

Behind the Scenes of South Africa's Asylum Procedure: A Qualitative Study on Long-term Asylum-Seekers from the Democratic Republic of Congo

Liesbeth Schockaert*, Emilie Venables*****, Maria-Teresa Gil-Bazo^{+,‡}, Garret Barnwell[§], Rodd Gerstenhaber^{||}, and Katherine Whitehouse^{††,‡‡}

ABSTRACT

Despite the difficulties experienced by asylum-seekers in South Africa, little research has explored long-term asylum applicants. This exploratory qualitative study describes how protracted asylum procedures and associated conditions are experienced by Congolese asylum-seekers in Tshwane, South Africa. Eighteen asylum-seekers and eight key informants participated in the study. All asylum-seekers had arrived in South Africa between 2003 and 2013, applied for asylum within a year of

* Migration Coordinator for Southern Africa, Operations Department, Médecins sans Frontières (MSF), Cape Town, South Africa

** Qualitative Research Focal Point, Luxembourg Operational Research Unit, Médecins Sans Frontières, Luxembourg

*** Qualitative Research Focal Point, Southern Africa Medical Unit, Médecins Sans Frontières, Cape Town, South Africa

**** Honorary Research Associate, Division of Social and Behavioural Sciences, School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa

[†] Senior Lecturer in Law, Newcastle Law School, Newcastle University, UK

[‡] Research Associate, African Centre for Migration and Society, University of the Witwatersrand, Johannesburg, South Africa

[§] Clinical psychologist, unaffiliated, Johannesburg, South Africa

^{||} Country Director in South Africa, Operations Department, Médecins Sans Frontières, Cape Town, South Africa

^{††} Qualitative Researcher, Luxembourg Operational Research Unit, Médecins Sans Frontières, Luxembourg

^{‡‡} Qualitative Research Mobile Implementation Officer, Southern Africa Medical Unit, Médecins Sans Frontières, Cape Town, South Africa

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arrival in Tshwane, and were still in the asylum procedure at the time of the interview, with an average of 9 years since their application. Thematic analysis was used to analyse the data. The findings presented focus on the process of leaving the Democratic Republic of Congo, applying for asylum and aspirations of positive outcomes for one's life. Subsequently, it describes the reality of prolonged periods of unfulfilled expectations and how protracted asylum procedures contribute to poor mental health. Furthermore, coping mechanisms to mitigate these negative effects are described. The findings suggest that protracted asylum procedures in South Africa cause undue psychological distress. Thus, there is both a need for adapted provision of mental health services to support asylum-seekers on arrival and during the asylum process, and systemic remediation of the implementation of asylum procedures.

KEYWORDS: displacement, mental health, post-migratory stress, refugees, Congolese, South Africa, qualitative research, coping mechanisms

1. INTRODUCTION

This article is an exploratory qualitative study that describes how the experiences of long-term Congolese asylum-seekers who are in the asylum process in the Tshwane area, South Africa, affect their mental well-being. The findings first focus on the process of leaving the country of origin and applying for asylum in Tshwane and the aspirations of positive outcomes for one's life. Subsequently, it describes the reality of prolonged periods of unfulfilled lives and how protracted asylum procedures contribute to poor mental health and well-being. Furthermore, it describes some coping mechanisms that asylum-seekers use to mitigate these negative effects. The findings suggest that protracted asylum procedures cause undue psychological distress as experienced by Congolese asylum-seekers in Tshwane.

1.1. Seeking asylum in South Africa

Since the formation of a democratic state in 1994, South Africa has gradually become an important destination country for asylum-seekers from across sub-Saharan Africa. While this number peaked in 2009 with 223,324 newly registered asylum-seekers, this decreased to 24,174 persons in 2017.¹ South Africa also hosts 89,285 recognised refugees since mid-2018.²

- 1 Department of Home Affairs (DHA), *Asylum Metrics Full Year Report*, 2017, 95, available at: <http://www.dha.gov.za/files/Annual%20Reports/AnnualReport2017-18.pdf> (last visited 4 Jul. 2019).
- 2 United Nations High Commissioner for Refugees (UNHCR), *Global Trends: Forced Displacement in 2018*, Geneva, UNHCR, 2019, 67, available at: <https://www.unhcr.org/afr/statistics/unhcrstats/5d08d7ee7/unhcr-global-trends-2018.html> (last visited 8 Jul. 2019).

South Africa, unlike other Southern African countries, opted through its 1998 Refugee Act³ for an asylum policy, which is characterised by non-encampment of asylum-seekers, freedom of movement, and the right to work and study. In addition, its Constitution sets out a number of rights to everyone in the territory, regardless of their immigration status, including access to public health care and education.⁴ This urban refugee model invites asylum-seekers and refugees to live in areas alongside the host population (Box 1).

In South Africa's challenging environment, with the world's highest level of inequality,⁵ no state-provided assistance is given to asylum-seekers whilst they are within the asylum procedure, and thus they have no other choice than to become self-reliant.⁶ While this urban model is preferable over collective reception centres, research has shown that the daily struggles and limited support in South Africa may have a detrimental impact on asylum-seekers' well-being, including their mental health.⁷

In addition to this, South Africa's regulations implementing the Refugee Act stipulate that asylum applications will be generally adjudicated by the South African Department of Home Affairs (DHA) within 180 days of filing a completed asylum application with a Refugee Reception Officer.⁸ Despite this, South Africa has the highest number of pending asylum cases, amounting to 184,200 cases⁹ because, contrary to its applicable regulations, asylum-seekers often remain in the asylum process for many years.¹⁰ Some people wait up to a decade or longer, and according to Crush, South Africa has one of the longest asylum adjudication periods in the world (Box 2).¹¹

- 3 South Africa: Act No. 130 of 1998, Refugee Act, 1998 [South Africa], 26 Nov. 2008, available at: <https://www.refworld.org/docid/4a54bbd4d.html> (last visited 8 Jul. 2019).
- 4 Constitution of the Republic of South Africa [South Africa], 10 Dec. 1996, available at: <https://www.refworld.org/docid/3ae6b5de4.html> (last visited 8 Jul. 2019).
- 5 X. Greenwood, "South Africa is the Most Unequal Country in the World and its Poverty is the 'Enduring Legacy of Apartheid' Says World Bank", *The Independent*, 4 Apr. 2018, available at: <https://www.independent.co.uk/news/world/africa/south-africa-unequal-country-poverty-legacy-apartheid-world-bank-a8288986.html> (last visited 12 Jul. 2019).
- 6 P. Rugunan and R. Smit, "Seeking Refuge in South Africa: Challenges Facing a Group of Congolese and Burundian Refugees", *Development Southern Africa*, 28(5), 2011, 714–716; M.F. Belvedere, "Insiders but Outsiders: The Struggle for the Inclusion of Asylum Seekers and Refugees in South Africa", *Refuge*, 24(1), 2007, 66.
- 7 B. Marshall, "Surviving South Africa". *African Refugees' and Asylum-seekers' Post-Migration Difficulties and Mental Health Experiences*, University of KwaZulu-Natal, 2017, available at: https://www.academia.edu/36263933/SURVIVING_SOUTH_AFRICA_African_refugees_and_asylum-seekers_post-migration_difficulties_and_mental_health_experiences (last visited 17 Jul. 2019).
- 8 Refugee Regulations (Forms and Procedure) 2000, Government Gazette No. 21075, 6 Apr. 2000, s. 3.
- 9 UNHCR, *Global Trends: Forced Displacement in 2018*, 47.
- 10 Lawyers for Human Rights, "Opinion: Open Letter to President Ramaphosa on World Refugee Day", *Mail&Guardian*, 20 Jun. 2018, available at: <https://mg.co.za/article/2018-06-20-00-open-letter-to-president-ramaphosa-on-world-refugee-day> (last visited 10 Jul. 2019).
- 11 J. Crush, C. Skinner & M. Stulgaitis, "Rendering South Africa Undesirable: A Critique of Refugee and Informal Sector Policy", *SAMP Migration Policy Series (SAMP)*, 79, 2017, 5.

BOX 1: BASIC ELEMENTS OF THE SOUTH AFRICAN ASYLUM PROCEDURE

Based on the 1998 Refugee Act, each asylum application is determined individually. A person who wants to apply for asylum needs to complete “without delay” an application form in person with an officer in one of the Refugee Reception Offices (RRO). The applicant is subsequently issued with an asylum-seeker permit (Section 22). This permit must remain valid. An asylum-seeker is required to renew the permit before its expiration in-person (either within 1, 3, or 6 months) in an RRO. Renewals continue until the asylum-seeker is asked to return to the RRO to undergo an interview with a Refugee Status Determination Officer who then determines whether to grant or reject refugee status. Depending on the outcome, either refugee status is granted, or the applicant is given the opportunity to appeal the decision either to the Refugee Appeal Board or the Standing Committee for Refugee Affairs (SCRA), depending on the grounds for rejection.¹²

12 Refugee Status & Asylum, Department of Home Affairs of South Africa, available at: <http://www.dha.gov.za/index.php/refugee-status-asylum> (last visited 21 Dec. 2019).

BOX 2: INTERNATIONAL STANDARDS AND THE ASYLUM PROCEDURE

International refugee law sets out the definition of a refugee in international conventions, as well as the legal status attached to it. South Africa is legally bound by the 1951 United Nations Refugee Convention¹³ and by the 1969 Convention Governing Specific Aspects of Refugee Problems in Africa of the then Organization for African Unity.¹⁴ However, these instruments do not prescribe the procedure that States need to put in place in order to determine refugee status or define who of the asylum-seekers is in need of international protection. The United Nations High Commissioner for Refugees (UNHCR) has issued procedural standards that guide States in establishing refugee status determination procedures.¹⁵ International law also does not provide a minimum or maximum time limit by which the refugee status determination should be completed. However, fundamental rights pose constraints both on unduly short and unduly lengthy asylum procedures. The right to good administration and to a fair hearing within a reasonable time are infringed by asylum procedures that leave an asylum-seeker in a state of prolonged uncertainty.¹⁶

1.2. Post-migration stressors and mental health¹⁷

Research provides growing evidence that the mental health of asylum-seekers is negatively affected by post-migration stressors,¹⁸ which contribute to

- 13 Convention relating to the Status of Refugees, 189 UNTS 137, 28 Jul. 1951.
- 14 Convention Governing the Specific Aspects of Refugee Problems in Africa (“OAU Convention”), 1001 UNTS 45, 10 Sep. 1969.
- 15 UNHCR, *Procedural Standards for Refugee Status Determination under UNHCR’s Mandate*, Geneva, UNHCR, 2003, available at: <http://www.refworld.org/docid/42d66dd84.html> (last visited 10 Jul. 2019).
- 16 European Council on Refugees and Exiles (ECRE), *The Length of Asylum Procedures in Europe*, Asylum Information Database (AIDA), Brussels, ECRE, 2016, 1, available at: <https://www.ecre.org/wp-content/uploads/2016/10/AIDA-Brief-DurationProcedures.pdf> (last visited 10 Jul. 2019).
- 17 The World Health Organization (WHO) defines mental health as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community, available at: https://www.who.int/features/factfiles/mental_health/en/ (last visited 20 Jul. 2019).
- 18 S.S. Li, B.J. Liddell & A. Nickerson, “The Relationship Between Post-Migration Stress and Psychological Disorders in Refugees and Asylum Seekers”, *Current Psychiatry Reports*, 18(9), 2016, 82; M. Bosworth, *Mental Health in Immigration Detention: A Literature Review*, London, Her Majesty’s Stationery Office, 2016; J. Cleveland & C. Rousseau, “Psychiatric Symptoms Associated with Brief Detention of Adult Asylumseekers in Canada”, *Canadian Journal of Psychiatry*, 58(7), 2013, 409–416; K. Robjant, R. Hassan & C. Katona, “Mental Health Implications of Detaining Asylum Seekers: Systematic Review”, *British Journal of Psychiatry*, 194(4), 2009, 306–312; M. Fazel & D. Silove, “Detention of Refugees: Australia Has Given up Mandatory Detention Because it Damages Detainees’ Mental Health”, *BMJ*, 332(7536), 2006, 251; S. Momartin, Z. Steel, M. Coello, J. Aroche, D. Silove & R. Brooks, “A Comparison of the Mental Health of Refugees with Temporary versus Permanent Protection Visas”, *Medical Journal of Australia*, 185(7), 2006, 357–361; Z. Steel, D. Silove, R. Brooks, S. Momartin, B. Alzuhairi & I. Susljik, “Impact of Immigration Detention and Temporary Protection

psychopathology, including symptoms associated with post-traumatic stress disorder (PTSD), depression, anxiety, and other clinical distress.¹⁹ Silove, Ventevogel, and Rees confirm this and state that:

studies in recipient countries found that imposed conditions of adversity, including prolonged detention, insecure residency status, challenging refugee determination procedures, restricted access to services, and lack of opportunities to work or study, combined in a way that compounded the effects of past traumas in exacerbating symptoms of PTSD and depression.²⁰

Laban categorises these experiences that cause stress in five clusters: family issues, discrimination, asylum procedure, socio-economic living conditions, and socio-religious aspects.²¹

Earlier research conducted by Médecins sans Frontières (MSF),²² as well as by Begley,²³ Silove,²⁴ and others shows that one main group of post-migration stressors is linked to the asylum procedure or refugee status determination process and its

on the Mental Health of Refugees”, *British Journal of Psychiatry*, 188, 2006, 58–64; R. Schweitzer, F. Melville, Z. Steel & P. Lacherez, “Trauma, Post-Migration Living Difficulties, and Social Support as Predictors of Psychological Adjustment in Resettled Sudanese Refugees”, *Australian and New Zealand Journal of Psychiatry*, 40(2), 2006, 179–188; C.J. Laban, H.B. Gernaat, I.H.Komproe, B.A. Schreuders & J.T. De Jong, “Impact of a Long Asylum Procedure on the Prevalence of Psychiatric Disorders in Iraqi Asylum Seekers in The Netherlands”, *Journal of Nervous and Mental Diseases*, 192(12), 2004, 843–851; S. Rees, “Refugee or Retrauma? The Impact of Asylum Seeker Status on the Wellbeing of East Timorese Women Asylum Seekers Residing in the Australian Community”, *Australasian Psychiatry*, 11(1_Suppl), 2003, 96–101; S. Momartin, D. Silove, V. Manicavasagar & Z. Steel, “Dimensions of Trauma Associated with Posttraumatic Stress Disorder (PTSD) Caseness, Severity and Functional Impairment: A Study of Bosnian Refugees Resettled in Australia”, *Social Science & Medicine*, 57(5), 2003, 775–781; Z. Steel, D. Silove, T. Phan & A. Bauman, “Long-term Effect of Psychological Trauma on the Mental Health of Vietnamese Refugees Resettled in Australia: A Population-Based Study”, *Lancet*, 360(9339), 2002, 1056–1062; D. Silove, Z. Steel & C. Watters, “Policies of Deterrence and the Mental Health of Asylum Seekers”, *JAMA*, 284(5), 2000, 604–611; Z. Steel, D. Silove, K. Bird, P. McGorry & P. Mohan, “Pathways from War Trauma to Posttraumatic Stress Symptoms among Tamil Asylum Seekers, Refugees, and Immigrants”, *Journal of Trauma Stress*, 12(3), 1999, 421–435.

- 19 D. Teodorescu, J. Siqueland, T. Heir, E. Hauff, T. Wentzel-Larsen & L. Lien, “Posttraumatic Growth, Depressive Symptoms, Posttraumatic Stress Symptoms, Post-migration Stressors and Quality of Life in Multi-Traumatized Psychiatric Outpatients with a Refugee Background in Norway”, *Health and Quality of Life Outcomes*, 10(84), 2012, 1–16; K. Carswell, P. Blackburn & C. Barker, “The Relationship Between Trauma, Post-Migration Problems and the Psychological Well-Being of Refugees and Asylum Seekers”, *International Journal of Social Psychiatry*, 57(2), 2011, 107–119; A. Dunlavy, *The Impact of Acculturation, Trauma, and Post-Migration Stressors on the Mental Health of African Migrants and Refugees in Sweden*, Pittsburgh, University of Pittsburgh, 2010; C. Laban, H. Gernaat, I. Komproe, I. Van Tweel & J. De Jong, “Postmigration Living Problems and Common Psychiatric Disorders in Iraqi Asylum Seekers in the Netherlands”, *Journal of Nervous and Mental Disease*, 193(12), 2005, 825–832.
- 20 D. Silove, P. Ventevogel & S. Rees, “The Contemporary Refugee Crisis: An Overview of Mental Health Challenges”, *World Psychiatry*, 16(2), 2017, 132.
- 21 Laban et al., “Postmigration Living Problems”.
- 22 MSF, *Life in Limbo: MSF's Psychosocial Support for Asylum Seekers in Sweden*, Stockholm, MSF, 2018, available at: https://lakareutangranser.se/sites/default/files/msf_report_life_in_limbo_web_eng.pdf (last visited 12 Jul. 2019).
- 23 M. Begley, K. Garavan, M. Condon, I. Kelly, K. Holland & A. Staines, *Asylum in Ireland: A Public Health Perspective*, Dublin, University of Dublin, 1999, 16, 28, and 85.
- 24 D. Silove, Z. Steel, P. Mc Gorry & P. Mohan, “Trauma Exposure, Postmigration Stressors and Symptoms of Anxiety, Depression and Post-Traumatic Stress in Tamil Asylum-Seekers: Comparisons with Refugees and Immigrants”, *Acta Psychiatrica Scandinavica*, 97(3), 1998, 175–181.

insecure residency status. According to Laban's research, the length of the asylum procedure is an important risk factor for psychiatric disorders.²⁵ As long as the procedure has not been concluded, uncertainty regarding legal status and fear of deportation remains, which has an impact on post-traumatic symptoms that in turn influence psychosocial rehabilitation²⁶ or behaviour.²⁷ In addition, research on children also has shown a correlation between higher PTSD scores and depression in refugee children, which was linked to the experience of an insecure asylum status and severe financial difficulties.²⁸

When a person applies for asylum and becomes an asylum-seeker, (s)he enters a period of uncertainty and does not know whether (s)he will be granted refugee status or may eventually have to leave the country. In addition, it is unknown how long the process will take. The person might find him/herself in prolonged periods of waiting and legal limbo, which can immobilise individual coping mechanisms.²⁹ Furthermore, entering the asylum procedure leads to a considerable loss of personal control³⁰ and brings about enormous life changes, which might be perceived as a threat to identity.³¹ Finally, some studies have found that the asylum period may even cause greater psychological distress than events that occurred before the asylum-seekers came to exile,³² and that the rate of depression among those waiting for an asylum decision is nearly twice that of recognised refugees.³³

- 25 Laban et al., "Impact of a Long Asylum Procedure", 843–851.
- 26 G. Womersley, L. Kloetzer, R. Van den Bergh, E. Venables, N. Severy, N. Gkionakis, C. Popontopoulou, M. Kokkiniotis & F. Zamatto, "My Mind Is Not Like Before: Psychosocial Rehabilitation of Victims of Torture in Athens", *Torture*, 28(2), 2018, 72–84.
- 27 H. Dupont & D. Kaplan, "Killing Time: Drug and Alcohol Problem among Asylum Seekers in the Netherlands", *International Journal of Drug Policy*, 16(1), 2005, 27–36; Rees, "Refuge or Retrauma?"
- 28 M. Fazel, R. Reed, C. Panter-Brick & A. Stein, "Mental Health of Displaced and Refugee Children Resettled in High-Income Countries: Risk and Protective Factors", *The Lancet*, 379(9812), 2012, 266–282; E. Heptinstall, V. Sethna & E. Taylor, "PTSD and Depression in Refugee Children: Associations with Pre-Migration Trauma and Post-Migration Stress", *European Child and Adolescent Psychiatry*, 13(6), 2004, 373–380.
- 29 R. Lazarus & S. Folkman, *Stress, Appraisal and Coping*, New York, Springer, 1984.
- 30 D. Ryan, C. Benson & B. Dooley, "Psychological Distress and the Asylum Process. A Longitudinal Study of Forced Migrants in Ireland", *Journal of Nervous and Mental Disease*, 196 (37), 2008, 43.
- 31 L. Timotijevic & G. Breakwell, "Migration and Threat to Identity", *Journal of Community & Applied Social Psychology*, 10, 2000, 355–372.
- 32 M. Tempny, "What Research Tells Us about the Mental Health and Psychosocial Wellbeing of Sudanese Refugees: A Literature Review", *Transcultural Psychiatry*, 46(2), 2009, 300–315; J. Sundquist, L. Bayard-Burfield, L. Johansson & S. Johansson, "Impact of Ethnicity, Violence and Acculturation on Displaced Migrants: Psychological Distress and Psychosomatic Complaints among Refugees in Sweden", *Journal of Nervous and Mental Disease*, 188(6), 2000, 357–365.
- 33 M. Heeren, L. Wittmann, U. Ehler et al., "Psychopathology and Resident Status-Comparing Asylum Seekers, Refugees, Illegal Migrants, Labor Migrants, and Residents", *Comprehensive Psychiatry*, 55(4), 2014, 818–825.

1.3. Focus of this study

To our knowledge, previous studies in South Africa have not focused on long-term asylum applicants, even if several studies have shown that the length of stay in asylum procedures is associated with an increase in referrals for mental illness.³⁴ While relevant, studies on asylum-seekers in protracted procedures have been conducted in Europe where asylum-seekers are mainly hosted in collective reception centres in which services are provided by the Government or outsourced to agencies. A more detailed understanding of how the asylum process in South Africa impacts asylum-seekers is thus needed, reflecting the relevance of this study.

This study focuses on asylum-seekers from the Democratic Republic of Congo (DRC) as it has the third largest displacement situation in the world with 5.1 million people forcibly displaced in 2018, including 136,400 asylum-seekers.³⁵ UNHCR also considers the Congolese in South Africa to be a protracted refugee situation, which means that at least 25,000 Congolese refugees have been in exile in South Africa for 5 consecutive years or more.³⁶ Ninety per cent of the displacement of Congolese is caused by armed conflict and by the numerous armed groups that continue to pose a serious threat to civilians, in particular in the Eastern provinces, North and South Kivu. Armed groups have reportedly expanded their numbers of fighters, including through forced recruitment, while women and children continue to face grave violations of human rights.³⁷

This study was conducted to inform the development of MSF's project in Tshwane, South Africa. The project opened in 2019 and aims to improve access to mental health care for asylum-seekers and other vulnerable urban populations through the provision of primary health care and associated community outreach, counselling, social and legal services. In addition to these services, a "one-stop hub" offers a safe space for the targeted population and provides assistance in accessing further social and legal support if required. Therefore, this study aims to describe the effects of protracted asylum procedures on the daily lives and mental well-being of Congolese asylum-seekers, in addition to understanding their coping mechanisms and the support that they may require.

2. METHODOLOGY

2.1. Study design and setting

This study, conducted in South Africa, was an explorative and descriptive qualitative study using in-depth interviews (IDIs) with long-term Congolese asylum-seekers in Tshwane and with key informants.

34 A. Leiler, A. Bjärtå, J. Ekdahl & E. Wasteson, "Mental Health and Quality of Life Among Asylum Seekers and Refugees living in Refugee Housing Facilities in Sweden", *Social Psychiatry and Psychiatric Epidemiology*, 54(5), 2019, 543–551; Heeren et al., "Psychopathology and Resident Status", 818–825; P. Hallas, A. Hansen, M. Stæhr, E. Munk-Andersen & H.L. Jorgensen, "Length of stay in Asylum Centres and Mental Health in Asylum-seekers: A Retrospective Study from Denmark", *BMC Public Health*, 7, 2007, 1–6; Laban et al., "Impact of a Long Asylum Procedure", 843–851.

35 UNHCR, *Global Trends: Forced Displacement in 2018*, 47.

36 *Ibid.*, 22.

37 United Nations Security Council (UNSC), *Letter dated 20 May 2018 from the Group of Experts on the Democratic Republic of the Congo addressed to the President of the Security Council*, New York, Jun. 2018.

This study was approved by the MSF Ethics Review Board (Geneva, Switzerland) and the Human Research Ethics Committee of the University of Cape Town, Faculty of Health Sciences, University of Cape Town. In-depth interviewees were reimbursed R200 for their time and transport costs, a standard rate used by MSF projects in South Africa. The study was conducted between May and June 2019 and focused on Congolese asylum-seekers over the age of 18 years, who had applied for asylum in the RRO in Tshwane a minimum 4 years ago (prior to May 2015). Key informant interviews were conducted with Congolese community leaders and individuals working in non-governmental organisations (NGOs) in South Africa who address the mental health and other needs of asylum-seekers.

The city of Tshwane hosts many migrants, refugees, and asylum-seekers, including from the Great Lakes, the Horn of Africa, and Asia, and it is the site of one of the five RROs in South Africa. According to the DHA national statistics, it is the RRO where most asylum claims were submitted in 2015, when Tshwane accounted for 70 per cent of newly registered asylum-seekers in the country.³⁸ Many asylum-seekers regularly return to Tshwane as they need to extend their documents on a monthly, thrice-monthly, or bi-annual basis at the RRO where they first submitted their claim. Files are often not transferred from one province to another, so some asylum-seekers are obliged to travel very long distances, such as from Cape Town or elsewhere in the country to Tshwane in order to renew their documents.

2.2. Data collection and analysis

Purposive sampling and non-discriminative snowball sampling techniques were used to reach the study population. Recruitment for key informants and asylum-seekers took place simultaneously. The principal investigator (PI) contacted individuals who MSF had met whilst conducting initial assessments prior to the opening of the MSF project in Tshwane. The PI also sent information about the study to existing refugee communities' fora, such as the Western Cape Refugee and Migrant Forum and Association for Refugee Communities and Organisations in South Africa and other South African-based civil society organisations. In the messages the PI explained the research, its objectives, and the inclusion criteria for participation and stated that participation in this research has no direct outcome on their individual asylum procedure and/or the reception of any other services or benefits. In addition to this, the PI made a recruitment poster that was put in the waiting area of the MSF Hub from mid-May 2019 onwards. The PI then received lists of phone numbers from these contacts, either via WhatsApp or email, of people who were interested in participating in an IDI. Over 60 people expressed their willingness to participate in the study. A total of 18 asylum-seekers and eight key informants were interviewed before data saturation was achieved.

All interviews were conducted in person by two female researchers (LS and EV) in either English or French (two interviews) and were audio-recorded. They lasted between 19 and 67 minutes. All IDIs took place in a quiet, private room in the MSF project in Tshwane, while all key informant interviews, except four, were conducted

38 DHA statistics 2015 as presented in the Portfolio Committee of Home Affairs of the SA Parliament.

in the MSF Office in Cape Town. Of all the scheduled interviews, two people did not attend and could not be reached to reschedule.

Data collection took place until saturation occurred, that is, until themes started repeating themselves in the interviews and once sufficient information had already been obtained to support the primary research aims.

All interviews were transcribed verbatim from the audio recordings into either English or French by the research assistant, a French-speaking external transcriber and the PI. The first two transcripts were reviewed by the PI and compared to the audio recording to check for completeness and consistency and to adapt the interview guides if necessary. Thematic analysis was used to analyse the data. This approach allowed the themes to emerge from the data, during the coding process, rather than creating coding categories in advance.

3. OVERVIEW OF THE FINDINGS

3.1. Characteristics and experiences of participants

A total of 26 interviews were conducted. Eighteen asylum-seekers participated in the study, of which nine were male and nine were female participants; with an average age of 32 years (see [Table 1](#)). Six mentioned that they lived in a refugee camp in the region prior to their arrival in South Africa. All participants had arrived in South Africa between 2003 and 2013 and applied for asylum within a year of arrival in Tshwane. All of them were still in the asylum procedure at the time of the interview. The waiting time in the asylum procedure at the time of the interview ranged between 16 and 6 years, with more 60 per cent in the sample waiting for at least 10 years or longer. On average, participants had spent 9 years in the asylum procedure in South Africa. Almost 80 per cent of participants (14 participants) had renewed their asylum papers over 15 times, with an average of 17 renewals per person. Eight key informants were interviewed, including Congolese community leaders, members of civil society organisations, and NGO representatives ([Table 2](#)).

During our interviews, we identified a number of sub-themes that we categorised in four main themes from the interviews: (1) seeking protection: fleeing the DRC and applying for asylum; (2) the reality of a legal rights-based approach: prolonged periods of unfulfilled lives; (3) protracted asylum procedures contributing to poor mental health and well-being; and (4) coping mechanisms: communities and religion.

3.2. Seeking protection: Fleeing the DRC and applying for asylum

3.2.1. *Leaving the DRC and patterns of displacement*

Participants described a variety of reasons for leaving the DRC. Most had fled Eastern DRC's Kivu provinces, mainly South-Kivu, between 2007 and 2009. Overall insecurity, including persecution, was the main driver of flight, often with a specific incident that catalysed the final decision to leave. Most incidents were violent, ranging from being a victim of rape or attempted rape, kidnapping, the killing of relatives, or forced recruitment into one of the armed groups. One participant left fearing

Table 1: Overview of demographic characteristics of asylum-seekers who were interviewed

S.No.	Gender	Age (in years)	Origin	Type of journey to South Africa	Family composition in South Africa at the time of the interview	Year of arrival and asylum application in South Africa	Number of renewals of asylum permit (Section 22)
1	Male	30+	South Kivu, DRC	Stayed in refugee camp prior to South Africa. (Burundi).	Married (three children)	2009	20
2	Male	33	South Kivu, DRC	Stayed in refugee camp prior to South Africa. (Malawi)	Married (two children)	2011	16
3	Male	34	South Kivu, DRC	Stayed in refugee camp prior to South Africa. (Burundi, Malawi)	Married (no children)	2009	22
4	Male	28	South Kivu, DRC	Overland to South Africa.	Married (one child)	2011	17
5	Male	24	East DRC	Overland to South Africa.	Single (no children)	2013	10
6	Male	33	East DRC	Stayed in refugee camp prior to South Africa. (Tanzania)	Single (no children)	2009	20
7	Male	29	South Kivu, DRC	Stayed in refugee camp prior to South Africa. (Malawi)	Married (one child)	2009	8
8	Male	37	South Kivu, DRC	Overland to South Africa	Married (three children)	2009	20
9	Male	42	South Kivu, DRC	Overland to South Africa	Married (three children)	2003	19
10	Female	32	DRC	Overland to South Africa	Divorced (three children)	2008	18
11	Female	30	DRC	Overland to South Africa	Married (five children)	2012	15

(Continued)

Table 1: (continued)

S.No.	Gender	Age (in years)	Origin	Type of journey to South Africa	Family composition in South Africa at the time of the interview	Year of arrival and asylum application in South Africa	Number of renewals of asylum permit (Section 22)
12	Female	30	DRC	Overland to South Africa	Married (three children)	2011	16
13	Female	33	DRC	Overland to South Africa	Married (eight children)	2009	22
14	Female	37	Katanga, DRC	Overland to South Africa	Single (three children)	2008	20
15	Female	30	DRC	Stayed in refugee camp prior to South Africa. (Burundi)	Married (two children)	2011	19
16	Female	38	Bukavu, DRC	Overland to South Africa	Married but separated. Does not know where husband is (three children). Grandmother of three.	2012	17
17	Female	33	DRC	Overland to South Africa	Married (three children) Pregnant	2008	12
18	Female	26	DRC	Overland to South Africa	Single (three children)	2008	18

Table 2: Demographic characteristics of key informants

S.No.	Gender	Location	Organisation	Role
1	Female	Cape Town	NGO	Counsellor, specifically focused on gender (including intimate partner violence, sexual- and gender-based violence, women's empowerment)
2	Male	Cape Town	Community-based organisation	Community leader, specifically focused on asylum-seeker and refugee rights
3	Female	Cape Town	NGO	Counsellor
4	Male	Cape Town	Community-based organisation	Community leader for people from Eastern DRC
5	Female	Cape Town	NGO	Counsellor and community outreach, specifically focused on youth (adolescents and young people)
6	Male	Cape Town	Community-based organisation	Community leader and religious elder in a local church
7	Male	Cape Town	Community-based organisation	Religious leader
8	Female	Cape Town	NGO	Legal advisor

revenge from an officer of an armed group, whose child he had accidentally killed. Two women left in order to join their husbands who were already in South Africa.

Patterns of flight varied, and several participants recounted cycles of displacement at various periods in their life. Many had stayed in camps in Burundi, Tanzania, or Zambia and had voluntarily returned to the DRC only to find themselves in renewed situations of violence and human rights violations that led to subsequent displacement. Individual journeys varied both in length and in route. Some journeys were fairly direct, taking between 2 days and 1 week. The most commonly cited direct routes to South Africa were from Lubumbashi through Zambia and Zimbabwe overland while hiding in trucks or via Lake Tanganyika, Tanzania, and Malawi. Four interviewees reported taking a boat either to cross Lake Tanganyika or Lake Malawi.

Participants appraised their journeys as a negative experience, describing them as "bad" and "difficult". While the study did not explore the conditions of travel, participants expressed discomfort in their journeys that were often marked by fear of being caught by the local police. At least one woman was raped by a truck driver and described suffering a lot during her journey, as the sexual violence happened repeatedly. She was not able to access healthcare services, such as post-exposure prophylaxis and emergency contraception, after the traumatic incidents and was pregnant on arrival to South Africa. Another woman also mentioned that she was asked to provide sexual favours to the driver as a payment for the trip.

Some participants mentioned that their journey to South Africa took several months, after spending time in cities such as Dar Es Salam or living in a refugee camp in Burundi, Tanzania, Malawi, or Namibia. The causes for leaving the refugee camps were varied. Some described feelings of continued insecurity in the camp, and onward movement was linked to personal safety, and others felt unable to create a life for themselves and resisted dependency on humanitarian aid. For others, the closure of camps marked further movements that were determined by their environment, rather than being self-determined lifestyle changes. Closure of camps resulted in some participants returning to the DRC before a subsequent departure for South Africa. Residents within the camp were reported to have facilitated the onward movement, mainly by organising the transport to South Africa.

Motivations for travelling to South Africa and expectations on arrival varied amongst interviewees. Some participants described that they had no specific knowledge or motivations for coming to South Africa and were primarily concerned with fleeing the DRC and searching for safety further away than the immediate neighbouring countries: “No, I didn’t have an idea. I didn’t have an idea, except to run.”³⁹ The conditions in the DRC were perceived as being a direct threat to their physical existence, and movement was part of a strategy of survival needs.

Then I just crossed the [Burundian] border. While I was there, it’s very tough because there’s no law. They can come at night and kill you. That is why I came straight here. Then I said let me just go live in South Africa ‘cause it’s a little bit far [. . .] I was looking only for security for myself. So I was not having any idea of South Africa. I didn’t know what is happening in South Africa. I didn’t know anything. No one is looking for me. No one is after me. Then I find that here, it’s peaceful.⁴⁰

Participants also described democratic governance, freedom, and a “peaceful and good country” were motivating factors for coming to South Africa. Others described the economic incentive of potentially finding work or being able to study or to have a “better life” in South Africa and being able to support family back home.

3.2.2. *Requesting asylum in South Africa*

Upon arrival in South Africa, the asylum-seekers whom we interviewed expressed challenges with the manageability of the asylum process. They had very little knowledge of where, how, and when to ask for asylum. Congolese community members or other asylum-seekers from Sub-Saharan Africa were often the first people to direct new arrivals to the RRO office and to give them information on how to proceed. However, some participants were taken directly to the RRO office in Tshwane by their truck driver and immediately joined the queues to apply for asylum. While informal channels supported a sense of manageability, it is important to note the absence of formal processes on arrival. Furthermore, informal channels can also frustrate personal agency and contribute to the confusion on arrival. For instance,

39 Male, interview 2.

40 Male, interview 3.

several participants and a community leader had wrong information about asylum and residency status. “Remember, the country says after five years, every refugee or asylum-seeker has to get maybe a permanent residence.”⁴¹

Consistently, all participants described psychological distress related to insecurity and direct violence when applying for asylum at the RRO:

I was having a lot of stress. I went to Home Affairs, and then I sit there. It was around 4 there and they called time. I went there and then this guy who was putting people in the line just give me a big slap here and then my head was very sore that time.⁴²

Every time. And when I remain to go at Home Affairs, I always feel under pressure because I know what is happening. I’m going to that queue again. I’m going to fighting again with the guys there.⁴³

Many incidents were reported, such as being subject to violence when sleeping outside, including beatings, the use of pepper spray, fights, rape, and attempted rape and theft. “We were sleeping outside. They wanted to rape us. [sighing] [...] that time at Marabastad Home Affairs it was difficult.”⁴⁴

Before I went [to Home Affairs] I met some people there on the bridge before Marabastad. [...] they took me in to the side and they raped me and they raped me and then they left me there. I was crying and I saw the police come. He was asking me questions but I didn’t know English. I cried. They couldn’t find the man, that raped me, and I became pregnant because of that rape.⁴⁵

The situation was a mess. People were sleeping there at Home Affairs. The whole night, people are there, queuing in the morning. It was hard, you know. I remember they were spraying this pepper spray to try and maintain people.⁴⁶

Interviewees considered the events described earlier to be a traumatic part of the asylum-seeking process, which perpetuated their sense of insecurity and fear.

Participants also told numerous stories about the queues to access the RRO; the payments to be paid to get into what were known as the “special queues” or to bypass them all; the repeated requests for returns to the RRO in order to be able to submit their claims or do the initial interview. For several people, the process of initially accessing the asylum procedure lasted more than 2 months and creates a sense of frustration.

Before entering in the queue, when you go there early you enter early in the morning in Home Affairs, it was money. There is a special line. There is a line for R100,

41 Male, key informant, interview 2.

42 Male, interview 4.

43 Male, interview 5.

44 Female, interview 18.

45 Female, interview 12.

46 Male, interview 1.

there is a line for R200. This depends on the time. But even then, even in that [queue], you are supposed to push yourself. You must be strong to enter there.⁴⁷

They call you to go in there. Then you pay R50, or sometimes R100. I used to pay that money [. . .]. The problem is inside also, even when you go inside, it's very stressful to get help. "Come back another week". And then I was getting there at 3am. We get inside, but no one attends to us. So they say, "Go back home again". Then we came on the next day. [. . .] The next day I went there, I got a chance to get inside. Once I'm inside, it was a lot of things to do, complications, and I didn't understand anything. My English was not yet perfect. Yeah, so I feel like this is a problem. There's nothing I can do until I can get this document, then I will be fine. And that day, I didn't get any document.⁴⁸

Several of the asylum-seekers we interviewed had applications dating back over a decade, and when we asked whether the situation had changed, some mentioned improvements due to the introduction of the automated booking terminal.

Now, they've brought the machines, they use selfies. You go there, you print a paper, there is an officer there who helps you print the paper. It is much quicker than before. [. . .] It's becoming a bit easier. They are not beating people like before. [. . .] In 2009, 2008 it was a mess. They were beating people in the queue, but what can you do?⁴⁹

There was an overall lack of understanding of the asylum process amongst the asylum-seekers we interviewed, including a lack of knowledge about the application and renewal processes, interviews, and appeal. Most asylum-seekers who were in appeal did not understand why they were rejected in the first instance or why the length of their renewals varied either in their own file or amongst each other. Several blamed the translators and the lack of English for being rejected or not understanding what was ongoing. "They called the interpreter. The interpreter was coming from Kinshasa. He speaks Lingala. And this side, in Uvira, in Goma we are not speaking Lingala. So that was a challenge."⁵⁰

[. . .] first for the interview because it was done by someone who does not know my languages which were Swahili and French. [. . .] The interpreter said he knows Swahili but the Swahili was not really the Swahili I speak, because Swahili is in two ways. So he made my interview wrong at first and the interviewer had to decide based on what he heard from the interpreter. So that already changed my decision as an asylum-seeker to become a refugee.⁵¹

One of the counsellors gave her views about the process:

47 Female, interview 15.

48 Male, interview 3.

49 Male, interview 1.

50 Female, interview 10.

51 Male, key informant, interview 4.

The treatment is so bad. It's disrespectful. There's no compassion. There's the language barrier for those that aren't able to communicate in English. It's the [lack of] knowledge of Home Affairs because so many people come here without knowing the documentation process because their families have never told them and a lot of people almost feel conned.⁵²

3.3. The reality of a legal rights-based approach: Prolonged periods of unfulfilled lives

The initial expectations upon obtaining the asylum document were high, and participants expressed feelings of hope and relief upon obtaining the document. Whilst they had little knowledge and understanding of the asylum procedure itself and its technicalities, they are extremely knowledgeable of the expiry date, carry the documents with them all the time, and are aware that holding a Section 22 permit protects them from detention and deportation.

“Go and apply for a document, because once you have that document, you'd be allowed at least to stay” [. . .] I was feeling relieved somehow, knowing that, oh, at least the police won't arrest me. They can't deport me now. They can't take me back home. So, I feel like yeah, somehow, I have something.⁵³

Everywhere you go, you have to go with this [document] because if the police catch you and you don't have this. It's a problem. You're gonna be arrested.⁵⁴

As one of the counsellors explains:

You can ask any asylum-seeker on the spot, “When is your document expiring?” and they would know without having to check their paper. They would literally just know when they have to go again to Home Affairs. It's almost like this is their second house. Being at Home Affairs, it's their second home, literally, because they are there for so long.⁵⁵

Multiple asylum-seekers detailed psychological despair and distress that followed the initial relief that documentation brought. Participants reported little to no improvements in their living conditions or socio-economic status and thus questioned the value of the document. Despite the stipulations in the Refugee Act, interviewees expressed frustrations that an asylum permit is not deemed sufficient to prove eligibility for formal employment, and some expressed that they were prevented from studying. “It's so shocking when it said ‘Work and study in The Republic’ but when you go to the workplace, they refuse this. It is confusing.”⁵⁶

52 Female, key informant, interview 1.

53 Male, interview 1.

54 Male, interview 2.

55 Female, key informant, interview 1.

56 Male, interview 5.

It says asylum-seeker, it's written "Work and study in the Republic". [...] I never get a job with my asylum papers. It's just helping me get around when the police are searching. "Where's your paper?" Then I give them the paper. Then they leave me alone. Yeah. That is it.⁵⁷

In addition, asylum-seekers face further restrictions on accessing administrative or social opportunities such as training or further education, opening a bank account, or securing a social grant.

There are some places you apply for a job, they don't agree. There are some schools where you want to attend, they don't agree. There are some places when you go to apply for they say: "No, we are only looking for South African citizens". Even some banks, they don't agree to open a bank account with those asylum papers. And we have carried [the paper] for almost ten years. Nothing has changed. It's like we're not accepted as refugees yet because we still don't have a refugee status in South Africa.⁵⁸

With the exception of one of the participants, none of the asylum-seekers whom we interviewed had secured formal employment. Most people work as unofficial and informal security guards in parking areas, sold refreshments or sweets on the street, worked in car washes or in hair salons.

Life is very difficult because they do not give us documents. Because the asylum papers that I have I cannot get work. They say you cannot work with this. [...] Sometimes I saw a good job and because of the qualifications that I have, I was qualified, then I had to take them my documents. If I show them asylum papers. "Sorry. We need someone with a passport or ID". I explained them everything but did they did not understand.⁵⁹

Asylum-seekers described how this made them extremely socially and financially vulnerable: "Managing is, what can I say, as long as we are alive. [...] Yeah, we fight against all the odds."⁶⁰ This was echoed by another interviewee: "[...] there are the most vulnerable people living there. They couldn't even afford to buy bread, buy something to eat."⁶¹

Many struggled to pay rent because of this insecurity and shared accommodation, sometimes with several families staying in the same room: "Challenges come from [...] you pay, yourself, the rent. You buy your own food. Actually, after they give you the paper as an asylum-seeker, the rest is up to you."⁶²

In addition, they often have difficulties in accessing public services, including public health services and free education for their children. Most participants had access

57 Male, interview 3.

58 Male, interview 1.

59 Male, interview 8.

60 Male, interview 1.

61 Male, key informant, interview 2.

62 Male, interview 1.

to public health clinics and hospitals but often faced discrimination, such as being the last person to be helped. Other reported experiencing xenophobic attitudes, including receiving multiple insults, especially for women when giving birth and children in school.

Sometimes when the children play, they hit them. “Hey refugees, go back. You are not South Africans, go back”. The children cry, they say my friend said this and this and they hit me. We say: “Be patient”. We say: “Here, where we are, it is not our place, our place is Congo. We need to be patient”.⁶³

This xenophobia thing is too much and it affects us and we lost what we have to do. You can't go out, you can't do anything, and if you go out, you get caught. You are killed and nothing is gonna be done to you and you just disappeared like that. So it's so horrible. It's really, really horrible.⁶⁴

The asylum-seekers in this study had spent between 6 and 16 years in South Africa, and for most, their family situation had changed during this period. While several men arrived alone, either as single men or married with a wife remaining in the DRC, they are now married with children: “Before I was sharing the home with another single person and were paying the rent. [...] Then, I got married and that is the big thing that makes me stressed, especially here in Pretoria. [...] I need to buy things for the baby.”⁶⁵

Seven of the female interviewees had at least three children, with one woman reporting that she had eight children, one woman was a grandmother, both her three children and three grand-children were dependent on her, and three women described themselves as single mothers. All participants described their daily struggles and challenges of survival at length and mentioned that they became more difficult over time: “When my wife came it was 2008 and then we were two. At the time I arrived I was one and it was easier then. It was a little bit tough and then I got one kid, life becomes more difficult. And the second one more difficult again. And the third one even more difficult.”⁶⁶

In addition, the access to asylum permits influences family dynamics and can become an instrument of power, violence, and abuse in relations between individuals. The counsellor cited earlier described a situation she had seen at length:

A lot of the abuse and control by partners is due to the documentation. I have seen women who have previously had documentation and because of the abuse, their partner is withholding their documents, their partner has torn up their documents. The partner has basically held them hostage for many years because of the documentation [...]. Their lives would fall apart without these documents and it's a real power, [...] it's actually something that affects the households, especially the mother and the children and all of them are affected when there is abuse.⁶⁷

63 Male, interview 8.

64 Male, interview 5.

65 Male, interview 4.

66 Male, interview 9.

67 Female, key informant, interview 1.

The fragility of their socio-economic situation also affected people's ability to renew their documentation. Asylum permits expire frequently, and for asylum-seekers who do not live in Tshwane, it is extremely costly to pay for transport to travel to renew their documents. Interviewees reported how they had to pay additional fines if their permits had expired and had had their bank accounts, if they had managed to open one, frozen. These conditions create contexts that foster psychological distress, mainly related to difficulties to sustain immediate needs, as well as insecurity and uncertainty about the future. As a result, some participants, including the community leader cited further, stayed with expired documents for several years:

[...] it has been two years now because although I am willing to renew my paper I need to raise about R4000 for travel and also pay the fine. [...] I went to the Immigration Department. They wrote me a letter to say I should pay a fine of R1000. I said I was robbed last evening. [...] And I had to come back. From that time I never went back. So this is the challenge I have got personally, but the community at large I cannot count only ten people, 20 people, but I can count 30 and beyond. People that I know, their papers expired but they have got no means to travel to go and renew their papers. [...] So this is really a huge challenge. People are suffering because of the paper".⁶⁸

3.4. Protracted asylum procedures contributing to poor mental health and well-being

Several negative mental well-being outcomes were identified by the participants as consequences of protracted asylum procedures and their uncertain legal status. These included: daily stresses and struggles, previous and continuous trauma; a sense of uncertainty or fear; feelings of being blocked and trapped; and worthlessness and hopelessness. Asylum-seekers described how their continuous and prolonged exposure to the asylum procedure and associated traumatic events within South Africa had negatively affected their mental well-being, as exemplified further.

3.4.1. Psychological distress associated with cumulative stress and trauma

Participants described the psychological distress they had experienced during migration and in South Africa: "Stressing again. I was even slim. I became small, small, small because we are stressing too much, too much [...] Sometimes it can make you crazy."⁶⁹ These included intrusive thoughts, recurring nightmares, fatigue, headaches, constant worrying, and hypervigilance that are associated with cumulative stress or ongoing and post-traumatic processes. "Sometimes when I sleep, I have some bad dreams about all these situations that I passed through. [...] we have a lot of baggage in our heads."⁷⁰ Participants also expressed somatic symptoms that were perceived to have been associated with the cumulative stress and trauma. "I will have a

68 Male, key informant, interview 4.

69 Female, interview 17.

70 Male, key informant, interview 2.

headache every time before I go there. I am always having stress because I know how it is at Home Affairs.”⁷¹ Many described “stress” or “sickness” that was linked directly to their lack of documentation, which was also confirmed by counsellors and community leaders.

People are just desperate. They’re trying everything to find a solution because if you don’t have the paper, you are not living. You are not alive. The children are affected. You, yourself, you are affected. You know, the whole family is affected because of that issue of the paper.⁷²

The formal obligation to report to the refugee reception office in Tshwane every month, 3 months, or 6 months to renew or extend their asylum papers was described as a specific form of stress that exacerbated over time. “Like there is a day to go to hospital and the day to go there [Home Affairs]. It is the day you are going to recognise that you are really, really, really a refugee [the person refers to herself as a refugee but is an asylum-seeker].”⁷³

[. . .] you know the day that is the day to go to Home Affairs you feel very bad in your heart. Very bad. [. . .]. Even my kids. If you tell them it is the day to go to Home Affairs they are scared too. They say: “Mama why don’t you go just with the paper to stand there for us so us we do not have to go?”⁷⁴

One of the counsellors described that she had clients who became scared to go to Home Affairs, preferring to have expired papers rather than returning. This process combined with the changing periods of renewals, which was felt as being arbitrary, increased their feelings of insecurity and powerlessness.

Sometimes, they give you two months or three months. It’s up to them, it’s not up to you. [. . .] These procedures of applying, especially these asylum-seekers who are here for so long, it’s affecting people deeply. It is affecting people psychologically. You can see it.⁷⁵

Refugees don’t know why this is happening and they cannot even access them [Home Affairs]. They cannot even ask questions. And there’s nothing they can do. They’re just waiting, waiting for whatever happened, happened, you know? The system is, like locked.⁷⁶

Furthermore, some participants reported that the increasing number of renewals over several years made their stress worsen over time.

71 Male, interview 3.

72 Female, key informant, interview 3.

73 Female, interview 18.

74 Female, interview 14.

75 Male, interview 1.

76 Female, key informant, interview 3.

3.4.2. *Living with uncertainty and insecurity*

Asylum-seekers feel that the reasons why they fled their country of origin are not being recognised and acknowledged by either the South African authorities or wider South African society and believe that this is why they have an insecure and seemingly permanent status of asylum-seeker. “We are scared. We are coming from a place where there is a war [...] they were killing people, here they were killing foreigners, so people from Uvira [...] they are scared of dying and they suffer a lot. They want somewhere to be in peace.”⁷⁷

Participants described that living with the chronic level of uncertainty prevents them from feeling secure and settled in a new country:

There is uncertainty in all aspects. There is that pressure. I want to go back home but there is no life at home. I want to stay but there are no papers and I don't know what will happen tomorrow. Then there is also xenophobia in South Africa, where everywhere you pass you are a foreigner. “You came for our job, you came for our women, you came for this and that”. So you feel like you are left in the air. You don't know from which leg to dance.”⁷⁸

So it's very stressful for me because even now, I don't feel safe with this document [...] Maybe, one day I'll be going to renew this paper, then they'll put me in a van and say, “You're going back”. But when I have a [recognised] refugee status, I will know that I am secure now as a refugee. Then from there, I can have peace of mind. [...] When I stay like this and I know that my family is not in peace at home and I'm not also here in peace, the doctor told me “You have a lot of stress”.⁷⁹

3.4.3. *Feeling blocked and trapped*

Lengthy asylum processes were described as creating feelings of being blocked or trapped, with individuals feeling unable to live their lives fully or move forward: “We cannot live under this asylum-seeker [documentation] our entire life. I cannot be 50 years or 60 years living as an asylum-seeker.”⁸⁰ Another male interviewee expressed similar feelings: “I feel bad because there are things I need to do I need to go further but I cannot go further because of this document. [...] I feel blocked. I feel like I am in prison. [...] There are things I need to do for living. Living life. I find they block them. They blocked me.”⁸¹

Participants expressed feelings of despair, apathy, dehumanisation, anxiety, and other psychological distress linked to their asylum process and described this daily experience as difficult to cope with.

77 Female, interview 18.

78 Male, key informant, interview 4.

79 Male, interview 3.

80 Male, key informant, interview 2.

81 Male, interview 9.

The fact that they are being . . . they are stuck in this system and they cannot find a solution. It makes them feel less human. It takes their humanity in them because they feel like “I am actually this person but because of this situation, there is nothing I can do. I have to go lower than what I actually am”. They are feeling depressed because they can’t go back to their country. They can’t get a paper. They are not allowed to have a better situation. They are just in a survival mode. [. . .] Some of them even start showing symptoms of PTSD and anxiety. They even have physical symptoms like high blood pressure because they don’t have papers and this is blocking them everywhere.⁸²

3.4.4. *Lack of belonging and integration*

Participants, such as the one cited further, described how their status as an asylum-seeker made them feel rejected from society and not integrated within South Africa. “They just leave us like that. We don’t even know if they accept us. [. . .] To tell you that you’re a foreigner. You are nothing. You come with nothing here. You don’t have anything. You’re nothing.”⁸³ Another female interviewee explained that “It is affecting us a lot. I always ask myself which country is this, that you have been staying for 10, 11, 15 years, but you never get a paper? Always an asylum-seeker. So it is like they don’t accept us. I am not accepted here in this country.”⁸⁴

3.4.5. *Consequences on social status: “I’m still an asylum-seeker”*

Participants mentioned how there were different “ranks” of social status amongst Congolese asylum-seekers, which were linked to the kind of documentation that they had: “[. . .] my life is always like refugee, refugee, refugee, refugee, refugee. Sometimes, that’s why I’m saying it’s hurting. Sometimes when I’m thinking about that, I can even get a headache, and you can’t do anything.”⁸⁵ The security of the documentation was associated with greater social status, while the lack of documentation or asylum status was associated with perceptions of lesser social value: “There’s what you call refugee status, then asylum, then SCRA.”⁸⁶ That’s all. These are the levels: first level, middle level, and lower level.”⁸⁷ Other interviewees, also cited above stated that “[. . .] you are still an asylum-seeker with this paper, without value”⁸⁸ and “In this country they don’t allow us to get those papers to be a refugee, a real refugee. I am not a refugee. I am still in asylum.”⁸⁹

Interviews with counsellors also highlighted the notion of “ranking” and explained how asylum-seekers linked their documentation with their identity and that of their children.

82 Female, key informant, interview 3.

83 Male, interview 2.

84 Female, interview 14.

85 Male, interview 6.

86 SCRA: This refers to appeal at the Standing Committee for Refugee Affairs (SCRA).

87 Male, interview 5.

88 Male, interview 8.

89 Male, interview 9.

[...] it has become part of their identity; people do see it as a status thing. [...] an asylum-seeker has fewer benefits. So that's why they behave that way. It becomes a part of their identity. Like "I cannot get help. I cannot do this because I am only an asylum-seeker". Whereas a refugee, someone with formal recognition, they can do a lot more and that's because they know they get a lot more. [...] They have access to much more things and they seem to be in a better space financially, but not always a better space, mentally. [...] It is something that is so ingrained into their identity that it deteriorates. And what is worse is that they pass it onto their children. So it's a generational cycle because whatever the mother is, the child is. So if the mother is an asylum-seeker, the child is an asylum-seeker as well. [...] They can speak Afrikaans, but they say "I'm still an asylum-seeker".⁹⁰

3.4.6. *Hopelessness, worthlessness, and suicidal ideation*

Participants expressed feelings of worthlessness and hopelessness because they felt unable to live a fulfilled life or take care of their children. These feelings were linked by interviewees to their daily struggles and difficulties to sustain themselves in a difficult environment whilst still waiting to be granted refugee status. Many described a sense of despair and loss of hope due to a lack of change in their situation. "With being an asylum-seeker for 15 years, there's that sense of hopelessness. It's been this way for so long, nothing has changed, nothing is going to change. And this is how it will be for foreseeable future."⁹¹ Key informants related this to the duration of suffering:

With time, it is more difficult because they lose hope. Saying stuff, regretting. "Why did I come here? Maybe it was better that I died in the war." And some of them tell: "I would rather go back and die 'cause I have been here for this amount of time, and this is the situation. I have a family. I have a wife. I have children. Look at how I'm living, in a room with six children. If I have to tell you how to survive, I don't know. But it's not that I'm useless: I'm lazy, I have degrees, I have these skills but there's nothing I can do. Maybe it's better I go back and whatever happen to me, happen to me" [...] They have that feeling of suicide, they feel like they are useless. You know, especially when you are head of family, you feel like you are useless, your responsibility to your children, to your wife, and then rent, and all those things you cannot afford. Not because you cannot find it, you cannot work and earn money but you are not allowed to work with the permit that you have. When you think of going home and having all those challenges that you have to sort out. So you have suicidal clients as well because of that.⁹²

So many Congolese are hanging themselves. There are Congolese that we have seen [...] waiting for the train just fall down. Die like that. Others are found dead in the houses. This is a reality that is happening. We had a lady not

90 Female, key informant, interview 1.

91 Female, key informant, interview 5.

92 Female, key informant, interview 3.

a year ago who was found in a bathroom, just dead like this. And all that was caused by so many problems behind.⁹³

3.5. Coping mechanisms

Interviewees frequently mentioned the church and religion as a coping mechanism as it gave them a sense of belonging through familiar shared values. Belonging to a church group also served as a means of gathering information to assist with managing daily life in South Africa, which led to some participants feeling increasingly independent. Churches helped people to create networks in order to find a job, housing, or information, and asylum-seekers who have recently arrived often went to churches for initial orientation and assistance. Church services provide moments of relief, and many of the messages given are about accepting one's situation and calling for patience or endurance in the ongoing suffering experiences.

The Congolese community in Tshwane, via a variety of community leaders and organisations, acts as a second support mechanism: "We can pass [information] and say: 'This guy has been arrested. He does not have family'. So whatever you can do, to see if we can get a lawyer to release him. So you go through the Congolese community, it's working under a network."⁹⁴

Social membership to these groups offers continuity of identity and support such as informal groups and communities being built around a particular region of the DRC, like the East, as they have a common language that binds them. Organisations are created spontaneously and are run on a voluntary basis, with small contributions (such as R50) from members. Key informants described how membership in such groups can vary from 50 to 300 people. Asylum-seekers also described different ways in which such community groups helped them within their new environment, such as providing financial assistance for funerals or burials. Communities also are often a source of incorrect information, for instance, on the asylum procedure and the conditions to get permanent residence. In addition, certain people might feel insecure within the communities, such as people from mixed backgrounds or other minorities in a group (victims of sexual violence and others who might be ostracised). One of the community leaders describes the challenges of people who are not fully accepted by the community:

Yes, we do have categories of people. Let me talk about the gender. We come from a country whereby a woman is a woman. A woman is just a housewife and she cannot speak in front of men. [...] So women are affected lamentably in my community and they cannot speak out in the community that they are suffering. [...] Not only that, there are people who are very disadvantaged. So if you come from a disadvantaged, a remote area like it will be a gap in the community and your voice is not much. [...] There is aggression from Rwanda and Uganda. So if you were born for example a mother with a Rwandese but your father is Congolese. Our system recognizes that a woman

93 Male, key informant, interview 4.

94 Male, interview 1.

does not give birth but it is a man who gives birth. That means that the child is Congolese in our system of patrimonial system. But because your mother is Rwandese and it is Rwanda that aggressed Congo you are left out. [...] you can feel that the person even when we are engaging we are talking about issues that are happening back home. That person cannot talk. So we have got those issues and these people don't disclose themselves. [...] We have got people who were involved in the army in Congo. So those people are living in fear that they can be disclosed that they were working for the previous government. Others were with the militias. Others raped home. There are so many people here, men, who were raped in the Congo. But they just live with it and they cannot disclose.⁹⁵

4. ANALYSIS OF THE FINDINGS

This qualitative study explored and described the experiences, including psychological distress, of long-term Congolese asylum-seekers in South Africa, who submitted their claims in Tshwane. The 18 interviews with asylum-seekers, who applied for asylum an average of 9 years ago, as well as eight interviews with key informants, suggest that the current asylum process in South Africa causes undue psychological distress to applicants.

The study corroborates some findings of previous research relating to the situation of asylum-seekers in South Africa and elsewhere. It describes that, despite fleeing from unfavourable conditions that are often perceived as threatening in the DRC, it is very difficult for Congolese asylum-seekers to get access to durable protection in South Africa in the form of a recognised refugee status, as also described by many scholars, such as F. Khan, A. Fassin, and J. Crush.⁹⁶ By focusing on long-term asylum-seekers of Congolese origin in South Africa, we describe the effect of such a prolonged period of limbo and uncertainty on individual mental well-being.

The findings from this study suggest that the asylum process, including interactions with staff, procedures, and places such as RROs are distressing events that occur across prolonged periods of time. The study shows that the first encounter with the authorities, including the security guards of the RRO, creates a negative setting in which the asylum-seeker will renew his or her documents in the future. It sets the tone of the initial relation between the asylum-seeker and the authorities, and returning to RRO to renew their documents reminds or evokes in respondents this initial negative experience and distress, even if the situation has changed more recently with new technologies such as an automated booking terminal.

Added to this is the overall feeling of arbitrariness of both the asylum procedure, as well as the prolongation period of the renewals, which vary from 1, 3 to 6 months. This exacerbates the continuous experience of limbo and insecurity. Not only is the

95 Male, key informant, interview 4.

96 F. Kahn & M. Lee, "Policy Shifts in the Asylum Process in South Africa Resulting in Hidden Refugees and Asylum Seekers", *African Human Mobility Review*, 4(2), 2018, 1205–1225; D. Fassin, M. Wilhelm-Solomon & A. Segatti, "Asylum as a Form of Life: The Politics and Experience of Indeterminacy in South Africa", *Current Anthropology*, 58(2), 2017, 160–187; Crush et al., "Rendering South Africa Undesirable".

situation of being an asylum-seeker a precarious one but also the uncertainty surrounding each renewal creates an additional layer of insecurity and further distress. All this contributes to the feeling of not being in control of one's situation and being subjected to a process that appears unjust.

Furthermore, the study confirms the effects of the asylum policies in South Africa, which is effectively limited to the provision of temporary asylum-seekers residence permits under Section 22 of the 1998 Refugees Act, without further ensuring the well-being of asylum-seekers by providing them with effective access to health care, education, and social assistance.⁹⁷ It also corroborates the daily challenges of asylum-seekers in South Africa as described in a previous qualitative study by Rugunanen,⁹⁸ such as access to formal employment, difficulties in accessing public services, such as health care and education, the fact that asylum-seekers do not have access to any social benefits, as well as the daily forms of discrimination, xenophobia, and violence. However, by focusing on long-term asylum-seekers, the results show that the daily struggles and challenges become more difficult to carry over time. Prolonged periods of being in a survival mode, with no clear idea of when relief will come, contribute to the psychological distress endured as being untenable. In their research, Miller et al. show that daily stressors mediate the effects of past war-related trauma in shaping mental health outcomes such as PTSD symptoms.⁹⁹ In our study, these stressors include living in an unsafe environment due to a lack of secure immigration status, the presence of xenophobic attitudes and violence, gender-based violence and threat thereof, and inability to pursue income-generating activities. While their socio-economic and legal status does not improve over a decade in some cases, their family situation often changes dramatically. Single men become fathers to two, three, or more children, and some women, who initially joined their husbands, became single mothers with children. The results also show that access to asylum permits or refugee status can influence in family and relationship dynamics and become an instrument of power, violence, and abuse in relations between individuals, which often deteriorate over time due to the stagnant difficult environment people live in. Being an asylum-seeker for prolonged periods of time likely increases additional vulnerabilities, more destitution, and has negative consequences for the mental well-being of the individuals concerned. Coping mechanisms to deal with the loss of hope mainly consist of informal and semi-formal community networks and churches. Both create a sense of belonging and solidarity but can quickly create to a certain extent a dependency upon them.

The results of this study additionally confirm that the combination of lengthy asylum procedures and the prolonged longing and waiting for refugee status leads to a self-ranking and creation of a hierarchy of statuses, including self-identification with that status. Self-esteem and perceived social value are determined partly by a person's

97 Belvedere, "Insiders but Outsiders", 66.

98 Rugunanen & Smit, "Seeking Refuge in South Africa", 714–716.

99 K. Miller & A. Rasmussen, "The Mental Health of Civilians Displaced by Armed Conflict: An Ecological Model of Refugee Distress", *Epidemiology and Psychiatric Sciences*, 26, 2017, 129–138; K. Miller & A. Rasmussen, "War Exposure, Daily Stressors, and Mental Health in Conflict and Post-Conflict Settings: Bridging the Divide between Trauma-Focused and Psychosocial Frameworks", *Social Sciences & Medicine*, 70, 2010, 7–16.

attributed social status.¹⁰⁰ By considering him or herself to be “only” an asylum-seeker, the individual’s self-esteem is lowered, and because this is happening over a decade, such identity characteristics may be passed onto their children. This “in-between” identity combined with hope and despair, as described earlier by Sutton,¹⁰¹ becomes thus inter-generational.¹⁰² While the research did not focus on this specifically, further exploration into inter-generational experiences is warranted.

The long-term nature of the procedure also intensifies the feeling of a life that is blocked: opportunities to live life fully are hindered, and individual asylum-seekers live with an overall feeling of rejection by society and non-recognition of their previous trauma and pain. The results show that this can result in hopelessness and despair as there is a loss of meaning in their engagement in the asylum process, and life as such as the process is perceived as a threat with no end. Hopelessness is considered to be a strong predictor of suicide.¹⁰³ Suicidal ideation was also reported during the interviews. Worthlessness and other wounds to self-image may be experienced as an affective response to the perception that one is unable to manage in her/her new environment.

Finally, leaving asylum-seekers in such a long period of limbo might also adversely influence their possibilities for integration in society in the case that refugee status is eventually obtained. This study confirms the findings of Ryan,¹⁰⁴ by describing how exclusion of the job market was a recurrent cause for distress for the participants; even though access to formal employment for asylum-seekers is not legally denied in South Africa. Most, apart from one participant, ended up working in the informal sector as park guards or street vendors where exploitation is rife and wages low, also mentioned in work of Crush.¹⁰⁵ Hainmuller’s research showed that the length of time that asylum-seekers wait in limbo for a decision on their asylum claim affects their subsequent economic integration, and that simply providing asylum-seekers access to the labour market while waiting for a decision is not sufficient.¹⁰⁶

In this study, asylum-seekers interviewed have described how their interactions with the asylum process can be affirming to their sense of self, when they are granted asylum, or be overwhelmingly threatening, resulting in severe psychological distress. Institutional structures, through documentation, can promote a sense of security and refuge. When documentation is absent, insecurity is indirectly promoted, as well as a sense that their environment is unmanageable. These frustrations create

100 G.M. Breakwell, *Coping with Threatened Identities*, London, Routledge, 2015.

101 R. Sutton, D. Vigneswaran & H. Wels, “Waiting in Liminal Space: Migrants’ Queuing for Home Affairs in South Africa”, *Anthropology Southern Africa*, 34(1–2), 2015, 30–37.

102 J. Brekke, “Life on Hold: The Impact of Time on Young Asylum Seekers Waiting for a Decision/Discourse”, *Journal of Childhood and Adolescence Research*, 5(2), 2010, 159–167.

103 A. Beck, R. Steer, M. Kovacs & B. Garrison, “Hopelessness and Eventual Suicide: A 10-Year Prospective Study of Patients Hospitalized with Suicidal Ideation”, *American Journal of Psychiatry*, 142(5), 1985, 559–563.

104 Ryan et al., “Psychological Distress and the Asylum Process”, 45.

105 Crush et al., “Rendering South Africa Undesirable”, 1–35; J. Crush, C. Skinner & M. Stulgaitis, “Benevolent Neglect or Active Destruction? A Critical Analysis of Refugee and Informal Sector Policy and Practice in South Africa”, *SIHMA*, 2017, 751–781, available at: https://sihma.org.za/wp-content/uploads/2017/09/1_Benign-Neglect-or-Active-Destruction.pdf (last visited 18 Jul. 2019).

106 J. Hainmuller, D. Hangartner & D. Lawrence, “When Lives Are Put on Hold: Lengthy Asylum Processes Decrease Employment among Refugees”, *Science Advances*, 2(8), 2016, 1–7.

vulnerabilities and may further perpetuate or exacerbate psychological distress. The way that asylum processes are handled, *de facto*, creates conditions where the environment can be appraised by the asylum-seeker as largely unmanageable, threatening a sense of self-efficacy and self-esteem.

Whilst the article describes some of the clinical features that emerged in the interviews, the mechanisms underlying such distress could be understood in terms of Identity Process Theory¹⁰⁷ and how identity is formed through constant engagements with social, institutional, and physical environment.¹⁰⁸ Events that create uncertainty or change, such as a drop in social status, forced displacement, or discrimination may be perceived as a threat to identity and cause psychological distress. Any subsequent traumas endured or social stigma that arises may lead to a devalued sense of self.

In this study, leaving the DRC to seek asylum in South Africa can be understood as an attempt to remove an identity threat – a threat that is often existential in nature and movement can be considered as a preservation of oneself. Change is not always wanted but rather a product of conditions and perceived as the best option to ensure a sense of continuity of one's identity. Moving to South Africa provides opportunities to re-establish oneself in a context where self-determination and survival are perceived as possible. Retaining personal identity and a positive sense of self through control over their environment promotes well-being.¹⁰⁹ However, prolonged institutional processes that are marked by uncertainty, insecurity, and delays perpetuate the personal insecurity and fear that participants described fleeing from.

In such a context, documentation becomes a milestone in the process of establishing identity in South Africa. It not only marks the end of a process that itself can be perceived as a threat to identity (for instance, deportation), but it is a milestone in affirming a sense of manageability over the new setting, promoting self-efficacy and self-esteem.

In the study, the following limitations need to be taken into consideration. The volume of data definitely led to omitting some aspects or experiences as reported by the participants. The study only focused on Congolese asylum-seekers and key informants, and thus does not explore the experiences of other nationalities. Further research on other populations could mitigate this limitation. Most interviews were conducted in English, and whilst these participants were sufficiently proficient in the language to hold discussions with, some nuances may have been lost. Furthermore, the experiences and symptoms presented in the in-depth interviews may not include all distress and the extent of pain as experienced by the asylum-seekers, as they were not designed to gather information at the clinical and subclinical level.

5. CONCLUSION

In conclusion, persons being forced to remain asylum-seekers for a long time bear the negative consequences of the unfulfilled hope and unrealised aspirations that

107 R. Jaspal & G. Breakwell (eds.), *Identity Process Theory*, Cambridge, Cambridge University Press, 2014.

108 L. Timotijevic & G. Breakwell, "Migration and Threat to Identity", *Journal of Community & Applied Social Psychology*, 10, 2000, 355–372.

109 *Ibid.*

rights-based and protection-focused legislation promise, when that legislation is not being adequately implemented. This study concludes that the current lengthy asylum procedures in South Africa cause undue psychological distress. Current psychological distress expressed is not only related to the reasons for fleeing the DRC, but it is also rooted in systemic failures that create further post-arrival vulnerabilities. The study describes certain clinical symptoms that have been reported and that warrant further attention, both in research and in addressing gaps in terms of mental health services. Thus, there is both a need for adapted provision of mental health services to support asylum-seekers on arrival and during the asylum process, and systemic remediation of the effective implementation of asylum legislation.

Urgent changes in the implementation of South African legislation and policies towards asylum-seekers and refugees are required, in order to comply with international law and standards, as well as to achieve the rights enshrined in the South African Constitution, which would reduce post-migration problems and provide support for long-term asylum-seekers. The findings suggest that a structural intervention should be undertaken so as to ensure that fair and efficient asylum-procedures are in place, that they last only as long as they need to so as to ensure the quality of the decision-making process, whilst maintaining the freedom of movement, right to dignity, and right to work and study, yet accompanied by actions that would translate into making such work a real possibility. The evidence from this study suggests that measures be put in place by the relevant authorities to provide psycho-social support for asylum-seekers. At the same time, the analysis suggests the South African Government could consider a regularisation of asylum-seekers who have been in the procedure over 10 years as an exceptional measure to humanely assist those who are currently “trapped” in the system as a result of protracted asylum procedures as this group have been shown to have experienced protracted hardships due to the implementation flaws of the asylum system.