Questionnaire UN Committee on Migrant Workers General Comment No. 5 on Migrants’ Human Right to Liberty and their Protection from Arbitrary Detention.

# Organization Information

Name of Organization Completing Form: Docters of the World The Netherlands

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# Summary

Doctors of the World The Netherlands (in Dutch: Dokters van de Wereld, further DvdW) submits the information below on request of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW) in its drafting of General Comment No. 5 on Migrants Workers’ Right to Liberty and Protection from Arbitrary Detention.

As a medical human rights organization we focussed on the questions on health impact of immigration detention. Findings in the literature that detention has a negative impact on mental health are consistent across studies. This is reflected in the case of immigration detention in The Netherlands. Since 2012 DvdW is promoting the interests of people in immigration detention by individual research and support on a case by case manner, and advocacy on the level of law and policy. Our findings for the case of The Netherlands as described in this report, lead to the following issues we recommend to take into consideration when drafting General Comment No. 5 on the Right to Liberty.

* Immigration detention has a negative impact on mental health and should be replaced by alternate, more humane means.

If immigration detention still is used as a migration management instrument:

* At least, people should be screened for vulnerabilities before they enter and during detention. If vulnerability factors are not identified and recognized, the health of the detainee can deteriorate rapidly. Vulnerability should be a decisive ground to refrain from detention because it is a risk factor for health damage.
* Women, children, asylum seekers, and victims of torture are particularly vulnerable groups. But there are many vulnerability factors, for instance mental and physical health problems, intellectual disability and lack of supportive relationships.
* Vulnerability often proves to be a combination of factors that also may be enhanced by certain circumstances. Therefor people should be screened for vulnerabilities at regular intervals or when the detainee’s situation changes and there should be a procedure whereby it can be adequately determined that someone is unfit for detention.
* Immigration detention should be really applied only for a short period and repeated detention should be prevented.
* Factors such as buildings, rules and activities in the detention regime should be adjusted so that exacerbation of vulnerability remains minimized as much as possible. This requires the existence of a regime that truly is based on the principle of minimum restrictions, allowing people not be further restricted in their freedom than strictly necessary for the purpose of detention. Detention locations should be provided whereby it is actually possible to provide maximum freedom of movement and which have no penal appearance.
* The legal power to impose isolation as a disciplinary measure in immigration detention centres should be revoked.
* Concrete steps should be taken to work on the reduction and eventual elimination of the use of isolation as an order measure (said to be meant to protect the patient).

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# Part C: Impact on Detainees

## 1. Please describe the impact that detention has on detainees’ physical and mental health.

### Literature: detention has a negative impact on mental health

Findings that detention has a negative impact on mental health are consistent across studies, states the [report on immigration detention](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKEwj3iYGxv6LhAhW2WxUIHYmfCEwQFjAAegQIBhAC&url=https%3A%2F%2Fwww.bma.org.uk%2F-%2Fmedia%2Ffiles%2Fpdfs%2Fcollective%2520voice%2Fpolicy%2520research%2Fethics%2Flocked-up-locked-out-immigration-detention-report-bma-2017.pdf&usg=AOvVaw3vyhyL5pIBaDQoqmareAch) of the British Medical Association[[1]](#footnote-1) (trade union and professional association for doctors and medical students across the UK).

p.27: There were a number of consistent findings across studies:

–– Immigration detention has a negative impact on mental health;

–– The severity of the impact on mental health increases the longer detention continues;

–– Depression, anxiety and post-traumatic stress disorder (PTSD) are the most common

mental health problems;

–– Women, asylum seekers, and victims of torture are all particularly vulnerable groups; and

–– The negative impact on mental health persists long after detention.

p. 7-8: The recommendations of the BMA are therefor:

1. Revise detention policies to address the significant health effects indeterminate detention can have on individuals. Detention should be a measure of last resort, routine use of detention should be replaced by alternate, more humane means, vulnerable people should only be detained in exceptional circumstances and people should be screened for vulnerabilities before they enter detention.
2. Address aspects of the detention environment which affect the health and wellbeing of those detained. In particular, segregation units should not routinely be used as a way of managing individuals at risk of suicide, self-harm, or those experiencing a serious mental health crisis.
3. Reconfigure current healthcare provision to better achieve equivalence of care, for instance by providing mental health therapies and interventions, identification of the health needs of detained individuals by using a standardised screening assessment, review of the appropriateness of detention in circumstances where a person’s health needs can no longer be adequately met, prevention of staff shortages which negatively affecting the health and wellbeing of detained individuals, and efforts to continuity of care when people are being released or deported.
4. Provide training and continued support in health and wellbeing issues for all those working with detained individuals.
5. Recognise the importance of doctors acting with complete clinical independence and ensure that that principle is enshrined and respected across the immigration detention estate.

# Immigration detention in The Netherlands: Signs of concern in policy and practice

The concerns raised in the report of the BMA are similar to those DvdW and other NGOs have in The Netherlands.

Since 2012 Doctors of the World The Netherlands (in Dutch: Dokters van de Wereld, further DvdW) is promoting the interests of people in immigration detention by individual research and support on a small scale, on a case by case manner, and advocacy on the level of law and policy. We started this intervention as a result of concerns raised by people held in immigration detention, their lawyers and support organisations about deterioration of their health.

Our findings are based on the analysis (performed by medical doctors and staff from the DvdW-network) of medical data of people held in immigration detention, and on interviews held with the clients. We analyse 10-15 cases each year. We don’t know how representative our study population is, it could be that we see only the most serious cases, or maybe we see only a fraction of the true number of cases because many people in immigration detention are not able to ask for support. Although outcomes cannot be generalized because of this small number of cases, they confirm findings in the literature and reports from various regulatory bodies and NGOs.

In appendix 1 cases are described, they form part of the foundation of our findings.

### Health care in detention

For the organisation of the medical care, see appendix 2.

Since the beginning of our concern with health issues of people in immigration detention in 2012, our findings are consistent. Our [first report](https://doktersvandewereld.org/wp-content/uploads/2014/05/Summary-Chained-Healthcare-May-2014.pdf), published together with Amnesty International and the LOS Foundation in 2014 focussed on health care in immigration detention[[2]](#footnote-2). The report identified four problem areas: 1) People who were already vulnerable were detained what entails (avoidable) health risks; 2) Discontinuity of health care when being detained and after release or deportation; 3) Extensive use of solitary confinement; 4) Conflicting interests between detention policy and the need of health care providers to advocate sufficiently for the health interests of their patients.

#### Health care for physical problems

For physical health problems, health care is provided in general according to professional standards, we can conclude from medical files. Primary care is provided in the detention centre, and if necessary, people are referred to medical specialists in the hospital.

Our main concern is that people often get handcuffs, sometimes a stick in their trousers so they can’t run away, and in that way have to walk through the hospital between two guards in uniform. People experience this as so degrading, they feel stigmatized and criminalized. Some people choose not to go to an (medical necessary) appointment in the hospital for this reason.

#### Mental health care: difficult to provide in detention setting

Although there are several psychologists working in the centre, in the cases DvdW analysed, the clients do not experience sufficient support for their mental health problems.

Mental health treatment in detention centers consists often of medication and conversations with psychologists, mainly aimed at stabilizing (for instance information about coping with stress). Traumatherapy for instance is not continued or started within detention.

Our clients indicate that conversations with psychologists do not help them as long as they are in detention. Often they also lack confidence in the psychologists due to the fact that the psychologists are connected to the detention center. A relationship of trust is essential in a treatment relationship in mental health care. On the basis of the file assessment from cases from 2016, we also conclude that in a number of cases providing appropriate psychological care is problematic in the setting of immigration detention.

The medical files confirm that

* the mental health problems deteriorate in detention
* psychological care in detention is not of the same standard as outside detention
* the mental health care people received outside detention was not continued in detention
* often mental health problems where the reason for being put in solitary confinement, contrary to the national policy on the use of isolation cells in mental health care institutions outside detention which aims at abolishing solitary confinement. Also the professional Standards for dealing with people with suicidal behaviour are not respected.
* Some of those people detained are diagnosed with severe Post traumatic Stress Disorder.

People in immigration detention or being released from detention tell us that the suffered a lot in detention:

* They considered it to be very unjust that they are treated like criminals while they are no criminals, but seeked protection in the Netherlands, they feel ashamed and angry
* The uncertainty about the duration of detention, they never know if they will be detained for a few days or for a year, never know if they will be deported or being released.
* Being held in a prison with less rights than people in criminal prisons. They are locked up in their cells for 12-17 hours a day and there are a lot of strict rules.

### Solitary confinement

Concerning health we are especially concerned about the use of solitary confinement. Solitary confinement has a well-documented negative impact on mental health and wellbeing and may amount to cruel, inhuman or degrading treatment or punishment[[3]](#footnote-3). In the mental health care the Inspectorate of Healthcare and Youth supervises intensively the reduction of solitary confinement for many years. “Solitary confinement certainly is far-reaching for psychiatric patients and can have lasting harmful consequences for the mental health”, the [Inspectorate wrote](https://www.igj.nl/documenten/rapporten/2018/05/17/dwangtoepassing-en-separeerpraktijk-in-de-ggz) in May 2018[[4]](#footnote-4).

In sharp contrast, this Inspectorate does not supervise the use of solitary confinement, even not if applied for medical reasons, in immigration detention.

Hundreds of times each year (see the figure below) solitary confinement measures are imposed on people in immigration detention, both as disciplinary measures and as order measures.

Source: Parliamentary Document, memorandum bill Law on return and immigration detention, December 13th 2018, 34 309[[5]](#footnote-5) and Amnesty International, Doctors of the World the Netherlands and LOS Foundation (2015)[[6]](#footnote-6) This figures excludes the number of measures of solitary confinement imposed on one’s own cell. For 2014 and 2015 a null is filled in, this means that no numbers are available.

In the period 2012-2017 (June) medical reasons were the most prevalent reason for a disciplinary or order measure (for instance because of suicidal utterances, confused behaviour or refusal of medication intake)[[7]](#footnote-7). In 2014 (Jan-April) 67% of all order measures were imposed because of medical reasons[[8]](#footnote-8).

A [report on solitary confinement](https://doktersvandewereld.org/wp-content/uploads/2018/06/201503_Summary_Isolation_in_Immigration_Detention.pdf) was published by Amnesty International, DvdW and the LOS Foundation in 2015. The report concluded: “The current immigration detention policy can lead to human rights violations and (sometimes severe) adverse health effects. The safety of both detained immigrants and staff would be better protected by making changes. Isolation in immigration detention is anachronistic. The aim must therefore be to eliminate it completely.”

Recommendations were the same as those we recommended in 2018 to the two parts of the parliament in the law-making process of the bill ‘Law of return and immigration detention”.

-Revoke the legal power to impose isolation as a disciplinary measure in immigration detention centres.

-Take concrete steps to work on the reduction and eventual elimination of the use of isolation as an order measure (said to be meant to protect the patient);

-The guidelines that apply to the mental health care should be made an integral part of the supervisory framework in immigration detention.

## 2. Please describe the varying impacts on particularly vulnerable groups, including racial and ethnic minorities. What systems or practices are in place to prevent discrimination in both proceedings and detention?

From the cases in The Netherlands, DvdW doesn’t observe that specifics groups are discriminated.

We see that each individual has his or her specific risk factors that creates vulnerability. For some is that a young or old age, for others their mental health problems which make them less resilient to the harsh situation of detention.

### Detention and vulnerability

In the cases DvdW analysed, we observed that detention has detrimental health effects. All detainees are vulnerable in a way, but there are many risk factors that make them even more vulnerable like for instance mental and physical health problems, intellectual disability and lack of supportive relationships, according to the WHO-handbook [*Prisons and Health*](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjck-XO46_hAhUCbVAKHdkoDjcQFjAAegQIBRAC&url=http%3A%2F%2Fwww.euro.who.int%2F__data%2Fassets%2Fpdf_file%2F0005%2F249188%2FPrisons-and-Health.pdf&usg=AOvVaw0JHK2TqY0CNbvKTzzt2Fge). People in immigration detention have many other risk factors which make them vulnerable, like their migration history including illegal residence (migration, especially forced migration, is a risk for physical, mental and social wellbeing). In many of the cases, there is a history with traumatic experiences. We mention that many people had already a diagnosis of depression before coming in detention, and otherwise develop depression or depressive complaints in detention, many of them have feelings of severe despair. For more background see our 2016 report ‘[To confine or to protect? Vulnerable people in immigration detention](https://doktersvandewereld.org/wp-content/uploads/2018/06/201604_Summary_To_confine_or_to_protect.pdf)’[[9]](#footnote-9).

#### Length of detention

One of our concerns is also that a part of the people are detained for several months. In the first half of 2018 1770 people were released or deported from detention. 13% of them (240 individuals) had been for 3-6 months in detention. 3% (60 people) had been in detention for more than 6 months.

We observe that the impact of arrest and being locked-up in detention is high, also we observe that people become more depressed, apathetic and desperate the longer detention continues.

We have analysed cases in which immigration detention is imposed time and time again, cumulative for several years.

“With some regular cumulative alien detention exceeds the absolute maximum of eighteen months from the Return Directive. The extent to which this occurs is an indication of it insufficient application of the ultimum remedium principle. The people who become repeatedly Detained often come from countries whose embassies do not cooperate in forced return. It is also about people who do not have (convincing) identity papers from the country of origin and are not recognized by any country as nationals, or for people who are close have ties with the Netherlands, have lived here for a long time, and / or have a family here”. (Cited from Amnesty International (2018), The right to freedom. Immigration detention: the principle of ultimum remedium, p. 22)

Also the Committee against Torture expresses its concern at numerous reports that many asylum seekers and undocumented migrants are repeatedly detained and that the cumulative length of the repeated detention periods often exceeds the 18-month time limit.[[10]](#footnote-10)

#### Screening on vulnerability

A sufficient screening on vulnerability, like the [vulnerability screening tool](https://idcoalition.org/publication/identifying-and-addressing-vulnerability-a-tool-for-asylum-and-migration-systems/) from the IDC/UNHCR, is lacking.

Although the immigration authorities [state](https://www.eerstekamer.nl/behandeling/20190319/verslag_van_een/document3/f=/vkwxmsr7z7ye_opgemaakt.pdf) that vulnerability is reviewed and judged if the necessary facilities are available in detention[[11]](#footnote-11), the cases described in appendix 1 show that in practice even severe vulnerability is not a reason not to detain someone.

#### Procedure for reviewing if someone is fit to be detained

This procedure is as follows: a medical doctor from the Dutch Institute for Forensic Psychiatry and Psychology (NIFP), working under the authority of the Ministry of Justice and Security[[12]](#footnote-12), who doesn’t know the patient and has only an advisory role, has to answer two questions:

1-can the necessary health care be provided in the detention centre or in a specialized detention centre (for psychiatric or somatic care)?

2-Does the detention disproportionally negatively affect the health of the detainee?

Those questions are answered on the basis of medical information given by telephone or by medical files, given by health care providers in the detention centre. The patient is not seen by the doctor who provides the advice.

In several of the above mentioned cases, a request was applied for a not fit-to be-detained procedure. We have no examples of cases that someone is declared unfit to be detained. This procedure failed in the cases we know in protecting vulnerable people to the harmful health effects of immigration detention.

Cited from the [Amnesty International 2018 report](https://www.amnesty.nl/content/uploads/2018/02/AMN_18_08_Rapport-het-recht-op-vrijheid_DEF_web-1.pdf?x43474), The right to freedom. Immigration detention: the principle of ultimum remedium:

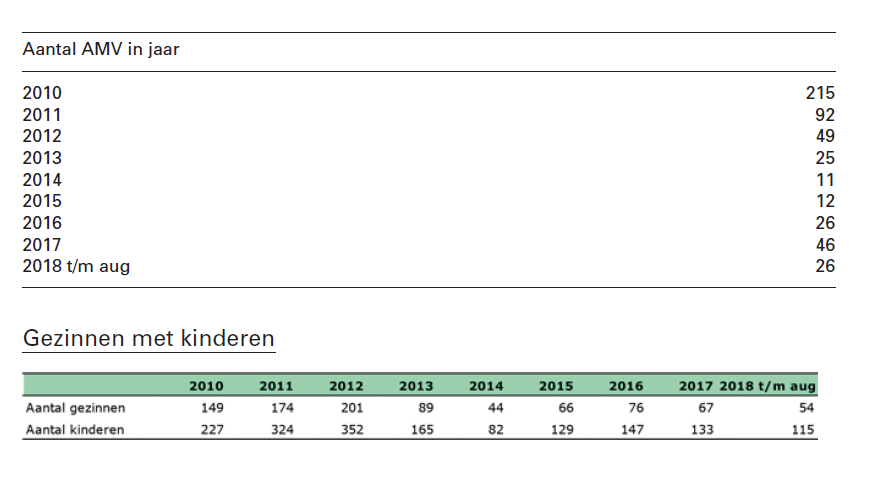
*Someone in immigration detention suffers from a depressive disorder with vital symptoms, according to his psychiatrist, who reports that “.. the current detention leads to increasing harm of the psychiatric health…”. The Raad van State (the highest judge on administrative law) judges that “Although the indications the psychiatrists observes, point to a situation which is giving rise to concern which needs close attention, it does not follow from the letter from the psychiatrist that he considers the alien unfit for detention and that continuation of his detention is medically irresponsible. [...] Now that medical care is also present in the detention centre and the mental health situation of the alien is under the specific attention of the medical service, there is no question of being unfit for detention."[[13]](#footnote-13)*

## 3. Please describe the way in which detention of migrants in your country particularly affects children who are detained.

### Are children typically kept in detention? How long?

In 2017 70 families with 130 children were put for on average three days in border detention and for 9 days in immigration detention. 50 unaccompanied minors stayed on average 24 days in detention.

Children and families are kept in the “Closed family facility’ on the site of Detention Centre Zeist. There are living units in which families can stay together, they can cook for themselves and there are activities for the children. The only thing that children are positive about regarding their return is the way they were treated by the employees of the Closed Family Facility in Zeist and the activities there.[[14]](#footnote-14) But, there is a closed fence around the location, said Martine Goeman from Defence for Children. And children must hand in their phone. "They experience it as confinement."[[15]](#footnote-15) Arresting families for being put in detention to be deported is done early in the morning and by a large group of uniformed officials. This is experienced by the children as very stressful. In addition, the realization that they can be arrested any time causes an unsafe feeling in the children, which is experienced as traumatic.[[16]](#footnote-16) Research among families forced to return to Armenia confirmed that all children are arrested in the early morning by a large group of uniformed officials what they experienced as very stressful. Some of the children slept poorly for months. Other children started to pee in bed, want to be fed by their mother or get scared every time someone knocks on the door.[[17]](#footnote-17)



The first table is about the number of unaccompanied migrants in immigration detention, the second about 1) the number of families 2) the number of children from those families in immigration detention[[18]](#footnote-18)

### Concerns about children in the bill Law on return and immigration detention

#### Detaining children

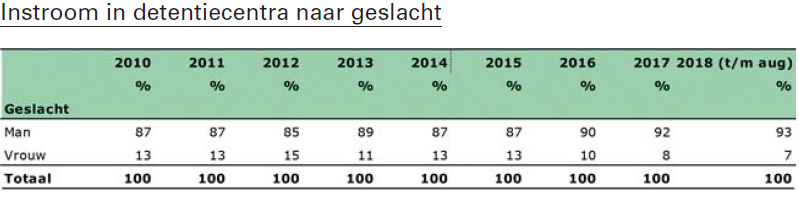
The first concern is that immigration detention of children is still allowed under the new law, but it is never in the best interests of the child and constitutes a violation of the rights of the child. In an expert meeting about the bill martine Goeman, Defence for Children stated: “Deprivation of liberty is never child friendly. I spoke to children in Armenia who were in the detention center in Zeist. They still pee in their pants and are scared if someone knocks on the door. They also indicate: it was stressful, it was not fun and we were not allowed to leave.”

#### Possibility to apply coercive measures on children >12 years

The second concern raised by Defence for Children is about the possibility to apply the same disciplinary and order measures for adults to children > 12 years.

Martine Goeman, Defence for Children: “I draw attention to the difference that is likely to arise between the Return and Aliens Detention Act and the Youth Act. In April this year 2018, Minister Hugo de Jonge [Minister for Health, Welfare and Sport ] presented an action plan in which he stated that he wished to introduce a prohibition on isolating children, because this is too traumatic for the children. That is why this is surprising. Because it is precisely the children who have done nothing criminally and who do not need help according to youth assistance, can be placed in the isolation cell by a director, without treatment plan, without legal authorization, without the director being a child psychiatrist or having any knowledge about the rights of the child. … If we look at the law now, all coercive measures actually also apply to children from the age of 12 and up. The State Secretary referred to the General Comments and the Havana Rules for that distinction, but it is precisely these instruments that are intended to protect children, all children under the age of 18. The number ‘12 plus’ for children is about criminal liability, but not about protecting children. That must be the same for all children under the age of 18. Isolating and applying coercive measures by a director is against this.”[[19]](#footnote-19)

## How does the detention of migrants in your country particularly affect women?



Percentages men and women in immigration detention[[20]](#footnote-20)

### Are health resources for women made available to women in detention? How can women in detention access health resources? Are resources available for pregnant women in detention? How are pregnant women accommodated with respect to the conditions of detention?

#### Pregnant women: stress is harmful

DvdW had only had access to data in two cases of pregnant women in detention. As far as we know, no statistical data are available about numbers of pregnant women in detention. Our concerns are in particular about continuity of care if a pregnant woman is deported and the stress that detention causes for this women. It is evident that extreme stress during pregnancy entails serious health risks, especially for the unborn child. Scientific studies clearly point to the relationship between psychological stress in the mother on the one hand and prematurity (premature birth) and small-for-gestational age (too low birth weight) in the child on the other.[[21]](#footnote-21)

Research among pregnant women in captivity shows that detention conditions in many ways have a negative impact on the pregnant woman. For example with regard to diet, exercise and social support. It creates feelings of loneliness, insecurity and powerlessness. [[22]](#footnote-22)

#### Legal procedure between 6 weeks before an d6 weeks after expected delivery date

During the pregnancy of a foreign national, expulsion by plane is not taken during the period from six weeks before to six weeks after the birth. This is the period of six weeks from the first day that the probable date of delivery appears from a statement from a doctor or midwife. The foreign national must provide the IND with this statement from a doctor or midwife.[[23]](#footnote-23) Women will be transferred to an asylum seeker centre because they have temporarily right to stay and facilities in this period.

# Appendix 1: Evidence by analyzed cases

From 2017 -2019 (DvdW interviewed clients and the information is verified by documents like medical files and court rulings)

Case 1

A boy from Central-Asia, not yet 20 years, he lost his family during his flight and despite tracing efforts form the Red Cross they are never found. He was in detention for three months and suffered a lot. The first day in detention, he told someone he has suicidal thoughts. As a consequence, he was put in an isolation cell for four days, in rip-proof clothing and without TV. As detention continues, his mental health is deteriorating and he starts a hungerstrike. He is transferred to a prison-hospital, when he is brought back to the detention centre, he is put in an isolation cell again. He starts a hungerstrike again and again he is being transferred to the hospital, where he also is locked up in his room for 23 hours a day. DvdW visited him in there. He slept badly, had nightmares, woke up scared and sweated. He told us: “I don’t need anything, my only request is to be released, I cannot stand it any longer”. Some months after his release, he is being referred to a psychiatrist for treatment for psychiatric problems.

Case 2

An old man from 70 years of age, born in Centrall-Asia, is already under treatment of an Acute Care Team for his mental health problems when he is being detained. In the immigration detention centre his health situation is worrying with severe emotional stress and eating problems. After three weeks he is released.

Case 3

Although he was mentally a strong man in his thirties, coming from the Middle-East, after several months of border detention he was broken. Both his mental health and his physical health is getting worse. He cries during the visit of someone of DvdW. “Why, why? My health deteriorates. De psychologist advised me to go to a special ward in another detention centre. But I am not a psychiatric patient, I don’t need any treatment. The detention itself causes my health problems. I am laughing a lot, but when the celldoor is locked, I cry”.

Case 4

Since ten years he was under intensive treatment, four days a week, of a mental health care institution because of his severe posttraumatic stress disorder. He was a refused asylum-seeker from an African country, living for 16 years in the Netherlands. When he was arrested at the moment he had an appointment with immigration officers for his reporting requirement, he had to undergo a strip-searching. When he is transferred to the detention centre, he is again strip-searched under surveillance of 6-8 guards and locked up in an isolation cell for four days in a rip-proof dress, without TV, in a cold cell with only a mattress to sit on. He couldn’t stop crying in the isolation cell. His regular mental health care treatment was stopped and his medication changed. His mental health problems exacerbated, he slept very badly, had nightmares, was thinking all the time and had difficulties with eating sufficiently. Often he had suicidal thoughts. One year after he was detained, DvdW spoke with him again. Still he is afraid to be arrested again. Each day he thinks: “What did I do wrong that I was in detention?” He still sleeps very badly, thinking of this question.

Case 5

A man with chronic psychiatric problems is being locked up in immigration detention several times, totalled up for many years. Because it was clear that his symptoms aggravated by the stress of detention, previous times he was placed n detention centres where specialized psychiatric care could be delivered. This time he is placed in a regular detention centre, and after a short period of time he told the staff he is not feeling well. His impairment causes problems for himself, but also for the staff. A psychologist states that he suffers under the stress of detention and that if the detention will be continued, the patient could get out of control. This happened a few days later. As a punishment for his behaviour, he is locked up for 15 days in an isolation cell. During that time, his health situation deteriorated and an antipsychotic is added to his medication. After 15 days, he is transferred to a ward with extra constraints, he told he is locked up in his cell for 23 hours a day. After 16 days, he is transferred to a psychiatric centre.

Case 6

A boy was lifted from his bed a week before he turned 18 in the asylum seekers' center where he was staying. He is in immigration detention for more than nine months. He has gone through many things in his life, but the weighing of interests in the court ruling about his detention show that all his vulnerability factors not have been taken into account.

His vulnerability is soon apparent. In the first days of his detention, he spent one night in the isolation cell. According to the data, he expressed himself suicidal. Later, he also spent a few days in the isolation cell. He asked a doctor to speak, but this did not happen, probably because of the weekend. Only after three days did a psychologist see him who advised to transfer him to a regular cell.

After 8,5 months of detention, he told: " Sometimes I feel so bad, then I want to destroy myself, then I want to destroy everything. I am all alone, I have nothing. This is not life." The psychologist couldn’t help him, the only thing which should make him feel better was release.

He was diagnosed in detention with a post-traumatic stress disorder (PTSD) and treatment with medication was started. His anxious dreams, the constant worrying and the gloom and emptiness remained.

When he was in detention for 6 months, on request of his lawyer it was reviewed if he probably was not fit to be detained. The physician of the governmental institution who was responsible for the advice on his medical condition, concluded that there were no medical reasons to declare him unfit for detention. Sufficient medical care could be offered to him for his PTSD, according to this physician. This conclusion was not based on a medical examination, but on contact by telephone with the psychologist and on the medical file. The question whether the detention was not disproportionately harmful to his health was not answered, although the phycisian stated that the long-term detention was not conducive to his psychological health. The medical file showed that he was getting worse over the months.

Case 7

When someone of DvdW visits him, he is for almost 5 month in solitary confinement, 23 hours a day he is locked up in his cell, without TV. A number of years ago, he was also in immigration detention. He was placed together with another man on a cell, and when the door was locked, this man physically threatened him. He was very afraid because he couldn’t run away. After this happened, he never dares again to be locked up with someone else. Because he refuses, he is punished by solitary confinement until he agrees with sharing a cell with someone else. One day, he walks circles in his cell for five hours and injured his foot. To express some agency and get some attention in his situation where he lost most of his autonomy, he twice went in hungerstrike and did mad things towards the guards. Because he has nothing to do, he is very afraid to get crazy. When the night comes, he cries.

# Appendix 2: medical care in immigration detention

Information from the government-site[[24]](#footnote-24), in practice things can be different <https://www.dji.nl/justitiabelen/vreemdelingen_in_bewaring/medische-zorg.aspx>

The medical care offered in the detention centers is equivalent to the care that citizens in the free society receive on the basis of the basic insurance.

This takes into account the special situation of the deprivation of liberty, the intended return to the country of origin and the different cultures of the detainees. This is a rapidly changing multicultural group with often, partly due to the stay in illegality, a backlog in care.

Medical care during your stay

Every detention center therefore has its own medical service. This includes nurses, a general practitioner, a dentist, a physical therapist, psychologists and a psychiatrist. Nurses hold consultations at the ward, where foreign nationals can come in with questions. If necessary, referral is made to a hospital or other second-line care. Foreigners can also request personal conversations that are possible on a daily basis. The nurse (who is also responsible for dispensing medicines) may refer you to the doctor. Every alien is screened for tuberculosis.

The staff is also alert to foreign nationals who do not make an appointment, but could benefit from a consultation and / or treatment. Most medical problems in a detention center are partly psychological. Foreigners can go to psychologists or a psychiatrist for this. In addition, there are departments for foreigners who require more care than the standard (Extra Care Department). If this is not enough, someone goes to a regular hospital, a penitentiary psychiatric center or a closed health institution.

**Extra Care Department**

The Extra Care Department (EZA) is a department for vulnerable foreign nationals. These are foreign nationals who are (temporarily) unable to function in the regular regime. For example because they have physical and / or mental problems. The EZA places them in smaller groups and gives them more structure and protection.

The day program has a fixed structure to create order and clarity in the chaos that they can experience. Foreigners must know when they can expect which activity. Moreover, this safe environment offers more possibilities for observation with which a good diagnosis can be made. In addition, foreign nationals are motivated at EZA to participate in treatment and activities.

**Psycho-medical consultation**

In order to provide the right care to every foreign national, there is a Psycho-Medical Consultation (PMO) in every detention center. This consultation consists of one or more psychiatrists, psychologists, doctors and nurses. Together they determine and coordinate the care that foreign nationals receive. The care professionals in the centers implement the decisions of the PMO.

# Appendix 3 Some references about impact of stress on pregnancy

*Not based on systematic review, just meant to give an indication.*

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