

Self-harm in immigration detention: political, not (just) medical

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ABSTRACT

Self-harm within immigration detention centres has been a widely documented phenomenon, occurring at far higher rates than the wider community. Evidence suggests that factors such as the conditions of detention and uncertainty about refugee status are amongst the most prominent precipitators of self-harm. While important in explaining self-harm, this is not the entire story. In this paper we argue for a more overtly political interpretation of detainee self-harm as resistance and assess the ethical implications of this view, drawing on interviews with detainees from Australia's offshore system. Self-harm by detainees is not only a medical 'condition' arising in response to oppression, but a form of political action to lessen or contest it. We first establish how self-harm could be conceptualised as resistance. We then discuss its political purpose, noting it serves at least three functions: intrinsic, instrumental and disruptive or coercive. Viewing detainee self-harm as political resistance is a supplement to (rather than a substitute for) a medical approach. However, conceptualising self-harm this way has several advantages, namely moving away from the idea that such behaviour is 'maladaptive', recognising detainees as political agents, combatting government claims of 'manipulation' and 'blackmail' and clarifying the duties of healthcare workers who work in detention.

The global proliferation of immigration detention has had many unwelcome consequences for health. Among the most disturbing of these is the dramatic increase in cases of bodily self-harm among detainees. Acts such as self-mutilation, the refusal of food and suicide have been common, occurring within the context of detention regimes that are often explicitly engineered as deterrents, with squalid and crowded conditions, severe restrictions placed on basic freedoms, and poor access to food, medical care and legal support (1). As well as self-harm these conditions create substantial unrest; riots and violence carried out by detainees have been common (2). Unsurprisingly, the detention environment is antithetical to the recovery of those who have previously suffered violence, persecution and other trauma in their home countries (3, 4).

To date, the phenomenon of detainee self-harm has largely been approached through a medicalised lens, as the product of a detainee's struggle with mental illness, albeit one prompted or exacerbated by their deplorable circumstances.¹ Advocates for detainees frequently frame self-harm as wholly caused by mental illness in response to a more political interpretation offered by authorities who condemn detainee self-harm as emotional 'manipulation' and 'blackmail'. Thus, when the former minister for immigration, Peter Dutton, accused advocates for asylum-seekers of encouraging self-harm among detainees - a charge levelled without evidence and later found to be false - their response was to deny that such actions were political. As one advocate explained, detainees' 'psychological damage means we cannot expect them to always have control over their behaviours' (6). Self-harm, another said, is wholly a symptom of 'despair' and 'mental illness' (7).

In this paper, we argue for a more overtly political interpretation of detainee self-harm as a form of resistance, while offering an alternative principled basis for rejecting the condemnatory language of 'blackmail'. Ex-detainees themselves have described the phenomenon in these terms. The Kurdish-Iranian author Behrouz Boochani, who was

¹ In the case of Australian immigration detention for example, this can be seen throughout the research literature and in the findings of various investigations. While at times the Australian government has framed these issues in a similar fashion, dispatching mental health workers to Nauru after a spate of self-harm, for example see Kale (5)

detained for almost seven years on Manus island, has written that ‘self-harm is a form of resistance’ against an oppressive system (8). There is in addition an illuminating body of sociological work by the likes of Lucy Fiske (9), Raffella Puggioni (10) and Jennifer Vallentine (11) that calls attention to how self-harm in immigration detention can manifest a suppressed form of political agency and qualify as resistance.² While beginning to conceptualise the political dimension of self-harm, this work leaves several important questions unaddressed. In particular, the conceptual question of how an action that is associated with psychological damage and which lacks the traditional markers of dissent (such as public opposition) can be defined as ‘resistance’? There are also unresolved ethical questions, namely: is there a normative argument to rebut the charge by authorities that detainees self-harming for political reasons involves illicit ‘manipulation’ and ‘blackmail’? And what are the ethical implications of moving beyond a medicalised framework for understanding self-harm, including for the duties of other agents?

In this paper, we draw on philosophical debates on resistance to identify the political role of detainee self-harm and offer an ethical defence. In section 1, we offer an overview of the phenomenon of self-harm and suicide in immigration detention. In section 2, we offer a critical analysis of how this phenomenon has been approached within the scholarly literature and the interpretation given to such acts by the authorities and medical professionals. In section 3, we address the conceptual issue, showing how self-destructive acts are intelligible as resistance even where they lack the traditional markers of political contestation and where the relevant agent is suffering from the clinical conditions associated with self-destructive behaviour in the medical literature. Self-harm by detainees is apt to count as such, we show, as an effort to frustrate the relations of arbitrary power they are subject to or else to reclaim some degree of autonomy and self-determination. We turn next to the ethical questions. In section 4, we unpack the distinctive political meaning of self-destructive acts as a form of political speech and as disruptive and morally justified coercive resistance against oppressive power. We conclude by drawing some wider lessons of the analysis for thinking about the ethics of detention and the normative duties of medical professionals towards detainees.

² See also Ellermann (12) & Bargu (13)

1. SELF-HARM IN IMMIGRATION DETENTION

The theoretical analysis of self-harm we offer in this paper is informed by the testimony of detainees and the experience one of us has in providing mental health services in Australian detention settings <redacted for peer review>.³ Our approach can be understood as an application of ‘grounded’ normative theory, which supplements traditional methods of abstract ethical and conceptual analysis with direct engagement with the social world (15, 16). While we offer above all a theoretical argument, the aim is to ensure that it is appropriately informed and shaped by the insights of those with direct experience of the institutions and practices under discussion. Accordingly, semi-structured interviews were conducted in early 2022 with six detainees who had been subject to Australia’s offshore processing system on the Pacific islands of Manus and Nauru (including two who were currently detained). Those interviewed were adult males who came from Afghanistan, Iran and Sri Lanka and half had been detained for over 8 years (with a minimum period of 5 years). Participants were recruited through a mixture of social media outreach and snowballing and all gave informed consent to participate in the research.⁴ Australia’s system of mandatory detention for asylum-seekers (aimed especially at those arriving by boat) stands out as especially harsh for an ostensibly ‘liberal’ jurisdiction, but the issues of mental health and self-harm it raises are far from unique (3, 17). While the experience of immigration detention undoubtedly varies between countries based on the laws and conventions in place, it appears there are common enough features of the experience that generate psychological distress, self-harm and resistance. Our argument, then, has broad relevance to the phenomenon of self-harm among detained asylum-seekers and irregular migrants even while it draws upon the testimony of those caught in a particularly egregious system.

As a prefatory definition, we can say that self-harm refers to a range of actions that deliberately seek to inflict self-injury; such as cutting, burning, self-starvation or poisoning.

³ <redacted for peer review> worked in <detention centres>. A more detailed account of this is provided elsewhere <redacted>

⁴ Ethics approval was granted by <redacted for peer review> Ethics Review Sub-Committee (approval no. 2277).

The term self-harm sits alongside a range of terms, such as deliberate self-harm (18), self-inflicted injury (19) and self-mutilation (20). Self-harm sits somewhat closely to suicide. Both inflict harm on the individual, while acts of self-harm can carry an implicit threat of suicide and even result in death. There are inevitably cases where the line between the two is difficult to draw. While we feel that suicide raises additional and different issues, which deserve greater discussion than what we provide here, many of our points about the political character of self-harm could be applied to suicide.

The literature that deals with self-harm in immigration detention centres sits within the broader literature on carceral spaces, where we find a substantial literature on self-harm, its prevalence, precipitators and the meaning behind such acts. Rates of self-harm in environments such as prisons and immigration detention centres are generally far higher than what is found in the general community, with estimates ranging between 5-6% amongst incarcerated men and 20-24% amongst incarcerated women (21). In explaining this increased prevalence, studies have suggested factors such as a history of suicidal ideation, previous self-harm and having any psychiatric diagnosis as strongly associated, amongst other factors (22). Nonetheless, we also find evidence from prisoners and those who work in prisons, which suggests that the precipitators of self-harm and its meaning are far more contested. Studies have found that prisoners may emphasise situational factors that precipitate self-harm, such as perceived unfairness or the unpleasant conditions in which they are detained. Meanwhile, those who work in prisons often frame self-harm as manipulative, often drawing distinctions between ‘genuine’ and ‘non-genuine’ acts of self-harm (23). We can even see this distinction driving research, with efforts to distinguish between ‘genuine’ acts of self-harm and ‘manipulative acts of self-harm in which the goal is to gain attention or force a change in one’s circumstances’ (24).

The nature of self-harm in immigration detention has also been disputed, not in the literature, but elsewhere by governments (something we discuss below). However, there is far less literature on self-harm in immigration detention. What we do have some clarity on is that rates of self-harm there are at least as high or higher than other carceral settings. For example, Kyli Hedrick (25) used health records to analyse episodes of self-harm between August 2014 and July 2015, comparing this against the average estimated adult population

figures for that period. There were 949 self-harm episodes reported in total. Rates of self-harm ranged from 5 per 1000 asylum seekers in community-based arrangements to 260 per 1000 asylum seekers in offshore detention in Nauru. Rates were highest among asylum seekers in offshore and onshore detention facilities, and lowest among asylum seekers in community-based arrangements and community detention. Rates between male and female asylum seekers were largely similar. As a comparison, rates in the Australian community between 2012–13 were 1.2 per 1000 people, meaning rates of self-harm in onshore and offshore detention were up to 216 times higher. Naturally this raises several questions, not only about why rates of self-harm are significantly elevated within detention centres, but also about the nature of self-harm within detention and its significance.

2. UNDERSTANDING SELF-HARM IN IMMIGRATION DETENTION

Traditional conceptualisations of self-harm have understood it as having multiple precipitators. The World Health Organization (26) for example identify several 'causes' of self-harm including mental disorders, personal crises, experiencing isolation, prejudice or discrimination, experiencing abuse, genetic factors, being diagnosed with a personality disorder or having other co-morbid conditions that cause issues such as chronic pain. Such conceptualisations of self-harm have centred the individual, that is, whether due to 'personal crises' or as the result of 'interpersonal problems' self-harm largely sits as a medicalised, individualised issue; something that can be addressed with medical treatment.

These approaches have drawn criticism (27) for overlooking the broader structural forces such as poverty, racism and violence that influence self-harm, and the fact that some groups, such as those from lower-socioeconomic backgrounds and women tend to report higher rates of self-harm (28). Critics claim that traditional medicalised conceptualisations of self-harm fail to consider how self-harm is often the result of structural and systematic injustice and inequality. The limitations of this more traditional approach become even more apparent when we turn our attention to the precipitators of self-harm within immigration detention. Hedrick (29) reported that within Australian immigration detention centres, between October 2009 and May 2011, the most common precipitators for self-harm were: the conditions of detention (39%); processing arrangements, i.e. uncertainty

about refugee status or the time taken to process this (28%); negative decisions regarding refugee status (24%) and family separation (4%). Hedrick rightly concludes 'the precipitating factors for self-harm identified in the present study, can nearly all be considered to be largely modifiable detention-related and procedural-related factors'.

While the identification of the psychiatric precipitators of self-harm is important, and the role that the detention environment has in promoting such behaviour has not gone unrecognised, often missed is an essential dimension of self-harm: as not merely a medical 'condition' arising in response to oppression, but as a form of political activity intended to lessen or contest it. How we see self-harm conceptualised in the literature and managed within detention stands in contrast to how both detainees and the Australian government have conceptualised self-harm. In late April 2016, Omid Masoumali, a 23-year-old refugee from Iran, set himself alight on Nauru. His action coincided with an inspection from the United Nations. He reportedly shouted, '[t]his is how tired we are, this action will prove how exhausted we are. I cannot take it anymore.' (30). He later died in hospital in Australia. We saw similar sentiments expressed by a number of detainees that we interviewed, with one participant stating that 'we had no control over our lives... there was a psychological war every single day' (Interview 2). While some acts of self-harm in detention - such as that of Masoumali - are accompanied by an effort to broadcast a collective grievance against wrongful treatment, many more cases lack this element of publicity, being conducted in seclusion without any accompanying declaration. One man we spoke to talked of deliberately burning himself on Manus island in frustration at the contempt he saw from staff and the lack of medical treatment he was receiving for a chronic condition (Interview 5). Some forms of self-harm are clearly communicative with the aim of provoking shock and attention, but this is not necessarily so. As we will discuss below, they may instead be performed as a solitary act which can be spontaneous and unplanned, perhaps attracting the attention of guards and medical personnel but no wider audience.

Ironically, a political interpretation is frequently the one favoured by authorities themselves (though for opposite reasons to detainees) with long-standing accusations that self-harm is politically 'manipulative' with parallels that can be found with the literature above that draws distinctions between 'genuine' and 'non-genuine' self harm. The former Australian

Prime Minister, Tony Abbott, described such acts as ‘blackmail’, noting that his government would not have ‘our policy driven by people who are attempting to hold us over a moral barrel’ (31). In response to the self-immolation of Omid Masoumali, then immigration minister Peter Dutton reaffirmed this would not impact Australia’s policy: ‘If people think that through actions of self harm or harming a member of their family that that is going to result in them coming to Australia and then staying here permanently, then again I repeat the message that is not going to be the outcome’ (30).

A number of authors have highlighted the political character of self-harm by asylum-seekers and irregular migrants. Lucy Fiske was one of the first to label acts of self-harm within Australian immigration detention as acts of resistance, noting that self harm could be understood as ‘profoundly political acts, arising from both strategic analysis and intimate despair’ (9). Perhaps the most systematic effort to address this issue that we are aware of can be found in a published Masters thesis by Vallentine that draws on the work of Foucault, along with psychoanalytical theories of self-harm, to argue that self-harm by detainees can be understood as political and as resistance. Self-harm is not merely a ‘desperate and unreasoned response to a violent situation’, Vallentine argues, but a ‘political engagement with the power relations of detention’ (11). In an analysis of detention in Italy, meanwhile, Raffaella Puggioni notes that ‘sovereign violence inside detention centres is met not exclusively with muted and bare bodies but with violent bodily reactions’ (10). A key concern of this literature is to challenge Agamben’s influential notion that those beyond the protections of legal citizenship are reduced to a helpless form of ‘bare life’ by sovereign power. Prior work has shown how bodily forms of protest are themselves an innovative response to new technologies of governance through a sociological analysis of agency and power relations. While this literature offers valuable insights that inform our approach, it is less concerned with conceptual questions about the definition of resistance itself, the ethical arguments around self-harm and the challenges in moving away from a medical model. In the next section, we unpack the political dimension of detainee self-harm before spelling out a principled response to the condemnation offered by political officials.

3. CONCEPTUALISING SELF-HARM AS POLITICAL RESISTANCE

Many would be reluctant to identify self-harm as resistance, especially where it is conducted as an isolated, secluded act without accompanying political demands. The term ‘resistance’ typically brings to mind action that is: i) *public* (in being performed in the public sphere to attract the attention of the media and an audience of citizens and political officials); ii) *collective* (in calling upon the wider support of a political movement) and; iii) aimed at *political change* (as articulated in demands to reform or overthrow existing practices rooted in claims about justice). Rallies, marches, strikes, boycotts and various forms of civil disobedience in the public arena fit this understanding. These actions follow a traditional repertoire of resistance practices, which makes them intelligible as resistance to observers who can confidently ascribe an unambiguous intention to resist on the part of the relevant agents.

In immigration detention, there have been political actions that accord with the traditional view of resistance. A large-scale hunger strike by detainees in the Woomera detention centre in Australia in 2002 fits this picture in being a collective protest, linked to clear demands for reform that generated significant attention (9). There were likewise collective hunger strikes on Manus island (most notably in 2015) and more conventional protests in which detainees marched around the centre holding makeshift banners and chanting ‘Freedom’. Yet expecting resistance to detention to always conform with forms familiar from the traditional repertoire of resistance is both unrealistic and unfair. The traditional understanding of resistance tends to privilege an empowered style of political action that many cannot access given their restricted circumstances and so fails to capture the plurality of ways in which agents confront their mistreatment. A collective hunger strike, for example, requires deliberation and co-ordination that may not always be possible given the restrictive conditions of immigration detention and the diversity of linguistic and national backgrounds among detainees. There are often strict restrictions on communications with the media and outside supporters and detainees may legitimately fear harsh punitive reprisals from the authorities for participating in overt acts of protest. The current and former detainees we spoke to described solitary isolation, threats and violent beatings being used as punishment for those who speak out; a form of ‘systematic intimidation’, one noted (Interview 1). Some detainees spoke about overt violence used to repress protest, for example, ‘they killed one of us... they beat the shit out of about 85 to 90 people... open skulls, lost eyes, somebody was shot in the butt... shattered jaws and broken ribs... it was

horrifying' (Interview 2). They described the consequences of being seen as being an organiser of acts of resistance: '[The authorities] said that I, alongside other people, have been targeting and forcing people to go on hunger strike, we are ringleaders, so I was arrested with no charges. I was put in solitary confinement, and then we were transferred to another prison' (Interview 2). Another recounted being taken to jail for 'speaking to the media' and being seen as an organiser (Interview 6) The repression of public and organised acts of protest in this way speak to the 'vital role of power relations in constraining forms of resistance' (32), shaping the options that were available to asylum seekers to protest their mistreatment, with hidden, individual acts likely carrying far fewer risks. In addition, some detainees may face barriers to the formulation of specific political demands given limited background knowledge of law and policy. Clearly, many detainees have an understanding of themselves as unfairly victimised, but this is not necessarily expressed in the form of a collective demand for change of the kind that conventionally registers as 'political'. As one detainee noted, shortly after they were detained, 'we used to shout we want our freedom because we did not know what to do, because in those days we did not have any contact from Australia with advocates or the lawyers or refugee activists, nobody... the only thing we knew was that we needed to expose our agony, so that's what we did' (Interview 3).

In response to the limitations of the traditional view of resistance, a number of scholars have called attention to the everyday behaviours through which oppressed people oppose, frustrate or otherwise refuse to co-operate with the oppressive structures they are subject to. This behaviour frequently takes place beneath the surface of political action and debate in the public sphere, occurring at the level of interpersonal relations. Such action has been labelled 'infrapolitical' in that oppression is often not challenged publicly (33). Notably, feminist philosophers have called attention to the ways in which women may be resisting patriarchal structures by everyday actions such as refusing prescribed gender roles or by calling out sexist behaviour (34, 35). A key contribution of this literature has been to shed light on the manifold, often unexpected, forms that resistance takes when we consider the institutional and strategic constraints faced by victims themselves. For the philosopher Daniel Silvermint, resistance is a 'response to someone or something' that involves 'either opposing or counteracting (external resistance) or withstanding (internal resistance)' (36). There is no special requirement here that resistance be in a public setting as a means to

persuade (or exert pressure against) others and it can be carried out by an individual acting on their own, and not necessarily as part of a wider political collective. An important characteristic of this more capacious, bottom-up understanding of resistance is that it is not required that an agent actually intend to bring about an end to oppressive structures through their action for it to count as resistance. The agent's action may have the more immediate aim of reducing the overall burdens of oppression upon themselves and other victims, rather than an overtly political goal of progressive change. This frequently involves nonconformist actions on the part of the oppressed that defy the servile, compliant status they have been assigned. The key idea here is that of 'counteracting' oppression, not only through efforts to reform and overthrow oppressive structures, but also by eroding the corrosive reach that oppression has over the lives of the oppressed.

To illustrate this, Silvermint discusses two alternative means of challenging gender inequalities in a workplace in which women are marginalised. While the 'Champion' engages in overtly political protest to overturn a sexist workplace culture, the 'Trailblazer' rises to the top of the organisation in defiance of gender-based expectations. The Trailblazer may not be motivated by the political goal of ending sexism in the workplace (they may simply hope to advance their career), but their actions nonetheless bring them into conflict with oppressive norms in a way that reduces the overall burdens of oppression. Trailblazer's defiance of sexist norms is thus a form of political resistance, for Silvermint, which 'reflects a determination to set the contours of one's own life' (36). There is intrinsic value here in knowingly defying the rules and practices through which oppression operates as an exercise in autonomous self-direction; one that maintains the victim's agency and sense of self-respect independent of any instrumental goal of ending oppressive structures (37).

There are of course important differences in the scope and intensity of oppression faced by detainees as compared to Silvermint's example of workplace gender norms. But the example serves to underline how an oppressed agent's nonconformity with the rules and practices that restrain their liberty can be an act of defiance that expresses their moral independence and so counts as resistance even where it stems from mixed motives. Detainees' self-harm may not have the instrumental aim of ending the oppressive

conditions of detention⁵. They may instead be motivated by feelings of despair and hopelessness of the kind associated with clinical depression. They may simply wish to antagonise the staff responsible for their detention or gain attention for unmet needs in the face of official indifference.⁶ Yet such actions qualify as resistance however insofar as they aim at reclaiming a form of suppressed agency and defying an institutional regime based around the orderly reproduction of a compliant imprisoned population. Self-harm manifests a certain kind of control over one's own life (and death) in defiance of a system that erases the social existence of the detainee, rendering them into a non-person, stripped of autonomy. In the next section, we unpack in more detail the ways in which self-harm figures as a mode of contestation.

4. THE POLITICAL PURPOSE AND JUSTIFICATION OF SELF-HARM

This characterisation of self-harm as resistance may at first seem counter-intuitive. After all, rather than appearing to lessen the burdens of oppression, self-harm entails acute physical pain and risks permanent bodily injury and even death. It would seem perhaps to amplify the effects of oppression, adding acute physical suffering to the psychological suffering imposed by detention. In one sense, this is correct: the harm entailed by detainee self-harm is itself a sign of oppressive treatment and powerful proof of the injustice detainees suffer from. But this is not the end of the story. Self-harm may also be a means for detainees to counteract some of the corrosive effects of oppression by asserting a measure of control over their own lives and bodies and frustrating the operation of a strict, highly regulated regime that strips them of any autonomy and individuality. It is these features that give self-harm a curious paradoxical role as both a symptom of oppression - a causal outcome of its effects - and a means to defy and counteract it through the assertion of agency.⁷

⁵ For an incisive discussion of the non-instrumental, expressive value of hunger strike and lip-sewing protests among refugees and asylum-seekers see Bargu. (13)

⁶ For example, referring to a lack of medical services, within detention and the associated frustration in making repeated requests for care, a visitor told the Australian Council of Heads of Schools of Social Work People's Inquiry 'No-one did anything. Then they cut themselves and a few days later they were out of there...' (38)

⁷ Beyond what we discuss here, the paradoxes of self-harm have also been discussed in the psychoanalytic literature (39)

In addition to its intrinsic role, bodily self-punishment may also serve an instrumental role as an attempt to communicate with others in the absence of other methods. There are several possibilities. Self-harm could communicate something for which words are completely inadequate. It could convey a threat of self-inflicted death in the absence of a verbal statement; it is also a statement of the individual's resolve to carry out such actions. It can also be seen as a last resort in communicating this suffering - that is, where communication has been dismissed previously; where verbal attempts have been ignored or ridiculed or were otherwise felt to be unsuccessful (40). We find this characterisation in the psychiatric literature on self-harm. For Anna Motz (39) self-harm 'is a communication that contains within it the hope that there will be a response...an attempt to find a helpful response to distress'. Similar sentiments were expressed by our participants, with one noting that 'no one could hear us, [the authorities] could do anything they wanted and it was terrifying' (Interview 2). The role of self-harm as a communicative method of last resort has been noted by Vallentine (11) and Puggioni (10), though they leave under-examined the question of what precisely such actions communicate; why communication takes the specific form of self-harm. It strikes us that the resort to bodily self-destruction reflects not merely the exhaustion of alternative political means, but an attempt to convey something specific about suffering, violence and victimhood.

An act of self-harm will often attract the attention of guards and medical personnel within detention, ensuring an audience to witness not only the act of self-harm but to listen to verbal attempts to convey suffering. Such acts also have the potential to reach an outside audience beyond the walls of the detention centre, sometimes through the help of trusted intermediaries, such as lawyers and medical personnel. Where self-harm results in detainees being transferred to hospital, this can be a means of escaping detention (even if only temporarily) and can potentially provide opportunities to communicate with the outside world.⁸ Sometimes the self-harming act combines one or more of these aspects. We were told of one particularly shocking and difficult incident on Manus island with a detainee who 'swallowed laundry detergent'. He 'was screaming, he was yelling, he was

⁸ As Puggioni notes, detainee self-harm in Italian camps is often 'the only way to communicate externally and ask for help.' (10)

crying...Perhaps they were thinking that because they don't have facilities to take care of internal bleeding, they would medevac them to Australia' (Interview 2).

While the lack of alternative opportunities for communication is important, self-harm is also an attempt to communicate in a particular way (40). Crucially, the act of self-directed violence gives symbolic rendering to the pain and injustice inflicted upon detainees. In Boochani's terms, self-harmers are 'reflecting the violence that's created by the system...the nature of this violence is coming from the system' (41). In the psychoanalytic literature, Dimen (42) describes the strain between the 'seen skin and the unseen psyche'. While many detainees have been victims of violent brutality, the greater part of the suffering they endure is of an emotional and psychological kind, which does not necessarily leave physical scars. Notably, one detainee described the pain of indefinite detention as a 'cut to the neck without bleeding'; a kind of unseen violence (Interview 4). Self-directed violence brings this harm to the surface and renders it in a way that is legible to others (9). There is a certain affinity here with what the sociologist of social movements Michael Biggs dubs 'communicative suffering' (43). The term captures the way in which activists in social movements sometimes deliberately invite hardship and violence at the hands of their opponents so as to convey both the injustice they suffer from and their determination to resist it. In the campaigns led by Gandhi and King, most famously, activists willingly braved severe violence at the hands of the authorities - often choosing protest locations where police were likely to act violently - as a means to underline their victimhood and the brutality of the oppressive regimes they opposed. Additionally, Biggs sees sacrificial protest of this kind as providing activists with powerful proof of their sincerity: the willingness to endure extreme costs can be a means to demonstrate that one's demands are not frivolous or opportunistic (43).

Alongside these communicative and expressive roles, self-harm can be a means for detainees to exercise a form of disruptive and/or coercive power against the institutional hierarchy of the detention system. As a disruptive form of action, self-harm frustrates the routine operation of the institution, resulting in medical staff being called, guards being redeployed, incident reports being filed, and so on. These are material costs inflicted by detainees on their captors through their refusal to passively comply. The disruptive violence

of detainees' self-harm has parallels with the exercise of disruptive power in other hierarchical institutions, most notably in workers' use of sabotage, go-slows and strikes. Yet, crucially, self-harm also involves a more subtle form of moral coercion that differs from disruptive actions, such as workers' strikes, where costs are directed at one's opponents in the first instance, rather than oneself (43). Self-harm exploits the institutional duty of care authorities have for people in their custody as a kind of vulnerability, implicating the authorities in bodily injury and death⁹. The most basic duty of the sovereign power - to keep people alive - is in this way subverted. There is every indication that authorities experience these acts as coercive given their repeated attempts to characterise self-harm as 'manipulation' and a kind of cost levied against them.

Importantly, one need not assume a naively moralised view according to which concern for the well-being of detainees is the primary concern and source of tension. Those states that aspire to be seen as 'liberal' also have self-interested reasons for caring about self-harm to do with institutional discipline and preserving their reputations as a human rights-compliant political order, both domestically and internationally. Through the process of bodily self-destruction, the legitimacy of the state can be called into question, as Fiske observes (37). Asked what it would have looked like for the Australian government had someone died, one detainee recognised 'that [it] would have looked really bad for them' (Interview 3). While Australia has long attempted to divest itself of responsibility for detainee wellbeing, particularly offshore, via opaque outsourcing and through labelling acts of self-harm as 'blackmail', the Australian government still has a clear responsibility here, morally and legally, having settled a number of multi-million dollar lawsuits, paying victims of detention compensation (46). Nonetheless, there remain distinct limits to a strategy that takes aim at the institutional 'duty of care' of detention authorities who have shown such harsh indifference to the lives of non-citizens. States are just as capable of leaving those under their power to suffer and die. There is reason to think, for example, that Omid Masoumali could have survived following his self-immolation had he been transferred to

⁹ The Australian government has long attempted to deny and obfuscate its responsibility for detainees (44). In a letter from several doctors who worked on Christmas Island, they noted how responsibility shifted between the government and healthcare provider (IHMS) which resulted in neither party acting in patients best interests (45)

the right hospital, but the appropriate medical treatment was denied to him. In this way, states enforcing harsh detention policies often appear to act from a mixture of contradictory motivations, both concerned for their reputations and contemptuous of the lives they have responsibility for.

The traditional response of advocates has been to reject the charge of manipulation by framing self-harm as a wholly medical concern to do with mental illness. Yet this move comes at the considerable cost of depoliticising the aims and motivations behind such acts. A more forthright response acknowledges that such acts are coercive, but points to the fact that they are nonetheless morally justified given the oppressive conditions detainees face (47). The accusation of 'blackmail' by authorities trades off the idea that self-harm is a form of illicit interference with their authoritative, democratic decisions on the running of detention centres and the determination of people's legal statuses. Some might be tempted to agree that there is something illicit about such coercion. As a general rule, persuasive methods of achieving political change that rely on reason and argument are preferred over coercion, since such methods respect the autonomy of opponents and the authority of democratic decisions.¹⁰ Yet a clear democratic justification can be given for the use of coercion in this case as a means to counteract damaging forms of political domination that deprive people of any adequate means of institutional change. This is particularly true of 'forms of political domination that are intense (with damaging effects on the life chances of some group or future group of persons) and entrenched (distorting the conditions under which appeals to reason are effective)' (48). Many would accept that there is a moral justification for coercive protest by citizens, such as strikes and boycotts, in response to certain kinds of injustice or else to remedy the defects of a closed and unresponsive democratic process. The conditions to which detainees are subject, in Australia and many places elsewhere, clearly meet the standard of intensive and entrenched domination, given their atrocious treatment, being stripped of political rights and any reliable means of institutional redress. As one detainee put it, 'I do believe Australia is run by democratic

¹⁰ Of course it is hard to draw a strict line between persuasion and coercion in practice, since many kinds of political intervention (including self-harm) combine both. Nonetheless such interventions can be deemed more or less coercive based on the severity of the costs they impose on others. With self-harm these are primarily reputational costs as well as the costs of institutional disruption.

government. But for us there is, there's no democracy' (Interview 1). Another detainee noted, 'We had access to no judiciary system, courts, judges, nothing... there is no jurisdictions that you can rely on' (Interview 2). Any attempts to coercively pressure the authorities is straight-forwardly justifiable in this context as a means of counteracting domination.

RECOMMENDATIONS AND CONCLUSION

There are clear benefits to a medical approach to self-harm insofar as it orients us to the well-being of detainees and prescribes interventions for the immediate relief of suffering. There are in addition discursive advantages to a medical framing. The existence of a chain of causation whereby the traumatising effects of detention reliably give rise to mental illness provides powerful evidence for advocates wishing to highlight the cruelty and injustice of the detention system. Medical professionals are well-placed to articulate this connection in the public sphere as a result of the epistemic authority they wield over matters of disease and treatment. On this point, the medical framing of a number of issues has been relatively successful in prompting a response from the government and in some circumstances achieving change (see Medevac and protest against the Border Force Act for two examples (14)). Our argument for viewing detainee self-harm as a form of political resistance should be seen as a supplement to (rather than a substitute for) a medical approach. The two are not mutually exclusive. A detainee may be engaged in resistance against their unjust conditions and yet also stand to benefit from medical treatment for the anxiety, depression or trauma from which they are suffering. As was discussed by a detainee, drawing a line between resistance and mental health was in many cases was unhelpful, and missing a larger point, noting 'whether they were acting or they were actually mentally gone psycho, [it was] the situation that they were in [that] was hurting them' (Interview 2).

An approach to self-harm that is wholly medicalised, however, risks reducing detainees to helpless victims of their circumstances, erasing their acts of dissent and the challenge these pose to the detention system. At its worst, a medical approach may be ideological insofar as it counsels an individualistic framework for the diagnosis and treatment of the psychological suffering of detainees that neglects institutional and structural factors. The framing of self-harm and suicide as inherently irrational brings with it the implication that

detainees lack political awareness and motivations. Rather than political agents with their own stories to tell, detainees are deemed to be in need of institutional management and the representation from others - lawyers, NGO's and medical professionals - who can articulate their interests and speak on their behalf. Ignoring the political character of self-harm, then, can give rise to objectionable forms of paternalism. A politicisation of self-harm shifts what might be considered a maladaptive behaviour in other circumstances to functional behaviour. The extent to which an act is politicised as opposed to medicalised also raises several further questions related to victimhood and oppression alongside agency and responsibility. For example, to what extent should we assign responsibility for acts of self-harm under conditions of oppression to individuals themselves and to what extent to their oppressors? Our analysis highlights the relevance of political motivation and intent, but a full discussion of these issues is beyond the scope of this paper.

Additionally, conceptualising self-harm as political resistance also helps to clarify the justice-based duties of medical professionals working within the detention system. An exclusively medical approach to self-harm would conceptualise the operative duties towards detainees as ones of care and beneficence. A more political framing brings into focus additional duties of solidarity to support those battling oppression (49). This includes duties to take a stand in the public sphere. However, the specific issue of self-harm carries its own risks. If medical professionals were to publicise acts of self-harm, they would first and foremost need to consider the wishes of detainees, and their professional duties such as maintaining confidentiality. In saying this, there are a number of examples where medical professionals have acted as intermediaries between detained migrants and the public sphere and done so ethically (50). Such actions have brought many instances of self-harm to light, confronting the Australian public with what is otherwise hidden from view and in the process calling into question the legitimacy of these policies.

We have argued that self-harm in immigration detention centres should not only be seen purely in medical terms, but as a form of political contestation. We have introduced broader conceptualisations of resistance from the political philosophy literature to show how such acts could be understood as forms of resistance; as means to frustrate or disrupt the oppressive system in which detainees are held and convey something fundamental about

the nature of the injustice detainees suffer from. Self-harm within detention fulfils important communicative, expressive and coercive roles. Such an approach complements existing medical explanations and provides clarity regarding the duties and responsibilities of healthcare professionals working with detainees. This account has broader implications in how we understand the health and wellbeing of those in immigration detention and other oppressed groups and in understanding the intersections of health, politics and resistance.

COMPETING INTERESTS

The authors declare no competing interests.

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