock as punishment and seemed emotional when describing his situation and experiences.’ ‘The story seemed entirely believable. The interviewee displayed signs of anxiety as he described what had happened to him’
Incongruence	‘I would have expected him to possibly be at least a little emotional if he had experienced what he was describing.’ ‘I feel that the asylum seeker is concerned and sad about his experiences but does not exhibit the absolute terror and emotions that I would consider genuine if he was truly afraid of his treatment in his homeland.’ ‘There was hardly any emotion when asked to re live his experiences. With going through something so traumatic I would expect some kind of emotion’ ‘Even though the story he was recounting was horrific he didn't display any of the emotions that would be expected’
Acknowledgement of Trauma	‘He was lacking a bit in emotion but this may be his psychological defence for the trauma he endured.’ ‘Maybe the slight lack of genuineness comes from a place of PTSD- ie a lack of willingness of tap into true emotion because he wanted to avoid it’ ‘He did really show any emotion. He looked almost passive talking about the experience as if it was someone else's experience. This may be due to the traumatic experiences he has gone through.’ ‘I did think he didn't show much emotion but I don't know if that was because he was a bit shell shocked?’
Follow the Heart or the Head?	

Follow the Heart	‘I feel sorry for the man in what he had experienced in his own country and saw how traumatised he was because of it. I could see that he had suffered and emphasised with him.’ ‘His story made me feel sad because he is being treated horribly for doing nothing wrong. Also, I felt anger towards the people that were treating him this way.’ ‘I experienced fear of what might happen if he was declined asylum and had to return to his country.’ ‘I didn't feel any emotion during the video. Imagining myself as the case worker, I can't afford to try to create a mental image by imagining such a situation, so I am relying on real detail from the asylum seeker to make me understand that experience.’
Follow the Head	‘I…sought to remain away from any emotion to try to get a balanced view of the situation’ ‘No emotion - I think with traumatic stories like these, I have to be able to separate myself from it in order to think about what's being asked in this questionnaire’ ‘I did not feel any emotions, being as unbiased as possible’ ‘I thought it best to try & stay as unemotional as possible & be very objective, but I could not help but feel very sad for them man.’
Head-Heart Lag	‘confusion - although his story seemed plausible and was upsetting, there is still the question of how truthful he was being in order to gain the status that he came in for’ ‘I had a slight view of scepticism as there was no definite way of knowing the truth.’ ‘What he said seemed believable but I don’t know if he was telling the truth so I wasn't really having any emotions as I just wondered if he was being truthful or not.’ ‘He did seem to be in a state where he was reliving traumatic moments in his life, and the nervous fiddling with the cup and staring into space made him appear as though he has lived through it, however there is still the possibility that he was acting in order to persuade the woman of his story.’

Appendix M

Quality Ratings using the MMAT (Hong, Pluye, et al., 2018)

Qualitative Studies

Authors (Year)	1.Is the qualitative approach appropriate to answer the research question?	2.Are the qualitative data collection methods adequate to address the research question?	3.Are the findings adequately derived from the data?	4.Is the interpretation of results sufficiently substantiated by data?	5.Is there coherence between qualitative data sources, collection, analysis and interpretation?
Khalsa et al. (2020)	Yes	Can't Tell	Yes	Yes	Yes
Simms et al. (2021)	Can't Tell	Yes	Yes	Yes	Yes
Barrington & Shakespeare-Finch (2013)	Yes	Can't Tell	Yes	Yes	Yes
Graffin (2019)	Yes	Yes	Yes	Yes	Yes
Puvimanasinghe et al (2015)	Yes	Yes	Yes	Yes	Yes
Hernandez-Wolfe et al (2015)	Can't Tell	Can't Tell	Yes	Yes	Yes
Barrington, A. J., & Shakespeare-Finch, J. (2014).	Yes	Can't Tell	Yes	Yes	Yes
Schweitzer et al (2015)	Yes	Yes	Yes	Yes	Yes
Petrov (2015)	Yes	Can't Tell	Yes	No	No

Quantitative Studies

Authors (Year)	1.Is the sampling strategy relevant to address the research question?	2.Is the sample representative of the target population?	3.Are the measurements appropriate?	4.Is the risk of nonresponse bias low?	5.Is the statistical analysis appropriate to answer the research question?
Raynor & Hicks (2019)	Yes	No	Yes	Can't Tell	Yes

Živanović & Vukčević Marković (2020)	Can't Tell	Yes	Yes	Can't Tell	Yes
Kindermann et al. (2017)	Yes	Yes	Yes	Can't Tell	Yes
Akinsulure-Smith et al. (2018)	Yes	No	Yes	No	Yes
Kim (2017)	Can't Tell	Yes	Yes	Yes	Yes
Brooks et al. (2022)	Yes	Yes	Yes	Can't Tell	Yes
Denkinger et al. (2018)	Yes	Yes	Yes	Yes	Yes
Newmeyer et al (2014)	Can't Tell	Yes	Yes	Can't Tell	Can't Tell
Espinosa et al (2019)	Yes	Can't Tell	Yes	Can't Tell	Yes
Kjellenberg et al (2014)	Yes	Yes	Yes	Can't Tell	Yes
Rønning et al (2020)	Yes	Yes	Yes	Can't Tell	Yes
Hamid et al (2020)	Yes	Yes	Yes	Can't Tell	Yes
Isawi & Post (2020)	Yes	Yes	Yes	Can't Tell	Yes
Rizkalla and Segal (2020)	Yes	Yes	Yes	Yes	Yes

Mixed-Methods Studies

Authors (Year)	1.Is there an adequate rationale for using a mixed methods design to address the research question?	2.Are the different components of the study effectively integrated to answer the research question?	3.Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	4.Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	5.Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Posselt et al (2019)	Yes	Yes	Yes	Yes	No
Kindermann et al (2019)	No	Yes	Yes	Yes	No

Lusk & Terrazas (2015)	No	Can't Tell	Yes	Yes	No
Guhan & Liebling-Kalifani (2011)	No	Yes	Yes	Yes	No
James et al (2014)	Yes	Yes	Yes	Yes	No
Posselt et al (2020)	Yes	Yes	Yes	No	No
Crezee et al (2011)	No	Yes	Yes	Yes	No