Interrogative Suggestibility in Adolescents: A Comparison of Unaccompanied Asylum-Seeking Minors and UK-Residing Peers

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Thesis declaration form

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Overview

This thesis focuses on the impact of interrogative suggestibility, compliance and negative life experiences among young people from diverse backgrounds. It comprises of three parts.

The literature review in Part One presents a systematic review and narrative synthesis of studies investigating the impact of parental bereavement on adolescents. It gives thought to psychological, behavioural, social and educational outcomes for young people following parental bereavement, as well as the potential moderators and mediators of difficulties.

The empirical paper in Part Two presents a cross-sectional quasi-experimental study exploring differences in interrogative suggestibility between unaccompanied asylum-seeking youth and non-asylum-seeking UK-residing youth. It explores the potential influence of compliance and negative life events on a young person's vulnerability to suggestion and interrogative pressure, while also suggesting directions for further research in this contemporary area.

The critical appraisal in Part Three presents a reflection of the research process, specifically addressing some of the benefits and challenges involved in conducting research with traumatised and vulnerable young people.

Impact Statement

This thesis has addressed several gaps in literature and current understanding of outcomes for vulnerable and traumatised young people.

The literature review identified a broad range of pre- and post-loss difficulties for parentally bereaved adolescents, which surpass those presented in previous reviews (e.g. Coyne & Beckman, 2012; Dowdney, 2000). Findings from this review suggest that many parentally bereaved adolescents experience various and enduring negative outcomes, especially when parental bereavement is paired with additional social stressors such as stigma, economic burden, and reduced access to material resources, schooling, and support. These findings have important implications for clinical practice and for interventions aimed at supporting parentally bereaved adolescents. They highlight the need to provide support at multiple levels including individual, family, and wider society, as well as the need to consider pre- and post-loss risk factors (such as serious illness, poverty, family coping and support).

The review identified several limitations in the literature, including a lack of consistency across studies in terms of measurement and research procedure, and a tendency to focus solely on psychological outcomes while neglecting important additional factors. The review highlights a need for validation and standardisation of measures within contexts different to western cultures, as well as the need for future studies to make use of comparable outcome measures, so that findings can be reliably compared and generalised. It additionally highlights the need for future research to consider educational, behavioural, and social outcomes for parentally bereaved adolescents.

The empirical paper highlights the distinct lack of research undertaken with unaccompanied asylum-seeking youth, particularly in the areas of suggestibility, negative life events (NLEs) and compliance. The empirical paper adds a significant contribution to previous research. Findings suggest that unaccompanied asylum-seeking youth, as well as those with exposure to a high number of NLEs and increased levels of compliance, are less able to cope with interrogative pressures and negative feedback and may be more likely to provide inconsistent reports. This could have serious implications on their asylum claim, as previous research has shown that providing consistent accounts in asylum interviews is important for being judged as credible and being granted protection. The results presented in the empirical paper contribute to an increased understanding and awareness of suggestibility, NLEs and compliance, and the implications these factors may have on interviewing young people for asylum purposes. The findings highlight a need for policy makers, practitioners, and researchers to consider their approach when interviewing young people with high exposure to NLEs and fear or distrust of authority figures.

The empirical study highlights some of the challenges associated with conducting research with vulnerable populations. The empirical paper also identifies a need for future research to utilise sufficiently powered samples, and to consider the impact of using interpreters in research, the immigration status of participants, and the type and timing of traumatic experiences. With a greater understanding of the experiences of unaccompanied asylum-seeking youth and the impact their experiences have on their adjustment, more can be done inform policies, training, support services and interventions.

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Part 1: Literature Review

A Systematic Review of the Impact of Parental Bereavement on Adolescents

Abstract

Aim: This report aimed to review current understanding of the impact of parental bereavement on adolescents.

Method: A systematic search of *PsycINFO*, *ERIC*, and *BEI* databases for studies of outcomes for adolescents who have been parentally bereaved, identified 18 articles that met selection criteria.

Results: A wide range of psychological, behavioural, educational, and social difficulties were demonstrated among parentally bereaved adolescents.

Conclusions: In line with previous research, this review reveals that findings remain mixed. Many studies demonstrated difficulties following parental bereavement, but how these difficulties presented, and how long they lasted, appeared to vary substantially from one study to the next. Despite this variation, overall findings suggest that many young people experience detrimental outcomes following parental bereavement, some of which appear to be short-term initial reactions to the death of a parent, while others present as enduring difficulties.

Introduction

Background

The Child Bereavement Network and Winston's Wish, two leading child bereavement charities in the UK, suggest that a parent dies every 22 minutes, leaving approximately 111 young people bereaved of their parents every day in the UK (CBN, 2018; Winston's Wish, 2018). These figures are supported by empirical research, which highlights that around one in 20 young people in the UK experience the death of one or both parents before reaching adulthood (Owens, 2008; Parsons, 2011; Steen, 1998). The World Health Organisation and UNICEF indicate that millions of young people are affected by parental death across the world (Cupit, 2017). With a considerable number of young people losing one or both of their parents, it is important to understand the impact this can have on their ongoing adjustment and mental health.

The impact of parental death on young people's mental health has been an area of interest in theoretical and empirical research for many years. In his research into child development, attachment, and loss, Bowlby (1963, 1980) provided a theoretical understanding of the impact of losing an attachment figure. He demonstrated that even young children grieve and suggested that unresolved grief could lead to psychological problems in later life. This view has since been shared by many researchers and academics investigating the impact of parental bereavement on young people, finding increased risks for varied psychological, behavioural, health and educational problems. These include elevated rates of depression, anxiety, phobias, post-traumatic stress, externalising disorders, and poor academic

functioning and performance at work (Arthur & Kemme, 1964; Baker, Sedney, & Gross, 1992; Black, 1978; Brent, 2012; Caplan & Douglas, 1969; Griese, Burns, Farro, Silvern, & Talmi, 2017; Worden, 1986). However, these findings are not supported by all; many researchers have found differential outcomes for young people following the death of one or both parents (Charkow, 1998; Haine, Ayers, Sandler, & Wolchik, 2008; Hope & Hodge, 2006; Osofsky, 2004).

Existing Reviews

To gain a more thorough understanding of the literature and the impact of childhood bereavement, Black (1978) carried out a literature review. He concluded that "bereaved children are more likely than children from intact homes to develop psychiatric disorders both in childhood and in adult life, although the differences are small" (p. 291). Following Black's (1978) review, evidence of serious and adverse outcomes following parental death appeared to vary, with many studies supporting these findings and others not (Black, 1996; Harrington, 1996).

With the aim of providing an updated view, Dowdney (2000) highlighted the methodological flaws present in many early studies that indicated a link between childhood parental death and later psychopathology, including their focus on descriptive, psychoanalytic case studies, hospital samples, inadequacies with control groups and little regulation of confounding variables. She aimed to investigate the outcomes of children who had been parentally bereaved, paying attention to moderating and mediating variables. She observed that children commonly experienced grief, despair, and mild depression in the year following parental death. However, she found these outcomes were limited when referred children were

excluded from results, with only one in five children tending to demonstrate difficulties requiring specialist intervention. The children who did experience psychological difficulties in the year following parental death demonstrated a wide range of behavioural and emotional difficulties. This included depression, fear (particularly surrounding further loss, separation, and safety of remaining family members), angry outbursts, and regression in developmental milestones. Dowdney (2000) hypothesised that the variations shown in outcomes were a result of differences in recruited samples, as well as the presence of mediating and moderating factors. She discovered that increased rates of non-specific emotional and behavioural difficulties were present in children who were: male, from less stable backgrounds, had prior psychiatric difficulties, and those who had experienced traumatic parental deaths. Dowdney (2000) concluded that the absence of longitudinal studies and adolescent participants were limitations within her review, which not only made it difficult to assess outcomes over time, but also made it unfeasible to apply the findings to bereaved adolescents.

Since Dowdney's review in 2000, two further literature reviews have been conducted, the first of which was conducted by Akerman and Statham in 2011, later updated in 2014, in response to government calls for a fast response to inform policy. Akerman and Stratham (2014) found that most children experienced psychological adversities following parental death. Despite the limited literature available, they found that for some children educational attainment was also adversely affected. They suggested that significant psychological and educational difficulties may continue, and even intensify, in the two years after death. Akerman and Stratham (2014) asserted that only a minority of young people experience difficulties beyond

a clinical threshold. They also highlighted the complex and contradictory findings on long-term outcomes for individuals who experience childhood bereavement. Nonetheless, several questions have been raised about the methodological rigour of their reviews and, consequently, the reliability of their findings. The reviews were rapid in nature; conducted as fast responses used to inform government legislation, neither reviews were published in peer-reviewed journals. Perhaps most concerningly, the reviews did not undertake, or failed to explain how they undertook, a systematic search of the literature before synthesising their findings. As a result, their findings and the conclusions made are vulnerable to bias which weakens confidence in their results.

Finally, Coyne and Beckman undertook a review in 2012, in order to examine reactions to death among primary school aged children, with a focus on academic achievement. Their findings suggested that early parental death does not appear to affect a child's ability to learn; however, it can result in adverse effects on emotional wellbeing at school. Coyne and Beckman (2012) highlighted the considerable lack of research addressing educational outcomes within the literature and underlined the need to take a wider approach when reviewing the negative effects of bereavement on young people, paying consideration not only to psychological wellbeing, where most current research is focused, but also to young people's educational, behavioural, and social wellbeing.

The aforementioned reviews have been important for developing an understanding of the impact of parental bereavement on young people. However, these previous reviews have been subject to several limitations, with many

presenting an unclear methodology, using non-standardised search strategies, taking a focus solely on psychological outcomes, and neglecting to include or focus on young people within the adolescent age range. Since these reviews have been published, a considerable number of studies have been undertaken and disagreement over the impact of parental bereavement on young people remains.

This review aimed to develop current understanding of the impact of parental bereavement on young people by expanding on, and updating, previous reviews of the literature. Although continuing from these previous appraisals, the current review differs in several ways. Firstly, it employs a systematic, comprehensive, and transparent approach. Secondly, it examines existing global literature; without limiting findings, and consequently our understanding, to individuals from western societies. Thirdly, it looks to outcomes beyond psychological wellbeing; incorporating inclusive search terms to capture varied outcomes including social and educational outcomes. And finally, it focuses on adolescent populations; an area of understanding that has had limited coverage in previous reviews.

Review Questions

The research questions that guided this review were:

- How does parental bereavement affect young people?
- What are the outcomes for adolescents following parental bereavement?
- Which potential risk and protective factors have been identified for adolescents who have been parentally bereaved?

Method

Systematic Search Strategy

To identify studies investigating the impact of parental bereavement on adolescents, the following electronic databases were systematically searched: *PsycINFO* (for articles on psychology, behavioural sciences, and mental health), *ERIC* (for articles on educational outcomes) and the *BEI* (for articles of a similar nature to *ERIC* but from British journals). Searches were restricted to peer-reviewed journals published in English between January 1st, 2000 and January 1st, 2018. January 1st, 2000 was set as the start date for the current review in order to identify and include papers that were published following Dowdney's review in 2000, which this review follows. A combination of text-word and subject-heading searches were performed for papers containing the following terms: (1) 'adolescents', (2) 'bereavement', and (3) 'outcomes', or synonyms to these terms. Table 1 presents the full description of search terms used.

Key websites were also searched, these included The Child Bereavement Network (CBN), Child Bereavement UK (CB-UK), Winston's Wish, Cruse, and The Cochrane Database, as well as reference lists to generate a more thorough search.

Following this process of identification and retrieval, all articles underwent several examinations of eligibility before being selected for review. Firstly, duplicate articles were removed. The titles and abstracts of remaining papers were screened, and irrelevant articles were also removed. The remaining articles were subject to thorough full-text examination, in which checks were made against specified selection criteria; any articles not meeting criteria were also removed. Finally, all

remaining articles were selected for review and their reference lists were searched for any additionally relevant studies (which were also subject to the process outlined above). Figure 1 depicts a detailed description of the identification, retrieval, and selection of relevant articles.

Key Words

Table 1: Search terms

Key concepts:	Impact	Bereavement	Adolescents
Alternative terms:	Impact*	Bereave*	Child*
	Outcome*	Death	Teen*
	Wellbeing	Grief	Adolescen*
	Education	Mourn*	Youth*
	Achievement*		Minor
	Mental health		

Two initial search terms were removed as they identified many ineligible studies. These were: 'Loss' which identified many studies on the loss of senses (such as hearing loss) and loss of resources (such as financial or material); and 'Juvenile*' which identified many studies on incarceration, criminality, and loss of freedom. The few eligible studies these terms identified appeared to be captured by other terms in use. It was therefore believed that few studies would have been missed by removing these terms.

Selection Criteria

Articles with the following qualities were included in the review:

Inclusion criteria:

1.) **Population**: adolescents (aged 10 to 19)

2.) **Indicator**: parental bereavement

3.) **Comparator**: inclusion of a clear comparison or control group

4.) **Outcome**: the impact or outcome of parental bereavement

5.) **Study design**: empirical, quantitative data that employed psychometric measures

Exclusion criteria:

1) **Indicator**: studies focusing on the bereavement of others (i.e. siblings, relatives, friends, or pets), or where it was difficult to tease the impact of different bereavements apart.
2) **Study design**: articles reporting on single-case studies, as well as reviews, qualitative studies, opinion pieces, editorials, commentaries, and book chapters.

Studies meeting the above criteria were subject to review and formal quality assessments.

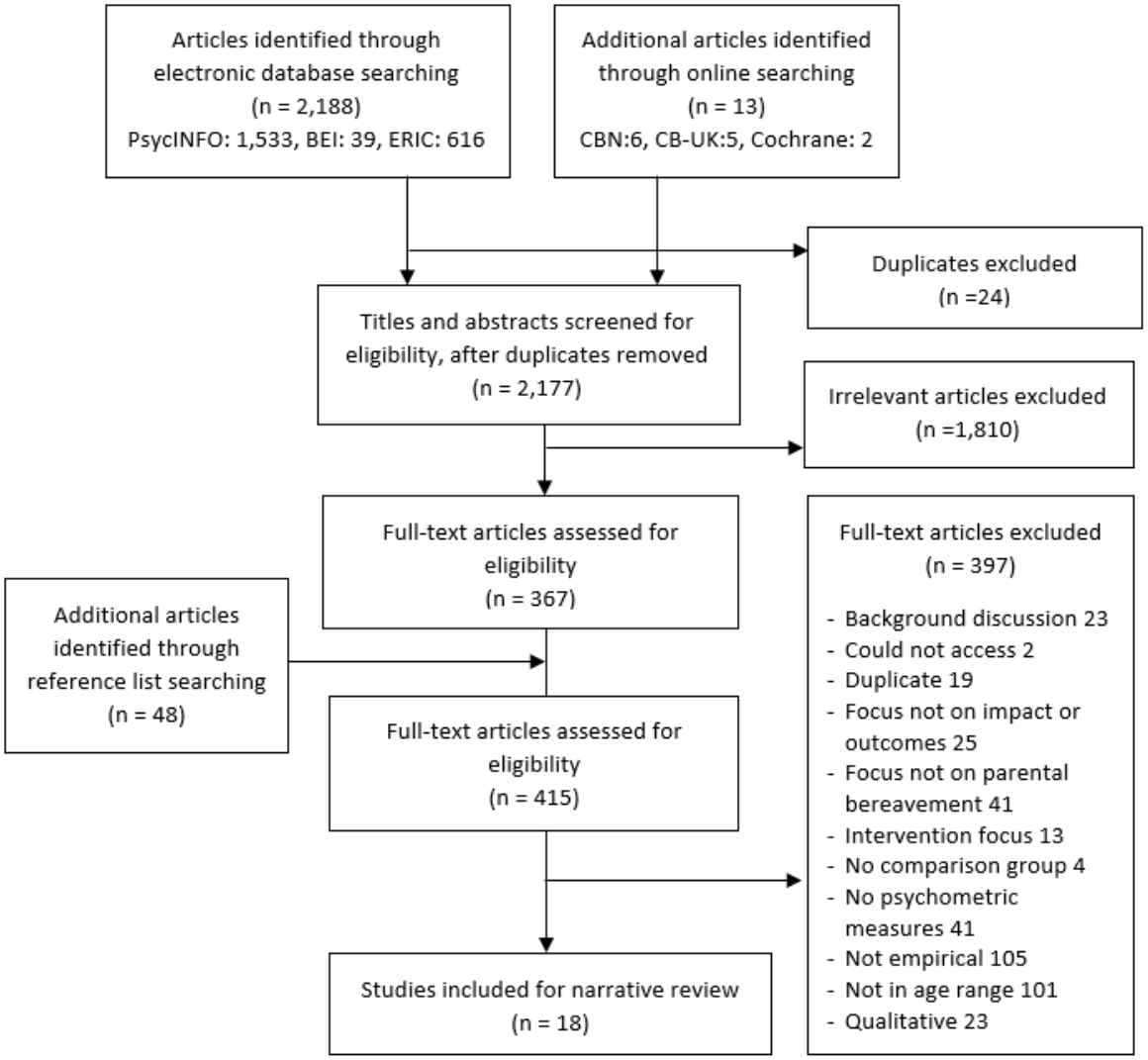
Quality Assessment

Quality assessments are fundamental to systematic reviews. Any problem with quality, such as methodological shortcomings or poor descriptive information, can greatly increase the risk of bias and consequently call into question the validity and reliability of a study's findings. When comparing studies, it is important not to assume that those of a similar design are equally well-conducted. Quality assessments allow researchers and reviewers to appraise bias within individual

studies, enabling them to more accurately and comprehensively contrast and compare studies, in order to draw conclusions from them.

Formal quality assessment for this review was guided by the Newcastle-Ottawa Scale (NOS; Wells et al., 2004). The NOS generates a star-rating, with a maximum award of ten stars, enabling reviewers to assess quality over three domains: participant selection, group comparability and outcome measurement. The scale can be used to assess both cross-sectional and longitudinal studies (Luchini, Stubbs, Solmi, & Veronese, 2017). Following Luchini et al.'s (2017) recommendations, studies scoring seven or more stars were rated as demonstrating 'good quality', studies with five to six stars were rated as demonstrating 'fair quality' and studies with four or fewer stars were rated as demonstrating 'poor quality'. Regardless of quality rating, all studies were included in the current review; however, outcomes of the quality assessment were considered in the review and critical appraisal of findings. Quality assessment scores for each article are shown in Table 3.

Figure 1: PRISMA flowchart of study selection



Data Extraction

Prior to data synthesis, a standardised protocol was followed to extract data from the publications included in this review. Data regarding theoretical background or framework, design and methodology (including standardised measures), sample (including demographics, location and size), outcomes, and risk and protective factors were extracted.

Table 2: Author, location, design, sample, outcome measures and major findings for all studies

Author (year)	Study Location	Study Design	Sample (N, age)	Comparison Groups (Mean age)	Outcome measures	Major Findings
Atwine et al. (2005)	Uganda	Cross-Sectional	N = 1,025 aged 11-15	123 AIDS bereaved (M = 13.9) 110 Intact families (M = 13.7)	Beck Youth Inventory	More psychological distress (anxiety, depression, anger) in AIDS bereaved adolescents.
Brent et al. (2012)	USA	Longitudinal (5-Year follow-up: assessed 9, 21, 33 and 62 months after death)	N = 242 at 62 months. Mean age at time of parental death =13, at final follow-up = 18	At 62-month assessment: 126 Parentally bereaved (M = 18.8) 116 Non-bereaved (M = 18.0)	K-SADS-PL/SCID-I & II, LIFE/A-LIFE, C/BHS, FACE-II, SQ, IPPA, FES, CGAS/GAS, WAI, ICGR-C	Greater difficulties with educational aspirations, peer attachment, work, and career planning in parentally bereaved youth. Difficulties were mediated by personal and parental functioning and family cohesion.
Canetti et al. (2000)	Israel	Cross-Sectional	N = 884 aged 15-17 (M = 16.7)	70 Parental separation 37 Parental death 777 Intact family	BSI, General Well Being Schedule, PBI, PSS-Fam, PSS-Fr	Parental separation, not death, was related to greater psychiatric symptoms, decreased wellbeing, and less perceived support from family.
Cerniglia et al. (2014)	Italy	Longitudinal (4-Year follow-up with 2 time-points)	N = 151 aged 11-18 at T1 N = 103 at T2	Early loss (T1 n = 48, M = 12.31; T2 n = 35, M = 17.01) Childhood loss (T1 n = 52, M = 13.01; T2 n = 33, M = 16.23) No loss (T1 n = 51, M = 12.45; T2 n = 35, M = 16.04)	SCL-90-R, The Eating Attitudes Test, Adolescent Dissociative Experience Scale	Parentally bereaved youth showed greater psychological impairments (psychopathology, eating disorder & dissociative symptoms) in early adolescence than mid/late adolescence.
Cluver et al. (2012)	South Africa	Longitudinal (4-Year follow-up)	N = 1,021 aged 10-19 (M = 13.4) at T1 N = 723 aged 12-23 (M = 16.9) at T2	AIDS bereaved (T1 n = 425; T2 n = 269) Other bereaved (T1 n = 241; T2 n = 228) Non-bereaved (T1 n = 278; T2 n = 180)	CDI, RCMAS, C-PTSD-C	AIDS bereaved adolescents showed higher depression, anxiety, and PTSD scores at both time-points.

Author (year)	Study Location	Study Design	Sample (N, age)	Comparison Groups (Mean age)	Outcome measures	Major Findings
Collishaw et al. (2016)	South Africa	Longitudinal (4-Year follow-up)	N = 944 aged 10-19 (M = 13.5) at T1. N = 655 (M = 17.4) at T2.	AIDS bereaved (T1 n = 425; T2 n = 290) Other bereaved (T1 n = 241; T2 n = 163) Non-bereaved (T1 n = 278), (T2 n = 202)	CDI, RCMAS, C-PTSD-C, SDQ, CBCL	24% of AIDS bereaved youth showed no mental health difficulties. Number of family deaths had the strongest negative relationship with resilience. Food security and lower exposure to community risks had the strongest positive relationship with resilience.
Kaplow et al. (2010)	USA	Longitudinal Epidemiological (3-time points: pre, shortly after, and post parental death)	N = 1,422 aged 11-21	172 Parentally bereaved (M = 16.48) 815 Other bereaved (M = 13.56) 235 Non-bereaved (M = 13.72)	Child and Adolescent Psychiatric Assessment, CGAS	Both bereaved groups demonstrated psychiatric difficulties at all three time-points, difficulties were more apparent among parentally bereaved youth.
Livaditis et al. (2002)	Greece	Cross-Sectional	N = 833 aged 12-17	26 Parental death (M = 15.1) 61 Parental separation (M = 14.8) 748 Intact family (M = 14.7)	YSR, Questionnaire on Symptoms of Problem Behaviour	Adolescents who had experienced parental separation showed higher scores on both outcome measures.
Makame et al. (2002)	Tanzania	Cross-Sectional	N = 82 aged 10-14 (M = 13)	41 parentally bereaved 41 Non-bereaved	Rand Mental Health Inventory, DBI	Bereaved youth were significantly more likely to demonstrate internalising problems and have basic unmet needs (hunger, education).
Mueller et al. (2015)	Uganda	Cross-Sectional	N = 72 aged 14-19	20 Parentally bereaved (M = 16.55) 52 Non-bereaved (M = 16.67)	IES-R, HSC-37A, Daily Stressors Scale, Stroop task, Opposite Emotions Test	Parentally bereaved youth showed greater difficulty maintaining cognitive control and slower performance; positively associated with trauma symptomology.

Author (year)	Study Location	Study Design	Sample (N, age)	Comparison Groups (Mean age)	Outcome measures	Major Findings
Neshat Doost et al. (2014)	Iran	Cross-Sectional	N = 103 aged 12-18	70 Parentally bereaved (M= 14.87) 30 Non-bereaved (M = 14.91)	Autobiographical memory test, MFQ, RCMAS, IES	Parentally bereaved adolescents demonstrated significantly reduced autobiographical memory specificity.
Nyamukapa et al. (2008)	Zimbabwe	Cross-Sectional	N = 4,660 aged 12-17	548 Double bereaved 281 Maternal bereaved 1123 Paternal bereaved 543 Other vulnerable 2165 Non-bereaved, non-vulnerable	CBCL, Rand Mental Health Inventory, BDI	Bereaved adolescents demonstrated greater levels of psychosocial distress. Psychosocial distress was positively associated with likelihood of early-onset sexual activity.
Puffer et al. (2012)	Kenya	Cross-Sectional	N = 325 aged 10-18 (M=14)	175 Non-bereaved (M = 13.88) 104 Single bereaved (M = 13.96) 46 Double bereaved (M = 14.28)	Social Support for Adolescents Scale, PSS-AS, PACS, PACJM, SDQ, CDI, TSH-CSR, Rosenberg Self-Esteem Scale	Bereaved adolescents reported poorer mental health outcomes, fewer material resources and less social support.
Raza et al. (2008)	Pakistan	Cross-Sectional	N = 150 aged 16-20	50 Motherless 50 Fatherless 50 Parents alive	Mooney Problem Checklist	Greater problems in health and physical development, home and family, and adjustment to college work for parentally bereaved youth.
Rotheram-Borus et al (2005)	USA	Longitudinal (6-Year follow-up, 4-time points)	N = 414 aged 11-18 (M = 15)	207 Bereaved 207 Non-bereaved	BSI, Global Severity Index, Dealing with Illness Questionnaire	Significantly more difficulties among parentally bereaved youth prior to parental death and soon after parental death. No significant differences one year after death, except for sexual risk behaviours.

Author (year)	Study Location	Study Design	Sample (N, age)	Comparison Groups (Mean age)	Outcome measures	Major Findings
Servaty-Seib & Hayslip (2003)	USA	Cross-Sectional	N = 163	84 Parentally bereaved youth aged 13-18 (M = 16) 79 Parentally bereaved adults aged 19-66 (M = 41)	Texas Inventory of Grief, HSC	Parentally bereaved youth showed greater difficulty coping with parental death than parentally bereaved adults.
Servaty & Hayslip (2001)	USA	Cross-Sectional	N = 317 aged 13-19	69 Parentally bereaved 82 Parentally divorce 166 Intact family	HSC, Marlowe Crown Social Desirability Scale	Higher depression, somatization, and obsessive-compulsion in parentally bereaved and divorced youth. Higher interpersonal sensitivity in parentally bereaved youth.
Van Gils et al. (2014)	Netherlands	Longitudinal (5-Year follow-up, 3-time points)	T1 - N = 2,230 aged 10-12 (M = 11.1). T2 - N = 2,127 (M = 13.6) T3- N = 1,819 (M = 16.3)	Parental divorce (T1 n = 469, T2 n = 511, T3 n = 496) Parental death (T1 n = 37, T2 n = 49, T3 n = 57)	YSR, EHC, International Standard Classification of Occupations, RCADS	Functional Somatic Symptoms (FSS) present in both groups and increased during adolescents; higher FSS shown in late adolescence. Relationship explained in part by symptoms of depression and anxiety.

Note: BDI = Beck Depression Inventory, BSI = Brief Symptoms Inventory, CBCL= Child Behaviour Checklist, C/BHS = Child/Beck Helplessness Scale, CDI = Child Depressive Symptoms Inventory, CGAS/GAS = (Children's) Global Assessment Scale, C-PTSD-C = Child Post Traumatic Stress Disorder Checklist, EHC = Event History Calendar, FACE = Family Adaptability and Cohesion Evaluation-II, FES = Future Expectations Scale*, HSC = Hopkins Symptom Checklist, ICG-RC = Inventory for Complicated Grief – Revised for Children, IES = Impact of Events Scale,* IES-R = *Impact of Events Scale-Revised,* IPPA = Inventory of Parent and Peer Attachment*,* K-SADS-PL = The School Age Schedule for Schizophrenia and Affective Disorder, Present and Lifetime Version, *LIFE/A-LIFE = (Adolescent) Longitudinal Interval Follow-up Evaluation, MFT = Mood and feeling questionnaire*, *PACS = Parent Adolescent Communication Scale, PACJM = Parent/Adolescent Communication-Jaccard Measure, PBI = Parental Bonding Instrument,* PSS-AS = Parental Social Support for Adolescents Scale, *PSS-Fam/PSS-Fr = Perceived Social Support Family/Friends Scales, RCADS = Revised Child Anxiety and Depression Scale, RCMAS = Revised Children's Manifest Anxiety Scale, SCID-I & SCID-II = Structured Interview for DSM-IV Axis I & II Disorders,* SCL-90-R = The Symptom Checklist, *SDQ = Strengths and Difficulties Questionnaire, SQ = Status Questionnaire, TSH-CSR = Things I have Seen and Heard – Child Self Report, WAI = Weinberger Adjustment Inventory, YSR = Youth Self Report.*

Results

The systematic literature search described above identified 18 studies that satisfied selection criteria. Details of the selection process, including reasons for exclusion, are described in Figure 1.

Study Characteristics

Study Design

Among the reviewed studies, 11 were based on cross-sectional data (61.1%), examining outcomes for parentally bereaved adolescents at a specific point in time, while seven (38.9%) reported longitudinal outcomes for parentally bereaved adolescents.

Two sets of studies exhibited similarities in researcher, location, and participant recruitment (Cluver, Orkin, Gardener, & Boyes, 2012 and Collishaw, Gardener, Aber, & Cluver, 2016; Servaty & Hayslip, 2001 and Servaty-Seib & Hayslip, 2003); it is possible that some degree of overlap existed between these studies. However, the extent of overlap could not be established, as a result these studies have been included and treated separately.

Sample and Participants

The 18 studies were conducted in a wide range of countries: five were carried out in the USA; two in Uganda; two in South Africa; and one each in Kenya, Tanzania, Zimbabwe, Iran, Pakistan, Israel, Greece, Italy, and the Netherlands. The studies included 13,092 parentally bereaved adolescents. With individual samples ranging from 72 (Muellller, Baudoncq, & Schryver, 2015) to 4,660 (Nyamukapa et al., 2008).

The age of participants ranged from 10 to 21 years. Fifteen studies reported mean age of participants, with an overall mean of 14.97 years. Mean ages ranged from 11.1 (van Gils, Janssens, & Rosmalen, 2014) to 18.8 years (Brent, Melhem, Masten, Porta, & Walker-Payne, 2012).

Theoretical Background

Four studies referred to specific theoretical frameworks which guided their research. Mueller et al. (2015) drew upon the 'Physiological Stress Vulnerability Model' (Luecken & Lemery, 2004). This model suggests that early experiences, such as parental loss, lead to dysregulated physiological stress responses, which increase an individual's vulnerability to stress-related illnesses. Bronfenbrenner's 'Ecological Model of Development' (1977) guided Collishaw et al. (2016) as they considered varied influences across multiple interrelated ecological levels (including individual, family, community, and socio-cultural factors such as economic conditions, culture, and prevailing beliefs). Brent et al.'s (2012) study was guided by the concept of 'Developmental Cascades' (Masten & Cicchetti, 2010), which has been used to explain the cumulative, 'snow-balling', consequences of parental death on outcomes for young people. Whereas Cerniglia, Cimino, Ballarotto and Monniello (2014) were guided by two theoretical frameworks. The 'Life Transition Framework' (Felner, Terre, & Rowlison, 1988) enhanced their knowledge on varying outcomes following parental bereavement and the influence of, and interaction between, related negative life events and protective resources. The authors were also guided by 'Developmental Psychopathology' (Cicchetti, 1989), which highlights the potential consequences of early trauma and loss on later functioning. This theory guided their

hypotheses that earlier parental death would lead to greater risks for psychopathology in later life.

Outcome Measures

All studies collected data directly from adolescents. Five longitudinal studies collected data from parents as an additional source of information (Brent et al., 2012; Cerniglia et al., 2014; Kaplow, Saunders, Angold, & Costello, 2010; Rotheram-Borus, Weiss, Alber, & Lester, 2005 & Van Gils et al., 2014), while one cross-sectional study collected additional data from teachers (Livaditis, Zaphiriadis, Fourkioti, Tellidou, & Xenitidis, 2002). The 18 studies employed a vast range of measures to examine outcomes, see Table 2. Eighteen studies measured psychological outcomes (e.g. depression, anxiety, anger, trauma, and self-esteem). Four studies measured behavioural outcomes (e.g. substance abuse and sexual risk behaviours). Eight studies measured social outcomes (e.g. perceived support, family cohesion, access to resources and community violence). And, three studies measured academic outcomes (e.g. performance, aspirations, career planning, and adjustment to college).

Methodological Quality

The methodological quality of each study included for review was assessed using the NOS; described in an earlier section of this report. The quality assessment criteria, along with the assigned quality ratings for each study can be seen in Tables 3 and 4.

Most studies reported a reasonable description of demographic characteristics, although six did not describe basic features including participant

gender (Raza et al., 2008; Servaty-Seib & Hayslip, 2003), and ethnicity (Atwine, Cantor-Graa, & Bajunirwe, 2005; Makame, Ani, & Grantham-McGregor, 2002; Mueller et al., 2015; Nyamukapa et al., 2008; Raza et al., 2008). Most studies recruited participants through local communities, schools, and colleges. Great variation was present in the representativeness of samples, with some studies recruiting all participants from one location and others using data from national population-based data sets. Five studies employed random sampling (Atwine et al., 2005; Kaplow et al., 2010; Livaditis et al., 2002; Nyamukapa et al., 2008; Puffer et al., 2012). All studies portrayed a good description of measurement tools, with many making use of well-validated measures. In addition, all studies were appraised as having suitable designs for analysing their hypotheses; most studies conducted ANOVA or regression.

Problems with methodological quality included small sample sizes, drawn from specific populations, with poor descriptions of participant and non-responder characteristics, as well as insufficient consideration of potential confounding factors, an over-reliance on self-report measures, and limitations in reported outcomes of statistical testing; rarely reporting confidence intervals. Taken together, these methodological flaws, present in many of the included studies, warrant caution in the interpretation and generalisability of findings.

Table 3: Quality Rating for Cross-Sectional Studies

Quality Assessment Criteria (* denotes acceptability)											
Selection (maximum 5 stars)	Atwine 2005	Canetti 2000	Livaditis 2002	Makame 2002	Mueller 2015	Neshat Doost 2014	Nyamukapa 2008	Puffer 2012	Raza 2008	Servaty-Seib 2003	Servaty 2001
Representativeness of sample - representative of the average in target population	*	*	*	*	-	-	*	*	-	-	-
Sample size - justified and satisfactory	*	-	-	*	-	-	*	*	-	-	-
Non-respondents - comparability between respondents and non-respondents and satisfactory response rate	*	-	-	-	*	-	*	*	-	-	-
Ascertainment of the exposure - validated measurement tool (**), non-validated but measurement tool available/described (*)	*	**	**	*	**	**	*	**	*	**	**
Comparability (maximum 2 stars)											
Comparability of cases and control of main confounding factor (*)/s (**)	**	**	**	**	*	**	**	*	*	*	**
Outcome (maximum 3 stars)											
Assessment of outcome - structured interview (**), self-report (*)	**	*	*	**	*	**	**	**	-	*	*
Statistical test - clearly described, appropriate, measures association, includes confidence intervals and probability level	*	-	-	-	-	-	*	*	-	-	-
Overall Quality Score (maximum = 10)	9 Good	6 Fair	6 Fair	7 Good	5 Fair	6 Fair	9 Good	9 Good	2 Poor	4 Poor	5 Fair

Table 4: Quality Rating for Longitudinal Studies

Quality Assessment Criteria (* denotes acceptability)							
Selection (maximum 5 stars)	Brent 2012	Cerniglia 2014	Cluver 2011	Collishaw 2016	Kaplow 2010	Rotheram-Borus 2005	Van Gils 2014
Representativeness of sample - representative of the average in target population	*	-	*	*	*	*	*
Sample size - justified and satisfactory	-	-	*	*	-	*	*
Non-respondents - comparability between respondents and non-respondents and satisfactory response rate	-	-	*	*	*	*	-
Ascertainment of the exposure - validated measurement tool (**), non-validated but measurement tool available/described (*)	**	**	*	**	**	**	**
Comparability (maximum 2 stars)							
Comparability of cases and control of main confounding factor (*)/s (**)	**	*	**	**	**	**	**
Outcome (maximum 3 stars)							
Assessment of outcome - structured interview (**), self-report (*)	**	**	*	*	**	*	*
Statistical test - clearly described, appropriate, measures association, includes confidence intervals and probability level	*	-	-	*	-	-	-
Overall Quality Score (maximum = 10)	8 Good	5 Fair	7 Good	9 Good	8 Good	8 Good	7 Good

Synthesis of Findings

The studies included in this review display a variety of findings regarding the outcomes, and adjustment, of parentally bereaved adolescents. This review will outline and evaluate each of the included studies, in two parts; the first will focus on studies that employed a cross-sectional design, while the second will bring together studies that employed a longitudinal design.

Cross-Sectional Studies

In total, 11 studies utilised a cross-sectional design. Of these studies: one compared parentally bereaved adolescents with parentally bereaved adults, six compared with non-bereaved adolescents, one compared with parental illness, and three compared with parental separation. The studies will be discussed in this order.

Parental Bereavement in Adolescence and Adulthood

Servaty-Seib and Hayslip (2003) found parentally bereaved adolescents showed significantly longer and more intense grief reactions, as well as more negative interpersonal perceptions, than parentally bereaved adults. Adolescents also showed a less positive perception of their parent's funeral. Together, these results suggest that adolescents show greater difficulties coping with death, than those who lose a parent during adulthood. These findings are in line with previous research which has also found more intense and extended grief reactions among adolescents (e.g. Balk, 1983; Garber, 1985; Tyson-Rawson, 1996), perhaps due to the counter-normative experience of parental death during adolescent years; when parent-child relationships are still a core part of daily life and development. Although Servaty-Seib and Hayslip's (2003) findings provide an important contribution to our

understanding of the unique impact of parental death during adolescence, their findings are subject to a number of limitations. They failed to control for many possible confounding factors that have been found to correlate with outcomes in other studies, including gender, family cohesion and perceived social support (Canetti et al.,2000; Nyamukapa et al., 2008; Makame et al., 2008; Servaty & Hayslip, 2001). Most participants were recruited from grief support charities, raising questions about the generalisability of findings due to inherent bias in volunteer samples. And perhaps the most significant limitation, was the absence of a non-bereaved control group. The lack of a non-bereaved group makes it difficult to know whether negative outcomes were beyond those seen in the general population. The studies described below address this important limitation.

Parental Bereavement and Non-Bereavement

Neshat Doost et al. (2013) investigated the effect of war-related parental bereavement on autobiographical memory specificity (AMS) among adolescents living in Iran. Previous researchers (e.g. McLean, 2005) have explained the central role AMS plays in the development and strengthening of self-concept and identity, as well as future aspirations and goals. Neshat Doost et al. (2013) found parentally bereaved adolescents demonstrated significantly reduced AMS compared to non-bereaved adolescents. Reduced AMS was significantly related to symptoms of depression. When the authors controlled for the influence of depression; AMS remained significantly reduced among parentally bereaved adolescents, suggesting that reduced AMS is associated with both emotional difficulties and parental bereavement.

In a similar vein, Muellller et al. (2015) investigated the influence of parental loss among male adolescents from Northern Uganda. Parentally bereaved adolescents showed significant decreases in cognitive performance over time. Performance decline was positively associated with trauma symptomology, for adolescents who had experienced parental loss; suggesting that one's ability to perform cognitively challenging tasks becomes harder the more trauma they have experienced. In contrast with other studies included later in this review (e.g. Atwine et al., 2005; Cluver et al., 2012), parentally bereaved adolescents were not significantly more likely to have experienced symptoms of depression, anxiety, or trauma than non-bereaved adolescents. They were however, significantly more likely to report increased daily stressors (including poverty, hunger, family sickness, abandonment, and physical chastisement) than their non-bereaved counterparts. Mueller et al. (2015) suggested a possible explanation for the low reports of psychological difficulties within their study as they highlight the social stigma often attached to mental illness within African society, which may be even more prevalent among males, leading to a potential underreporting of psychological difficulties.

The focus on adolescents from one school who had experienced armed conflict included in both Neshat Doost et al. (2013) and Mueller et al.'s (2015) studies makes it difficult to generalise findings to adolescents outside of these specific contexts. The inclusion of additional groups of young people with no such exposure would have helped make further meaningful comparisons. Additionally, the uneven sample sizes, reduced power to detect smaller differences (such as between maternal and paternal bereavement, or time since death), and lack of control over confounding

variables calls for additional research to be undertaken in order to gain further support for these findings.

Although Raza et al. (2008) shared a similar limitation by recruiting participants from one college, they made attempts to compare outcomes for equal numbers of maternally bereaved, paternally bereaved, and non-bereaved adolescents. Raza et al. (2008) found significantly greater difficulties in psychosocial functioning, health and physical development, home and family life, and adjustment to college for adolescents who had experienced parental bereavement compared to those who had not. In line with Canetti et al. (2000), Brent et al. (2012), Nyamukapa et al. (2008), and Puffer et al. (2012), no significant differences were found between maternally and paternally bereaved adolescents. Raza et al.'s (2008) study received the lowest quality rating, as such their results must be interpreted with greater caution. There is a large amount of bias present in their report and in the interpretation of their findings; overgeneralizations are made with little evidence to support them, combined with little control over confounding variables and poor description of recruitment, sample, procedure, and measurement tools. These substantial limitations make it difficult to compare the findings of this study with others included in this review and to generalise the findings outside of this review.

The following three studies were judged as having considerably greater quality. The first of which was undertaken by Makame et al. (2002), who found parentally bereaved adolescents were considerably more likely to demonstrate internalising problems (low mood, somatic symptoms, sense of failure, anxiety, and suicidal ideation) and have basic unmet needs (going to bed hungry, being hungry at

school, no access to education, lack of money for school fees, books, and uniforms) than their non-bereaved counterparts. Makame et al. (2002) found parentally bereaved adolescents were significantly less likely to be in school than non-bereaved adolescents. They also found that adolescents not attending school, had substantially lower arithmetic scores than those attending school. Interestingly, there were no significant differences in attendance rates or arithmetic scores between school attending bereaved and non-bereaved adolescents. These findings suggest that ability to attend school, not ability to achieve at school, was impacted by parental death. Makame et al.'s (2002) findings indicate a lack of economic resources and basic unmet needs among AIDS bereaved adolescents. The authors point to previous work by Saunders (1998) and Brunner (1997) who write on the "well-established association between poverty and psychological stress" (p.463), supporting their finding that both attendance at school and going to bed hungry were independently related to internalising problems, and that when economic resources were controlled for, internalising problems decreased.

In considering the implications of Makame et al.'s (2002) findings it is important to note that their measurement of stressors was limited. For example, presence of a caring adult to confide in, or fear and associated stigma of HIV infection could have better explained the differences seen in internalising problems. Although the sample was modest, the authors attempted to include all eligible adolescents. The authors report that most young people "had lost their parents some time ago, suggesting that the increase in depression was chronic rather than an acute grief reaction" (p.463). By increasing transparency and reporting time since parental

death, the authors would have generated reassurance in their claims and contributed to a greater understanding of the long-term impact of parental bereavement.

Atwine et al. (2005) also assessed outcomes following AIDS related parental bereavement. They found higher levels of psychological distress (depression, anxiety, anger, somatisation, hopelessness, and suicidal ideation) in adolescents who were AIDS bereaved compared to adolescents from intact families. Significant differences remained when background and demographic factors were controlled for. Household size appeared to present a risk factor as depression scores were higher among bereaved youth living in smaller households than bereaved youth living in larger households. On the other hand, contact with other bereaved adolescents appeared to be a protective factor as self-concept scores were positively related to contact with other bereaved adolescents. It might be that contact with others in a similar situation helps to reduce feelings of shame and stigmatisation. It is worth noting however, that contact with other bereaved youth was not related to lower levels of depression or anxiety. Atwine et al.'s (2005) study has a number of strengths including the random sampling of adolescents from a district that is generally representative of other AIDS-affected areas in Uganda. However, the face-to-face nature of interviewing may have led to under-reporting for many reasons including social desirability and stigma around reporting psychological difficulties. Date of parental death, and time since death, could not be obtained, making it difficult to draw conclusions about outcomes, particularly the long-term nature of outcomes.

Akin to Makame et al. (2002) and Atwine et al. (2005), Puffer et al. (2012) also assessed psychosocial differences between AIDS bereaved and non-bereaved

adolescents. However, they additionally examined HIV risk indicators as well as differential effects of maternal, paternal and double bereavement. Puffer et al. (2012) found bereaved adolescents reported poorer mental health outcomes (depression, emotional problems, exposure to traumatic events, and intrusion and arousal symptoms of PTSD), lower access to economic resources (clothing, shoes, and school fees) and less social support (from caregivers and others) than non-bereaved adolescents. There were no differences between maternal, and paternal bereavement. However, adolescents who experienced the death of both parents showed poorer outcomes across all measures, suggesting these young people are exposed to greater risks, and consequently greater vulnerability, to maladaptive psychosocial adjustment. Contrary to the authors' hypotheses and previous literature, HIV risk indicators (including sexual activity, sex-related self-efficacy, and beliefs about sexual risks) did not differ between parentally bereaved and non-bereaved groups. To explain these findings, Puffer et al. (2012) highlight that all participants were drawn from the same community, an area which is known for having high HIV prevalence. It is possible that HIV risk indicators were elevated amongst all youth, to a level where the experience of parental death would not significantly enhance risk.

One of the great strengths of Puffer et al.'s (2012) study was their random sampling strategy which sets their study apart from many others included in this review. However, sampling only included school attending adolescents. Although this approach was intended to capture most of the population, as previous studies have found around 97 per cent of youth attend school in the area studied (Juma, Askew, & Ferguson, 2007), other studies in this review (e.g. Makame et al., 2002) found those

not attending school presented with some of the poorest outcomes, consequently, missing an important sub-group of young people in their analyses.

Parental Bereavement and Parental Illness

Addressing the limitations evident in previous studies where non-bereaved parental HIV status was unaccounted for, Nyamukapa and her colleagues (2008) assessed a substantial number and variety of adolescents including: double bereaved, maternally bereaved, paternally bereaved, non-parentally bereaved vulnerable adolescents (who experienced death of another adult or lived with a chronically ill person) and non-bereaved non-vulnerable adolescents. They found parentally bereaved adolescents (both male and female; double, maternal and paternal) demonstrated greater levels of psychosocial distress (depression, anxiety, and low self-esteem) than non-parentally bereaved adolescents (both vulnerable and non-vulnerable). Although both genders exhibited psychosocial distress, levels of distress were higher among females. Like Makame et al.'s (2002) study, higher levels of psychosocial distress were also associated with extreme poverty. Not being enrolled in school and increased psychosocial distress were both independently and positively associated with early-onset sexual activity, potentially leading to greater risks of HIV infection. Nyamukapa et al. (2008) found that living in urban areas, commercial farms, poor households, households that received external support, and being unrelated to primary caregivers were all positively associated with psychosocial distress. In contrast, experience of connection and support with primary caregivers, and living in a household headed by a woman, were found to have protective effects

against psychosocial distress as both were independently associated with reduced levels of psychosocial distress.

Nyamukapa et al.'s (2008) study gave greater consideration to their comparison groups, controlling for confounding factors such as vulnerability and experience of living with a chronically ill relative. A great strength of their study is the application of their findings to a theoretical framework which can be used to enhance understanding of how psychosocial distress might arise and the consequences it has for bereaved and vulnerable adolescents.

Parental Bereavement and Separation

Canetti et al. (2000) found parental separation to be more detrimental than parental death. When compared to intact families, parental separation was related to more psychiatric symptoms (obsessive compulsion, depression, anxiety, interpersonal sensitivity, and hostility) and less perceived support from family, whereas parental bereavement was not significantly related to any of these factors. The only significant difference between parentally bereaved adolescents and adolescents from intact families were higher somatisation scores amongst parentally bereaved adolescents. These findings contrast with those of previous researchers in this review. Canetti et al. (2000) conclude that while parental death can be an extremely stressful event, "it does not necessarily lead to psychological problems" (p.367). They found significantly greater levels of perceived parental care among adolescents who had experienced parental bereavement and suggest that care and stability provided by surviving parents protects against the negative impact of parental death. Furthermore, they highlighted the importance of understanding the

meaning a young person attaches to their loss. They explained that, depending on the circumstances, separation could be seen with more negative connotations (e.g. avoidable, voluntary, choice to be distanced) than death, making it harder to understand, accept, and cope with. They also suggested that adolescents may be more likely to idealise a parent who has died; parentally bereaved adolescents within their study reported greater experiences of care and bonding for the parent who had died in comparison to controls. When the authors controlled for parental bonding and perceived social support, the initial differences in psychiatric symptoms and wellbeing between the separation and intact groups were no longer significant. These findings suggest that the quality of parental relationships serves as a protective factor, moderating the adverse effects of separation. Canetti et al. (2000) considered a good number of possible confounding variables including age and gender, time of parental death or parental separation, family size, and socioeconomic status. However, the study did not control for type of separation (e.g. divorce, abandonment, foster care), or for the presence of violence, neglect, or abuse, all of which could have influenced outcomes.

Unlike Canetti et al. (2000), Livaditis et al. (2009) described separated adolescents as living with one parent due to parental separation, divorce, or disintegration; therefore, not including families where both parents have left, or where the adolescent has been placed in care. They found adolescents from separated families showed significantly more internalising problems (withdrawal, somatic complaints, anxiety, and depression) in comparison to adolescents from intact families. In contrast adolescents from parentally bereaved families showed significantly more externalising problems (delinquency and aggression) in

comparison to adolescents from both separated and intact families. Teachers judged adolescents from separated families as displaying more problematic behaviour than adolescents from both intact and parentally bereaved families. The results from Livaditis et al.'s (2009) study suggest that adolescents from separated families are faced with greater psychological difficulties, combined with a greater vulnerability to negative perceptions from teaching staff.

Livaditis et al. (2009) were the only authors in this review to include teacher ratings of outcomes. Although they did not have equal, or even similar, sample sizes across the three groups, they claimed that the distribution of participants was "typical of a high school student population in rural Greece" (p.63). Their sample was drawn from a small, close-nit, community where divorce is rare and generally disapproved of. Although their sample was representative of other such communities, it is likely that different outcomes would be observed in societies where divorce is more normative and carries less social stigma.

Among American adolescents, Servaty and Hayslip (2001) found adolescents who had experienced parental death and divorce showed significantly higher somatisation, obsessive-compulsive tendencies, and depression than adolescents from intact families. Parentally bereaved adolescents also showed significantly higher interpersonal sensitivity (feelings of unease, inadequacy, inferiority, and negative expectations concerning interpersonal interactions) than adolescents from divorced and intact families. To explain this finding, Servaty and Hayslip (2001) suggested that parentally bereaved youth display a heightened sensitivity about being perceived as 'different' to their peers. The authors highlighted the concerning nature of these

findings as substantial research points to the importance of interpersonal relationships for post-loss adjustment, wellbeing, and identity development (e.g. Canetti et al., 2000). There are several explanations for the disparity in findings between this study and the two previous ones. Servaty and Hayslip (2001) took an exclusive focus on internalising symptoms, their disregard of externalising difficulties could have limited their findings and not presented a full-picture of the impact of parental death and parental divorce. Additionally, Servaty and Hayslip's (2001) study was carried out in the USA where divorce is increasingly more common and may not carry the level of stigma present in cultures where divorce is outside of the norm.

The cross-sectional studies discussed so far cannot explain direction of causality or whether differences in outcomes appear later in life. This review will now consider longitudinal studies to begin to address this important limitation.

Longitudinal Studies

In total, seven studies utilised a longitudinal design. Of these studies one compared parentally bereaved adolescents with non-bereaved adolescents, one compared with parental illness, three compared with other bereavement, one compared with parental separation, and one compared age and parental bereavement. The studies will be discussed in this order.

<u>Parental Bereavement and Non-Bereavement</u>

Brent et al. (2012) investigated the impact of sudden parental death on long-term psychological, social, and educational outcomes of adolescents over a five-year period. Finding greater difficulties with peer attachment, educational aspirations, career planning, and success at work, among parentally bereaved youth than among

youth who had no experience of parental bereavement. They also found that these difficulties were mediated, in part, by personal and parental functioning and by family adaptability and cohesion; these mediation effects remained even when pre-death characteristics were controlled for. Brent and his colleagues (2012) found pre-existing psychiatric disorders negatively impacted adolescent and parental functioning, which consequently impacted developmental outcomes.

From baseline to final follow-up, the overall retention rate was 74 per cent; parentally bereaved participants, from non-European backgrounds, and where the primary carer had new onset diagnoses of PTSD or depression were all significantly less likely to continue participation. Results may therefore reflect an under-reporting of difficulties. Psychological outcomes were measured at each time-point. However, developmental outcomes (peer-attachment, educational aspirations, academic success, career planning, success at work, satisfaction with romantic and peer relationships); the focal point of this study, were only assessed at the last follow-up (approximately 5 years after parental death). The reason for not assessing these outcomes at multiple time-points is unclear, and potentially leads to missed understanding in the developmental fluctuations and trajectories of outcomes. Despite these limitations, Brent et al. (2012) were able to evidence long-term difficulties that continue to affect young people five years after the loss of their parent(s), pointing to the importance of offering continued support to young people.

Parental Bereavement and Parental Illness

Over six years, Rotheram-Borus et al. (2005) prospectively followed families affected by HIV, living in New York. They found adolescents to demonstrate the most

elevated levels of distress more than a year before parental death, with heightened somatic complaints, depressive symptoms, isolation, fearfulness, and angry impulses. Contrary to expectation, these difficulties seemed to decline in the year immediately before parental death. It is possible that during this time, families experienced increased levels of support and medical care. The death of a parent was followed for many by psychological difficulties, such as low mood, hopelessness, suicidal thoughts, and passive problem solving, that lasted a year and then returned to normative levels. Contrary to the findings of Kaplow et al. (2010) and Livaditis et al. (2009), the authors did not find a relationship between parental death and externalising difficulties. Apart from sexual-risk behaviours; which were found to sharply increase immediately following parental death and remain at elevated levels. Rotheram-Borus et al. (2005) were guided by Erikson (1968) in the interpretation of these findings; understanding increased sexual behaviour as an expression of the adolescent's need to create and build intimacy, following the loss of a loved one.

In reviewing the outcomes of this study, it is important to note the authors compared two groups of adolescents likely to be experiencing heightened levels of distress, failure to include a group of adolescents who did not have a parent with a chronic, long-term, socially-stigmatised illness, makes it difficult to compare outcomes and generalise findings. Despite these flaws, most research investigating the impact of parental illness and death prior to their study was conducted with younger children from middle-class backgrounds (e.g. Christ, 2000; Romer, Barkmann, Shulte-Markwort, Thomalla, & Riedesser, 2002). Additional strengths included the use of multiple assessment periods with good follow-up rates, ranging

from 91 to 63 per cent across the six years, increasing the likelihood of capturing fluctuations and changes in longitudinal outcomes.

Parental Bereavement and Other Bereavement

Kaplow et al. (2010) compared longitudinal outcomes of parentally bereaved, other bereaved (e.g. grandparent, aunt, uncle), and non-bereaved adolescents. Findings showed youth from both bereavement groups demonstrated greater difficulties than non-bereaved youth, including: separation anxiety, functional impairment, and substance abuse prior to death; depression and separation anxiety when death was first reported; and functional impairment, substance abuse, and conduct disorder following death (approximately 1.5 years later). Significantly greater difficulties remained even when antecedent risk factors were controlled for and were mostly evident among parentally bereaved youth. In the final wave of assessments separation anxiety was no longer significantly higher in bereaved youth, suggesting that anxiety around loss, health and separation may be a more immediate, short-term response to loss that lessens with time. Impairments in functioning (at home, school, in the community and social networks), on the other hand, were seen at greater levels in parentally bereaved youth throughout the study. Significantly higher levels of poverty where also found among parentally bereaved youth.

The authors highlight that although they found various significant differences between bereaved and non-bereaved adolescents, the reported symptoms appeared to be sub-clinical and may be considered as normative reactions to the death of a loved one. However, the duration of assessments was limited, it is possible that more significant differences would have emerged if young people were assessed closer to

the time of death (for more immediate responses) and followed-up over a more extended period (for more enduring outcomes). Other longitudinal studies included in this review assessed participants at approximately three time-points over four and a half years, allowing for greater understanding of the fluctuations and trajectories of outcomes. Despite its limitations, Kaplow et al.'s (2010) study has a number of strengths. The prospective, longitudinal nature of the study allowed consideration of pre-existing risk factors. The authors employed a random sampling method, and oversampled those from disadvantaged backgrounds, using a non-referred community sample. Like Cluver et al. (2012) and Collishaw et al. (2016), the inclusion of an 'other bereaved group', allowed for a greater exploration of the unique experiences of parentally bereaved adolescents.

Cluver et al. (2012) assessed AIDS-related parentally bereaved, other parentally bereaved (most often because of murder or accident), and non-bereaved adolescents on two occasions; four years apart. AIDS bereaved adolescents showed higher depression, anxiety, and PTSD scores at both baseline and follow-up assessments compared to other bereaved and non-bereaved adolescents. Results showed that amongst AIDS bereaved adolescents, negative outcomes were maintained, and even worsened, over the four-year duration of the study. Apart from depression, other bereaved adolescents did not report long lasting negative outcomes. When sociodemographic cofactors and psychological distress at baseline were controlled for, Cluver et al. (2012) found that AIDS-related parental bereavement status independently predicted increased levels of anxiety, depression, and PTSD.

Cluver et al.'s (2012) findings suggest that for AIDS-related parentally bereaved adolescents, the transition into adulthood may be a particularly challenging time, perhaps due to a reduction in support from family, school, NGOs, and welfare services. Additional support is often targeted at children; as young people age these supports all too often disappear (Pona & Turner, 2018). These findings highlight the importance of continuing to offer support to adolescents as they enter early adulthood. Cluver et al. (2012) claim to be the first study outside of western culture to examine the long-term psychological impact of parental bereavement on adolescents bereaved by AIDS. An additional strength of their study is their inclusion of other parentally bereaved and non-bereaved comparison groups, and the oversampling of young people not attending school and living in child-headed households or on the streets. These groups of young people are often neglected in research, especially those included in this review that focus on school and community-based sampling. However, 295 participants were untraceable or had died at follow-up, 58.4 per cent of which were AIDS-related parentally bereaved adolescents. Those lost to follow-up were some of the most vulnerable adolescents in the study showing some of the highest levels of psychological distress. It is therefore likely that the findings presented in this study underestimate psychological outcomes.

Collishaw et al. (2016) aimed to identify risk and protective factors for AIDS bereaved, other bereaved (bereaved by illness, accident, suicide, or murder) and non-parentally bereaved adolescents across multiple levels of ecology; including individual (optimism and physical health), family (caregiving quality and living arrangements), and community (friendships, community support, poverty, and

exposure to violence, bullying and stigma). Participants were assessed on two separate occasions; four years apart. Significant differences were found between the number of adolescents presenting with sustained good mental health (defined as absence of depression, anxiety, conduct problems, delinquency, PSTD or suicidality) at both timepoints; non-parentally bereaved adolescents presented as the most resilient with 40.8 per cent demonstrating sustained good mental health, 35.4 per cent of other parentally bereaved adolescents demonstrated sustained good mental health, and 23.8 per cent of AIDS-related parentally bereaved adolescents showed sustained good mental health. Collishaw et al. (2016) highlighted that although AIDS-bereaved adolescents presented with a greater number of vulnerabilities, psychological problems were not always inevitable. Among AIDS-related parentally bereaved adolescents, the following risks to resilience where found: number of family bereavements, experience of bullying, violent victimisation, and community stigma, with number of family bereavements at baseline showing the strongest negative association with mental health resilience at four-year follow-up. In contrast, the following protectors of resilience were found, which were seen across multiple ecological levels: better physical health, food security, and optimism about the future (at the individual level); positive caregiving, good relationship with caregivers, as well as lack of maltreatment (at the family level), and good relationships with friends, lower exposure to violence, bullying, and stigma (at the community level). Among these factors, food security and lower exposure to community risks at baseline showed the strongest positive relationship with mental health resilience four years later.

Collishaw et al.'s (2016) findings demonstrate that child, family, and community factors should not be considered in isolation, as they function together to foster resilience in individuals from high-risk backgrounds. Despite these findings, it is important to note that only 70 per cent of participants completed both parts of the study. Participants who reported greater mental health difficulties at the baseline assessment were less likely to continue participation at four-year follow-up. This introduces potential bias in the study as rates of resilience among participants may have been unduly inflated and mental health difficulties may have been underreported. Adding additional, more frequent assessments over the four-year period might have enabled the authors to capture more of this data.

Parental Bereavement and Separation

Van Gils et al. (2014) investigated the influence of family disruption (parental divorce and death) on functional somatic symptoms (FSS). The authors define FSS as "physical symptoms than cannot be (fully) explained by organic pathology" (van Gils et al., 2014, p. 1354), which often present as headaches, abdominal pain, or musculoskeletal pain. Van Gils and her colleagues (2014) found increased FSS in adolescents who had experienced family disruption. Symptoms were found to increase during adolescence for both males and females, with significantly higher FSS shown in late adolescence (between 15 and 17 years of age). The relationship was explained in part by increased symptoms of depression and/or anxiety. When depression was controlled for, FSS decreased considerably among youth who had experienced parental divorce (no longer reaching significance) and decreased slightly among youth who had experienced parental death (significance only remained for

those aged 17). When anxiety was controlled for FSS were similar among youth who had experienced parental divorce and decreased very slightly among youth who had experienced parental death (no longer significant among 15-year olds but holding significance among 16 and 17-year olds).

The large, population-based sample employed by van Gils and her colleagues (2014) enhances the generalisability of their findings. The long-term follow-up of adolescents over a five-year period enabled van Gils et al. (2014) to find enduring somatic difficulties which increased with age and only became significantly different in late adolescence. Had the authors not employed such a longitudinal approach, these results would have been missed. However, the study had several limitations. Firstly, different methodologies were employed at various stages of assessment; at the first assessment parents were interviewed, at the second adolescents completed self-report questionnaires, and at the last assessment adolescents were interviewed. Poor correlations between child and parent reports have been consistently found in research (Wolpert et al., 2016), it is therefore necessary to view the findings of this study with caution. Secondly, the researchers, like many included in this review (Kaplow et al., 2010; Servaty & Hayslip, 2001; Servaty-Seib & Hayslip, 2003) did not include the cause of parental death in their report. Although no differences have been found when cause of parental death has been included in the analysis (e.g., Brent et al., 2012), this remains an important oversight. Van Gils and her colleagues (2014) suggest that we might expect to see a rise in FSS among youth whose parents die because of physical illness or disease, due to heightened health anxiety, however, this hypothesis remains untested within this review.

Age at time of Parental Bereavement

Cerniglia et al. (2014) compared three groups of adolescents; those who experienced early parental bereavement (0-3 years), those who experienced parental bereavement between three and ten years of age, and young people who had not experienced parental bereavement. Findings showed that parentally bereaved adolescents demonstrated greater psychological distress (depression, anxiety, obsessive compulsivity, and hostility) and eating-related difficulties (dieting, food preoccupation, and bulimia) in early adolescence (ages 11-13), with a significant improvement in wellbeing as they transitioned into later adolescence (ages 14-16). The authors did not find the same improvements among adolescents who experienced early parental bereavement.

This study suggests that adolescents who experience early parental death appear to be particularly vulnerable to ongoing, persistent difficulties. Only four studies in this review considered the influence of age at which a young person experiences parental death. Of these studies, only Cerniglia et al.'s (2014) reported significant differences. Contradictions in findings could result from a non-inclusion of adolescents who experienced early parental death; the youngest participants in Canetti et al.'s (2000) study were five and a half years old when their parents died, and both Brent et al. (2012) and Cluver et al. (2012) failed to report the age at which participants experienced parental death. However, they did report means which were 13.0 and 9.1 years respectively. There is a need for future studies to show greater transparency when reporting participant characteristics.

The results of Cerniglia et al.'s (2014) study suggest that younger adolescents are particularly vulnerable to negative psychological outcomes following parental

bereavement. Cerniglia and colleagues (2014) suggest the increasing demands and developmental tasks that typically occur during this period might account for their findings, including the onset of puberty, significant physical changes, and psychological and interpersonal transitions. Their results suggest that these difficulties dissipate with time. Their findings are in contrast with those of other studies in this review. Several studies found no interactions with age (Collishaw et al., 2016; Makame et al., 2002; Servaty & Hayslip, 2001), whereas other studies suggested that difficulties got worse with age, not better (Cluver et al. 2012; van Gils et al. 2014). Reasons for disparity in findings across studies might include differences in cause of parental death, the developmental stage in which parental bereavement was experienced, sociodemographic variables and outcomes measured (e.g. internalising/externalising focus). Future research is needed to determine the potential influence of these factors.

Discussion

This review aimed to develop current understanding of the impact of parental bereavement on young people by expanding on, and updating, previous reviews. It examined both cross-sectional and longitudinal studies of varying quality, conducted with a wide range of parentally bereaved adolescents; comparing outcomes in different domains (psychological, behavioural, educational, and social), against various control groups (including adolescents who had experienced: no bereavement, other bereaved, parental illness, and parental separation) from diverse cultural contexts.

In line with previous research, this review reveals that findings remain mixed. Many studies demonstrated difficulties following parental bereavement, but how

these difficulties presented, and how long they lasted, varied substantially from one study to the next. Despite this variation, overall findings suggest that many young people experience detrimental outcomes following parental bereavement, some of which appear to be short-term initial reactions to the death of a parent, while others appear to present more enduring difficulties.

A wide range of difficulties were demonstrated among parentally bereaved adolescents. Psychological difficulties included various symptoms of depression, low self-esteem, anxiety, somatisation, eating disorders, grief, and PTSD, whereas behavioural difficulties included delinquency, hostility, aggressive behaviour, conduct difficulties, and substance abuse. Educational difficulties included slower working, reduced aspirations, difficulties adjusting to college, reduced career planning and difficulties succeeding at work, while social difficulties included problems with family (support, relationships, discipline), friends (attachment, support), as well as basic unmet needs and lack of economic resources (poverty, hunger, limited access to education). The variation seen across studies demonstrates that there is no universal response to parental death. It is likely that variations shown in outcomes result, at least in part, from differences in recruited samples (including sample size and inclusion criteria), measures employed, as well as the presence of various mediating and moderating factors. Few studies reported on clinical application of findings. Whether reported difficulties show normative reactions to the death of a loved one, or whether they go beyond a clinical level, requiring specialist intervention, remains unknown and requires further investigation.

The extent and range of reported difficulties surpass those presented in previous reviews. For example, findings from Dowdney's (2000) review suggest that young people experienced common symptoms of depression, distress and grief in the year following parental bereavement which after a year, was followed by improvements and even resilience to psychological difficulties for most young people. The findings of this review contrast with Dowdney's (2000) findings, as combined results from both cross-sectional and longitudinal studies suggest that many parentally bereaved adolescents experience various and enduring negative outcomes, retaining significance a considerable number of years after bereavement. This appears to be the case especially when parental bereavement is paired with social stressors such as stigma and economic burden. The inclusion of studies from a variety of cultures, assessing various outcomes, with a focus on older youth and data from longitudinal studies may have accounted for the differences seen between findings from this review and previous ones. Previous research and reviews have largely focused on cross-sectional data of younger children from western, middle-class backgrounds. Results from studies such as these may not have provided an adequate understanding of the impact of parental death for adolescents living within families and communities with many pre-existing social stressors.

It is conceivable that parental bereavement acts as a distinct considerable stressor that a good number of adolescents recover from. However, when this stressor is combined with additional on-going, associated stressors such as social stigma and discrimination, economic burden, reduced access to material resources, schooling, and support, it is plausible that the ensuing distress is amplified and sustained over time.

A particularly interesting and important finding of this review was the reports of heightened distress more than a year before parental death, highlighting the potentially substantial and prolonged impact of living with, caring for and experiencing the death of a parent.

Looking to mediating and moderating variables across studies has highlighted the importance of the surviving parent's ability to provide care, warmth, and consistent discipline, as well as the importance of schooling for young people. This is in keeping with previous research on the opportunities schooling provides for peer support, employment, and future income (Ashton, 1996). Collishaw et al.'s (2016) study was the only study included in this review to assess resilience among parentally bereaved youth.

Limitations

Despite the systematic and transparent nature of this review, in which preventative steps were taken to minimise bias at many stages, the following limitations must not be discounted.

The use of broad search terms identified a vast number of papers to which several restrictions were made, including publication language, status, and date. These restrictions likely result in a number of relevant papers being discounted. Due to time and resource restraints, one researcher conducted this review; potentially introducing unintentional bias or error into the review process.

Although the diversity of studies included in this review is a relative strength, the broad range of different study locations and variable control groups, combined

with the small numbers of each of these, makes it difficult to draw firm conclusions that can be reliably generalised outside of this review.

The assessment of outcomes following parental bereavement was not carried out consistently across studies; few studies used the same outcome measurement, making it difficult to reliably compare outcomes. In addition, many of the studies relied on self-reported outcomes, which could have been vulnerable to socially desirable responding. Only two studies employed social desirability scales to control for this possibility. Despite demonstrating adequate to good reliability across the samples studied, many studies transferred measures, which had been adapted from scales originally developed with western populations, across different cultural contexts, often due to a distinct lack of culturally validated and standardised measures. Certainty that these measures captured all important culturally specific aspects of distress cannot be achieved.

Following recommendations from Coyne and Beckman's (2012) earlier review, this review considered not only psychological wellbeing, where most previous research was focused, but also educational, behavioural, and social wellbeing of parentally bereaved adolescents. However, few studies focused on these areas and as a result our understanding of broader, more diverse outcomes remains limited.

Implications

This review addressed several gaps in literature and current understanding of outcomes for parentally bereaved adolescents, while also identifying a number of important implications for both clinical and research practice.

The review identified a broad range of pre- and post-loss difficulties for parentally bereaved adolescents, which surpass those presented in previous reviews (e.g. Coyne & Beckman, 2012; Dowdney, 2000). Findings from this review suggest that many parentally bereaved adolescents experience various and enduring negative outcomes, especially when parental bereavement follows chronic illness and is paired with additional social stressors such as stigma, economic burden, and reduced access to material resources, schooling, and support. These findings have important implications for clinical practice and for interventions aimed at supporting parentally bereaved adolescents. They highlight the need to provide support at multiple levels including individual, family, and wider society, as well as the need to consider pre- and post-loss risk factors (such as serious illness, poverty, family coping and support).

The review also presents several implications for future research. It identifies a number of limitations in current literature, including a lack of consistency across studies in terms of measurement and research procedure, and a tendency to focus solely on psychological outcomes while neglecting important additional factors. The review highlights a need for validation and standardisation of measures within contexts different to western cultures, as well as the need for future studies to make use of comparable outcome measures, so that findings can be reliably compared and generalised. It additionally highlights the need for future research to consider educational, behavioural, and social outcomes as well as a need for more thorough exploration of potential factors that could work to protect and mitigate against negative outcomes for parentally bereaved adolescents.

Conclusions

In summary, this review found outcomes for parentally bereaved youth are broad and varied. Many adolescents appear to experience on-going adverse outcomes following parental bereavement. However, due to limitations and lack of consistency across studies, the extent of these difficulties and whether they present above clinical levels remains largely unknown. There is a need for studies to make use of comparable measures to enable more straightforward and clear comparisons to be made.

The findings of this review have important implications for future research and for interventions aimed at supporting bereaved adolescents. They demonstrate that the experience of parental bereavement should not be considered in isolation but should be viewed within the multiple layers of individual, family, and societal factors as well as the wider context of pre and post-loss events.

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Part 2: Empirical Paper

Interrogative Suggestibility in Adolescents: A Comparison of Unaccompanied Asylum-Seeking Minors and UK-Residing Peers.

Abstract

Aim: This study aimed to explore differences in interrogative suggestibility between two groups: unaccompanied asylum-seeking youth, and UK-residing (non-asylum-seeking) youth. It also aimed to examine whether exposure to negative life events (NLEs) and compliance influenced suggestibility.

Method: The study used a cross-sectional, between-subjects, quasi-experimental design. Opportunity sampling was used to recruit 34 participants from London, Kent, and Glasgow. Participants were aged 16 to 25 and formed two groups: a group of unaccompanied asylum-seeking youth (N = 17) and a comparison group of UK-residing youth (N = 17). Participants completed the Gudjonsson Suggestibility Scale (Gudjonsson, 1987), and quantitative measures to capture NLEs, compliance, estimated intellectual ability and demographic variables.

Results: The study found a trend for unaccompanied asylum-seeking youth to present as more vulnerable to suggestibility, particularly to interrogative pressure, than UK-residing youth. NLEs and compliance were significantly higher in unaccompanied asylum-seeking youth and were found to be significantly related to increased vulnerability to interrogative pressure.

Conclusions: Preliminary findings suggest that unaccompanied asylum-seeking youth and those with exposure to a high number of NLEs are likely to possess a heightened vulnerability to negative feedback and are more likely to change their answers in response to interrogative pressures. These findings could have serious implications for the way in which unaccompanied asylum-seeking young people are interviewed and on their claim for asylum.

Introduction

The term unaccompanied asylum-seeking minor is used to describe "persons who are under 18 years of age, are separated from both parents, and are not with and being cared for by a guardian or other adult who by law or custom is responsible for them" (UNHCR, 1994). It is widely accepted that unaccompanied asylum-seeking minors represent "the most exposed and vulnerable victims of migration" (Eurostat, 2010). Many flee war, armed conflict, violence, torture, abuse, persecution, exploitation, and poverty and undertake long, dangerous, and difficult journeys in order to seek safety and protection (Reed, Fazel, Jones, Panter-Brick, & Stein, 2012; Refugee Council, 2018).

Over the past three years, 8,749 unaccompanied asylum-seeking minors applied for asylum in the United Kingdom (UK; Home Office, 2018). The Home office reports that this number shows a drastic rise when compared to previous years, more than doubling the three years prior; from the beginning of 2012 until the end of 2014 4,335 unaccompanied minors applied for asylum in the UK. This rise in the number of unaccompanied minors seeking asylum in recent years highlights the importance of conducting research in this area to ensure an adequate understanding of the stressors and strains these young people have faced, and continue to face, so that appropriate support can be put in place.

According to international law, in line with the 1951 Convention Relating to the Status of Refugees, unaccompanied asylum-seeking minors must prove they are "unable or unwilling to return to their country of origin owing to a well-founded fear of persecution" to gain asylum in the UK (UNHCR, 1951). However, in the vast

majority of cases there is little hard evidence available to provide definitive proof of the young person's claim (Given-Wilson, 2016). As a result, the testimony obtained from the young person invariably becomes the key evidence in informing the refugee status decision and relies heavily on the perceived credibility of the applicant.

In the UK and across Europe this information is typically obtained through one or more interviews with Home Office officials, lawyers, and occasionally mental health professionals. Consistent reports are typically judged as more credible or truthful (Herlihy, Gleeson, & Turner, 2010), and young people who present in such ways are more likely to be granted asylum (Given-Wilson, Herlihy, & Hodes, 2016). However, there are problems with this process as research suggests that young people often provide inconsistent reports of their experiences (Spinhoven, Bean, & Eurelings-Bontekoe, 2006) and may change their testimony when questioned on different occasions. Young people may be particularly susceptible to such problems due to their developmental phase. Neurodevelopmental research has shown that the pre-frontal cortex (the area of the brain associated with executive functioning and responsible for memory, decision-making, risk taking, planning and judgement) does not reach full maturation until young people reach their mid-twenties (Blakemore & Choudhury, 2006; Johnson, Blum, & Griedd, 2009; UNHCR, 2014), while social-developmental research has shown an increased vulnerability to social influences amongst young people, as well as an increased susceptibility to authority irrespective of outcomes (Kohlberg, 1969; UNHCR, 2014).

In addition to these findings, a number of researchers have highlighted concerns over the way in which young people and asylum-seekers are questioned,

suggesting that the manner in which interviews are conducted may reduce the likelihood of a fair evaluation of their claim (e.g. Bogner, Brewin, & Herlihy, 2010; Herlihy, Jobson, & Turner, 2012).

One theory that is particularly relevant to this area is that of interrogative suggestibility. Gudjonsson and Clark (1986) defined interrogative suggestibility as "the extent to which, within a closed social interaction, people come to accept messages communicated during formal questioning and as a result their behavioural response is affected" (Gudjonsson & Clark, 1986; p.84). Gudjonsson and Clark distinguished between two types of suggestibility: a susceptibility to accept leading questions (which they refer to as 'Yield'), and a susceptibility to critical feedback from the interrogator (which they refer to as 'Shift'). In order to detect those who may be particularly vulnerable to the coercive methods often employed in interviews, Gudjonsson (1984) developed the Gudjonsson Suggestibility Scale (GSS) to measure and assess an individual's vulnerability to interrogative suggestibility and highlight those who may need protection from such methods.

Given the potential gravity of refugee status determinations it is important to identify whether interrogative suggestibility is likely to impact the asylum application interview process. Currently there is no research in the area of asylum-seeking minors and suggestibility.

While there is no research examining suggestibility in asylum-seeking minors, there is substantial research indicating that those who have experienced negative life events (NLEs) are more vulnerable to suggestibility (Drake, 2010a, b; Drake, Bull, & Boon, 2008). For example, using the GSS, Drake, Bull and Boon (2008) found adult

interviewees who had reported a higher number of NLEs to be significantly more vulnerable to both leading questions and negative feedback. Their findings concluded that inaccurate reports and false confessions may as a result be more likely among individuals who have experienced NLEs. In an attempt to explain this increase, Drake, Bull and Boon (2008) proposed that for some individuals these adverse experiences lead to negative expectations of their performance which in turn leads to increased levels of uncertainty in answering questions and increased susceptibility to the demands of the interviewer.

Other research has also supported this finding. For example, victims of child sexual abuse (Vagni, Maiorano, Pajardi, & Gudjonsson, 2015) and child maltreatment (Eisen, Qin, Goodman, & Davis, 2002) both showed higher levels of suggestibility when tested on the GSS compared to those who had not experienced such NLEs. Inaccurate reports and false confessions among such individuals have had a serious and worrying impact on the believability of their claims.

Given the high exposure to NLEs for many asylum-seeking minors, both in their country of origin and during migration and relocation (Reed et al., 2012), and the evidence indicating a link between NLEs and an increase in interrogative suggestibility among adults (Drake, Bull, & Boon, 2008), this study explores the hypothesis that asylum-seeking minors will be more suggestible than their UK-resident peers.

In addition to NLEs, compliance may also increase the likelihood of interrogative suggestibility. Gudjonsson (1989) defined compliance as “the tendency to go along with propositions, requests, or instructions for some immediate

instrumental gain" (Gudjonsson, 1989 as cited in Richardson & Kelly, 2004, p.486). The fundamental distinction between suggestibility and compliance is the acceptance of the information presented; compliance does not rely upon the person believing the information presented to them, whereas suggestibility does (Gudjonsson, 1989). It has been suggested that compliant behaviour results from two main components; an eagerness to please other people and protect self-esteem in the presence of others (Konoske, Staple, & Graf, 1979) and an avoidance of conflict with, and fear of, those in authority (Irving & Hilgendorf, 1980). These two components were incorporated into a self-report measure of compliance that Gudjonsson developed in 1989 (Gudjonsson Compliance Scale, GCS). When these components are present, either together or alone, individuals have been found to comply with requests and instructions they would usually reject (Gudjonsson, 1989).

Compliance and suggestibility appear to be closely related in individuals from vulnerable populations (Gudjonsson 1990; Richardson & Kelly, 2004). For example, increased levels of compliance have been found to be significantly higher in cases of neglect and physical and sexual abuse in young people (Gudjonsson, 2011). There are however currently no studies that have investigated compliance in unaccompanied asylum-seeking minors and therefore the relationship between compliance and suggestibility needs to be further investigated within the vulnerable population of unaccompanied asylum-seeking youth. For a vulnerable and traumatised young person, the authoritarian context of the asylum interview is likely to increase susceptibility and pressure to comply with requests and obey instructions that they would otherwise reject.

Rationale

Drawing together the previous research on suggestibility, NLEs and compliance and applying these to the context of unaccompanied youth and their claim for asylum is highly important. The findings are not only of theoretical interest; but have serious implications for future legal immigration practice.

This research has contemporary value as the number of unaccompanied young people seeking asylum in the UK is growing, and the Home Office have recently declared an excess of applications yet to be processed. A difficult job lies ahead of workers taking care of these cases, as they have to make critical decisions with limited information, in the context of complex policy and public attitude (Given-Wilson, 2016).

An error in the asylum application process, such as inappropriate interviewing, could have a devastating impact on the freedom, security, and future of an unaccompanied asylum-seeking young person. It is hoped that the findings from the proposed study will contribute to understanding of the best and fairest ways to interview young asylum seekers.

Hypotheses

This study will investigate differences in interrogative suggestibility between two groups: unaccompanied youth seeking asylum in the UK and UK-residing (non-asylum-seeking) youth. It will examine whether NLEs and compliance influence suggestibility. The following hypotheses have been made:

1. Unaccompanied asylum-seeking youth will demonstrate higher levels of suggestibility than UK-residing (non-asylum-seeking) youth.
2. Changes in interrogative suggestibility will be linked to the presence of NLEs.
3. Changes in interrogative suggestibility will also be linked to increased levels of compliance.

Method

Research Design

The study used a cross-sectional, between-subjects, quasi-experimental design to assess suggestibility in unaccompanied asylum-seeking youth and UK-residing non-asylum-seeking youth.

Participants

Thirty-four participants were recruited through social care services (6%), community (15%) and therapeutic organisations (18%), and youth charities (62%), in and around London, Kent, and Glasgow. Participants were aged 16 to 25 and formed two groups: a group of unaccompanied asylum-seeking youth (comprised of young people who arrived in the UK as unaccompanied asylum-seeking minors before turning 18; N = 17) and a comparison group of UK-residing youth (matched as best as possible on demographic variables; N = 17). Demographic characteristics of participants are presented in Table 1.

Exclusion criteria for the study included a pre-existing diagnosis of psychosis, severe learning difficulty and/or developmental disorder. This is because assessing suggestibility becomes difficult among individuals presenting with such difficulties (Gudjonsson, 1997).

Table 1: Participant demographic characteristics

Characteristics	Unaccompanied youth	UK-residing youth	Total
N	17	17	34
Gender	N (%)	N (%)	N (%)
Male	11 (65%)	7 (41%)	18 (53%)
Female	6 (35%)	10 (59%)	16 (47%)
Age (years)	Mean (SD)	Mean (SD)	Mean (SD)
	18.41 (2.45)	17.53 (1.66)	17.97 (2.11)
Country of birth	N (%)	N (%)	N (%)
UK	-	17 (100%)	17 (50%)
Afghanistan	4 (23%)	-	4 (12%)
Ethiopia	3 (18%)	-	3 (9%)
Sudan	3 (18%)	-	3 (9%)
Eritrea	2 (12%)	-	2 (6%)
Vietnam	2 (12%)	-	2 (6%)
Albania	1 (6%)	-	1 (3%)
Cameroon	1 (6%)	-	1 (3%)
Somalia	1 (6%)	-	1 (3%)
Primary language	N (%)	N (%)	N (%)
English	-	17 (100%)	17 (50%)
Amharic	3 (18%)	-	3 (9%)
Arabic	3 (18%)	-	3 (9%)
Pashto	3 (18%)	-	3 (9%)
Tigrinya	2 (12%)	-	2 (6%)
Vietnamese	2 (12%)	-	2 (6%)
Albanian	1 (6%)	-	1 (3%)
Dari	1 (6%)	-	1 (3%)
French	1 (6%)	-	1 (3%)
Somali	1 (6%)	-	1 (3%)
Interpreter required	N (%)		
Yes	4 (23%)	-	-
No	13 (77%)	-	-
Months since arrival in the UK	Mean (SD)		
	31.69 (23.95)	-	-
Recruitment Location	N (%)	N (%)	N (%)
Social Care	2 (12%)	-	2 (6%)
Community	4 (24%)	-	4 (15%)
Therapeutic	6 (35%)	-	6 (18%)
Youth Charity	5 (29%)	17 (100%)	22 (62%)
Cognitive Functioning (Performance IQ)	Mean (SD)	Mean (SD)	Mean (SD)
	81.88 (14.42)	94.47 (13.90)	88.18 (15.34)

Sample Size

Interrogative suggestibility in asylum-seeking youth is an under-researched area; there were no papers specific to this population at the time the current study was undertaken. There is in fact a distinct lack of previous research conducted in any area with unaccompanied asylum-seeking youth, and as a result there were no previous studies that a power calculation could be reasonably drawn from. Therefore, to determine the number of participants required to ensure sufficient statistical power a sensitivity analysis was calculated using 'G*Power 3' (Faul, Erdfelder, Lang, & Buchner, 2007). Specifying alpha at .05 and desired power at .80, with two predictors (NLEs and compliance), the sensitivity analysis indicated that a sample size of 40 individuals (20 in each group) would be needed to ensure sufficient statistical power to detect moderate effects.

Ethical Considerations

The study obtained ethical approval from University College London's Research Ethics Committee; the ethical approval number was 10953/001 (see Appendix 1). In order to secure support from organisations and charities, the study also applied for, and received, ethical approval from a number of additional Independent Ethics Review Boards (full details are not included in the appendix in order to protect the confidentially of participants).

All data was collected and stored in compliance with the Data Protection Act 1998. Alongside ethical considerations that are detailed further in the participant information sheet (see Appendix 2), a particularly important consideration made in the planning and undertaking of this research was the need to avoid causing any harm

as a result of study participation. Throughout the duration of the study, the researcher remained aware that participants might experience some level of distress when completing measures on negative life events and trauma. Although the questionnaires chosen were purposefully brief and did not require participants to go into detail about difficult experiences, the researcher provided space to talk about any difficulties in cases where participants wished to do so. The researcher also frequently ensured participants were comfortable; by discussing their experience of participating in the research, offering them breaks, and discussing anything they found difficult or upsetting. The researcher referred the participant to sources of additional help or support if needed.

Service User Involvement and Consultation

The researcher attempted to involve unaccompanied asylum-seeking youth in the preparation and design of the study. Unfortunately, due to difficulties with recruitment and resources, unaccompanied asylum-seeking young people were not able to be involved in the early stages of the study. However, the researcher was able to seek consultation from professionals across multiple agencies and services (including the Home Office, Law Firms, Social Care Services, and Charitable and Therapeutic organisations) who had vast amounts of experience working alongside unaccompanied asylum-seeking minors. These professionals were able to provide consultation on necessary considerations and adaptions needed in the design and procedure of the study, including: potential challenges that might arise during recruitment and participation, length of research visit, choice of measurement, participant reimbursement, interview location and use of interpreters.

Two UK-residing youth were also able to consult on the project. Their help led to important changes in simplifying both written and verbal communication; for example, on information sheets and posters, where they also consulted and contributed to design.

Prior to conducting the study, the researcher met with Gisli Gudjonsson, an expert in the field of suggestibility and the developer of the Suggestibility and Compliance scales, in order to seek consultation on the study and training on the implementation of the scales.

Procedure

Opportunity sampling was used to recruit participants from schools, colleges, legal centres, social care services, community and therapeutic organisations and charities. Professionals working within these contexts were contacted and asked to identify any young people who might be suitable to participate in the study. These link professionals introduced the researcher to potential participants. The researcher provided prospective participants (and their guardian(s) where applicable) with full information sheets outlining the nature and aims of the study (See Appendix 2). For participants who were not fluent in English, this information was translated in written form or read to them with the help of an interpreter.

Following completion of consent forms (See Appendix 3), participants were invited to take part in a one-off, one-to-one, interview lasting approximately 60 minutes. Research visits were conducted in a confidential space in a community setting that felt safe and familiar for participants.

The same research procedure was followed for both groups, with the same researcher completing each visit. The GSS2 was administered and scored following Gudjonsson's (1984) recommendations, as set out in the GSS Manual. The GSS2 was administered first, with additional measures (described in more detail below) completed in the 50-minute interval between immediate and delayed recall. Additional measures were presented randomly, to control for order effects. Random assignment of measures was organised in advance using a random number generator in SPSS.

Following guidance from professionals working within asylum and refugee services, in preparation for the study all paper-based measures, information sheets and consent forms were translated (and back translated) into Arabic, which was reported as the most widely spoken language among young people accessing their services. In an ideal world the researcher would have had these items translated into a number of different languages; however, as funding was limited, this ideal was not reached. To ensure all participants were able to fully understand the research, an interpreter was employed where required. Interpreters were employed from the same services young people were recruited from in order to ensure that the young person was already familiar with the interpreter and felt comfortable having them in the room. Interpreters were briefed in advance of the interview. During the study four participants required an interpreter; funding for this was obtained from the Centre for the Study of Emotion and Law.

After completing the interview and questionnaires, participants were debriefed, with particular attention paid to explaining the suggestibility measure and

answering any questions. The researcher discussed with participants their experience of the research in order to monitor any unforeseen negative effects, ensuring that any participants requiring additional support were assisted in accessing it. The researcher thanked participants for the valued contribution they had made and gave each young person £10 to thank them for their time and help, funding for which was obtained from University College London.

Measures

The following standardised and well-validated measures were used.

Interrogative suggestibility was measured using the Gudjonsson Suggestibility Scale (GSS2; Gudjonsson, 1987), a structured, manualised interview developed to objectively measure a person's vulnerability and susceptibility to give in to leading questions ('Yield') and interrogative pressures ('Shift') when interviewed. The measure has been validated and standardised with both adult, and child populations for use in research and clinical settings. The measure is presented to participants as a memory test. Participants are read a short story containing 40 ideas and are asked to recall as much of the story as they can remember both immediately after hearing the story and again after a 50-minute delay. One point is given for every idea correctly recalled, with a maximum score of 40. 'Fabrications' are recorded if participants add information to their recollection of the story, and 'Distortions' are recorded if participants significantly change the content of the story. Fabrications and distortions are combined to produce a 'Total Confabulation' score. Following delayed recall, participants are asked 20 questions about the story, 15 of which are designed to be misleading. Answers to these questions produce 'Yield 1' scores (ranging from 0-15).

All participants are then given negative feedback, stating that they have made a number of errors and it is therefore necessary to go through all the questions again, and this time they must try to be more accurate. Answers to the second round of questions produce 'Yield 2' scores (again ranging from 0-15). A change in answers contributes to the 'Shift' score (ranging from 0-20). Yield 1 and Shift scores are combined to produce a 'Total Suggestibility' score (ranging from 0-35). The GSS2 has been found to have good internal consistency and construct validity with alpha coefficients of .87 for Yield 1, .90 for Yield 2 and .79 for Shift (Gudjonsson, 1992b). It has also been found to demonstrate high inter-rater reliability; ranging from .989 to .996 (Clare, Gudjonsson, Rutter, & Cross, 1994).

Compliance was measured using the Gudjonsson Compliance Scale (GCS; Gudjonsson, 1989), a self-report questionnaire consisting of 20 true/false statements which produce an overall Compliance score (ranging from 0-20). The GCS has been standardised and validated with both adult and child populations. The scale is comprised of two main factors: a) eagerness to please others and do what is expected, and b) unease, fear, and avoidance of people in authority. The questionnaire is presented as a personality test and includes items such as "I find it difficult to tell people when I disagree with them", and "people in authority make me feel uncomfortable and uneasy". As with the GSS2, the GCS is a well-developed measure constructed from extensive research into compliance. The GCS has been found to show good levels of internal consistency ($\alpha = .71$), and test-retest reliability ($r = .88$; Gudjonsson, 1989).

Negative life events (NLEs) were measured using a combination of the Trauma History Questionnaire (THQ; Green, 1996) to capture exposure to traumatic negative life events, and the Coddington Life Events Scale - Adolescent Version (CLES-A; Coddington, 2004) to capture more normative NLEs.

The THQ consists of 24 yes/no items divided into three sections; crime events (4 items e.g. “has anyone ever attempted to rob you or actually robbed you?”), general disaster and traumatic experiences (13 items e.g. “have you ever been in a situation in which you feared you might be killed or seriously injured?”) and physical and sexual experiences (6 items e.g. “has anyone ever touched private parts of your body, or made you touch theirs, under force or threat?”), as well as one question asking about any other extraordinarily stressful situations or events that were not covered in the 23 previous items. If participants respond ‘yes’ they are asked to indicate the approximate number of times and their age(s) when the event(s) occurred. Higher scores indicate greater traumatic exposure. The THQ has been found to be reliable and valid in a large variety of clinical and non-clinical samples (Hooper, Stockton, Krupnick, & Green, 2011; Norris & Hamblen, 2004).

The CLES-A measures recent positive (e.g. “being recognized at excelling in sport or other activity”), and negative (e.g. “divorce of parents”) life events. Response options include yes/no items as well as an identification of frequency within the last year (0 - 8+ times). The CLES-A has been found to demonstrate good test-retest and inter-rater reliability, as well as good validity (Coddington, 2004; Sandler & Block, 1979). Following guidance from Sandler and Block (1979), a separate count of NLEs scores was used; with higher scores indicating more events. The NLEs score derived

from the CLES-A was combined with the score from the THQ to produce an overall NLEs score. The combined items can be viewed in Table 4, which is presented later in this report.

The impact of NLEs was measured using the Children's Revised Impact of Events Scale (CRIES; Dyregov & Yule, 1995). The CRIES is a brief (13-item) self-report measure used to assess subjective distress caused by traumatic events. Items on the measure correspond to symptoms of posttraumatic stress disorder (PTSD) in DSM-IV criteria. Participants are asked to rate how much they have been distressed or bothered by a specific stressful event within the last seven days (e.g. "do you think about it even when you don't mean to?"); response options include 'not at all', 'rarely', 'sometimes' and 'often'. Scores range from zero to 65, with scores above 30 reaching clinically significant levels. The CRIES has been used extensively in previous literature and been shown to have good psychometric properties (e.g. $\alpha = .80$; Smith, Perrin, Dyregrov, & Yule, 2002). In addition, the scale has been translated, and back-translated, into numerous different languages.

Cognitive capability was measured using the Wechsler Abbreviated Scale of Intelligence (WASI; Wechsler, 1999). Following guidance from experts in cognitive testing, and the WASI manual, only the Block Design and Matrix Reasoning subtests were used due to their non-verbal format, therefore reducing bias based on language aptitude. These scores produce a Performance Intelligence Quotient (PIQ). Reliability coefficients have been found to range from .92 to .95 for PIQ. The PIQ has evidenced strong correlations with full-scale IQ scores ($r = .90$; Weschler, 1999).

In addition to these measures, each participant also completed a standard demographic questionnaire, specifically adapted for the study. It asked participants to provide their age, gender, country of origin, language, and date of arrival in the UK (see Appendix 4).

Method of Analysis

Data was analysed using IBM SPSS Statistics 25 (IBM Corp., 2017). Differences in key variables including suggestibility, NLEs and compliance scores between unaccompanied asylum-seeking and UK-residing youth were explored using independent samples t-tests, correlations, and regression analysis; each method of analysis is reported in the results section that follows.

Results

Preliminary Analyses

Outliers and Removed Data

Data from one UK-residing participant was found to present as a substantial outlier across multiple scales and was consequently removed from the analysis. This participant arrived at the interview in a state of distress, explaining that a close relative had passed away. The participant was adamant that they wanted to participate in the study, explaining that they had been looking forward to it and would welcome the distraction. The researcher decided that it was best to allow them to participate, however following the interview it became apparent that the participant's data could not be included in the study and so the case was removed in order to control for any confounding effects.

Distribution of Key Variables

The distribution of data was assessed visually using histograms and scatter plots, and by calculating the skewness and kurtosis of distributions, as well as linearity, normality, multicollinearity, auto-correlation and homoscedasticity. Visual and statistical analyses revealed that data met the assumptions required for *t*-tests, correlations and regression analyses. Following the advice of Kim (2015), post-hoc adjustments were not undertaken due to a lack of statistical power.

Descriptive Statistics

Demographic data including age, gender, country of birth, primary language, use of interpreter, months since arrival in the UK and recruitment location are presented in Table 1 (in the Methods section above). Data regarding measures, including means and standard deviations, as well as minimum and maximum possible scores for each key variable, are presented in Table 2.

Table 2: Descriptive statistics of outcome measures

Measures	Unaccompanied youth (n = 17)	UK-residing youth (n = 16)	Minimum Possible Score	Maximum Possible Score
	Mean (SD)			
GSS				
Total suggestibility	11.29 (3.87)	8.69 (4.80)	0	35
Yield 1	5.24 (3.19)	5.31 (3.18)	0	15
Yield 2	6.65 (4.06)	6.13 (3.42)	0	15
Shift	6.06 (3.31)	3.50 (2.70)	0	20
Immediate recall	12.15 (6.62)	13.00 (5.23)	0	40
TC1	2.41 (1.50)	2.15 (.931)	0	-
Delayed recall	10.88 (7.96)	11.41 (4.55)	0	40
TC2	2.47 (1.66)	2.25 (1.81)	0	-
Compliance	12.06 (3.44)	9.50 (3.33)	0	20
Negative life events	54.88 (30.90)	15.69 (12.66)	0	240

Note. TC1 = Confabulation at Immediate Recall, TC2 = Confabulation at Delayed Recall

Hypothesis 1

To test the hypothesis that unaccompanied asylum-seeking youth would show greater vulnerability to suggestibility than UK-residing youth an independent samples *t*-test was carried out. Total Suggestibility was found to be higher among unaccompanied asylum-seeking youth (M = 11.29, SD = 3.87) than UK-residing youth (M = 8.69, SD = 4.80; t (31) = 1.72, p = .095, 95% CI -.479 to 5.69, two tailed). The difference in Total Suggestibility scores between the two groups did not quite reach statistical significance, however they did show a medium to large effect size (d =

.596). In recent years there has been a move away from relying on significance levels in the interpretation of findings, as statisticians have highlighted a limited ability to interpret the importance of an effect through such measures, and have recommended that an objective and standardised measure of the magnitude of an effect, or the strength of a relationship between variables (i.e. effect size), should be included in the interpretation of findings (Field, 2013). Following these recommendations effect sizes were calculated and included for each of the study's findings.

Additional significant differences emerged when looking at the individual elements of Total Suggestibility. As previously explained, Total Suggestibility scores reflect a combination of Yield 1 (susceptibility to leading questions) and Shift (susceptibility to interrogative pressures). Yield 1 scores showed no difference and were therefore omitted from further analyses (see Table 3). However, Shift scores were significantly higher among unaccompanied asylum-seeking youth (M = 6.06, SD = 3.31) than UK-residing youth, with a large effect size (M = 3.50, SD = 2.70; t (31) = 2.42, p = .021, d = .848, 95% CI .405 to 4.723, two tailed). In addition, Confabulation scores (indicating the amount of distorted and fabricated evidence given during free recall) were also significantly higher among unaccompanied asylum-seeking youth (M = 2.41, SD = 1.50) than UK-residing youth (M = 2.15, SD = .931), with a small effect size (t (31) = 2.65, p = .013, d = .208, 95% CI .268 to 2.056, two tailed) at immediate recall. Higher scores in these subscales indicate an increased vulnerability to produce erroneous accounts during interview. All other elements of the GSS2 showed non-significant differences (see table 3 for more details).

Table 3: Results of the GSS-2 for unaccompanied asylum-seeking youth and non-asylum-seeking UK-residing youth

	Unaccompanied Youth	UK-Residing Youth	*t*	*p*	*d*	CI	
	Mean (SD)	Mean (SD)				Lower	Upper
Total Suggestibility (Yield 1 + Shift)	11.29 (3.87)	8.69 (4.80)	1.72	.095	.596	-.479	5.69
Yield 1	5.24 (3.19)	5.31 (3.18)	-.070	.945	*.022*	*-2.340*	*2.185*
Yield 2	6.65 (4.06)	6.13 (3.42)	.398	.693	*.139*	*-2.153*	*3.197*
Shift	6.06 (3.31)	3.50 (2.70)	2.42	*.021* *	.874	.405	4.723
Immediate Recall	12.15 (6.62)	13.00 (5.23)	-.409	.686	*.142*	*-5.108*	*3.403*
TC1	2.41 (1.50)	2.15 (.931)	2.65	*.013* *	*.208*	*.268*	*2.056*
Delayed Recall	10.88 (7.96)	11.41 (4.55)	.234	.817	*.082*	*-5.133*	*4.120*
TC2	2.47 (1.66)	2.25 (1.81)	.356	.717	*.127*	*-1.011*	*1.453*

Note. TC1 = Confabulation at Immediate Recall, TC2 = Confabulation at Delayed Recall, CI = 95% Confidence Interval of the Difference

*. *T*-test is significant at 0.05 level (two-tailed)

Given the uniqueness of the population, and because the present study was the first to investigate suggestibility in unaccompanied asylum-seeking youth, data from the current study was compared to standardised normative data for the GSS2. Compared to standardised norms, UK-residing youth did not differ significantly across any of the GSS2 scales. Unaccompanied asylum-seeking youth on the other hand showed significantly higher Total Suggestibility scores (M = 11.29, SD = 3.87) compared to standardised norms, with a large effect size (M = 7.5, SD = 5.3; *t* (98) = 2.79, *p* = .006, *d* = .871, 95% CI 1.20 to -6.48, two tailed); significantly higher Shift scores (M = 6.06, SD = 3.31) when compared to standardised norms, with a large effect size (M = 3.0, SD = 3.0; *t* (98) = 3.77, *p* =.0003, *d* = .969, 95% CI 1.44 to -4.67, two tailed); and significantly higher Confabulation scores at both time points when

compared to standardised norms, with small to medium effect sizes (Immediate Recall - unaccompanied asylum-seeking youth: M = 2.41, SD = 2.15, Norms: M = 1.56, SD = 1.32; *t* (160) = 2.48, *p* = .014, *d* = .476, 95% CI .172 to 1.52, two tailed; Delayed Recall - unaccompanied asylum-seeking youth: M = 2.47, SD = 2.25, Norms: M = 1.75, SD = 1.27; *t* (160) = 2.14, *p* = .034, *d* = .394, 95% CI .055 to -1.39, two tailed).

Hypothesis 2

To test the hypothesis that there would be a difference in exposure to negative life events (NLEs) amongst unaccompanied asylum-seeking youth and UK-residing youth, an independent samples t-test was carried out. This hypothesis was supported. NLEs were found to be significantly higher among unaccompanied asylum-seeking youth (M = 54.88, SD = 30.90) than UK-residing youth, showing a large effect size (M = 15.69, SD = 12.66; *t* (21.49) = 4.818, *p* = 0.001, *d* = 1.661, 95% CI 22.23 - 56.16, two tailed). Outcomes from NLEs measures (THQ and CLES-A) indicate that unaccompanied asylum-seeking youth experience high levels of exposure to NLEs, especially ones that are traumatic. Table 4 contains a description of the total frequency of NLEs experienced by both unaccompanied asylum-seeking and UK-residing youth.

Table 4: Total frequency of each NLE

NLE Measure	Questionnaire Item	Unaccompanied youth	UK-residing youth
		Total Frequency	
THQ (life-time)	Mugged	35	6
	Robbed	32	4
	Someone broke into home when not present	8	2
	Someone broke into home when present	11	4
	Serious accident	12	5
	Natural disaster	46	0
	Manmade disaster	55	0
	Exposure to dangerous chemicals	1	0
	Seriously injured	51	1
	Feared might be killed/injured	111	1
	Seen someone else killed/injured	85	4
	Seen dead bodies	50	0
	Friend/family member killed/murdered	30	1
	Partner/child died	0	1
	Life threatening illness	24	7
	Serious injury/illness/death of a loved one	18	25
	Forced to engage in combat	11	0
	Forced/unwanted sexual contact	37	2
	Forced/unwanted sexual touching	40	2
	Other unwanted sexual contact	31	0
	Attacked with weapon	56	1
	Attacked without weapon	75	5
	Beaten/spanked/hit by family	60	32
	Other	5	23
CLES-A (within the last year)	Parental separation	-	2
	Problem between parents	-	11
	Loss of job by parents	-	2
	Major decrease in parent's income	-	6
	Change in parent's job, see less of them	-	4
	Breaking up with boyfriend/girlfriend	1	14
	Being told to break up with boyfriend/girlfriend	0	8
	Getting pregnant/fathering pregnancy	1	3
	Problem between self and parents	-	18
	Moving to a new school/college area	6	1
	Failing a grade/mark in school/college	2	11
	Being suspended from school/college	1	2
	Failing to achieve something really wanted	29	19
	Being sent away from home	3	2
	Being invited by a friend to break the law	0	17
	Appearing in court	2	2
	Becoming involved with drugs	0	3

In order to explore the relationship between exposure to NLEs and suggestibility, a Pearson's correlation was carried out. This showed a non-significant relationship (r = .089, p = .622). However, when the same analysis was completed with Shift scores (replacing Total Suggestibility), a significant positive correlation was found between exposure to NLEs and Shift (r = .399, p = .021), with a medium to large effect size.

To further explore the relationship between Shift and NLEs to and explore whether higher exposure to NLEs predicted a greater vulnerability to interrogative pressure a linear regression was carried out with Shift as the outcome variable and exposure to NLEs as the predictor variable. The regression equation was significant (F (1,31) = 5.868, p = *.021*), with a medium effect size (f^2 = .190) and was able to explain 15.9 per cent of the variance in Shift scores (R^2 = .159). The Regression coefficients are displayed in Table 5.

Hypothesis 3

To test the hypothesis that there would be a difference in Compliance scores between unaccompanied asylum-seeking youth and UK-residing youth an independent samples t-test was carried out. This hypothesis was also supported. Compliance was found to be significantly higher among unaccompanied asylum-seeking youth (M = 12.06, SD = 3.44) than UK-residing youth, with a large effect size (M = 9.50, SD = 3.33; t (31) = 2.171, p = *.038*, d = .756, 95% CI .155 – 4.96, two tailed).

To explore the relationship between Compliance and suggestibility a Pearson's correlation was carried out. This showed a significant positive correlation (r = .389, p = .025) between Total Suggestibility and Compliance, with a medium to

large effect size. Like previous analyses, the relationship between Shift and Compliance was also explored, again, finding a significant positive correlation (r = .411, p = .018) with a medium to large effect size.

To further explore this relationship and examine whether greater levels of Compliance would predict higher vulnerability to suggestibility, a linear regression was carried out with Total Suggestibility as the outcome variable and Compliance as the predictor variable. The regression equation was significant, with a small effect size, (F (1,31) = 5.592, p = .025, f^2 = .026) and was able to explain 15.1 per cent of the variance in Suggestibility scores (R^2 = .151). An additional linear regression was carried out; this time with Shift as the outcome variable and Compliance as the predictor variable. The regression equation was also significant, this time with a medium to large effect size, (F (1,31) = 6.292, p = .018, f^2 = .203) and was able to explain 16.9 per cent of the variance in Shift scores (R^2 = .169). The Regression coefficients of these analyses are displayed in Table 5.

Table 5: Linear regression analysis for Shift, NLEs and Compliance scores.

Dependent Variable	Predictor Variable	*b*	SE *b*	β	*t*	*p*	CI	
							Lower	Upper
Hypothesis 2								
Shift	(Constant)	3.305	.818		4.042	.000*	1.638	4.973
	Exposure to NLE	.042	.017	.399	2.422	.021*	.007	.078
Hypothesis 3								
Total Suggestibility	(Constant)	4.716	2.375		2.020	.052	-.046	9.567
	Compliance	.487	.207	.389	2.351	.025*	.065	.910
Shift	(Constant)	.773	1.696		.456	.652	-2.686	4.232
	Compliance	.374	.149	.411	2.508	.018*	.070	.678

Note. *b* = unstandardised beta coefficient, SE *b* = standard error of beta, β = standardised beta, CI = 95% Confidence Interval for β.

*. Significant at 0.05 level

Additional Analyses

Demographic Variables

No significant differences or relationships were found for the following variables: time since arrival in the UK (months), recruitment sector (community, therapeutic, charity, social services), gender or age. In addition, no significant differences or relationships were found for self-reported trauma symptomology.

Cognitive Functioning

To explore the influence of cognitive functioning on suggestibility, linear regressions were conducted. No significant differences or relationships were found for Total Suggestibility, however significant results were found when Shift was

entered as the outcome variable, with a medium effect size: F (1,31) = 4.468, p = .043, f^2 = .144, explaining 12.6 per cent of the variance in Shift score (R^2 = 12.6). This result was expected due to the well documented theoretical links between IQ and suggestibility (Gudjonsson, 1990; Gudjonsson, 2003).

Due to the significant influence found of cognitive functioning on Shift scores, and the theoretical links between IQ and suggestibility, the regression analyses conducted previously with NLEs (Hypothesis 2) and Compliance (Hypothesis 3) as predictor variables were repeated, this time as hierarchical regressions with cognitive functioning added as a covariate. These tests were conducted so that cognitive functioning could be accounted for, and the independent effects of NLEs and Compliance could be explored. These additional analyses have been kept separate from the ones above due to the study having limited statistical power to undertake additional analyses.

Hypothesis 2 Revisited with Covariate Analyses

For the first hierarchical regression, Shift was entered as the outcome variable, with cognitive functioning entered as the first predictor variable (step 1) and NLEs entered as the second predictor variable (step 2). The model was significant showing a medium to large effect size (F (2,30) = 4.391, p = .021, f^2 = .292) and together cognitive functioning and NLEs explained 22.6 per cent of the variance in Shift scores (R^2 = .226). As explained above, cognitive functioning accounted for 12.6 per cent of the variance in Shift scores. Therefore, NLEs captured 10 additional per cent of the variance in Shift that was not captured by cognitive functioning.

The regression coefficients listed in Table 6 describe how much Shift scores change when each predictor variable is increased, while holding the other predictor variable constant. The results show that NLEs, independent of cognitive functioning, are close to explaining a significant proportion of unique variance in Shift (p = .058).

Hypothesis 3 Revisited with Covariate Analyses

For the second hierarchical regression, Shift was entered as the outcome variable, with cognitive functioning entered as a predictor variable in the first step and Compliance entered as a predictor variable in the second step. This overall model was significant, displaying a large effect size (F (2,30) = 4.820, p = .015, f^2 = .321) and together cognitive functioning and Compliance explained 24.3 per cent of the variance in Shift scores (R^2 = .243). After controlling for the influence of cognitive functioning, Compliance accounted for an additional 11.7 per cent of variance in Shift.

The regression coefficients listed in Table 6 show the independent effects of Compliance on Shift scores. The results reveal that Compliance explains a significant proportion of unique variance (p = .039), and therefore retains a significant influence on Shift scores, even when cognitive functioning is accounted for.

Table 6: Hierarchical regression analysis with cognitive functioning included as a covariate, and Shift scores as the dependent variable

	Predictor Variable	*b*	SE *b*	β	*t*	*p*	CI	
							Lower	Upper
Hypothesis 2								
Step 1	(Constant)	11.353	3.138		3.618	.001*	4.953	17.754
	CF	-.074	.035	-.355	-2.114	.043*	-.146	-.003
Step 2	(Constant)	8.522	3.326		2.562	.016*	1.729	15.315
	CF	-.056	.035	-.269	-1.615	.117	-.127	.015
	Exposure to NLE	.035	.018	.328	1.974	.058	-.011	.071
Hypothesis 3								
Step 1	(Constant)	11.353	3.138		3.618	.001*	4.953	17.754
	CF	-.074	.035	-.355	-2.114	.043*	-.146	-.003
Step 2	(Constant)	6.511	3.723		1.749	.091	-1.092	14.114
	CF	-.058	.034	-.279	-1.718	.096	-.128	.011
	Compliance	.319	.148	.351	2.156	.039*	.017	.622

Note. *b* = unstandardised beta coefficient, SE *b* = standard error of beta, β = standardised beta, CI = 95% Confidence Interval for β.

CF = cognitive functioning

*. Significant at 0.05 level

Due to the limited sample size and resulting reduced power these results have not been further explored and should be viewed with caution. Because of the small sample size, running multiple tests can be problematic and results in an increased chance of type I error, incorrectly inferring significance. It is also important to note that because of the small sample size a larger effect may be needed to achieve statistical significance.

Discussion

This study explored differences in interrogative suggestibility between two groups: unaccompanied youth seeking asylum in the UK, and UK-residing (non-asylum-seeking) youth. It also examined whether exposure to negative life events (NLEs) and compliance influenced suggestibility.

To varying degrees the findings of the current study supported the hypotheses made, that unaccompanied asylum-seeking youth would present as more vulnerable to suggestibility, and that NLEs and compliance would be related to suggestibility. Each of these hypotheses, how they fit with theoretical literature, and the different interpretations they sustain will be discussed in turn. Caution should be taken when drawing conclusions from the study's findings due to a number of methodological limitations that are addressed in greater detail later in this report. Despite these shortcomings, this exploratory study presents a number of preliminary findings that are not only of theoretical interest, but also have meaningful implications for future practice and are therefore worthy of on-going research and exploration.

The present study found that unaccompanied asylum-seeking youth present with greater vulnerability to suggestibility than their UK-residing peers. Results indicated a trend for unaccompanied asylum-seeking youth to show more vulnerability to Total Suggestibility (comprised of Yield: susceptibility to leading questions, and Shift: susceptibility to interrogative pressures) than UK-residing youth. This finding was further supported by exploration of standardised norms, in which unaccompanied asylum-seeking youth demonstrated considerably greater levels of

Total Suggestibility compared to published standardised norms (developed on sample of 16-69-year olds from the general population living in London; Gudjonsson, 1997).

Interestingly, the current study found unaccompanied asylum-seeking youth to be significantly more vulnerable to interrogative pressures (defined as Shift) than their UK-residing peers, as well as providing significantly greater distorted and fabricated information during free recall. Again, these findings were further supported when data was compared to standardised norms. Higher scores in these scales indicate an increased vulnerability to produce erroneous accounts when questioned which could have a serious and detrimental effect for the future of young people applying for asylum.

These findings, indicating that unaccompanied asylum-seeking youth are more vulnerable to suggestibility in an interview situation than age-matched controls, are consistent with previous research. For instance, Vagni et al. (2015) also found vulnerable young people, who had been exposed to child sexual abuse, to be more susceptible to interrogative pressures than other elements of suggestibility (as measured by the GSS). Prior to Gudjonsson's work in the 1980s, literature surrounding suggestibility was primarily focused on the impact of misleading questions, while the impact of interrogative pressures was largely neglected. By incorporating the effect of interrogative pressures (Shift) into research, Gudjonsson paved the way in enhancing understanding of suggestibility.

Qualitative research with unaccompanied young people seeking asylum can help in the interpretation of the present study's findings. Many unaccompanied

asylum-seeking young people report that they were asked the same questions repeatedly, and that repetition of questions often left them feeling unsettled, confused, tired and as though they were not being trusted or had not yet given satisfactory answers in asylum interviews. In some cases, these feelings resulted in young people being more likely to change their response and provide inconsistent reports (e.g. Pinter, 2012; UNHCR, 2014). Failure to remain consistent is often perceived as a sign of unreliable and fabricated accounts (Given-Wilson, Herlihy, & Hodes, 2016; Spinhoven, Bean, & Eurelings-Bontekoe, 2006).

The results of this study suggest that unaccompanied asylum-seeking youth may be more likely to be perceived as lacking credibility in the asylum application assessment due to changing their responses to interviewers' questions. Previous research has shown that providing consistent accounts in asylum interviews is important for being judged as credible and being granted protection.

In line with the study's hypotheses, NLEs were found to be significantly higher among unaccompanied asylum-seeking youth. Results indicate that exposure to NLEs among unaccompanied asylum-seeking young people are extensive and varied. Exposure to crimes (such as being mugged or robbed); natural and manmade disasters; being seriously injured; fearing that they would be injured or killed; witnessing others being injured and killed as well as seeing dead bodies; experiencing friends or family members being killed or murdered; experiencing forced and unwanted sexual contact and touching; as well as being attacked with and without weapons and experiencing physical chastisement at home were reported in high frequencies across the sample of unaccompanied asylum-seeking youth. These

findings contribute to already frequently documented accounts of the extensive range of traumatic experiences many unaccompanied asylum-seeking young people have been exposed to (Derluyen, Broekaert, & Schuyten, 2008; Ehntholt & Yule, 2006; Fazel, Wheeler, & Danesh, 2005; Reed et al., 2012).

NLEs were most significantly, and positively, related to Shift scores, suggesting that as exposure to NLEs increased, so did vulnerability to give into interrogative pressure. To the researcher's knowledge, this is the first study to find such associations with unaccompanied asylum-seeking youth. The findings from the current study contribute to the growing body of research which has found significant relationships between exposure to adversity and suggestibility, with adversity most strongly associated with Shift scores (Drake, 2010a; 2010b; Drake & Bull, 2011; Drake, Bull, & Boon, 2008; Eisen et al., 2007; Vagni et al., 2015). Together these findings suggest that a person's capacity to cope with interrogative pressures are particularly impaired by the number or severity of NLEs they have been exposed to. Drake, Bull and Boon's (2008) study was the first to discover a strong association between NLEs and suggestibility, using the GSS. The authors suggest that increased exposure to NLEs could intensify feelings of uncertainty and increased negative self- and performance-expectations, the implications of which could increase feelings of inadequacy and lead individuals to employ ineffective coping strategies such as relying on an interviewer's (verbal and non-verbal) responses or feedback for guidance. This in turn could increase their sensitivity to leading questions and interrogative pressures in an attempt to avoid additional negative feedback and alleviate feelings of distress (Drake, Bull, & Boon, 2008).

Taken together, these findings suggest that unaccompanied asylum-seeking youth and those with exposure to a high number of NLEs are likely to possess a heightened vulnerability to negative feedback and are more likely to change their answers to questions in response to interrogative pressures. This has serious implications on their asylum claim, as the legitimacy of so many claims is determined by how accurate the evidence provided is and the perceived credibility of the applicant.

Compliance was found to be significantly higher among unaccompanied asylum-seeking youth, which was consistent with the study's hypothesis. Compliance scores were also significantly related to both Total Suggestibility and Shift scores. To the researcher's knowledge, this was the first study to investigate and find significant relationships between compliance and suggestibility with unaccompanied asylum-seeking youth. These findings complement those of previous researchers, including Gudjonsson (2003), who also found a positive relationship between compliance and suggestibility, and Richardson and Kelly (2004) and Gudjonsson (1990; 2011), who found compliance and suggestibility to be closely related in vulnerable populations of both adults and adolescents. As Gudjonsson (2003) explained, unlike suggestibility, compliance does not necessitate a personal acceptance of information or requests, but instead explains an eagerness to please others and to avoid conflict and fear of people in positions of authority.

It is perhaps unsurprising that compliance was seen at substantially higher levels in unaccompanied asylum-seeking youth, given that many of these young people have been exposed to persecution and abuse at the hands of those in

authority; both in their home countries and during migration and resettlement (Drake, 2010a; Reed et al., 2012). Furthermore, qualitative research with unaccompanied asylum-seeking young people highlights the cultural context in which many have grown-up and the importance of being obedient, submissive and respectful towards elders, especially those in authority (Pinter, 2012).

Qualitative research also describes how many unaccompanied asylum-seeking young people sought to please adults by 'doing what is right' and demonstrated a reluctance to complain or question adults or officials; the authors highlight that many "young people seeking asylum will have fled regimes where doing so could threaten their lives" (Pinter, 2012, p.13). It is highly likely that experiences such as these, combined with the power imbalances experienced by many unaccompanied asylum-seeking young people, will have a serious and substantial impact on their ability to place trust in those in authority and thereby increase their vulnerability to manipulation and suggestion (Given-Wilson, Herlihy, & Hodes, 2016; UNHCR, 2014). For vulnerable and traumatised young people, the authoritarian context of the asylum interview is likely to increase susceptibility and pressure to comply with requests and obey instructions that they might otherwise reject.

Strengths, Limitations and Future Directions

To the researcher's knowledge, the current study was the first to investigate suggestibility in a group of unaccompanied asylum-seeking youth, a group for whom research in any area is limited. It is also the first to investigate the effect of compliance and NLEs on suggestibility among this group. The findings point to

important implications for practice within the asylum determination process and directions for future research.

The study made use of standardised and well-validated measures, sought direction and consultation from experts in the field of asylum services and suggestibility research, and took care and attention to sensitise and adapt the study to meet the needs of a vulnerable and traumatised population.

Despite its strengths, this study has several methodological limitations that should be taken into consideration and appropriate caution should be taken in the interpretation of findings. These limitations relate to design, sample, and measurement.

Due to the cross-sectional nature of this study, it is not possible for causal relationships to be inferred. There is a need for longitudinal research to be undertaken so that a greater understanding can be reached on the direction of relationships found between suggestibility, NLEs and compliance. The current study presents a number of shortcomings in terms of recruitment. First, participants were recruited via convenience sampling and this method is known to increase vulnerability to selection bias and therefore affect representativeness. Although attempts were made to recruit participants from a variety of locations with an even spread of demographic variables across the two groups, recruiting a vulnerable population within a restricted timeframe meant that this ideal could not be entirely achieved. This was especially the case regarding gender distribution across the two samples where it was not possible to obtain equal numbers of male and female participants. Although statistically significant gender differences in suggestibility

have not been identified in previous research with adolescents and young adults (Drake, 2010b; Gudjonsson, 2003; Gudjonsson, Vagni, Maiorano & Pajardi, 2016; Pollard et al., 2004), the uneven samples remain an important limitation of the current study in which the relationship between variables could not be fully explored.

Secondly, as already mentioned, the study was underpowered due to its relatively small sample size. On a statistical level, small sample sizes can lead to a reliance on the detection of large effects, possibly missing more discrete relationships between variables. As well, with small sample sizes it is prudent to restrict statistical testing, limiting further analyses such as those that would investigate and control for the influence of potential confounding variables. In this study, these variables included use of interpreters, immigration status of the participants, and type and timing of trauma. Notwithstanding these important limitations of the study based on the small sample size, it is noteworthy that this limitation reflected the reality of conducting research with individuals from such a highly vulnerable population.

Although a strength of the study was the employment of standardised and well-validated measures, there are a number of limitations surrounding the choice and implementation of measurement that it is important to consider. Firstly, although the GSS2 is a well-constructed and well-standardised measure of suggestibility, this is the first study to employ the GSS2 with unaccompanied asylum-seeking young people and with interpreters. Consequently, the preliminary results and the tentative conclusions drawn within this report should be viewed with appropriate caution. It is especially important to note that the narrative scenario used within the suggestibility assessment is very dissimilar to the experiences

encountered by many youths (Hooper, Chou, & Browne, 2016). As White and Wilner (2005) highlight, the outcome of the scenario is likely to be one that young people are not particularly invested in; this is in stark contrast to the outcome of their asylum interview. Also, given that unaccompanied asylum-seeking young people are often questioned on a number of separate occasions (e.g. at initial interview, age assessment and substantive interview), sometimes months, if not years apart, it could be that having a delayed recall time of 50 minutes limits the applicability of this measure to unaccompanied youth seeking asylum. It is possible that having a longer delay, one that more closely resembles the asylum process, would have resulted in different, and potentially more suggestible outcomes. In addition, the effects of using interpreters in suggestibility assessments has not been thoroughly explored, and as only four young people required an interpreter in the current study there was not adequate power or ability to further enhance knowledge in this area.

Regarding the measurement of NLEs, it has been highlighted by previous researchers that unaccompanied asylum-seeking youth, like many vulnerable and traumatised individuals, may not disclose all negative events they have experienced, and that those they do disclose are only the tip of the iceberg. This is often due to the difficulty involved in bringing such memories to mind and the associated emotional and physiological distress of doing so (Given-Wilson, Herlihy, & Hodes, 2016). There is a similar problem noted within the general population in that self-reporting NLEs is a difficult task, where both underreporting and overreporting could be a possible outcome (Drake, Bull, & Boon, 2008).

Finally, it is also important to note that the same researcher conducted all parts of the research procedure with participants. Although this has the relative strength of reducing interviewer effects, it does mean that the same person who spent time engaging each participant in the research process, building an environment where personal and sensitive questions around exposure to NLEs could be asked, was also required to conduct the GSS2, taking a more authoritarian position, asking leading questions and applying interrogative pressure. It is likely that this process could have impacted results. It is important that future research takes this into account and thinks carefully about controlling for the possible effects such an approach would have. These topics are given more thought in the Critical Appraisal.

Implications

The study's findings present a number of important implications for future research and practice with unaccompanied asylum-seeking youth.

Previous research has shown that providing consistent accounts in asylum interviews is important for being judged as credible and being granted protection. Individuals seeking asylum in the UK are only able to remain in the country if their claim for asylum is believed and therefore, the way in which young people report their claims and how officials assess them are crucial (Given-Wilson, Herlihy, & Hodes, 2016). An error such as inappropriate interviewing (e.g. applying interrogative pressure and negative feedback) could undermine the credibility of a young person and have a devastating impact on their freedom, security, and future. Policy makers, practitioners, and researchers would benefit from considering the possible

implications of this research and adopting an appropriate interview technique with young people with high exposure to NLEs, and fear or distrust of authority figures.

This study highlighted the lack of research undertaken with unaccompanied asylum-seeking young people, as well as some of the challenges associated with conducting research with vulnerable populations. There is a need for future research to utilise sufficiently powered samples, and to consider the impact of using interpreters in research, the immigration status of participants, and the type and timing of traumatic experiences.

As increasing numbers of unaccompanied asylum-seeking young people arrive in the UK to seek protection and safety, it is imperative that we gain a better understanding of both the immediate and enduring implications of their experiences. With a greater understanding of the experiences of unaccompanied asylum-seeking young people and the resulting impact this has on their adjustment, both in terms of their mental health and on their claim for asylum, more can be done to appropriately assess young people's asylum claims by informing policies, training, support services and interventions.

Conclusions

This exploratory study adds a significant contribution to previous research into suggestibility. It found that unaccompanied asylum-seeking youth, as well as those with exposure to a high number of negative and traumatic life events and increased levels of compliance, are less able to cope with interrogative pressures and negative feedback during questioning and may be more likely to provide inconsistent reports. The implications of these findings could have major consequences for the

way in which unaccompanied asylum-seeking young people are interviewed by asylum officials, decision makers, lawyers, social services, and mental health professionals. Indeed, if these important factors are not considered during interviews, the implications may be profound.

Further research is needed to address the limitations presented in this report, with sufficiently powered samples, so that more reliable and clearer conclusions can be reached. It is hoped that this research can inform and help change the systems and procedures currently in place to better support and protect this vulnerable group of young people in their application for asylum protection.

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Part 3: Critical Appraisal

Introduction

This critical appraisal addresses areas that could not be fully explored in the empirical paper, including challenges with recruitment and conducting research with a traumatised and vulnerable population, as well as methodological issues such as limitations with measurement tools employed in the study, and failure to include asylum status and protective factors in the research design. Attempts are made to discuss and reflect on my experience in addressing these difficulties, while proposing tentative suggestions that would address these challenges and enhance future research.

Recruitment Challenges

As can be ascertained by the small sample size in the empirical study, there were significant challenges recruiting unaccompanied asylum-seeking young people. Although my supervisors and I had expected that recruitment would probably be a slow and challenging process, the full extent of the challenges that arose were beyond our expectations.

Due to the anticipated difficulties, efforts were made to cast a wide net and contact multiple services across the UK in the search for suitable participants. A great deal of time was spent promoting the study and building up relationships, engagement and trust with different organisations. In the initial stages, I contacted services that my supervisors and I had pre-existing relationships with. I then contacted additional services using the contacts I had made as well as cold-calling services I had no known association with, initially making contact via email and following-up any communication with telephone calls and meetings. During these

meetings, I presented the aims of the study to professionals and their teams, while also addressing any questions, concerns or reservations that they had. In addition, social media outlets were used to further enhance and promote recruitment, with the aim of advertising the study on platforms that are often used by young people within the desired age-range of the study.

Over a period of 14 months, close to 100 potential recruitment sites were contacted at both independent and national levels, including schools, colleges, legal centres, social care services, community and therapeutic organisations and charities. Although responses were very often in support of the project, agreeing that such research needed to be undertaken, many services were unable to extend their support due to stretched time and limited resources. Some services also relayed concern over the impact such research would have on young people who had already been through so much.

The recruitment process involved contacting services in the first instance, who after consenting to the project, identified and approached young people to introduce the project. This was a helpful approach as it meant the research was introduced by someone already familiar to the young person, and that young people for whom participating in research would be detrimental were not contacted. However, this approach may have limited the agency of the young people as others made decisions on their behalf. Furthermore, this recruitment strategy relied on highly strained workers and services where undertaking research was not a priority, and therefore it is likely that many suitable young people were not given the choice to participate in the study. Regardless, throughout the recruitment process, I was

encouraged by how many people offered support where they could, for example by telling their colleagues about the project, emailing and introducing me to contacts they had in different services that also worked with unaccompanied asylum-seeking young people, talking to young people, and scheduling young people's research appointments so that they could arrange debriefing sessions afterwards. These professional behaviours attested to the care, devotion and trust that such services have built with this vulnerable group of young people.

Once young people had been approached about the research, and in some cases when they had agreed to take part, additional barriers arose. These included engaging young people who had chaotic and transient lives, and where talking about negative life experiences and feelings and participating in research may have been a frightening and difficult prospect. These barriers may have been compounded by the added challenge of communicating through a second language. As such, it is more than understandable that conducting research with unaccompanied asylum-seeking young people presented with so many challenges. During the course of recruitment some young people did not arrive at their appointment or declined participation due to: difficulty holding the appointment in mind, even when contacted on the same day; not wanting to go over their story again, with a different unknown professional; wanting to avoid thinking about the distressing and confusing experience of their asylum interviews; as well as navigating extremely difficult experiences such as discovering their asylum claim had just been refused, or receiving bad news of family and friends.

The challenges presented speak to the difficulties of conducting research with traumatised and vulnerable young people. Future research in areas such as this should carefully consider how the research process, and especially recruitment, is approached, where possible seeking consultation from young people themselves, especially in the early stages of a project, so that we can learn from their expertise and to ensure that their views, participation and voice can be maximised in an important and meaningful way.

Lack of Control for Confounding Variables

As mentioned in the discussion of the empirical paper, the ability to conduct further analyses to investigate and control for the influence of potential confounding variables was restricted due to the small sample size of the study. There were also a number of important factors that were not considered, in part due to the contemporary nature of this research and the limited amount of previous research available for guidance, but also due to ethical concerns and a desire to reduce demand, where possible, on young people who had already been traumatised. Together, these limitations meant that the influence of using interpreters, type and timing of trauma, asylum status and potential protective factors could not be explored. Each of these areas and the potential impact they could have had on the results as well as future studies are discussed below.

Interpreters

During the planning stages of the project a lot of thought was given to the need, feasibility, and potential influence of using interpreters; both in terms of funding required as well as concerns over the potential effect of using interpreters in

a study of suggestibility. Consultation was sought from experts in the fields of suggestibility and asylum, including Gisli Gudjonsson who developed the measures of suggestibility, and professionals working in asylum services.

A number of options were considered, which included (1) using the same interpreter throughout the duration of the study, (2) training interpreters in the Gudjonsson Suggestibility Scales (GSS), and (3) not using interpreters at all and only conducting the research with young people who had sufficient English language skills. The first of these options would mean focusing recruitment on participants that spoke the same language, so that the same interpreter could be used throughout the study. Through consultation with services and by looking at asylum statistics, Arabic appeared to be the best option if inclusion criteria for unaccompanied asylum-seeking participants were to specify just one language. Many unaccompanied asylum-seeking minors arriving in the UK have come from countries where Arabic is the official language. National asylum statistics show countries such as Eritrea, Iraq, Sudan and Syria consistently featuring in the top countries of origin for unaccompanied asylum-seeking minors arriving in the UK (Home Office, 2016; Refugee Council, 2018). It was thought that by using the same interpreter throughout the study interpreting costs could be kept to a minimum and there would be a potential to train the interpreter in the GSS, which Gisli had very kindly offered to do. Using the same trained interpreter throughout the study would have the added benefit of reducing potential contamination effects. The third option, to only include participants who were proficient in English, had the benefit of eliminating both interpreter costs and potential contamination effects altogether. However, this option was only briefly explored as we were informed by services that eliminating

participants who did not speak English would have a detrimental effect on recruitment. We also wanted the research process to mirror as closely as possible the experience of the asylum interview, in which interpreters are frequently present. Although there were questions over the validity of the GSS when used through interpreters, there were also larger questions of the young person's ability to provide fully informed consent without one, as well as their ability to understand the project and implications of their participation, understand questions asked of them and be able to express themselves fully.

Lane and Tribe (2010) highlight the importance of ensuring participants have the option to speak in their mother tongue to allow them to express themselves and their emotions in ways that they might otherwise be unable to. In addition, Pinter (2012) highlights that "without good quality interpreting, young people struggle to understand the forms and questions they are asked and cannot engage in a meaningful way" (Pinter, 2012, p.11). It was therefore considered essential to provide interpreters for those who needed them.

Unfortunately, these initial options did not fit with the reality of conducting research with the population studied. The first two options would further limit recruitment as the potential population of participants was already small so by excluding all young people who did not speak the same language would have rendered recruitment an impossible feat. As the demographic details of participants in the Methods section show, the most commonly occurring languages were only shared between three asylum-seeking participants. Turning to Gisli Gudjonsson for training on the GSS with each interpreter was also unfortunately not feasible, as

different interpreters were used due to the broad range of languages amongst participants and geographical placement of each interview. Instead, prior to each interview, I spent time with the interpreter, introducing the GSS measures and explaining the reasoning behind its methodologies. During the interview it did not appear as though interpreters were offering prompts or assistance to participants to aid their recall of the story. However, because only four participants required an interpreter, it was not possible to run further analyses to investigate whether using interpreters influenced the findings. There was however, plenty of discussion both with participants and with services around the impact of using interpreters and the difference good and poor interpreters can make to a young person's experience and the believability of their claims. It would be important for future research of this kind to address the issues raised.

A number of researchers and policies have addressed the implications and highlighted best practice requirements for using interpreters both in clinical practice and research. Attempts to follow these guidelines should be prioritised in future work. For example, d'Ardenne, Farmer, Ruaro and Priebe (2007) highlight the need for services to nurture good working relationships with interpreters and interpreting services, ensuring all interpreters have familiarised themselves with protocol around confidentiality and interpreting for vulnerable young people, and that consent is gathered from young people in advance of introducing interpreters, with gender and linguistic preferences adhered to. They also highlight the clinician or researcher's responsibility for booking appointments of adequate length, briefing and de-briefing interpreters, checking young people are happy with interpreters, keeping language simple, and checking for understanding. Finally, they highlight the need for

interpreters to adhere to confidentiality, to interpret what is said without adding opinion, or avoiding sensitive or embarrassing material, and to interrupt to seek clarification and share cultural meaning were needed.

Placing recommendations into the context of asylum interviews and working with unaccompanied asylum-seeking minors, Pinter (2012) draws attention to guidance put forward by the UK Border Agency (UKBA) which states "it is the duty of the case owner to ensure that the interpreter and child understand one another sufficiently" (UKBA, as cited in Pinter, 2012, p. 11) and "case owners should tell the interpreter not to add to, assist or edit what is said on either side, nor offer information, opinion or comment of his own" (UKBA, b as cited in Pinter, 2012, p. 12). This guidance is highlighted in qualitative research published by the Children's Society in which recurrent themes of inadequate and problematic interpreting surfaced in their interviews with unaccompanied asylum-seeking minors (Pinter, 2012). A lack of experience of working with young people, a lack of knowledge of the asylum process, giving opinion on the young person's claims as well as not speaking the correct language or dialect were all consistently reported. Such issues not only affect the understanding, mental health and adjustment of an already traumatised and vulnerable young person but could also have a devastating impact on their future by leaving asylum officials to make highly important decisions without accurate information. These findings were not dissimilar to accounts young people shared with me during research interviews. In both research and practice, it is paramount that guidance is followed, and that researchers, clinicians and interviewers ensure appropriate checks are made and foster environments where both young people and interpreters feel able to express difficulties or lack of understanding.

Type and Timing of Trauma

A number of researchers indicate that the number, frequency and type of traumatic experience, as well as the developmental stage in which events occur are likely to impact young people differently and could have different effects on their memory, psychological wellbeing and behaviour which in turn could impact suggestibility and perceived credibility to different degrees (Chu, 2010; Given-Wilson, Herlihy, & Hodes, 2016; UNHCR, 2014). For example, when looking at sexual abuse, Browne and Finkelhor (1986) and Vagni, Maiorano, Pajardi and Gudjonsson (2015) found intrafamilial abuse to be more traumatic than abuse by a person from outside of the family. Giamundo (2013) suggests that such findings result from "the detrimental effects on attachment, self-confidence and trust". Reed, Fazel, Jones, Panter-Brick and Stein's (2012) literature review on the mental health of displaced and refugee children adds weight to these findings, as the authors highlight that the type of negative life event (NLE) matters; they found that exposure to violence, having one's house searched, witnessing a family member's death, being injured, abducted, tortured or raped has especially harmful consequences.

Although the current study hoped to analyse the impact of different types of NLEs, the sample size was too small and as a result the study did not have adequate power to detect meaningful differences. However, the current study found that unaccompanied asylum-seeking youth experienced a substantially higher number and more severe traumatic events, and that they were more vulnerable to suggestibility and compliance. These findings tentatively provide support for the claim that the type of NLE does affect outcomes. With such variability observed

between participants and exposure to NLEs, it could be that some adversities are more closely related to suggestibility than others. It is clear that this is an area that requires further examination and it is important that future research in this area endeavours to further investigate these effects so that a greater understanding can be achieved.

Asylum Status

Another potentially important area that was not adequately explored within this study was the current immigration status of participants. Although all unaccompanied participants were seeking asylum, the study did not determine whether they had been granted temporary leave to remain (referred to as 'discretionary leave' or 'UASC leave'), were awaiting initial decisions, or whether they had received a negative initial decision and were awaiting appeal. This presents as a limitation to the current study as different levels of legal status could have resulted in young people being more or less vulnerable to varying degrees of distress, NLEs and associated suggestibility.

National asylum statistics (Refugee Council, 2018) reveal the majority of unaccompanied asylum-seeking minors who have submitted a claim in the past five years were not granted refugee status, but instead given discretionary or UASC leave. Once this leave expires or young people turn 18 years old, the vast majority receive a refusal to their asylum claim. Tables 1 and 2 below show statistics from the last five years for initial decisions following unaccompanied asylum-seeking minors' claim for asylum. The data presented in Table 1 shows initial outcomes for unaccompanied asylum-seeking minors aged 17 years or younger, whereas the data presented in

Table 2 shows outcomes for unaccompanied minors once they have turned 18 years old. Young people in the latter category entered the UK as an unaccompanied minor before their 18th birthday but their claim for asylum was delayed until they turned 18 years old. As can be seen from the two tables presented, once young people turn 18 they are far more likely to receive a refusal to their claim for asylum.

Table 1: Initial asylum decisions for unaccompanied minors

	Total	Refugee status	Humanitarian protection	Discretionary leave	UASC leave	Family or private life	Refusals
2017	1,414	974	36	2	378	2	202
2016	1,656	502	50	14	828	2	260
2015	1,568	357	18	38	809	0	346
2014	988	418	9	23	380	4	154
2013	936	237	4	380	119	18	178
Total	6,562	2,488	117	457	2,514	26	1,140
n (%)	-	38%	2%	7%	38%	0%	17%

Table 2: Initial asylum decisions once unaccompanied minors turn 18

	Total	Refugee status	Humanitarian protection	Discretionary leave	UASC leave	Family or private life	Refusals
2017	584	306	12	1	0	1	264
2016	295	118	6	1	1	2	167
2015	362	63	1	3	0	0	295
2014	282	69	1	0	0	2	210
2013	176	50	0	3	0	2	121
Total	1,699	606	20	8	1	7	1,057
n (%)	-	36%	1%	0%	0%	0%	62%

Understanding different levels of legal status and the associated implications can be confusing for young people and professionals alike (Pinter, 2012). Long-term protection and security are only provided when a young person is granted refugee

status. All other forms of immigration status (documented in Table 1 and 2 below) are given when a young person's claim for asylum has been refused. The immigration status a young person receives will dictate the level of help and support available to them, including public funds, social housing, and legal representation (Coram, 2017). In cases where young people are not granted refugee status, their entitlement to receive security and support is limited and temporary; available until a certain time (e.g. in the case of UASC leave for 30 months or until the young person reaches 17.5 years or age, whichever is sooner), until conditions in their country of origin significantly improve, or until the Home Office reaches a final decision following appeal proceedings (Coram, 2017; DfE, 2017). When a young person's temporary immigration status expires, and any appeals are refused by the Home Office, they will be considered "unlawfully present in the UK", will no longer be able to access public funds, and will be expected to leave the country. Young people who are in, or approaching this situation, are especially vulnerable to distress and often experience increased feelings of uncertainty, anxiety and have difficulty coping. Past research, including that by Fazel, Karunakara and Newnham (2014); Given-Wilson, Herlihy and Hodes (2016); and Pinter (2012), reveals the high levels of distress, anxiety and uncertainty that many asylum-seeking individuals experience when waiting on asylum decisions and the detrimental impact this can have on their physical, psychological, social, and developmental adjustment and stability.

Previous research has also found suggestibility to be significantly and consistently related to heightened feelings of anxiety, distress and uncertainty (Gudjonsson & Clarke, 1986; Gudjonsson, Rutter, & Clare, 1995; McGroarty & Thompson, 2013; Ridley & Gudjonsson, 2013; Wolfradt & Meyer, 1998). It is possible

that future research could benefit from exploring the impact of immigration status on a person's vulnerability to suggestibility and interrogative pressure.

Potential Protective Factors

Protective factors such as resilience, social support and community integration are other areas that the current study was unable to examine. Although the study initially attempted to include an assessment of positive life events from the CLES-A, this questionnaire choice was flawed; the items did not appear relevant to many young people participating in the study and missed some important areas that became apparent in conversations with participants. Due to these issues, combined with limited statistical power, positive life events were not included in the analysis.

The results from the current study showed variability in reports of NLEs, as well as suggestibility and compliance among participants. It is likely that the young people who participated in the study will have experienced varied degrees of positive and protective factors which could have, to some degree, mediated or moderated the results of the study. Personal attributes such as resilience, strength, determination, and persistence were evident in many of the young people's narratives, as were stories of finding support, care and friendship. These accounts are not dissimilar from previous research undertaken with unaccompanied asylum-seeking minors. The UNHCR (2014) highlights that due to their exposure to substantial trauma, stressors and hardship, and finding ways to survive without family protection, many unaccompanied asylum-seeking minors exhibit high levels of resilience. Reed et al. (2012), Gupta and Zimmer (2008), Hasanovic, Sinanovic and Pavlovic (2005), and Bolton et al. (2007) draw attention to the important role social

support, community integration and resilience play in the adjustment and mental health outcomes of unaccompanied asylum-seeking minors. However, these studies also highlight both the lack of research fully exploring these areas, as well as the difficulty of accurately assessing them (Gupta & Zimmer, 2008; Bolton et al., 2007).

Narratives in the media and research are often focussed on adversities and hardships with little time given to positive elements that enable young people to live their lives, fight for improvements, adjust to living in a new culture and community, manage a new language, attend school or college, and build meaningful relationships (Crawley, McMahon, & Jones, 2016). This report is not an exception. Campaigns celebrating the contributions, creativity and resilience of refugees (such as Refugee Week, 2018) are beginning to make a difference in this area and it is important that research follows, and that more is done to understand the many strengths and resiliencies within this population. Whether through questionnaire measure or qualitative approach, future research should endeavour to enhance understanding of potential protective factors that could go some way to mitigate a person's vulnerability to suggestibility.

Problems with Measures

Many of the issues with measurement tools have been initially addressed within the discussion of findings in the empirical paper. However, there were a number of areas that require further attention; these include experience of using these measures, as well as the potential influence of shame and stigma, and limitations of conducting quantitative research.

Experience of Research Measures

As previously described, a shortcoming of the current study was that the same researcher conducted all parts of the research procedure with participants. It is possible that this had a number of unknown effects on the outcomes of the study. Time was spent with each young person, prior to the research questions being asked, getting to know them, easing them into the process and engaging them in the research. Particular effort was made to foster an environment which felt safe and somewhat enjoyable for participants. Creating such an environment was important to minimise any potential harm as a result of participating in the study, as well as to enable discussion of highly personal and sensitive experiences. It is possible that such an environment could be dissimilar to that experienced in asylum interviews, where it might be more appropriate to present with an authoritarian approach. The protocol of the current study meant that the authoritarian style required for the GSS2 was the last task of the research visit; after all other questionnaires were completed I was required to ask leading questions and apply interrogative pressure. Prior to conducting the research, I was a little apprehensive about how to make this transition and so I, alongside one of my supervisors, had training from Gisli Gudjonsson. I also ran through the process with a young person who did not participate in the study to get feedback on their experience and the best way to brief and de-brief participants. Both were helpful as they enabled me to apply the standardised approach required for the GSS but also to have additional foresight into the potential experience of the measures for participants. Despite this preparation, it was not easy to switch between doing what felt like a clinical interview to taking on the authoritarian role required within the GSS2. It is possible that more of a relationship was built with

participants than that which is built prior to asylum interviews, which could have had an impact on results and affected participants' responses to suggestibility measures in a way that would not be generalised to the asylum interview process. It seems that much previous research into suggestibility has followed a similar procedure, often as a result of limited resources and time (e.g. Drake, Bull, & Boon, 2008; Richardson & Kelly, 2004). However, Vagni et al.'s (2015) study described a notable exception in which two separate interviewers conducted the research process; one set-up the study, familiarised the young person with the research process and completed all research questionnaires, while a separate researcher, in a separate room, undertook the GSS with participants. Future research should consider the possible effects these different approaches could have, alongside the resources they have at their disposal, in order to reach a decision on how best to conduct suggestibility interviews with participants.

Limitations of the NLEs measures used have previously been introduced. These include shortcomings of the measures in terms of missing important events, as well as possible under- or over-reporting, particularly as a result of factors such as shame and stigma.

It became apparent throughout the course of the research that the NLEs measures selected were perhaps not the best measures to use in the population studied. The CLES-A in particular did not seem to capture the experiences of older adolescents or of unaccompanied asylum-seeking youth. Although it was selected due to measuring more normative NLEs as well as experiences of non-asylum-seeking youth that might be missed by using the Trauma History Questionnaire alone, it did

not greatly enhance the range of events covered. Additionally, combining the CLES-A, which measures more normative NLEs within the last year, with the THQ, a measure of traumatic events which measures lifetime prevalence, in a meaningful way was a difficult task. To my knowledge these measures have not been combined before, and as such combining them likely influences the reliability and validity of each measure. During the planning stages of the project numerous NLE measures were reviewed and consultation was sought from professionals working in asylum services. However, it was difficult to find one measure that covered all events; those of unaccompanied asylum-seeking youth and those of young people from the general population. It is possible that having additional time and resources in the preparatory stages of the study would have enabled consultation from young people which could have highlighted difficulties with the measures and aided the researcher in making necessary changes to the research protocol in appropriate time.

It was clear both from participants' responses on questionnaires and from more qualitative information that was disclosed during interviews that the young people who participated in the study had experienced vast and varied NLEs. However, there was large variability seen both within and across the samples, for which there are many possible explanations. One of these is that the measures were not applicable, accessible or thorough enough. Another explanation could be that other factors hindered reporting of events. Much research has highlighted the impact of shame and stigma in disclosing personal and sensitive information. Cunha, Matos, Faria and Zagalo (2012 as cited in Given-Wilson, Herlihy, & Hodes, 2016, p. 9) explain shame as "a socially focused emotion associated with feeling negatively judged by others or exposed as inadequate, flawed, powerless, or inferior". The detrimental

impact such emotions can have in the context of the asylum process has primarily been explored amongst adult asylum-seekers. For example, Bogner, Herlihy and Brewin (2007) found shame and stigma to present a substantial obstacle in disclosing complete and accurate accounts in asylum interviews. Given-Wilson, Herlihy and Hodes (2016) highlight that the adolescent years present an intensified sensitivity towards feelings of shame and draw the conclusion that unaccompanied asylum-seeking minors therefore likely present with similar, if not greater, barriers to disclosure. Indeed, feelings of shame have resulted in young people offering incomplete and inaccurate information in accounts of sexual abuse and intimate medical procedures (Goodman & Quas, 1994). These findings are amplified when additional elements such as cultural context and gender differences are considered (Dura-Vila, Klasen, Makatini, Rahimi, & Hodes, 2012; Hershowitz, Orbach, Lamb, Sternberg, & Horowitz, 2006). As there is little research in this area with unaccompanied asylum-seeking minors, additional research would greatly enhance understanding of the impact such emotions could have on the believability and credibility of young people applying for asylum.

Quantitative Research

Lastly, I wanted to address the limitations and challenges that are inherent in conducting quantitative research, where the reality, voice and richness of a young person's experience and narrative can become lost and dampened amid numbers and tables. Many young people I met during the course of the research expressed how hard it can be to fit their experiences into multiple-choice responses. Some were keen to share parts of their story, what they had experienced and been through, the

difficulties they had encountered and the successes they had made. I have attempted to include some of our discussions within this appraisal; by addressing issues with interpreters and difficulties disclosing traumatic experiences, as well as the strength, resilience and support so many young people spoke of. However, due to the nature of this research many of their accounts have not been given the credit they were due. As such, a collection of brief and anonymised, accounts that young people were keen to be included are presented below.

"I arrived to this country after horrible things, I was so scared, I didn't know who I could trust, I kept thinking will these people hurt me? They said I am safe but how can I know, will they believe me, will they do the same things to me that I have escaped from?"

"I arrived in this country so scared, white people trafficked us, abused us, I thought all white people were bad. When I came here I was arrested and questioned by white men, in a room, I was terrified."

"They ask me about what happened to me, but how could I tell them what I've been through, how could I put it into words, when I cannot even hold it in my thoughts?"

"Interviewers ask their questions then close their file and go home, but a box has been opened for me and months later I'm still dealing with the consequences."

"Sometimes interpreters are from the same community, you can't tell what happened, they don't stick with what you say, you can't communicate if you don't like them or trust them. There should be a code set up where you can tell the interviewer there are problems with the interpreter."

"In my country most people do not go to school, we do not record details like dates and time. When I came here all the questions were about dates and times, something I knew nothing of, the interviewers were so persistent and kept asking me over and over, I had no answers and felt so scared that they wouldn't believe me."

"My lawyer and guardian advocated for me and really helped, now I am helping other young people who arrive, we meet and support them, so they can see other people like them, hear our experience and know it is okay and so it's not so scary for them."

Conclusions

This appraisal has considered the challenges of conducting research with traumatised and vulnerable populations, specifically in terms of study design and focus, selection and utilisation of measurement tools, and recruitment and engagement. It has begun to address questions surrounding how we deal with the reality of small sample sizes, balancing deficits with strengths, asking about very sensitive issues, using interpreters and finding a focus when there are so many avenues that justify further investigation. Unfortunately, there are no simple, or straightforward, solutions and undertaking research in new areas is likely to incur such challenges. However, having an increased awareness and expectation of potential difficulties that might arise when undertaking research in new areas can only help. It will not be until further studies are completed that a richer understanding of potential pitfalls and how to overcome them can be achieved.

A notable area that showed clear benefit in the current study was the involvement of experts. Following advice and guidance from professionals in the fields of asylum services and suggestibility research was invaluable in the present study, particularly in the selection of measures, research procedure, and practicalities such as participant reimbursement, location and length of research visit, and use of interpreters. However, as previously discussed, I was unable to seek consultation from unaccompanied asylum-seeking youth in preparation for the study. I believe that combining the advice and guidance received from those who were experts by profession with those who were experts by experience would have greatly enhanced the study. Many of the young people that I met throughout the course of the research were keen to share their experiences of being interviewed and contribute to a difference for others. If I were to undertake the research again, I would make all attempts to draw on the expertise and maximise the involvement of these young people, especially in the early stages and design of the study. Hearing from young people themselves; about what is important to study, how it is best to find participants and introduce the study and what is an appropriate balance of measures would likely significantly enhance future research outcomes and experience; both for researchers and participants.

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Appendix 1

University College London's Research Ethics Committee Letter of Approval

UCL RESEARCH ETHICS COMMITTEE
ACADEMIC SERVICES

18th May 2017

Dr Stephen Butler
Department of Clinical, Educational and Health Psychology
UCL

Dear Dr Butler

Notification of Ethical Approval
Re: Ethics Application 10953/001: Interrogative suggestibility in adolescence. A comparison of unaccompanied asylum-seeking minors

I am pleased to confirm in my capacity as Chair of the UCL Research Ethics Committee (REC) that the UCL REC has ethically approved your study until **22nd September 2018** on condition that:

1. a DBS is provided for the second researcher named in Section A3 of your application;
2. separate participant information sheets and consent forms are produced, explaining more fully what the research is about, for the two groups as they are such disparate groups;
3. it is made clear to asylum seekers that taking part will not affect their asylum application.

Approval is also subject to the following conditions:

Notification of Amendments to the Research
You must seek Chair's approval for proposed amendments (to include extensions to the duration of the project) to the research for which this approval has been given. Ethical approval is specific to this project and must not be treated as applicable to research of a similar nature. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing the 'Amendment Approval Request Form':
http://ethics.grad.ucl.ac.uk/responsibilities.php

Adverse Event Reporting – Serious and Non-Serious
It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator (ethics@ucl.ac.uk) immediately the incident occurs. Where the adverse incident is unexpected and serious, the Chair or Vice-Chair will decide whether the study should be terminated pending the opinion of an independent expert. For non-serious adverse events the Chair or Vice-Chair of the Ethics Committee should again be notified via the Ethics Committee Administrator within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Chair or Vice-Chair will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Final Report
At the end of the data collection element of your research we ask that you submit a very brief report (1-2 paragraphs will suffice) which includes in particular issues relating to the ethical implications of the research i.e. issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc.
With best wishes for the research.

Academic Services, 1-19 Torrington Place (9th Floor),
University College London
Tel: +44 (0)20 3108 8216
Email: ethics@ucl.ac.uk
http://ethics.grad.ucl.ac.uk/

Yours sincerely

[redacted]

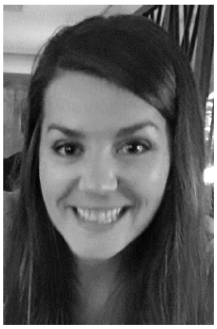
Dr Lynn Ang
Interim Chair, UCL Research Ethics Committee

Cc: Samantha Childs & Dr Zoe Given-Wilson

Appendix 2

Participant Information Sheets

Memory and Experiences in Adolescents
Information sheet for unaccompanied asylum-seeking youth



Hello, my name is Sam and I am a Trainee Clinical Psychologist and Researcher at University College London. This information sheet tells you about a research project that I would like your help with.

It's important you know what the research is about and what it would mean to be involved. So please read this carefully and think it through before you decide.

What is the research about?

We are interested in how different people remember and report back information when they are interviewed and asked questions (especially about topics that may be difficult to think about).

There is lots of research which shows that the experiences people have had in their lives (both good and bad) can impact how they think, how they feel and what they do. These good and bad experiences can also influence how people are able to remember and report back information. We want to learn more about how this applies to older teenagers and young adults because most research is done with older adults and we think it is important that teenagers and young adults are not missed out in the research.

We want to talk to older teenagers and young adults who have had different experiences (both good and bad) so that we can learn what sorts of things might make it harder, or easier, for them to remember information and answer questions about their experiences. To do this, we will be meeting with lots of teenagers and young adults from different backgrounds.

We are particularly interested in talking to older teenagers and young adults who are applying for asylum in the UK. We understand that the asylum application process can be difficult because it is used to inform really important decisions about a person's future, for example about where they might live. We think that the stress of interviews such as these can make it difficult to remember information and answer questions. We therefore want to talk to teenagers and young adults who are going through the asylum application process so that we can better understand what factors influence their ability to answer questions.

We think this research is really important because the findings can be used to:

- discover better and fairer ways of interviewing and questioning teenagers and young adults
- contribute to improvements in the asylum application process

To increase understanding and improve practices, we need *your* help. If you:

- **are aged 16-25**
- **have come to the UK as an unaccompanied minor when you were under 18 to seek asylum**

We would like to ask for your help.

What happens if I agree to take part?

You are completely free to decide whether or not you want to take part in the study. If you agree, I will contact you to arrange a time and place that is convenient for you to meet. Once we meet, you will be asked to sign a form to show you have agreed to take part and then fill in some questionnaires and answer some questions. You can change your mind and stop at any time, without giving a reason.

We would like to show our appreciation for agreeing to complete the questionnaires by offering you £10 for your time. We will give this to you once the questionnaires have been completed.

What are the questionnaires about?

The questionnaires and things that we would like to talk to you about will take approximately 60 minutes to do. You can take a break at any time and you do not have to answer any questions that you do not want to answer. There are questions about:

- Your background – including your age, gender and where you were born
- Your experiences – some questions will be about some of the experiences (both good and bad) that you have had, for example 'in the last 7 days have pictures of a stressful event popped into your mind?' and 'have you received an award/special prize?' These questions will be brief, and we will not ask you to go into lots of detail or talk about things that you do not want to talk about.
- There will also be a short activity, which is like a puzzle, and a memory task.

Most of the questionnaires will be done on paper. One of them involves an interview which we will ask to tape record. We will ask to tape record just one small part of the interview to make sure we do not miss the things you said. You do not have to say yes to it being recorded and it is completely fine to say

no. If you were happy for us to do that, we would store the recording on an encrypted, password-protected USB stick so that no one else could listen to it, and then delete it after the research is finished.

If you have any difficulties reading or understanding any of the questions, we will help you.

What happens to the information I give in the questionnaires?

We will use the information to help write a report, which will be finished by June 2018. **Your name will not be used in the report**. The report will be presented in such a way that no one will know that you took part. Information about you will be private because we talk about groups not the individual in our report. We do this mainly by using percentages. For example, we might say that 30% of the people that took part in our study were aged 17.

We think that the report will help organisations support teenagers and young adults in the best way they can and help to make the way that people interview and ask questions as fair as possible. You will be sent a copy of the final report. Once the research is complete, all notes and questionnaires will be deleted.

What happens if I decide not to take part?

You do not have to take part if you do not want to. As we said earlier, you are completely free to decide whether you want to take part in the study. If you decide not to take part, you don't have to give a reason, and no one will be upset or cross with you.

What if I say yes, and change my mind halfway through?

That's fine. You can tell me that you don't want to be involved at any time and you don't have to give a reason. If you do want to stop, any notes will be deleted. And if you ever have any worries or questions about the research, or want to make a complaint about it, you can contact Zoe Given-Wilson who is another researcher on Email: z.givenwilson@csel.org.uk or Stephen Butler on Email: stephen.butler@ucl.ac.uk

Will you tell anyone else what I say?

No. Whatever you tell me will be confidential. **This means that I won't tell anyone what you say to me**. Any notes we make will be kept in a locked drawer or will be protected by a password on the computer

so that no one else can get them. Information about you would only be shared if I was worried that you or someone else was in danger of serious harm in the UK. If this happened, you would be told straight away what was going to happen, who was going to be told, and why.

Will my decision affect other services or help I am getting?

No. Whether you agree to take part in the research or not, **your decision will in no way affect or change your contact with other services such as college, health and support services or the Home Office.**

This research is completely separate from your asylum application. Your decision to take part, the questions you answer and the responses you give will not have any effect or impact on your asylum application.

All data will be collected and stored in accordance with the Data Protection Act 1998.

Thank you for reading this information sheet and for considering participation in this research.

Would you like to take part in the study? Please tick one of the choices:

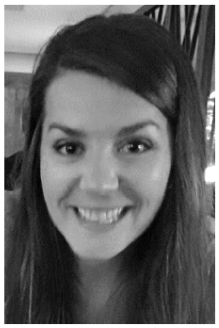
☐ Yes please

☐ No thank you

If you ticked 'yes' to the question above:

Read the consent form below and tick the boxes once you have understood everything. Then, if you are still happy, sign the form at the bottom.

Memory and Experiences in Adolescents
Information sheet for UK participants



Hello, my name is Sam and I am a Trainee Clinical Psychologist and Researcher at University College London. This information sheet tells you about a research project that I would like your help with.

It's important you know what the research is about and what it would mean to be involved. So please read this carefully, and think it through before you decide.

What is the research about?

We are interested in how different people remember and report back information when they are interviewed and asked questions (especially about topics that may be difficult to think about).

There is lots of research which shows that the experiences people have had in their lives (both good and bad) can impact how they think, how they feel and what they do. These good and bad experiences can also influence how people are able to remember and report back information. We want to learn more about how this applies to older teenagers and young adults because most research is done with older adults and we think it is important that teenagers and young adults are not missed out in the research.

We want to talk to older teenagers and young adults who have had different experiences (both good and bad) so that we can learn what sorts of things might make it harder, or easier, for them to remember information and answer questions about their experiences. To do this, we will be meeting with lots of teenagers and young adults from different backgrounds, including people who have grown-up in the UK and people who have come to the UK by themselves from another country.

We understand that lots of teenagers and young adults will have some experience of being interviewed or questioned to help guide important decisions about their future. For example, in the UK:

- someone who is seeking asylum will be asked questions to determine where they might live
- someone who is suspected of breaking the law will be asked questions to determine whether they get into trouble
- and, someone who is applying for a new course or job will be asked questions to determine whether they get the position

We think that the stress and pressure of interviews such as these can make it difficult for some people to remember information and answer questions and therefore we would like to talk to older teenagers and young adults from all kinds of backgrounds so that we can better understand which factors influence their ability to answer questions.

We believe this research is really important because the findings can be used to discover better and fairer ways of interviewing and questioning older teenagers and young adults and contribute to improvements in interview procedures.

To increase understanding and improve practices, we need *your* help. If you:

- **are aged 16-25**
- **and, have grown-up in the UK**

We would like to ask for your help.

What happens if I agree to take part?

You are completely free to decide whether or not you want to take part in the study. If you agree, I will contact you to arrange a time and place that is convenient for you to meet. Once we meet, you will be asked to sign a form to show you have agreed to take part and then fill in some questionnaires and answer some questions. You can change your mind and stop at any time, without giving a reason.

We would like to show our appreciation for agreeing to complete the questionnaires by offering you £10 for your time. We will give this to you once the questionnaires have been completed.

What are the questionnaires about?

The questionnaires will take approximately 60 minutes to do. You can take a break at any time and you do not have to answer any questions that you do not want to answer. There are questions about:

- Your background – including your age, gender and where you were born
- Your experiences – some questions will be about some of the experiences (both good and bad) that you have had, for example 'in the last 7 days have pictures of a stressful event popped into your mind?' and 'have you received an award/special prize?' These questions will be brief and we will not ask you to go into lots of detail or talk about things that you do not want to talk about.

- There will also be a short activity, which is like a puzzle, and a memory task.

Most of the questionnaires will be done on paper. One of them involves an interview which we will ask to tape record. We will ask to tape record just one small part of the interview to make sure we don't miss the things you said. You do not have to say yes to it being recorded and it is completely fine to say no. If you were happy for us to do that, we would store the recording on an encrypted, password-protected USB stick so that no one else could listen to it, and then delete it after the research is finished.

If you have any difficulties reading or understanding any of the questions, we will help you.

What happens to the information I give in the questionnaires?

We will use the information to help write a report, which will be finished by June 2018. **Your name will not be used in the report**. The report will be presented in such a way that no one will know that you took part. Information about you will be private because we talk about groups not the individual in our report. We do this mainly by using percentages. For example, we might say that 30% of the people that took part in our study were aged 17.

We think that the report will help organisations support teenagers and young adults in the best way they can and help to make the way that people interview and ask questions as fair as possible. You will be sent a copy of the final report. Once the research is complete, all notes and questionnaires will be deleted.

What happens if I decide not to take part?

You do not have to take part if you do not want to. As we said earlier, you are completely free to decide whether or not you want to take part in the study. If you decide not to take part, you don't have to give a reason, and no one will be upset or cross with you.

What if I say yes, and change my mind halfway through?

That's fine. You can tell me that you don't want to be involved at any time and you don't have to give a reason. If you do want to stop, any notes will be deleted. And if you ever have any worries or questions about the research, or want to make a complaint about it, you can contact Zoe Given-Wilson who is another researcher on Email: z.givenwilson@csel.org.uk or Stephen Butler on Email: stephen.butler@ucl.ac.uk

Will you tell anyone else what I say?

No. Whatever you tell me will be confidential. **This means that I won't tell anyone what you say to me**. Any notes we make will be kept in a locked drawer or will be protected by a password on the computer so that no one else can get them. Information about you would only be shared if I was worried that you or someone else was in danger of serious harm in the UK. If this happened, you would be told straight away what was going to happen, who was going to be told, and why.

Will my decision affect other services or help I am getting?

No. Whether you agree to take part in the research or not it will in no way affect or change your contact with other services such as school, college or health and support services.

All data will be collected and stored in accordance with the Data Protection Act 1998.

Thank you for reading this information sheet and for considering participation in this research.

Would you like to take part in the study? Please tick one of the choices:

☐ Yes please

☐ No thank you

If you ticked 'yes' to the question above:

Read the consent form below and tick the boxes once you have understood everything. Then, if you are still happy, sign the form at the bottom.

Appendix 3

Consent Forms

CONSENT FORM: Memory and Experiences in Adolescents

Please read the form below and tick the boxes once you have understood everything. Then if you are still happy sign the form at the bottom.

Statement to be read	Tick the box if you agree
What the research is about I understand that Sam will ask me questions about myself and my experiences. I don't have to answer any questions that I don't want to, and Sam will write a report to help improve how different professionals ask questions and interview teenagers and young adults.	
I understand that I do not have to take part in the study and that my choice (to take part or not take part) will not impact my involvement with other services (including college, health and support services and the Home Office).	
I understand that this research is completely separate from my asylum application, and that my decision to take part, any questions I answer and any responses I give will not have any effect or impact on my asylum application.	
What I am agreeing to do I agree to meet with Sam to go through some questions with her. I can bring someone I know and trust with me if I want to.	
Recording a short part of the interview I understand that, if I agree, a short part of the interview will be audio recorded. This is to help Sam take a good record of what I say.	
Payment I understand that I am being paid for my assistance in this research and that some of my personal details will be passed to UCL Finance for administration purposes.	
Confidentiality – keeping things private I understand that nothing I say will be shared with anyone else unless I say anything that makes Sam worried about my safety or another person's safety in the UK.	

Report I understand that Sam will write a report using the information she gets from me and other teenagers and young adults she meets. Sam will not use my name in her report, and no one will be able to work out that I was involved in the research. I will be sent a copy of the report.	
Deciding I want to leave the research? I understand that I can stop being involved in the research at any time without giving a reason.	
Questions or concerns about the research? I understand that if I have any concerns about the research project I can talk to Zoe Given-Wilson or Stephen Butler who will pass on my questions or concerns.	

I _____ WRITE YOUR NAME HERE _____ have read (or been read) the information sheet about the research. I understand the statements above and agree to take part in the research.

Signed _____ **Date** _____

Don't forget – if you have any questions or concerns about the research you can:

- Talk to a professional you are working with (_____)
- Talk to Zoe Given-Wilson or Stephen Butler (details above)
- If you have concerns or want to make a complaint about the research, please contact: research-incidents@ucl.ac.uk

CONSENT FORM: Memory and Experiences in Adolescents

Please read through the form below and tick the boxes once you have understood everything. Then if you are still happy sign the form at the bottom.

Statement to be read	Tick the box if you agree
What the research is about I understand that Sam will ask me questions about myself and my experiences. I don't have to answer any questions that I don't want to, and Sam will write a report to help improve how different professionals ask questions and interview teenagers and young adults.	
I understand that I do not have to take part in the study and that my choice (to take part or not take part) will not impact my involvement with other services (such as school, college or health and support services).	
What I am agreeing to do I agree to meet with Sam to go through some questions with her. I can bring someone I know and trust with me if I want to.	
Recording a short part of the interview I understand that, if I agree, a short part of the interview will be audio recorded. This is to help Sam take a good record of what I say.	
Payment I understand that I am being paid for my assistance in this research and that some of my personal details will be passed to UCL Finance for administration purposes.	
Confidentiality – keeping things private I understand that nothing I say will be shared with anyone else unless I say anything that makes Sam worried about my safety or another person's safety in the UK.	
Report I understand that Sam will write a report using the information she gets from me and other teenagers and young adults she meets. Sam will not use my name in her report, and no one will be able to work out that I was involved in the research. I will be sent a copy of the report.	
Deciding I want to leave the research? I understand that I can stop being involved in the research at any time without giving a reason.	

Questions or concerns about the research? I understand that if I have any concerns about the research project I can talk to Zoe Given-Wilson or Stephen Butler who will pass on my questions or concerns.	

I _____ WRITE YOUR NAME HERE _____ have read (or been read) the information sheet about the research. I understand the statements above and agree to take part in the research.

Signed _____ **Date** _____

Don't forget – if you have any questions or concerns about the research you can:

- Talk to a professional you are working with (_____)
- Talk to Zoe Given-Wilson or Stephen Butler (details above)
- If you have concerns or want to make a complaint about the research please contact: research-incidents@ucl.ac.uk

Appendix 4

Measurement Tools

Demographic Questionnaire

About You

We would be grateful if you would please answer the following questions. Your answers will be kept confidential.

1. **Date of birth** ……

2. **Gender (please circle)** Male Female

3. **What is your Ethnic group? (Choose one section from a to e then tick the appropriate box)**

a. White ☐ British ☐ Irish ☐ Other White (please write)……

b. Mixed ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Other Mixed (please write) ……

c. Black or Black British ☐ Caribbean ☐ African ☐ Other Black (please write) ……

d. Asian or Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian (please write) ……

e. Chinese or other ☐ Chinese ☐ Other ethnic group (please white)……

4. **Language** ……

5. **Were you born in the UK (please circle)?** Yes No

   a. **If no, what country were you born in:** ……

   b. **What date did you arrive in the UK** ……/……/……