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# Hunger strikes among asylum seekers in Australian immigration detention: prevalence, precipitants, characteristics, and management

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## Abstract

**Background** Hunger strikes are commonly reported in places of detention, and Australia has some of the most restrictive immigration detention policies globally. Despite this, little is known about hunger strikes among immigration detainees in Australia. We aimed to examine the prevalence, precipitants, characteristics, and management of hunger strikes among asylum seekers in Australian onshore immigration detention.

**Methods** Via Freedom of Information, we obtained incident reports for all hunger strikes recorded in Australian onshore immigration detention between 3 October 2009 and 26 May 2011. Our primary methodological approach was content analysis. Data relating to hunger strike prevalence, detention type, location, gender, precipitating factors, and management of hunger strikes were extracted from each report. Hunger strike episode rates per 1000 asylum seekers were calculated using average adult population figures for 1) the entire onshore immigration detention network; 2) each held detention type (i.e., Immigration Detention Centres [IDCs], Immigration Transit Accommodation [ITA], Immigration Residential Housing [IRH], and Alternative Places of Detention [APODs]); and 3) each facility.

**Results** Three hundred twenty eight hunger strikes were included in the analyses. The hunger strike episode rate was 76/1000 asylum seekers (95% CI 59 – 94). On average, hunger strike episode rates were highest in IDCs (86/1000, 95% CI 68 – 104), followed by APODs (36/1000, 95% CI 24 – 48). Individual facility rates of hunger strikes ranged from 21/1000 asylum seekers (95% CI 12 – 31) in Christmas Island APODs to 317/1000 asylum seekers (95% CI 282 – 352) in Maribyrnong IDC. Compared with the average across all other facilities, hunger strike episodes were most commonly reported in Curtin IDC (126) ( $p < 0.001$ ). The most reported precipitant was protest (75%). Details regarding the management of hunger strikes were noted in 7% of reports.

**Conclusions** Our findings highlight concerning high rates of hunger strikes among detained asylum seekers in Australia compared to other detained populations, with protest the most common trigger. Hunger strike management was inconsistent with international best practice. These findings highlight the deleterious impact of

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immigration detention on the physical and mental health of those detained. Further investigation, and policy and practice development consistent with ethical and human rights frameworks are warranted.

**Keywords** Hunger strikes, Self-harm, Asylum seekers, Immigration detention, Australia

## Background

The number of people impacted by persecution, violence, and human rights violations is increasing, with more than 122 million people forcibly displaced worldwide as of October 2024 [1]. Australia has some of the most restrictive immigration policies for asylum seekers, especially for individuals who arrive by boat without valid visas [2]. Such policies include mandatory immigration detention, a lack of access to permanent protection, limited access to work rights, and no right to family reunification [2]. In comparison, Canada rarely detains asylum seekers [3], and Germany limits the detention of asylum seekers to a maximum of 28 days [4]. Countries such as New Zealand and Sweden have also adopted more flexible immigration policies, emphasising integration and access to the labour market [5, 6].

Australia has an extensive onshore immigration detention network [7]. Historically there have been four different types of closed onshore immigration detention facilities in Australia (which includes Christmas Island, approximately 2,500 km to the west of the Australian mainland), varying in terms of security, design, and location. These include Immigration Detention Centres (IDCs), Immigration Transit Accommodation (ITA), Immigration Residential Housing (IRH), and Alternative Places of Detention (APODs). IDCs are higher security facilities intended for the detention of people who have breached visa requirements, overstayed visas, or who have been detained upon entry to Australia [2, 8]. APODs are generally for people who are assessed as being low risk to the community and include settings such as hospitals or hotel rooms [2, 8]. In 2009–2011, the current study period, there were seven IDCs, three ITAs, three IRHs, and seven APODs operating in Australia [2, 9].

## Mental health impacts of immigration detention

The detrimental mental health impacts of immigration detention on asylum seekers and refugees, including markedly elevated rates of anxiety, depression, and post-traumatic stress disorder (PTSD) have been well documented [10–17]. Furthermore, the length of time spent in immigration detention has been found to be a compounding risk factor for poor mental health outcomes among detainees [10, 14–21]. Experiences of deprivation, injustice, and inhumanity, including physical and sexual violence [22–24], can also be part of the detention experience [25–27]. Moreover, forced passivity and loss of control associated with immigration detention has been

found to increase vulnerability to mental health deterioration among detained asylum seekers [28].

## Self-harm in asylum seekers

In addition to being at increased risk of developing mental and physical illness compared with the general population, people from refugee and asylum seeker backgrounds are also at higher risk of self-harm [29–32]. Defined as when a person injures or harms themselves intentionally (most commonly by cutting, scratching, hitting or self-battery, and self-poisoning) [33], self-harm is understood as a way of coping with or communicating overwhelming distress [34]. This includes distress experienced in response to both individual and interpersonal factors, as well as structural and environmental factors [33]. Asylum seekers possess many of the established risk factors for self-harm, including previous traumatic experiences, social isolation and prior contact with mental health services commonly due to adverse pre-, peri-, and post-migration experiences, such as torture, trafficking, dangerous flight, and separation from family, and lower socio-economic status [10, 12].

A recent study investigating self-harm across the entire Australian onshore immigration detention network reported a self-harm episode rate of 224 per 1000 detained asylum seekers in the 20-month study period to May 2011 [30]. Precipitating factors for self-harm among detained asylum seekers identified in this study were largely modifiable detention- and procedural-related issues, such as detention conditions and processing arrangements [30]. Additional research by Hedrick and colleagues [32] has highlighted the extraordinarily high rate of self-harm among asylum seekers detained in Australia in 2014–2015, with the calculated episode rate of self-harm (257/1000 asylum seekers) found to be 214 times the hospital treated rate of self-harm in the general Australian community during the same period. This finding represented a 15% increase in self-harm among detained asylum seekers since 2011 [30, 32].

## Hunger strikes

Another form of harm against the self – albeit with a different motivation and mode of expression – is voluntary starvation, otherwise known as a hunger strike. The World Medical Association (WMA) [35] defines hunger strikes as “food refusal as a form of protest or demand”. According to the WMA, a person on a hunger strike is a mentally competent individual, usually within a custodial or detention setting [35]. The temporal dimensions

included in hunger strike definitions vary slightly across settings, from a person refusing food and/or fluids for over 24 h [36], over 48 h [37], to not eating for 3 consecutive days (typically missing nine consecutive meals) [35].

Hunger strikes in immigration detention (as well as other places of detention) raise significant human rights and ethical concerns, particularly when viewed through the lens of international legal frameworks. Hunger strikes have been reported to occur as a form of non-violent protest against poor conditions, including prolonged detention and lack of access to appropriate legal representation, as well as deportation [38–41]. Indeed, according to research with detained asylum seekers in the United States (US), the underlying motivation or reason for hunger strikes during the early stages of being held in immigration detention is usually the communication of distress, and the desire to change one's detention status via protest [42]. Research by Fiske [26] has also highlighted that hunger strikes in Australian immigration detention are usually acts of protest aimed at attaining certain outcomes, such as preventing forced removals, or affecting refugee status determination outcomes, as well as serving as a form of expression of agency. Whilst international human rights instruments, (e.g., the Universal Declaration of Human Rights [43], and the International Covenant on Civil and Political Rights [ICCPR] [44]), protect the right to freedom of expression – including the right to protest – international treaties also place obligations on states regarding their treatment of individuals. Under the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment [45], any act that causes severe pain or suffering – whether physical or mental – is prohibited. Indefinite immigration detention results in deprivation of liberty and protracted periods of detention can be viewed as a form of psychological torture [46]. Engaging in a hunger strike may thus reflect asylum seekers' response to systemic violations of their right to liberty and security, as outlined by Article 9 of the ICCPR [44]. In addition, these ethical implications are compounded by the duty of states to protect the dignity and rights of detained individuals, as well as to ensure that detention is not punitive, arbitrary, or degrading, in line with the principles of both the ICCPR [44] and the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment [45]. Given the potential ethical and human rights implications of hunger strikes and the detention settings they often occur in, further systematic research into the motivations or reasons for hunger strikes across the entire Australian onshore immigration detention population is needed to better understand the underlying precipitating factors for hunger strikes. Such research may also inform policy and evidence-based support strategies for asylum seekers engaging in hunger strikes. It may also

elucidate whether the reasons for hunger strikes are distinguishable from the known precipitants of self-harm among asylum seekers in the Australian onshore immigration detention network [30].

A further ethical concern associated with hunger strikes relates to the principle of autonomy – i.e., the right of individuals to make decisions about their own bodies and lives [47]. Given the challenges in balancing individual autonomy and the right to expression, with moral responsibilities to protect well-being and life, the World Medical Association (WMA) has established guidelines for health practitioners involved in responding to hunger strikes [47–49]. Both the WMA Declaration of Malta (1991) [48] and the WMA Declaration of Tokyo (2006) [49] prohibit the use of force-feeding, receiving nutrition artificially without providing informed consent. The WMA Declaration of Malta outlines both a physician's responsibilities and the person's rights during hunger strikes and provides a framework for the management and support of people engaging in hunger strikes [48]. As research has found that many people who engage in hunger strikes have comorbid mental health disorders, including PTSD and depression, often compounded by stress of the detention environment [42, 50, 51], it is imperative that comprehensive assessments are conducted as early as possible in a hunger strike, to ascertain whether such strikes are in response to the environment or situation and whether the competence of the person is impaired by severe depressive or other symptoms [51]. It is important to note, however, that the presence of a mental illness does not necessarily mean that a person does not have the capacity or competence to decide whether to continue with the hunger strike [51]. The updated Declaration of Malta (2017) [47] further outlines the importance of conducting ongoing mental health and physical assessments, especially as the effects of nutrition loss progress.

To our knowledge, no research has investigated compliance with the WMA guidelines in relation to asylum seekers engaging in hunger strikes across the entire Australian onshore immigration detention population. Given the potential physical and mental health consequences, including preventable death, as well as ethical concerns regarding respect for asylum seekers' autonomy, further research is critically important to inform the evidence-based support for detained asylum seekers engaging in hunger strikes.

The aims of the current study were to: 1) estimate the prevalence of hunger strikes across the entire Australian onshore immigration population; 2) document the factors precipitating hunger strikes among asylum seekers; 3) identify the management and support for people engaging in hunger strikes; and 4) examine whether episode rates of hunger strikes vary according to held

detention type, as well as each individual facility and type of facility, and gender.

## Methods

### Dataset

Via the use of Freedom of Information (FOI), we obtained data on all hunger strike incidents reported as occurring among asylum seekers held in Australian onshore immigration detention between 3 October 2009 and 26 May 2011, inclusive. As the Australian government does not routinely release data it collects and stores (but does not extract or analyse) on asylum seekers in Australian immigration detention, this is the largest set of de-identified hunger strike data ever made publicly accessible, after having been found to meet the Public Interest Test [52].

In this context, a hunger strike is defined as ‘an episode of food and/or fluid refusal occurring for more than 24 h’ [36, 53] (whilst hunger strikes occurring for less than 24 h are also required to be reported by immigration detention staff, in accordance with broader definitions of hunger strikes [36, 53] the focus of the current study is hunger strikes occurring for more than 24 h). According to immigration detention incident reporting guidelines [50, 54], all hunger strikes occurring for more than 24 h are required to be reported verbally by detention staff or contractors to a duty manager within 60 min, and in writing on an incident form within six hours. Immigration detention staff and/or contractors are required to report the date, time, location, incident category (i.e., ‘voluntary starvation/hunger strike’), who was involved, and a summary of the incident. Incident reporting guidelines also stipulate that incident summaries should include actions taken by staff and any other involved parties, and agencies notified [54].

The study was exempt from institutional ethics approval as it involved the secondary analysis of publicly accessible (de-identified) data [55]. Although the incident reports were anonymous and had already been redacted of identifying information prior to publication, we took steps to further protect the confidentiality and anonymity of the asylum seekers in the present study. This included reading and re-reading the incident reports to ensure that no potentially identifying information remained prior to creating our dataset, and ensuring that the unique incident numbers were removed and all reports were identified only by a code.

### Procedure

The methodological approach used in the current study was content analysis [56]. This approach allows the researcher to qualitatively analyse documents or texts in a systematic manner in order to identify, categorise, and extract themes or categories [56]. The approach also allows the researcher to quantify the categories that are

identified [56]. An initial dataset of all hunger strike episodes (including both > 24 h and < 24 h in duration) was extracted from a broader incident database. Hunger strikes episodes lasting over 24 h were extracted from this dataset and aggregated to establish the number of hunger strike incidents occurring across the 20-month reporting period. Via a content analysis process, the incident reports were subsequently coded and classified to establish: a) location, b) detention type, c) gender, d) precipitant(s) for hunger strike episodes, e) management, and f) evidence of continued reporting from an earlier incident report. Details regarding individual detention facilities and detention type were extracted using the names of the detention facilities listed in each incident report. Individual APODs were coded separately, but then grouped together into (1) Christmas Island APODs and (2) mainland APODs for analysis. In order to ascertain where gender was recorded, searches for terms such as ‘she’, ‘her’, ‘he’ and ‘him’ were conducted. Precipitants for hunger strikes and management were extracted from the free text in the incident reports and organised into categories. Average adult monthly population figures (overall and by gender) for individual facilities and detention type were calculated for the study period using population data published by Department of Immigration and Citizenship (DIAC) [9]. As details regarding age and country of origin had been redacted from the incident reports prior to release under FOI, this information was instead sourced for the whole onshore immigration detention network from official data published by DIAC [9].

After coding, the data were entered into SPSS (IBM, Armonk, NY, version 28.0.1). As a reliability check, an independent assessor coded a sample ( $n=100$ ) of the incident reports and Cohen’s kappa was calculated, finding high interrater reliability ( $K=0.87$ ). The remainder of the reports were coded by the primary author. Chi-squared tests were used to ascertain differences between detention type and individual detention facility. Given that incident reports capture episodes, rather than individuals, we used episodes as the unit of analysis. Hunger strike episode rates were calculated per 1000 detained asylum seekers using the average adult onshore immigration detention population figures for 1) the entire onshore immigration detention network; 2) each held detention type; and 3) each individual facility, with 95% confidence intervals (CI) based on a Poisson distribution. As there were no incidents of hunger strikes reported as occurring in ITAs or IRH during the study period, these two detention types and associated individual facilities were excluded from analyses pertaining to detention type and individual facilities.

## Results

### Demographics

According to data extracted and aggregated from official DIAC population figures [9], the average adult population in the Australian onshore immigration detention network between 3 October 2009 and 26 May 2011 was 4292. The three main countries of origin of asylum seekers detained during this period were Afghanistan (40.2%), Iran (17.1%) and Sri Lanka (14.7%). Of these, 21.2% were aged between 18 and 25, 38.3% were aged between 26 and 35 years, 25.6% were aged 36 + [9]. Table 1 outlines the average population figures by facility, detention type, and overall.

### Number and episode rate of hunger strikes across the onshore immigration detention population

A total of 328 episodes of hunger strikes were recorded. The total combined hunger strike episode rate per 1000 asylum seekers (95% CI) was 76 episodes/1000 asylum seekers (95% CI 59–94). Information relating to gender was reported in 53 (16.2%) incident reports and, of these, 46 (86.8%) involved males and 7 (13.2%) involved females. Table 1 shows the overall hunger strike episode rate across the onshore immigration detention population over the study period.

### Episode rates of hunger strikes by held detention type and individual detention facility

Episode rates per 1000 asylum seekers according to held detention type were: IDCs: 86 episodes/1000 asylum seekers (95% CI 68–104); and APODs (combined mainland and Christmas Island total): 36 episodes/1000 asylum seekers (95% CI 26–48) (see Table 1). In individual facilities, the episode rate was highest in: Maribyrnong IDC (317 episodes/1000 asylum seekers [95% CI 282–352]) and lowest in Christmas Island APODs (21 episodes/1000 asylum seekers [95% CI 12–31]) (see Table 1).

### Variation between detention type and individual detention facility

Hunger strikes were significantly more likely to be reported in IDCs than APODs ( $\chi^2$  (1,  $N=328$ ) = 239.02,  $p < 0.001$ ). When examining the total number of episodes (not rates), hunger strikes were most commonly reported as occurring in Curtin ( $\chi^2$  (13,  $N=328$ ) = 700.06,  $p < 0.001$ ). A series of binomial tests were undertaken to follow up the significant Chi-Square test. Across all pairwise comparisons based on episode counts, Curtin IDC recorded significantly more hunger strike episodes than every other facility ( $p < 0.001$  for all comparisons). Given multiple comparisons, a Bonferroni adjusted  $p$ -value of 0.0038 was used to reduce the risk of a Type 1 error.

**Table 1** Number and rates of hunger strike episodes among asylum seekers in Australian onshore immigration detention from 3 October 2009 to 26 May 2011 by individual detention facility, held detention type, and gender

Location (mean adult population <sup>a</sup> )	Number of episodes (%)				Rate per 1000	CI (95%)
	Males	Females	Unknown	Total		
Maribyrnong IDC (66)	8 (17.4)	1 (14.3)	12 (4.4)	21 (6.4)	317 <sup>b</sup>	282–352
Northern IDC (321)	11 (23.9)	-	35 (12.7)	46 (14.0)	143	120–167
Curtin IDC (896) <sup>c</sup>	5 (10.9)	-	121 (44.0)	126 (38.4)	141	117–164
Villawood IDC (258)	4 (8.7)	1 (14.3)	28 (10.2)	33 (10.1)	128	106–150
Perth IDC (43)	2 (4.3)	-	2 (0.7)	4 (1.2)	93	74–112
North West Point IDC (1604)	11 (23.9)	-	55 (20.0)	66 (20.1)	41	29–54
Scherger IDC (350) <sup>c</sup>	5 (10.9)	-	3 (1.1)	8 (2.4)	23	13–32
<b>IDCs total (3538)</b>	<b>46 (100)</b>	<b>2 (28.6)</b>	<b>256 (93.1)</b>	<b>304 (92.7)<sup>d</sup></b>	<b>86</b>	<b>68–104</b>
Mainland APODs (343)	-	1 (14.3)	16 (5.8)	17 (5.2)	50	36–63
Christmas Island APODs (327)	-	4 (57.1)	3 (1.1)	7 (2.1)	21	12–31
<b>APODs total (670)</b>	<b>0 (0.0)</b>	<b>5 (71.4)</b>	<b>19 (6.9)</b>	<b>24 (7.3)<sup>d</sup></b>	<b>36</b>	<b>24–48</b>
Sydney IRH (19)	-	-	-	-	-	-
Perth IRH (8)	-	-	-	-	-	-
Port Augusta IRH (22)	-	-	-	-	-	-
BITA (24)	-	-	-	-	-	-
MITA (5)	-	-	-	-	-	-
Adelaide ITA (6)	-	-	-	-	-	-
<b>IRHs and ITAs total (84)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total (4292)</b>	<b>46 (14)</b>	<b>7 (2.1)</b>	<b>275 (83.8)</b>	<b>328 (100)</b>	<b>76</b>	<b>59–94</b>

<sup>a</sup>Total average population figures for the onshore immigration detention population noted here vary slightly (by 0.5%) to those published elsewhere [30] This is due to a lag in DHA's reporting of population figures for individual facilities

<sup>b</sup>The high episode rate in Maribyrnong IDC should be interpreted in light of its smaller population, which may magnify the episode rate/1000 asylum seekers

<sup>c</sup>Curtin IDC opened in June 2010 and Scherger IDC became operational in October 2010

<sup>d</sup>Several ( $n=16$ ) incident reports were for multiple people (group hunger strike episodes)

**Table 2** Precipitating factors for hunger strike episodes among asylum seekers in Australian onshore immigration detention from 3 October 2009 to 26 May 2011, by gender

Number (%)	Males (n = 112)		Females (n = 8)		Gender Unknown (n = 119)		Total (n = 239 <sup>a</sup> )	
Protest	96	68.1	4	33.3	110	86.6	210	75.0
Immigration process	12	8.5	0	0	9	7.1	21	7.5
Physical health/mental health	13	9.2	3	25.0	2	1.6	18	6.4
Detention conditions	8	5.7	5	41.7	3	2.4	16	5.7
Suicide/self-harm	7	5.0	0	0	3	2.4	10	3.6
Negative decision	5	3.6	0	0	0	0	5	1.8

<sup>a</sup>Qualitative text for precipitants was reviewed across both the < 24 h (n = 520) and > 24 h (n = 328) hunger strike incident reports due to the likely overlap between groups

**Table 3** Management of hunger strikes documented in incident reports from Australian onshore immigration detention facilities between 3 October 2009 and 26 May 2011, by individual detention facility

Number (%)	Monitoring by security and welfare (n = 7)		Monitoring (PSP/SASH) <sup>a</sup> (n = 6)		Medical/mental health involvement (n = 6)		DIAC/Serco notification (n = 4)		Total (n = 23)	
Sherger IDC	-	-	1	(16.7)	1	(16.7)	-	-	2	(8.7)
Villawood IDC	-	-	-	-	1	(16.7)	-	-	1	(4.4)
Maribyrnong IDC	-	-	1	(16.7)	3	(50.0)	3	(75.0)	7	(30.4)
North West Point IDC	7	(100.0)	2	(33.3)	-	-	1	(25.0)	10	(43.5)
Construction Camp APOD	-	-	1	(16.7)	-	-	-	-	1	(4.4)
Curtin IDC	-	-	-	-	1	(16.7)	-	-	1	(4.4)
Northern IDC	-	-	1	(16.7)	-	-	-	-	1	(4.4)
Total (%)	7	(30.4)	6	(26.1)	6	(26.1)	4	(17.4)	23	(100.0)

<sup>a</sup>Psychological Support Program (PSP) and Suicide and Self-Harm (SASH)

Inspection of the standardised residuals also revealed that hunger strikes were reported at higher-than-expected numbers among asylum seekers held in Northern and North West IDC.

### Precipitating factors for hunger strikes

Precipitating factors for hunger strikes were reported in 239 incident reports. Males were identified in 112 (46.8%) episodes with identifiable precipitants, and women in 8 (3.3%). Gender was not specified in 119 (49.7%) incidents. Seven categories of precipitants were identified for hunger strikes, with the four most common precipitating factors for hunger strikes being: protest (75.0%), immigration processing (7.5%), physical/mental health concerns (6.4%), and detention conditions (5.7%). Table 2 displays the descriptive statistics relating to precipitants for hunger strikes, overall and by gender. The number of incident reports indicating gender was too small to test for gender differences in precipitants for hunger strikes.

### Management of hunger strikes

Information relating to the management of hunger strikes (e.g., medical support from the International Health and Medical Service [IHMS]) was extracted from 23 (7.0%) reports noting episodes of hunger strikes, 10 (43.5%) of which were from the North West Point IDC (Table 3).

'Monitoring by security and welfare' was noted in seven (30.4%) reports and was the most commonly reported management category (Table 3).

### Discussion

To our knowledge, this is the first study to examine the prevalence, precipitants, characteristics, and management of hunger strikes among asylum seekers in the Australian onshore immigration detention population, including by held detention type, as well as for each individual facility comprising each type. Between 3 October 2009 and 26 May 2011, 328 hunger strikes were reported. As highlighted elsewhere in relation to self-harm and incident reporting practices in immigration detention [9, 50, 57], it is likely that the prevalence of hunger strike incidents in Australian immigration detention is underreported. Furthermore, as 16 of the 328 hunger strikes involved more than one individual, the figures reported here (and the corresponding rates) may be an underestimate.

### Rate of hunger strikes across the onshore immigration detention population

The episode rate of hunger strikes across the entire Australian onshore immigration detention population for the 20-month study period was 76 episodes/1000 detained

asylum seekers (7.6%). With no other prevalence rates calculated, and population data difficult to ascertain – either in Australia or globally – making comparisons with other immigration detention populations is challenging. Our calculated incidence rate of 7.6% was, however, considerably higher than reported incidence rates of 1.5% among prisoners in France [58], and between 1 and 3% in Swiss prisons [58]. It was also higher than the rate of hunger strikes previously reported in Spanish prisons of 11.9/1000 imprisoned people [53]. Asylum seekers have committed no crime, and yet in Australia they are detained mandatorily and indefinitely, under conditions described by UN bodies as violating human rights and tantamount to torture and inhumane treatment [59–62]. This may contribute to explaining the higher incidence rate of hunger strikes among asylum seekers in Australian immigration detention found in the current study, in comparison with incarcerated people.

One comparison that is possible to make is between our calculated episode rate of hunger strikes and the published episode rate of self-harm in the same Australian onshore immigration detention population in the 20 months prior to May 2011 [30]. Our calculated episode rate of hunger strikes is substantially lower than the episode rate of self-harm among asylum seekers in Australian immigration detention over the same period (224 episodes/1000 asylum seekers). This finding likely reflects the concept that hunger strikes are often a last resort for individuals in places of detention to protest and/or communicate distress about their situation. Indeed, reports concerning hunger strikes among asylum seekers detained in US immigration detention have highlighted that hunger striking is generally undertaken as a form of protest when other ways of voicing a complaint or expressing demands have been ineffective or are unavailable [38]. When the calculated episode rates of hunger strikes and self-harm are considered in tandem, however, it elucidates the significant distress experienced and expressed by asylum seekers across the entire immigration detention network. Such findings add further weight to the body of evidence highlighting the detrimental mental and physical health effects of Australian immigration detention, which have been described as sites of human rights violations, deprivation, and injustice [26, 27, 59–62]. Critically, they also add to the broader calls for the human rights of asylum seekers to be upheld, including expanding the use of community-based alternatives to detention [63–67].

#### **Rates of hunger strikes by individual facility, and held detention type**

Calculated individual facility rates of hunger strikes ranged from 21–317 episodes/1000 asylum seekers (Christmas Island APODs: 21/1000; Maribyrnong IDC:

317/1000). The elevated episode rate of hunger strikes in Maribyrnong IDC likely reflects a combination of poor environmental and other conditions in the facility – documented in inspection reports [67]—and its smaller population size, which may magnify the episode rate.

On average, hunger strike episode rates were highest among asylum seekers in Immigration Detention Centres (IDCs), followed by Alternative Places of Detention (APODs). When compared with the previously published episode rates of self-harm in the Australian onshore detention population by individual facility, and by held detention [31], episode rates of hunger strikes were lower across all main held detention types and individual facilities. As noted above, this is likely due to the fact that hunger strikes are often a last resort for individuals to voice complaints in places of detention, after all other avenues or methods of petition (e.g., writing letters, lodging complaints, speaking with staff) have been exhausted. Indeed, reports and government inquiries into immigration detention have highlighted how the written or verbal requests asylum seekers have made to staff or higher authorities have been ignored or not appropriately acknowledged [65], contributing further to feelings of helplessness [9, 50]. Research has also documented how feeling powerless and without any remaining avenues for eliciting support (or for expressing their concerns) meant that asylum seekers would turn to their own bodies – as a last resort – for communicating their distress [26, 50].

#### **Hunger strikes in the main types of held detention**

Calculated episode rates of hunger strikes in the current study were found to be highest among asylum seekers detained in IDCs. This finding is inconsistent with research that has shown that self-harm rates among detained asylum seekers in Australia are *lowest* among asylum seekers held in IDCs (though at a rate that is considerably higher than that found in the general Australian community) [31]. These findings may be explained by IDCs having higher security, staffing, and monitoring levels, making it more difficult for asylum seekers to engage in other forms of self-harm without detection, whereas detention centre staff may be less able to intervene to stop someone engaging in a hunger strike [9]. Put differently, the stricter forms of surveillance and monitoring in IDCs may more easily accommodate more passive forms of protest, such as hunger strikes, than other forms of self-harm. Furthermore, given that raising public awareness may also be an important component of some (though not all) hunger strikes, larger detention facilities (with greater populations, and potentially more outside visitors and means of gaining media access) such as IDCs may help to attract more attention to the asylum seeker's concerns. Importantly, these findings expand upon self-harm research from both immigration detention settings

[31], and prisons [68], to highlight that different types of detention may differentially impact the prevalence of hunger strikes among asylum seekers in Australian immigration detention. Critically, these findings indicate that particular characteristics of the immigration detention environment are likely associated with the higher prevalence of hunger strikes observed among detained asylum seekers, as briefly canvassed below.

#### **Variation in hunger strike episodes across individual facilities**

When considering total episodes, and compared with the average across all other individual facilities, Curtin IDC recorded the highest number of hunger strike episodes. An inspection of the standardized residuals further revealed that numbers of hunger strikes were also higher than expected among asylum seekers held in Northern and North West Point IDC. Concerns have previously been raised about Curtin, Northern, and North West Point IDCs by the Australian Human Rights Commission and in various parliamentary enquiries, highlighting possible reasons for the higher-than-expected numbers in these detention centres [9, 63–65]. Such concerns relate to the particularly restrictive conditions and treatment in these facilities, their remote and harsh locations, and the lack of access to appropriate support identified in these three detention centres. In addition, in early 2011 there was a large-scale hunger strike at Curtin IDC which ended when there was a commitment from immigration officials to expedite visa processing, which may further explain the higher-than-expected numbers in this location during the study period [64, 69].

#### **Precipitating factors**

Our findings provide the first population-based evidence that protest is the most common precipitant or reason for hunger strikes (identified in three-quarters of all incidents with identifiable precipitants) among asylum seekers. This is consistent with the body of evidence from other places of detention [38, 70–72], such as prisons, as well as the limited Australian-based evidence from smaller studies [24, 51, 73]. Critically, these findings also provide the first empirical evidence that precipitants for hunger strikes among asylum seekers in the Australian onshore immigration detention population *can* be distinguished from precipitants for self-harm among detained asylum seekers. Previous research into precipitants for self-harm among asylum seekers in the same Australian onshore immigration population, during the same time frame [30], identified seven different categories of precipitants for self-harm: protest was not identified as a precipitant for self-harm. The current study identified an additional five different categories of precipitants for hunger strikes among detained asylum seekers. These

included ‘immigration processing’ (7.5%), which involved concerns regarding immigration processes, ‘physical and mental health’ (6.4%), where concerns regarding access to healthcare, and/or physical or mental health concerns, were noted, and ‘detention conditions’ (5.7%), which included lack of meaningful activity. Suicide or self-harm was noted in 3.5% of incidents, including reference to lip sewing, other recent engagement in self-harm, and referencing a wish to die. The least common precipitating factor was a negative immigration decision (1.8%). Most of these five categories of precipitants were consistent with the aforementioned published precipitants of self-harm [30], though there was some variation in frequency. The largely overlapping categories of precipitants for hunger strikes and the previously published precipitants for self-harm [30] are likely a reflection of the fact that both types of self-harm (i.e., hunger strike and self-harm) share some underlying motivations, though the mode of expression of the two forms is distinct. When considered in concert with the previously published precipitating factors for self-harm [30], the remaining 25.0% of precipitating factors for hunger strike (after ‘protest’) identified in the current study can be considered to represent the particular issue or concern the asylum seeker is protesting.

#### **The management of hunger strikes**

The management of hunger strikes was documented in 23 (7.0%) incidents. Four different categories of ‘management’ were identified: (1) ‘monitoring by security and welfare’ including welfare staff (30.4%); (2) ‘medical or mental health follow-up’ (26.1%); (3) ‘suicide or self-harm monitoring’ (26.1%); and (4) ‘notification to Serco (the service providing managing the operation of detention facilities) or DIAC’ (17.4%). Whilst the WMA [47] specifies that the physical and mental assessment of people engaging in hunger strikes is imperative in 100% of cases, such assessments were reported in just over a quarter (26.1%) of all cases of hunger strikes with identifiable management. This indicates that support for people engaging in hunger strikes in the Australia onshore detention population during the reporting period was inconsistent with the recommendations by the WMA [47], violating the person’s right to access appropriate medical and mental health care, and potentially impacting their ability to make informed decisions relating to their situation, which may in turn have severe physical and psychological consequences for the individual. There were 79 (24.1%) incident reports of hunger strikes exceeding 24 h that indicated, by including terms such as ‘has exceeded’ and ‘continues’, being linked to an earlier incident report of hunger strike under 24 h. In addition, 11 (3.4%) incident reports of hunger strikes over 24 h directly referenced an incident report of a hunger

strike under 24 h by including an incident report number. Such reporting could impact the response and care for those engaging in hunger strikes as there is no means of accessing potentially critical information that may have been captured in an earlier (related) report. Regular and consistent physical and mental health assessment and support is highlighted by the WMA as being important in the management of hunger strikes [47], however this is noted in only 12 (of 328) incident reports of hunger strikes over 24 h. This lack of adherence with international best practice guidelines not only violates asylum seekers' fundamental human rights and their capacity for making informed decisions about their mental and physical health but can also have damaging long-term impacts on their health, further compounding an already highly challenging set of circumstances.

### Strengths and limitations

Our study has a number of strengths. First, these are the first ever analyses of data examining hunger strikes across the entire Australian onshore immigration detention population, by held detention type, and individual facility. Second, we had access, via FOI, to all hunger strike incidents reported to the Department of Immigration over a 20-month period. Finally, our sample was large, allowing us to calculate not only the prevalence of hunger strikes for the entire onshore detention population, the main held detention types, as well as each individual facility comprising the main types, but also the characteristics associated with hunger strike episodes, precipitating factors, and details concerning the management of hunger strikes.

Our study also has several limitations. First, the data are now 13–15 years old and Australia's immigration policies, and the composition of the immigration detention population, have changed over this time. The impact of these policy changes in relation to hunger strikes among those held in Australian immigration detention, both now, and in the future, is unknown due to the lack of transparency, monitoring, and reporting on hunger strikes by the department of immigration. However, it is currently the largest set of publicly available data on hunger strikes in Australian immigration detention facilities. As no comparable data has been made available to the public in the interim, this represented a unique opportunity to investigate hunger strikes in the Australian immigration detention network. Second, as the incident reports are completed by immigration detention centre staff and contractors, there is the potential for biases in the data extracted, including under-reporting or misreporting. Third, the number of unrecorded incidents of hunger strikes during the study period is also unknown. Furthermore, a number of incident reports (16) refer to more than one person engaging in a hunger strike. It is

therefore likely that the hunger strike episodes reported are an underestimate of the true number of hunger strike incidents occurring. Fourth, the categorisation of the data is a limitation, with there often being no link between the different voluntary starvation categories (e.g., under 24 h, over 24 h, and the end of voluntary starvation), meaning that we could not link data across episodes. Only data items that were reported as occurring could be assessed. It is possible, therefore, that whilst particular services or responses, for example, psychosocial assessments, were not reported, they did actually occur. Fifth, details regarding age, country of origin, and length of detention were not able to be extracted from the incident reports (and were likely redacted from the reports prior to release under FOI). In addition, gender was only able to be identified in 53 cases, meaning we could not reliably calculate episode rates according to gender. Finally, precipitants were noted in just over a quarter of the incident reports.

### Policy recommendations

The exceptionally high rate of hunger strikes we observed among asylum seekers in Australian immigration detention has important implications for policy and practice. First, policymakers should revise Australia's immigration policies so that they are consistent with international human rights treaties [43–45] and Australia's human rights and ethical obligations [43–45, 47–49]. This includes expanding the use of well-established community-based alternatives to immigration detention [9], using detention only as an absolute last resort for the shortest possible time [74], more efficient visa processing arrangements, and increasing the provision of culturally appropriate and trauma-informed mental and physical health services. Second, policymakers and allied health professionals should develop and implement clear guidelines and protocols for the management of hunger strike episodes in Australian immigration detention. These guidelines must emphasise respect for asylum seekers' autonomy, dignity, and wellbeing [35], while ensuring that any coercive and/or forceful measures are minimised in line with the WMA's Declaration of Malta [47]. The development of these protocols may contribute to addressing inconsistent and potentially harmful practices in the management of hunger strikes, such as those observed in the current study. Third, the creation of an independent body comprised of mental, physical, allied health, and legal experts to oversee and monitor conditions in immigration detention would help to ensure that detainees' rights are protected, and that all hunger strike episodes are thoroughly investigated and appropriately managed. This would also include ensuring that access to specialised assessment, support, and follow-up was available for all detainees in line with WMA guidelines [47].

Finally, further investigation into hunger strikes amongst detained asylum seekers is needed, such as longitudinal or qualitative studies investigating asylum seeker experiences, to better understand and address factors underlying participation in hunger strikes. Such research would also assist in informing evidence-based management strategies and policy development consistent with best practice.

## Conclusion

Australia has some of the most restrictive immigration policies [2], and hunger strikes are commonly reported in places of detention; yet, until recently, no research had investigated the prevalence and characteristics of hunger strikes across the entire Australian onshore immigration detention population. Hunger strikes can be used as a way of protesting experiences of injustice. This study showed concerning high rates of hunger strikes amongst the Australian onshore immigration detention network, identifying protest as the most common trigger for hunger strikes in this population. The management of hunger strikes was also found to be inconsistent with international best practice guidelines, potentially violating the rights of those engaging in hunger strikes. Future research, and policy and practice development, must be consistent with the highest ethical principles and human rights frameworks to ensure that the fundamental rights, dignity, and health of asylum seekers are upheld.

## Abbreviations

APOD	Alternative Place of Detention
AHRC	Australian Human Rights Commission
DIAC	Department of Immigration and Citizenship
IDC	Immigration Detention Centre
IRH	Immigration Residential Housing
ITA	Immigration Transit Accommodation
PTSD	Post-Traumatic Stress Disorder
PSP	Psychological Support Program
RANZCP	Royal Australian and New Zealand College of Psychiatrists
SASH	Suicide and Self-Harm
WHO	World Health Organization
WMA	World Medical Association

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Not applicable.

## Authors' contributions

EM and KH conceived of the study. KH sourced the data, and EM collected the original data. EM and KH curated the data. EM conducted the data analysis, with guidance from KH. KH and LS provided supervision. EM wrote the first draft of the manuscript. KH refined the subsequent full draft of the manuscript. All authors (EM, RB, LS and KH) provided comments and feedback to refine subsequent drafts. KH, EM, and RB conducted the peer-review driven revisions; LS performed post-hoc statistical tests. All authors read and approved the final draft.

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## Data availability

All data generated and analysed during this study are included in this published article.

## Declarations

### Ethics approval and consent to participate

The study is exempt from ethics approval as it involves the secondary analysis of publicly accessible data. The incident reports are anonymous and have already been redacted of identifying information prior to publication.

### Consent for publication

Not applicable.

### Competing interests

EM is currently employed by the Overseas Services to Survivors of Torture and Trauma (OSSTT). OSSTT is a non-governmental, not-for-profit organisation established to provide specialist counselling and support to refugees and asylum seekers held in offshore detention in Nauru and Papua New Guinea. OSSTT also provides training to other service providers and education to local host communities on understanding and responding to the needs of torture and trauma survivors.

KH is the founder and Director of Community-Minded Psychological Services, a private practice for people from immigrant, asylum seeking, and refugee backgrounds, which has received funding from the Australian government to provide psychological services to asylum seekers. KH receives personal fees from the Cabrini Asylum Seeker and Refugee Health Hub to provide clinical assessment and psychological support to asylum seekers released from Australian immigration detention. KH has previously received personal fees from Settlement Services International to provide clinical assessment and psychological support for asylum seekers released from Australian immigration detention. KH has previously received personal fees from the Victorian Foundation for Survivors of Torture to provide psychological support to people from asylum seeking and refugee backgrounds, and from the Australian government's Department of Home Affairs to conduct independent mental health assessments and provide psychological reports for asylum seekers medically evacuated from offshore immigration detention. She has also received personal fees from the Nordic Refugee Determination: Advancing Data Science in Migration Law project, funded by NordForsk. The views expressed here are her own, and those of her co-authors.

LS- the author declares they have no competing interests.

RB- the author declares they have no competing interests.

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