

Bearing the Wait

An Exploration of the Relationship between Procedural Justice and
Wellbeing Among Asylum Seekers in Dutch Asylum Centers

by

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Abstract

This study explores the relationship between asylum seekers' perception of justice and legitimacy of the Dutch asylum procedure and their wellbeing during their stay in the asylum seekers' centers. It addresses the concerns raised by the growing number of asylum seekers and the prolonged asylum procedures, while focussing on their overall wellbeing and perceptions of procedural fairness. The dataset used is derived from an earlier study named the Legasy project. Through primarily statistical research, complemented by qualitative research techniques, the bivariate relationships are examined between the indicators of wellbeing and legitimacy. The results show a positive correlation between mental health, procedural justice and distributive justice. More specifically, a marginal significant correlation is revealed between procedural justice and mental health among all asylum seekers.

Keywords: asylum seekers, procedure, wellbeing, sense of belonging, procedural justice.

Preface

I am happy to announce that after weeks, months, of hard work, my master thesis is completed. I have written this thesis with great pleasure despite crossing some hurdles along the way. With hurdles, I am referring to carrying out quantitative research. Considering I obtained a Bachelor's degree in History not too long ago, which is anything but statistically orientated, this was quite the challenge.

Nonetheless, I have received great guidance and care during this process.

First off, I would like to thank Arjen Leerkes, my supervisor, for having patience with me. I have appreciated every bit of help along the way; not only did he guide me through the statistical process but provided me with a fresh pair of eyes when needed. Apart from support, he also maximized the learning opportunities in order to get the very best out of myself and the results achieved. Second, I would like to thank Ana Maria Torres Chedraui for her advice and help in getting me acquainted with SPSS. She was very patient as well and taught me the basic skills of SPSS. Third, I want to thank my family, friends, and all people close to me. Their support has certainly not been unnoticed either. Lastly, I also want to thank you, the reader, I hope you enjoy reading it.

Nicky van der Werve

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Inhoudsopgave

Abstract	1
Preface	2
Introduction.....	4
Theoretical framework.....	7
<i>Wellbeing.....</i>	<i>7</i>
<i>Sense of Belonging.....</i>	<i>8</i>
<i>Wellbeing and a Sense of Belonging.....</i>	<i>9</i>
<i>Perceived and Procedural Justice</i>	<i>9</i>
<i>Wellbeing, a Sense of Belonging and Perceived and Procedural Justice.....</i>	<i>11</i>
Methodology	11
<i>Data</i>	<i>11</i>
<i>Analytical methods.....</i>	<i>13</i>
<i>Validity</i>	<i>14</i>
Results.....	15
<i>Descriptive statistics.....</i>	<i>15</i>
<i>Correlation matrices.....</i>	<i>16</i>
<i>Results open text fields.....</i>	<i>19</i>
<i>Time trends.....</i>	<i>20</i>
<i>Significance.....</i>	<i>23</i>
Conclusion	24
Discussion	25
Bibliography	27
Appendix.....	32

Introduction

According to Eurostat, the number of asylum seekers awaiting their trial and decisions has reached new record levels; reaching up to 29.460 applications, just 180 less than during the refugee crisis of 2015 (NOS, 2022). It is a well-known phenomenon that asylum seekers often stay an extended period of time in Dutch asylum centres (NOS, 2023). This is because the Immigration and Naturalisation Service (IND), which assess the asylum applications, often needs more time to review them due to the constant influx of asylum seekers. In addition to these large numbers, the IND also has to manage court procedures for asylum seekers who appeal after their asylum application is rejected, which could take years. The increase of waiting times has been a longstanding issue for the IND (Grütters, 2003 p. 9; Mattheijer, 2000, p. 3; NOS, 2020). However more recently, it has become a more pressing problem due to the increased inflow of asylum seekers. Aside from the mounting asylum applications, asylum seekers who have been granted permission to remain in the Netherlands, known as ‘statushouders’, often have to stay a prolonged period of time in asylum centres due to the limited availability of housing in Dutch municipalities. Such exacerbated issues could potentially harm the wellbeing of asylum seekers and undermine the quality and perceived fairness of the asylum procedure.

Following Peterson et al. (2016) asylum seekers could be defined as: ‘persons seeking refuge in another country because of ‘well-founded fears’ based on the 1951 definition of a refugee. They await approval of their petition for refugee status by the UNHCR and/or a country at which they have arrived after fleeing their native country” (p. 148). After their arrival in the Netherlands, six days of rest and preparation time is given along with shelter, healthcare, and juridical assistance provided by the COA (Central Agency for the Reception of Asylum Seekers). The final verdict reached by the IND takes up to six months on average (Ministerie van Justitie en Veiligheid, 2022). However, if the IND needs more time reviewing the application, or if the asylum seekers takes the case to court, the final judgement could be extended to a period of maximally fifteen months. Once the final verdict is reached and the asylum seekers is permitted to stay in the Netherlands, the asylum seeker will receive a (temporary) permit of residence. Asylum seekers who have been denied entry by the IND are compelled to return to the country of origin.

The wellbeing of asylum seekers is oftentimes debilitated when entering the Netherlands. This is amongst others because of the traumatic incidents they encounter in their home country and during their flight. It has appeared that their wellbeing often deteriorates even further in the asylum centres; studies have found that long asylum procedures negatively affect the mental health of asylum seekers (Bakker et al., 2014; Bakker et al., 2016; Laban, 2008; Liebling et al., 2014; Heeren et al., 2012; Lahuis et al., 2019; Crumlish and O’Rourke, 2010; Satinsky et al., 2019). Apart from negative implications for mental health, it can also result in marginalization, social isolation and (economic) dependence (Bakker, 2016, p. 4). Furthermore, the lack of privacy, autonomy, the fear of being

potentially deported to the country of origin and the long-lasting stay in asylum centres, creates high levels of anxiety often resulting in depression.

The impact of the asylum procedure on the wellbeing of asylum seekers has yet to receive significant attention. One aspect that might temper its negative influences, concerns how asylum seekers apprehend the proceedings of the procedure in terms of legitimacy and fairness. As mentioned earlier, a procedure can be an extensive process and given the uncertainties, it might have a negative effect on their mental health and thus their wellbeing (Bakker, 2016). Nevertheless, the procedure is not solely defined by the length of the procedure. If asylum seekers believe they are treated with respect by multiple institutions, as well as given transparency about the (decision-making) process, the negative impact on their wellbeing might be alleviated. This might raise questions about the duration of the procedure in relation to the interpersonal treatment and wellbeing. In other words, the negative effects of the lengthy asylum procedure could be lessened if they believe the procedure has been transparent, respectful, and fair, as opposed to when the procedure is found opaque and the treatment disrespectful. Yet, it might also be that a lengthy application procedure does more harm than good to the perception of fairness and legitimacy, ultimately leading to a decline in wellbeing. Based on this information, the following research question is formulated: *How is asylum seekers' perception of justice and legitimacy of the Dutch asylum procedure related to their wellbeing during their stay in the asylum seeker centres?*

In order to answer this research question, different quantitative indicators of wellbeing (health, the experiencing of positive or negative emotions, and a sense of belonging), perceived and procedural justice, and the duration of the asylum procedure will be measured and compared. The data used is derived from the Legacy Project, which focused on the perceived legitimacy of the Dutch asylum system and the perceived obligation and intention to return to the country of origin (Torres et al., 2022).

Answering this research question could provide a more comprehensive understanding into how the wellbeing of asylum seekers can be impacted by the perceived fairness of the asylum procedure. This can inform policies which are aimed at improving their living conditions in asylum centres and generate a better understanding of the integration process.

As previously mentioned, (past) traumatic experiences, long waiting times and extended stays in asylum centres could have negative implications on the overall wellbeing of asylum seekers (Liebling et al., 2014). It is therefore relevant to measure the wellbeing of asylum seekers in order to understand the extent to which they are negatively affected. A sense of belonging is also of importance given its closely linked to wellbeing and could function as an indicator for social integration; people who experience a sense of belonging are overall more likely to engage in social activities and behold a more positive outlook on life (Baumeister and Leary, 1995). Perceived procedural justice sheds light onto whether asylum seekers consider the asylum procedure to be of quality and fair. For instance, a

transparent procedure could provide a sense of security whilst an opaque procedure could generate feelings of mistrust and frustration, eventually affecting someone's wellbeing.

According to Burawoy (2005), policymakers have the responsibility of contributing to the development of public policies. This research aims to provide meaningful insights and recommendations that are centred around the variables relevant in this research to inform policymaking. To begin, it will be argued that a sense of belonging is a primary human need and thereby part of someone's wellbeing (Hagerty and Patusky, 1995, p. 9). Without it, people feel excluded which affects their wellbeing and eventually their integration into Dutch society (Kale et al., 2019, p. 3). Therefore, both wellbeing and a sense of belonging could function as proxies and inform policy debates about the treatment of asylum seekers. For instance, if this study finds that asylum seekers feel relatively unwelcome, it could raise questions concerning the asylum procedure, their experience to it, and thus serve as a signal for improvement. Generally speaking, the government wants its residents to be healthy and those granted a residence permit, to be integrated successfully. Furthermore, perceived, and procedural justice could provide insight into the quality of the asylum procedure. If this study finds that a great number of asylum seekers perceive the quality as less, due to long (extended) waiting times or insufficient support for integration, it might undermine its legitimacy or question the final judgement made by the IND (Boswell, 2007, p. 88).

In terms of academic relevance, it is worthwhile to examine the extent to which the asylum procedure affects the health of asylum seekers. For instance, Beijersbergen et al. (2014) found a positive causal relationship between procedural justice and the psychological wellbeing of prisoners, suggesting that fair and respectful treatment of detainees enhances their psychological wellbeing. Although asylum seekers are not imprisoned, they do spend extended periods of time in asylum centres living in isolation from Dutch society. For that reason, it is interesting to determine whether the same positive correlation found among prisoners applies in this context. In relation to this, the Healthy Immigrant Paradox (HIP) could be considered academically relevant as well. The HIP phenomenon refers to immigrants having significantly better health when first arriving in the host country compared to natives, this is mainly due to favourable selection from their country of origin (Constant, 2017, p. 17). However, their health deteriorates the longer they stay in the host country, eventually resulting in a 'negative match' compared to the health of natives.

This study is structured as follows: first, the fundamental concepts in this research will be outlined in the theoretical framework. Second, the methodology will be elaborated upon. Both sections will lay the groundwork and enable to carry out the research. Finally, the findings will be summarized and discussed.

Theoretical framework

In this section, the concepts, wellbeing, sense of belonging, perceived and procedural justice will be explored based on the current literature. Apart from conceptualising, it will be discussed how all concepts are connected.

Wellbeing

Wellbeing is not simply a modern concept. In fact, it has been a topic of debate for thousands of years and has been addressed by some of the greatest philosophers in history, including Plato, Aristotle, and Socrates (Kim and Lindeman, 2020, p. 4). The philosophy of ethics has long been a fertile ground for discussions on wellbeing concepts, especially those focused on the concept of “living justly” and the virtues of pursuing happiness in life (La Placa et al., 2013, p. 116). Two Greek philosophies, hedonism and eudonism, have been important for the conceptualization of wellbeing (Kim and Lindeman, 2020; Simons and Baldwin, 2021; Anger, 2010; Adler and Seligman, 2016; Haybron and Tiberius, 2015; Waller, 2020; Diener and Seligman, 2004; Kahneman and Deaton, 2010; Ryan and Deci, 2001). Whereas *hedonism* refers to positive feelings, stating there are more positive than negative pleasures; *eudonism* refers to a life that is worth living and meeting full potential as a member of society. There is much contradictory literature on the definition of the concept of wellbeing, and it is therefore seen as notoriously difficult to (precisely) define due to its intrinsic complexity (Anger, 2010; White, 2008; Kim and Lindeman, 2020; Simons and Baldwin, 2021). Oftentimes, the concept is closely linked to health, stating that wellbeing is determined upon the absence or presence of diseases (La Placa et al., 2013). Whilst in other instances, it is typically perceived as something emotional and physiological (Whittaker et al., 2005, p. 179). For this reason, it is important to highlight different perspectives and literature before adopting one as the leading principle for this research.

Whilst intuitively it appears relatively easy to define, people interpret and understand wellbeing in different contexts and manners (White, 2008). Therefore, White remains at the level of intuition, defining wellbeing as “doing good and feeling well” (p. 3). This conveys both the material dimension, concerning welfare and economic prosperity, as the subjective dimensions of personal perspectives and experiences. Additionally, wellbeing would be about living a ‘good life’ when taken from a religious perspective (p. 4). Meaning, it could also reflect grounded values, beliefs, and a common understanding of how the world works and should be. Although White stresses the definition to be concise and clear; other scholars argue wellbeing should be defined by means of domains. For instance, Seligman defined wellbeing on the basis of the so-called Wellbeing Theory; this theory outlines ‘five domains of life’ that individuals pursue to enhance their own well-being: positive emotion, engagement or flow, positive relationships, meaning or purpose, and achievement (Adler and Seligman, 2016, p. 5). Another theory, referred to as the Wellbeing Index, includes rather social components such as life evaluation, mental health, and healthy behaviours (Kahneman and Deaton, 2010).

In the past, sociologists have been intrigued by subjective wellbeing (La Placa et al., 2013, p. 116). Adler and Seligman (2016) argue subjective wellbeing is amongst all types, the most extensively studied conception. This definition captures how people evaluate their lives in respect of both affective (how they feel) and cognitive (what they think) elements of wellbeing. Generally, it unites three components: 1) consistently high levels of positive affect, 2) a lack of significant negative feelings, and 3) overall life satisfaction (p. 5). Given the extraordinary experiences asylum seekers endure, capturing their perspective is crucial (Skogberg et al., 2019, p. 1-2) whereas subjective wellbeing seems best fitting for the purpose of this research. Therefore, wellbeing will be defined as the following and I quote: ‘wellbeing, which we define as people’s positive evaluations of their lives, includes positive emotion, engagement, satisfaction, and meaning’ (Diener and Seligman, 2004, p. 1).

Sense of Belonging

It is argued that the urge to belong is an innate human need (Hagerty and Patusky, 1995, p. 9; Baumeister and Leary, 1995, p. 499). Maslow (1945) states that love and belonging, being part of the ‘hierarchy of needs’, is one of the five components humans actively strive for. Additionally, a vast amount of research supports these notions, stating that humans have a natural desire to socialize with one another and bond while doing so spontaneously (Waller, 2020, p. 3). An important definition is provided by Anant (1967) who proposed that, and I quote: “belongingness, is a "personal involvement (in a social system) to the extent that the person feels himself to be an indispensable and integral part of the system" (p. 1137). Hagerty et al. (1992) have built upon this definition, stating that belonging could be depicted in two dimensions. The first-dimension concerns valued involvement: the ability to feel valued, needed and accepted; the second dimensions concerns an individual’s perception in which someone’s characteristics are perceived as an addition to the group (p. 173). As the concept of wellbeing is widely used across many disciplines (Fuchs et al., 2021), it will be analysed in the field of migration studies due to the purpose of this research.

Fuchs et al. (2021) argue that because of the many emotional and mental challenges migrants encounter, belonging in migration studies mirror the process of struggle whilst (re)orientating in the host society (p. 2). This is because migration often involves rapid (inevitable) change on a social and cultural level (Vervotec, 2010, p. 84.) Yet, it is not simply about belonging to a nation in terms of citizenship as Valentine et al., (2009) state. Belonging and integration concerns emotional attachment and safety and is not merely the ability of fitting in (p. 244). Such swift changes, and to mention once again, the high probability of traumatic experiences asylum seekers have encountered, they also struggle with emotional transnationality aside from the language- cultural- and social gap. Emotional transnationality refers to feeling "trapped between-worlds". Simply put, someone can experience ‘being here and there’ wherefore they feel stuck between multiple domains of belonging (Fuchs et al., 2021, p.2). According to Ager and Strang (2008), belonging could be perceived as the utmost milestone of living in an integrated society. Meaning, having social connections, showing respect for

one another, and having a set of shared values. However, it must be noted that shared values do not battle diversity but create a larger environment for individuals to have a feeling of community, hence a sense of belonging (p. 178).

Fuchs et al. (2021) argues sociological studies tend to overlook the emotional aspect of belonging, claiming it can be understood in simple terms of ‘feeling at home’ (p. 3). Pfaff-Czarnecka (2013) on the other hand proposed and I quote: ‘‘belonging is an emotionally charged, ever dynamic social location – that is: a position in social structure, experienced through identification, embeddedness, connectedness, and attachments’’(p. 13). This need is especially experienced when someone feels socially or emotionally excluded and perceived as an ‘outsider’. Therefore, people seek out settings and experiences to make them feel connected to something bigger than themselves in order to feel secure, safe, and valued, which simultaneously enhances their wellbeing (Kale et al., 2019, p. 3). Given this information, along with the emotional components being of importance in this research – such as the loss of their social networks and the possible encounter of discrimination and marginalization in the Netherlands – the following definition provided by Probyn (1996) will be retained for the purpose of this study, and I quote: ‘‘belonging expresses a desire for more than what is, a yearning to make skin stretch beyond individual needs and wants’’ (p. 6).

Wellbeing and a Sense of Belonging

Drawn from previous sections, a sense of belonging appears to be an important aspect of wellbeing; positive emotions and a sense of belonging both seem to attribute to happiness and satisfaction, thus being vital in a person’s life. One could argue that a (strong) sense of belonging provides purpose and identity, which fuels wellbeing. Vice versa, having a high level of wellbeing, could also add to an individual’s sense of belonging as it enables social activities and engagement, fostering connections and long-term bonds (Baumeister and Leary, 1995).

Perceived and Procedural Justice

Research on procedural justice examines the link between belief in fairness and adherence to the law (Andreetta et al., 2022, p. 980). According to Tyler (1990), there are two models of instrumental and normative compliance. He argues that from an instrumental viewpoint, someone evaluates whether it is in their interest to abide by the law; the normative viewpoint regards whether the reached outcomes are perceived as fair (distributive justice), which concerns the laws in effect and the process leading up to the final decision (procedural justice). Tyler advocates for the normative model, hence procedural justice, as it depends on the perceived quality of the decision-making process. Thus, in other words, the system’s impression as genuine and trustworthy is mostly influenced by how citizens feel that the legal system treats them impartially and according to procedural just standards (Saarikkomäki et al., 2020, p. 388; Tyler and Lind, 2001). Furthermore, literature states that fairness can also be traced back to distributive justice. According to Beetham (1991), distributive justice is perceived as fair or

favourable if it serves the common good or benefits specific groups under the principle of differentiation. From this perspective, people are more inclined to accept authority if they perceive it to be legitimate and justified (76-77).

Interestingly, more recent theories are starting to emphasise procedural justice (Sanders and Hamilton, 2001, p. 8). As this study focusses on asylum seekers and the asylum procedure, which is experienced differently due to values, norms and past (negative) experiences, it is also important to research if they perceive the process and the final decision as fair. Therefore, a definition of perceived procedural justice will be provided as well. Ansem (2021) defines perceived procedural justice as, and I quote: ‘the perception of being treated fairly and justly in terms of procedural characteristics, interpersonal treatment, or both’ (p. 32).

The two factors that could influence perceived procedural fairness, concern the quality of the asylum procedure and the interpersonal treatment. However, it must be noted that despite perceptions being central to these theories, it does not imply they are necessarily objective or ‘true’. According to Kosyakova and Brenzel (2021), research has shown that the lengthy asylum procedures as mentioned earlier in this study, have a negative effect on those awaiting the decision of their asylum application (p. 150). As this could take up to months, they are unable to attend Dutch language courses or start working due to their legal status (Ministerie van Algemene Zaken, 2023). Apart from holding back these physical opportunities that are related to the integration process, it also takes its toll on asylum seekers' mental health, thus their wellbeing, given the constant uncertainty they find themselves in. Rees (2003) found that this insecurity reinforced feelings of hopelessness, a poor self-image, and a diminished sense of the future. Some even reported being physically sick because of the stress (p. 98-99). Drawn from this information, asylum seekers might perceive the quality of the asylum procedure as low, which could result them to perceive the final decision, if denied, as illegitimate.

The interpersonal treatment moreover concerns the interaction between the government and asylum seekers; whether they do so in a pleasant, friendly, and respectful manner (Ansem, 2020 p. 36). Literature shows that respectful treatment overall enhances the perceived procedural fairness (Ansem, 2020; Gornik, 2022; Saarikkomäki et al., 2020; Felstiner and Pettit, 2001). According to Röder and Mühlau (2012), several studies have shown that immigrants often compare circumstances in their country of origin, relative to those in the host country. This phenomena is also referred to as ‘dual frames of reference’. Due to the impact of multiple reference frames and prejudice, it is important to consider that immigrants may express similar levels of trust in authorities as to natives but for different reasons (p. 372). Because of that, they may experience the asylum procedure (and the final decision) differently in terms of fairness; what one finds to be fair, the other might not. Therefore, it is also worth noting that perceived procedural justice is not solely psychological but also sociological; meaning, when something is considered fair, it meets the current social standard (Tyler and McGraw, 1986). These shared expectations are also in place when asylum seekers await the processing of their

asylum applications. They expect to receive a fair and anticipated procedure, considering the personal stakes involved, rather than receiving an immediate rejection shortly after submission.

Wellbeing, a Sense of Belonging and Perceived and Procedural Justice

These variables have a somewhat complex yet interconnected relationship. As argued before, being part of a group or having a shared identity provides humans with “the support of the self”, as Jetten et al., (2014, p. 115) argue. Due to the development of an identity, one’s sense of belonging is emphasised, giving purpose, and meaning to life which indirectly enhances wellbeing. Furthermore, it also showed that perceived procedural justice is of importance for the wellbeing of asylum seekers. As the (perceived) poor quality of the asylum procedure potentially has a negative effect on the mental health, thus negatively influencing wellbeing, their sense of belonging in Dutch society might also decrease, affecting wellbeing even more (Korac, 2003, p.19-20). Whereas, if they perceive procedural justice during the asylum procedure, it possibly enhances their wellbeing because fair treatment reflects a sense of being valued as a member of society (Koper et al., 1993). Lastly, it has been found that interpersonal treatment also has significant psychological effects; respectful treatment of others conveys information about one's place in society or a group, which fosters emotions of self-worth and a sense of belonging (Ruano-Chamorro et al., 2022, p. 5).

Methodology

To answer the question central to this study: How does asylum seekers' perception of the justice and legitimacy of the Dutch asylum procedure affect their wellbeing during their stay in the asylum seeker centres; a primarily quantitative methodology complemented by qualitative research techniques, will be applied. More specifically, the dataset of an earlier survey conducted among asylum applicants in 2022 (Torres et al., 2022) will be utilised. Since the data has not been analysed before, it was chosen to perform an exploratory analysis to examine bivariate relationships. For that reason, the investigation aimed to determine whether general patterns could be observed and correlations established.

Data

The structured questionnaire, featuring a Likert scale, focused exclusively on asylum seekers' perceptions of the Dutch asylum policy. A total of 441 people participated in this survey, which was conducted between February and November of 2022. Although the majority of the survey consisted of closed-ended questions, there were several open-ended questions on which participants were able to leave comments. The survey consisted of more than a hundred questions and was available in nine different languages: English, French, Dutch, Somali, Turkish, Arabic, Drilo, Persian, Tigrinya. Those who participated were either rejected, awaiting the IND's decision, or awaiting housing after admission. Whereas this survey is divided into five sperate themes – demographic information, perception of the asylum procedure and treatment by the government, their future plans and legal

status, concluded with general queries – this study will primarily focus on two themes, which are the opinions gained around the government and the asylum procedure itself. Given the research question and the concepts outlined in the theoretical framework, the questions exerted of the survey address these topics. Wellbeing, perceived procedural justice, and more specifically, the sub-aspects of wellbeing, including (mental and physical) health, the experiencing of positive or negative emotions, and a sense of belonging, will be central in this study. Each of these concepts corresponds to a set of questions in the survey.

The wellbeing of asylum seekers is reflected by the variables mental health, physical health, sense of belonging, living conditions during the asylum procedure, feelings and emotions during the asylum procedure, and change in health since arrival in the Netherlands. The variables *Physical health* and *Mental health* are both assessed using single questions from the survey; physical health was derived from the question ‘In general, how would you describe your physical health?’ and mental health from the question ‘In general, how would you describe your mental health?’. Secondly, the variable *Sense of belonging* is obtained from a single question as well, ‘Do you feel at home in the Netherlands?’. The third variable, *Living conditions during the asylum procedure*, consists of one question but is divided into four sub questions. To highlight a subset, two of the sub questions regard ‘It is safe for me (and my family) to live in the COA location(s)’ and ‘I have/had access to the health care I need during the asylum procedure’. Fourthly, the variable *Feelings and emotions during the asylum procedure*, is derived from one question that consists of seven sub questions. Each sub question begins with the phrase ‘Because of the asylum procedure, I often feel...’ and offers different response options. For instance, one sub question ranges from ‘very happy – very sad’ while the other ranges from ‘very peaceful – very stressed’. Lastly, *Change in health since arrival in the Netherlands*, represents the question ‘Since my arrival in the Netherlands, the living circumstances in my country of origin have...’. All variables are coded as such that higher values indicate much improvement, positive feelings and strong agreement, while lower values indicate poor health, negative feelings and strong disagreement.

The legitimacy of the procedure is reflected by the variables procedural justice, distributive justice, institutional legitimacy, and decision time. First, the variable *Procedural justice* was operationalized by creating a scale that incorporated four different questions regarding the quality of the decision-making process and the interpersonal treatment (Cronbach’s alpha > 0.91). To offer a glimpse, one of the included questions is as follow: ‘The following statements are about your personal experience during the asylum procedure. During and after the asylum procedure, several institutions are involved: IND, COA, DT&V, VWN, IOM, Police, lawyers, and translators. We will here call them the institutions. How much do you agree or disagree with the following statements?’. Second, *Distributive justice 1* comprises the question: ‘In my opinion, all people should be free to live where the living circumstances are best for them. *Distributive justice 2* consist of the question: ‘In my opinion, states like the Netherland have the responsibility to accept more asylum seekers than

they currently do”. Third, the variable *Institutional legitimacy* assess the question: “In my opinion, the government of the Netherlands generally has the right to control migration”. All four variables are coded as such that higher values indicate strong agreement, while lower values represent strong disagreement. Lastly, *Decision time (IND)* represents the following question: “How much time has passed after you had submitted your asylum application until you received a decision by the IND? (How much time did the IND spend to reach a decision on your case?)”. This variable is coded that the highest values represent longer durations, while the lower values correspond to shorter durations.

To analyse the perceptions of legitimacy and levels of wellbeing among different asylum categories, the variable asylum status was created to identify the different characteristics unique to each group. The variable *Asylum status* captures the asylum status of the respondent: approved (1), pending (2), and rejected (3). These answers were constructed using the following question from the survey: “Could you please indicate what the current situation of your asylum application is?”. The response “I have received a residence permit” was coded as (1) to indicate that the respondent has an approved decision. The response “I have not received a residence permit and I am still in the asylum procedure” was coded as (2) to indicate that the respondent had a pending decision. The responses “I have not received a residence permit and I am currently not in the asylum procedure” and “I follow another procedure (for example the medical procedure)” were coded as (3) to indicate that the respondent has a rejected decision. In addition, respondents who abstained from answering this question, but indicated not having received yet a decision by the IND to the question: “Could you please specify your current situation?” were also coded as (3). While those that answered “The decision by IND was negative and I appealed the decision in court, or I am planning to do so. I am still waiting for the decision” were also coded as (2). In addition, it was also assumed that respondents who had at least one meeting with the DT&V (Return and Repatriation Service) had also received a negative decision and therefore were coded as (3). Finally, those that indicated having received a negative intention from the IND were also coded as (3).

Other context variables used in this study include gender, education and age for example can be in found in *Table A* in the appendix.

Analytical methods

In order to conduct a thorough analysis of how the asylum seekers' perceptions of legitimacy and procedural fairness affect their wellbeing and procedural justice, it was chosen to categorise the asylum seekers into approved-, pending-, and rejected asylum. Distinguishing their asylum status facilitates to identify the difficulties and issues unique to each group. Once all variables were identified, a descriptive analysis was performed to create a general understanding of the main characteristics of the data set.

Secondly, in order to explore (significant) relationships between the variables, a correlation matrix was conducted for all three asylum categories. In doing so, Spearman's coefficient was chosen as the preferred method due to the presence of ordinal variables within the model.

Thirdly, to further support the statistical findings, the results of the open text fields have been illustrated and discussed. In this section, the comments from the open text fields were examined. First, they were translated using DeepL. Then, the comments that best illustrated the statistical results were selected with regard to distributive justice 2 and the negative correlation between decision time and length of procedure. Given the smaller sample size for both the text fields and the time trends, it was chosen to merge the different asylum categories from this point on in order to maintain reliability. It must be noted that the open text fields were designed for participants to express their opinion. Consequently, these answers tend to lean more towards comments or suggestions for improving the procedure rather than praising it.

Fourthly, time trends were created for the variables of procedural justice and decision time in relation to mental health. Understanding the experiences of asylum seekers and identifying factors that impact their wellbeing are of critical importance to policy making and improving the quality of the procedure. To explore the relationship between perceived legitimacy and their wellbeing, a time analysis was conducted. This analysis provides insights into how asylum seekers' perception of procedural justice and the length of decision time (of the Dutch asylum procedure), relate to their wellbeing and changes over time during their stay in the Netherlands. To examine these relationships, a line plot was utilized to visualise the trends for perceived procedural justice and decision time in comparison with their mental health. First, this analysis was carried out for all groups, including pending, rejected, and accepted asylum seekers. Subsequently, the analysis was conducted exclusively for the pending and rejected groups to evaluate whether there was a significant difference when the approved group would be included.

Lastly, a robustness test was performed to probe the significance of the findings. Since the relevant independent variables are measured categorically, while the dependent variable is measured numerically, both an independent samples T-test and an F-test (one-way ANOVA) were performed. The first analysis focused on all asylum categories whilst the second analysis focused solely on the categories of pending and rejected. This method provides insight into whether there are differences when the approved asylum is not considered, hence affecting the results differently and possibly significantly. Furthermore, it also enhances comprehensiveness and reliability, generating a better understanding of the data and its implications for future policy making.

Validity

With regard to construct validity, it is important to be mindful that people may want to present a certain image of themselves and have therefore given socially desirable answers. An additional aspect to consider regards the format it was conducted in; as it was taken online, questions may have been

misinterpreted wherefore people answered differently than meant to. Such results could influence what is intended to measure and give possibly skewed results.

In terms of internal validity, although it is generally assumed that better perceptions of procedural justice positively affect the general wellbeing, it should be acknowledged that this relationship may also operate in the opposite direction. Considering that a significant percentage of asylum seekers experience lower levels of wellbeing, it may influence, in combination with their cultural norms and values, the extent to which they perceive the procedure to be fair and of quality. For instance, Van Houte et al., (2021) conducted in-depth research among 35 migrants in the Netherlands and found that individuals who failed to obtain a residence permit tend to foster forms of resistance against deportation. In these situations, immigrants disagree strongly with the decision made by the authorities based on their own socially constructed beliefs. Most migrants perceived the rejection as illegitimate for the reason it conflicted with the rule of law. Furthermore, the presence of potential confounding relationships should also be taken into account. It could be assumed that the higher educated have an overall higher wellbeing since they understand the procedure better and they can anticipate on it more easily.

In terms of external validity, the questionnaire was moreover completed by individuals who obtained higher levels of education; hence, it is important to point out that the results are not entirely representative of the (total) group studied. Therefore, these findings are simply indicative and should not be taken as definite.

Results

Descriptive statistics

The general descriptive statistics of the population researched are presented in *Table A*. Please note that all descriptive statistics, including table A, B and C can be found in the appendix. First off, out of 441 participants, 64,4 percent were men and 17 percent were female. Secondly, it was indicated that most individuals, despite their asylum status, fall within the age range of 25-29 and 30-34 years old. This accounted 50% for approved asylum, 41% for pending asylum, and 52% for rejected asylum. The overrepresentation of young adults could imply that individuals within that age range, are often the strongest physically and therefore the least vulnerable, making it easier to flee their country during times of war compared to individuals who are old or young. Thirdly and geographically speaking, the majority of participants in all three categories originate from Asia. This made up 64,3% for approved asylum, 68,5% for pending asylum and, 48% for rejected asylum. Lastly, the level of education revealed that among the approved asylum individuals, 61,1% obtained university education. This accounted for 55% of applicants with a pending status, indicating a slight decrease in percentage, whereas only 36% of those who were rejected achieved university education. This disparity shows a connection between schooling and acceptance, indicating that having a higher educational background may raise the chances of being accepted. Furthermore, a small percentage of those accepted (2,4%)

and pending (5,4%) have completed only primary education. The rejected category in contrast shows this to be the second-highest percentage, rating a total of 28% of whom only completed primary education.

Table B describes the variables relevant for the wellbeing of asylum seekers. The initial observation made is that roughly all variables reflect the highest values in the category of approved asylum and the lowest in the category of rejected asylum. When considering the variables of wellbeing, a downtrend, starting from approved asylum, in both mental (mean: 2.81) and physical health (mean: 3.38) is observed. Hence, individuals with a rejected asylum decision show the lowest levels of mental health (mean: 2.40) and physical health (mean: 2.85). Additionally, it is indicated that the living conditions during the asylum procedure, remains roughly the same for both approved (mean: 2.61) and pending asylum (mean: 2.62). This rate decreases for people with a rejected asylum application (mean: 2.44).

Table C describes the variables relevant of the perceived legitimacy among asylum seekers. Procedural justice rates a moderate level in the category of approved asylum (mean: 2.62) and continues to decrease per asylum category. In contrast, it is observed that distributive justice 2, hence the Netherlands accepts enough asylum seekers, is perceived the highest among those with a rejected asylum application (mean: 3.50). This rate declines for those whose applications are still pending (mean: 3.07) and is the lowest for individuals whose asylum applications have been positively decided on (mean: 2.78). Furthermore, individuals who are still awaiting their decision state they have waited the longest, and interestingly, people who have been rejected perceive the institutional legitimacy to be the highest (mean: 3.42). Considering these remarkable results, an F-test was conducted to probe whether these differences between the asylum status and distributive justice 1 and 2 are of significance. The F-test (ANOVA) shows marginally significant results for distributive justice 2 ($F(2, 102) = 2.946, p = 0.057 < 0.1$) and rejects any significance for distributive justice 1 ($F(2, 172) = 0.024, p = 0.976 > 0.05$).

Correlation matrices

The correlation matrices show that the indicators of legitimacy and wellbeing are positively correlated; higher outcomes therefore imply higher levels of wellbeing. Interestingly, this holds true for all groups of asylum seekers, including individuals with a rejected asylum application who find themselves in a less favourable position.

In *Table D* the positive correlation between living conditions and procedural justice imply that individuals with an approved asylum application, associate better living conditions with higher perceptions of fairness in the asylum procedure (p-value < .001: .680**). Meaning, people who received access to healthcare and or feel safe within COA locations, associate this with higher perceptions of procedural justice. It is also observed that those who perceive the procedure as fair, are more likely to experience positive feelings and emotions during the asylum procedure (p-

value .078: .278⁺). Furthermore, individuals who experience distributive justice 2, hence agree the Netherlands accepts enough asylum seekers, are more likely to develop a sense of belonging (p-value .002: .635^{**}). This could be explained by the assumption that these individuals may perceive that the resources and support systems are better at meeting their needs, if the asylum population remains manageable. In other words, if asylum seekers experience that the Netherlands' efforts are adequate and just, they are more likely to feel included and valued, hence develop a sense of belonging and foster social integration.

Table D: Status Asylum Procedure: Approved

	PJ	DJ1	DJ2	IL	DT
PH	.050	.242	-.289	.080	-.137
MH	.113	.021	-.036	.205	-.004
SoB	-.066	-.008	.635^{**}	.084	0.42
LCdP	.680^{**}	-.104	-.420	.136	.016
FEdP	.278⁺	.155	.151	-.229	-.158
CHsA	.252	.032	.159	.113	-.140

^{**}. Correlation is significant at the 0.01 level

^{*}. Correlation is significant at the 0.05 level

⁺ Correlation is significant at the level of < .1 but less trustworthy

PH = Physical Health; MH = Mental Health; SoB = Sense of belonging; LCdP = Living Conditions during the asylum procedure; FEdP = Feelings and Emotions during the Asylum Procedure; CHsA = Change in Health since Arriving in the Netherlands; PJ = Procedural Justice; DJ1 = Distributive Justice 1; no open borders; DJ2 = Distributive Justice 2: the Netherlands does not do enough; IL = Institutional Legitimacy; DT = Decision Time (IND)

As mentioned previously, the IND experiences significant delays in processing asylum applications, which often result in detrimental repercussions on the health of asylum seekers. For instance, *Table E* shows that the decision time of the IND is negatively correlated with both physical health (p-value <.001: -.335^{**}) and mental health (p-value .014: -.242^{*}) for people with a pending asylum status. Change in health since their arrival in the Netherlands is also indicated to be negatively correlated with decision time (p-value .001: -.317^{**}). Meaning, the health of asylum seekers deteriorates even further when confronted with longer decision times. Furthermore, a positive correlation was observed between institutional legitimacy and mental health (p-value .059: .205⁺), as well as a change in health since their arrival in the Netherlands (p-value <.001: .393^{**}). These findings suggest that people who consider the institutions as legitimate, are more likely to have better mental health and experience positive physiological changes since moving to the Netherlands. Next, a positive correlation was discovered between distributive justice 2 and a sense of belonging (p-value .019: .290^{*}), and also between procedural justice and living conditions during the asylum procedure (p-value <.001: .601^{**}). Indicating that people who perceived distributive justice 2, are

more likely to develop a sense of belonging and those who perceive procedural fairness, are moreover content with their living conditions during the asylum procedure. Noticeably, a positive correlation was also discerned between procedural justice and feelings and emotions during the procedure (p-value .035: .175*). This implies that people who have higher perceptions of procedural justice are more likely to experience positive emotions.

Table E: Status Asylum Procedure: Pending

	PJ	DJ1	DJ2	IL	DT
PH	-.001	-.118	.140	.150	-.335**
MH	-.010	-.025	.039	.205⁺	-.242*
SoB	.015	.109	.209*	.207	-.173
LCdP	.601**	.061	.011	-.072	-.049
FEdP	.175*	.151	-.066	.032	.201*
CHsA	-.162	-.010	-.038	.393**	-.317**

** Correlation is significant at the 0.01 level

* Correlation is significant at the 0.05 level

⁺ Correlation is significant at the level of < .1 but less trustworthy

PH = Physical Health; MH = Mental Health; SoB = Sense of belonging; LCdP = Living Conditions during the asylum procedure; FEdP = Feelings and Emotions during the Asylum Procedure; CHsA = Change in Health since Arriving in the Netherlands; PJ = Procedural Justice; DJ1 = Distributive Justice 1; no open borders; DJ2 = Distributive Justice 2: the Netherlands does not do enough; IL = Institutional Legitimacy; DT = Decision Time (IND)

Interestingly, *Table F* shows that all correlations observed are positive among those whose asylum applications have been rejected. For instance, a positive correlation has been found between institutional legitimacy and feelings and emotions during the asylum procedure. Indicating that people who perceived the institutions as legitimate, are also more likely to have positive emotional experiences during the asylum procedure despite being rejected (p-value <.001: .887**). Additionally, institutional legitimacy was also found to be positively correlated with mental health (p-value .052: .627⁺). Other findings concern the positive correlations connected to distributive justice 2. One possible explanation for this could be that, due to the lack of available information about their current process status, some individuals may still have the opportunity to appeal their decision with the intention of being accepted, rather than the Netherlands accepting other asylum seekers for personal gain. Distributive justice 2 indicates to be positively correlated with mental health, (p-value .012: .754*), physical health (p-value .024: .701*), sense of belonging (p-value .010: .800**), and feelings and emotions during the procedure (p-value .027: .690*). Meaning, all findings suggest that people who perceive the Netherlands accepts enough asylum seekers, are more likely to have better physical and mental health, experience positive emotions during the asylum procedure and develop a sense of belonging. Lastly, a positive correlation was observed between procedural justice and the living conditions during the procedure (p-value <.001: .655**). This suggests that individuals

who perceived the procedure to be fair, are more likely to feel safe for instance, hence experience better living conditions during the asylum procedure.

Table F: Status Asylum Procedure: Rejected

	PJ	DJ1	DJ2	IL	DT
PH	.006	-.077	.701*	.349	-.409
MH	.079	-.143	.754*	.627⁺	-.372
SoB	-.160	.059	.800**	.363	-.216
LCdP	.655**	.058	-.235	.420	-.058
FEdP	.321	.087	.690*	.887*	-.093
CHsA	-.022	-.384	.429	.474	-.258

** Correlation is significant at the 0.01 level

* Correlation is significant at the 0.05 level

⁺ Correlation is significant at the level of < .1 but less trustworthy

PH = Physical Health; MH = Mental Health; SoB = Sense of belonging; LCdP = Living Conditions during the asylum procedure; FEdP = Feelings and Emotions during the Asylum Procedure; CHsA = Change in Health since Arriving in the Netherlands; PJ = Procedural Justice; DJ1 = Distributive Justice 1; no open borders; DJ2 = Distributive Justice 2: the Netherlands does not do enough; IL = Institutional Legitimacy; DT = Decision Time (IND)

Results open text fields

The most common point of critique concerns the length of the procedure and is reflected by the variable decision time (IND). As mentioned earlier, this variable is negatively correlated in the category of pending asylum, with both mental and physical health, as well as with change in health since arriving in the Netherlands. People have expressed their opinion in the text fields about the length of the procedure in various ways, two examples will be shown here:

Respondent 354: "All people suffer from mental health issues due to the uncertain future (18 months is a long time) in this camp, and it is still unknown whether these people will receive a positive result or not."

Respondent 428: "The waiting time is long and exhausting, and this affects positive energy. Now I am mentally broken because of the waiting time."

Speaking in terms of improvement, another point of critique concerns the acceptance of asylum seekers. Hence, distributive justice 2, which indicates that the Netherlands does enough in terms of accepting asylum seekers. As mentioned earlier, this variable was ranked highest in the descriptive statistics among those with rejected asylum applications and lowest among those with accepted asylum applications. Two comments derived from the open text fields are presented here:

Respondent 85: “The number of refugees should be greatly reduced, and the real refugee who has made every effort to develop their own country before coming to the Netherlands should be prioritized. The government should differentiate between real and fake refugees, and the interpreter should do their job properly. I hope that advanced countries won't give in to ignorant people. May God protect the King of the Netherlands and keep the country in more peace and tranquillity.”

Respondent 205: “When the Netherlands does not have enough space for families, it should not accept more refugees. The problem of immigrants should not be increased beyond what it is.”

Interestingly, both comments stress the importance of reducing the number of asylum seekers. Although for different reasons, it does serve the goal of accepting those truly in need and providing them with the necessary healthcare and assistance while awaiting their application. Considering the circumstances within the asylum centres are often referred to as poor, miserable or pitiful, it is also emphasised that the Netherlands should not accept more asylum seekers than they already do.

Time trends

The results of all four time trends, represented in the *Figures G, H, I, and, J*, provide some support for the notion that perceived procedural justice and a shorter decision time attenuates the decline in mental health to some extent. However, due to the relatively small sample size in this particular analysis, the observed differences are unlikely to be statistically significant given the decreasing sample size per time unit. More specifically, the sample size for procedural justice in the time unit of 5 to 10 years consists of only three individuals whereas decision time is represented by a single individual. In view of such minimal sample sizes, the differences are unlikely to be significant at this number of observations and can most likely be rejected.

Figure G: Time trend of Procedural justice, no asylum status discerned

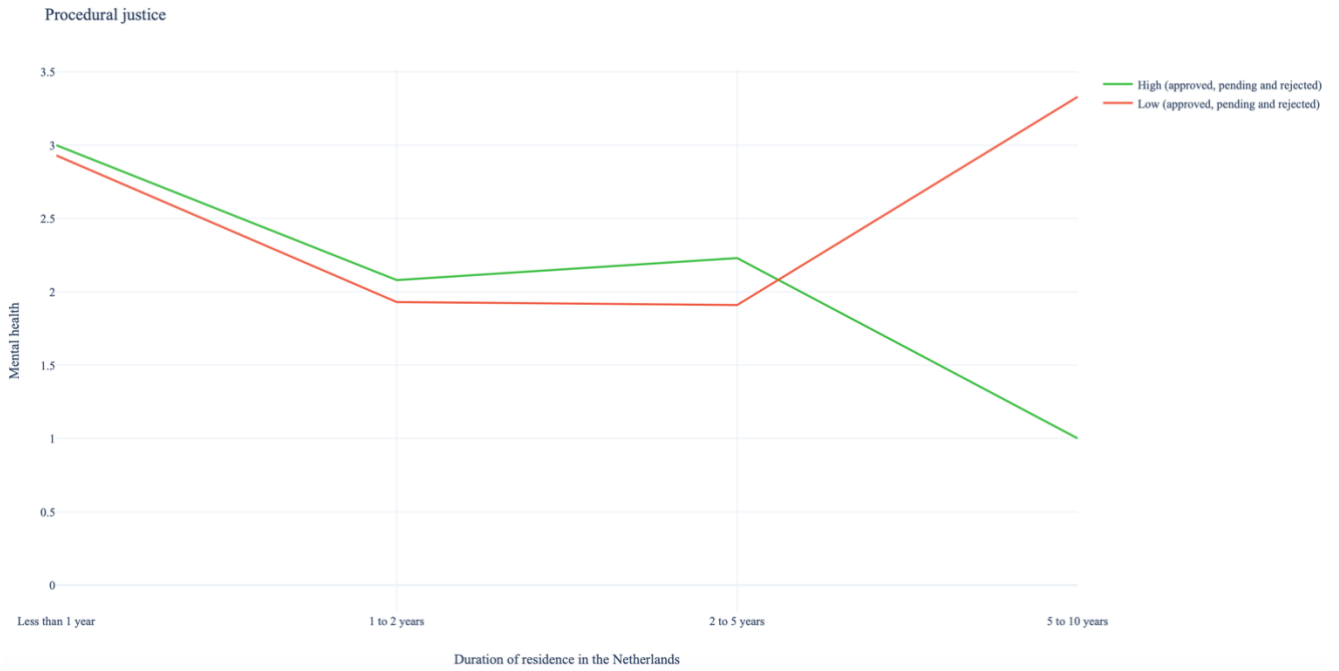


Figure H: Time trend of Procedural justice, asylum status discerned



Figure I: Time trend of Decision time (IND), no asylum status discerned

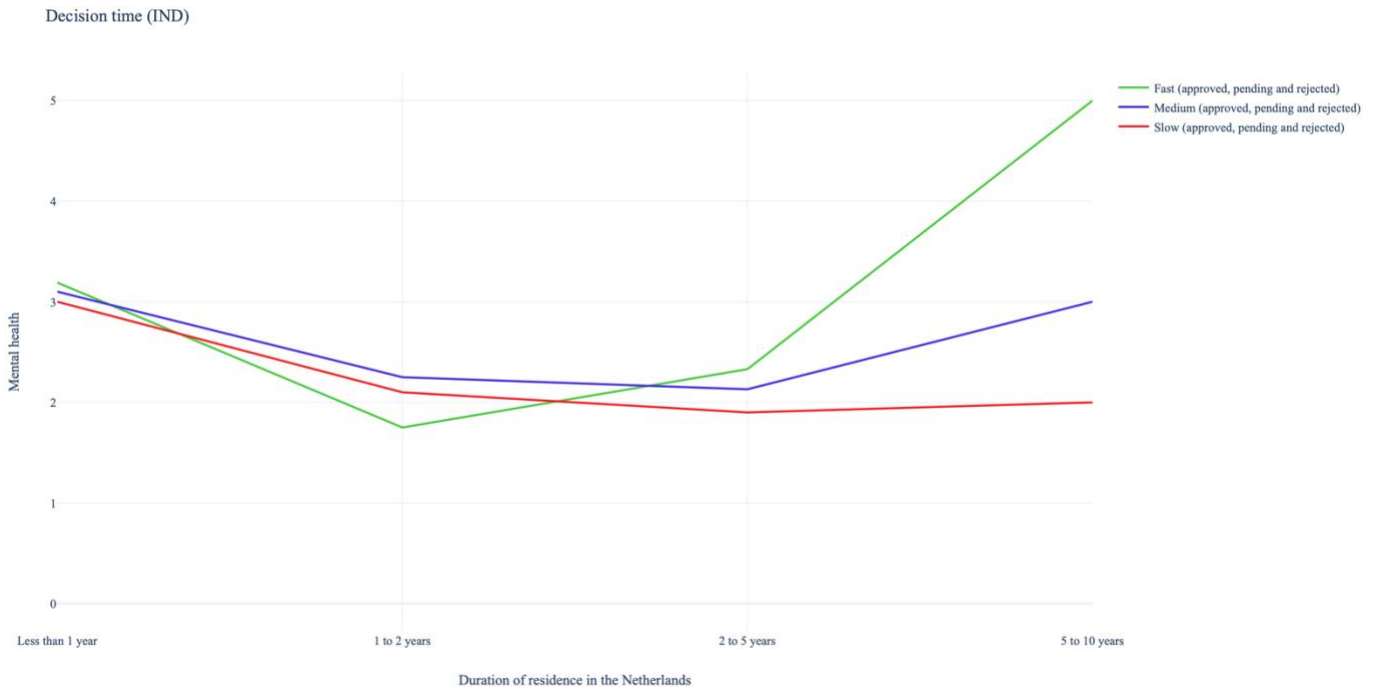
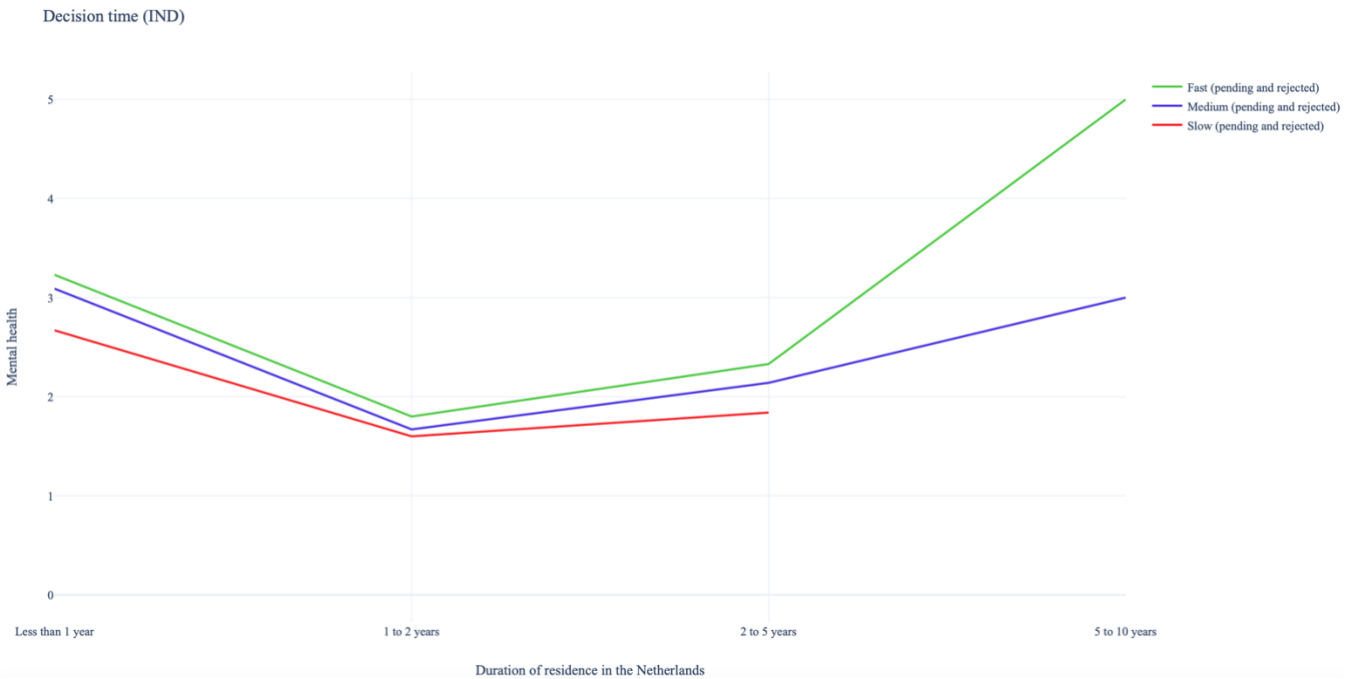


Figure J: Time trend of Decision time (IND), asylum status discerned



Significance

The results of the first analysis include all asylum categories and are visible in *Table K.1 and K.2*. The independent samples T-test investigated the relationship between the independent variable, procedural justice, categorized as low and high, and the dependent variable mental health. Additionally, the impact of the duration of residence in the Netherlands was also considered in this analysis. When focussing on the group of people who have resided in the Netherlands ranging from 2 to 5 years, the independent samples T-test shows marginally significant results ($t(33) = -0.834, p = 0.087 < 0.1$). The mean of the mental health rated 1.19 for low procedural justice and 2.23 for high procedural justice. It must be noted that the p-value is only marginally significant, meaning that it cannot be guaranteed at a standard 95 percent significance level that there is a significant difference between procedural justice and mental health for individuals who have been in the Netherlands ranging from 2 to 5 years. Nevertheless, the marginal difference does suggest the need for further exploration to enhance greater understanding of the correlation between these variables.

The F-test (ANOVA) includes all asylum categories as well and investigated the relationship between the independent variable, decision time (IND), categorized as fast, medium, and slow, and the dependent variable mental health. Again, the impact of the duration of residence in the Netherlands was also considered in this analysis. After conducting the F-test, no significant findings were discovered (less than a year: $(F(2, 92) = 0.061, p = 0.941 > 0.05$, 1 to 2 years: $(F(2, 23) = 0.511, p = 0.607 > 0.05$, and 2 to 5 years $(F(2, 32) = 0.381, p = 0.686 > 0.05)$). Meaning, no significant difference in mental health, based on decision time, was found regardless their stay in the Netherlands.

Subsequently, the T-test and F-test (ANOVA) were performed on the categories of pending and rejected exclusively. No significant results were found for procedural justice (less than a year: $(t(95) = -0.703, p = 0.393 > 0.05$, 1 to 2 years: $(t(12) = -1.087, p = 0.195 > 0.05$, and 2 to 5 years: $(t(30) = -0.637, p = 0.139 > 0.05)$) or decision time (less than a year: $(F(2, 69) = 0.271, p = 0.764 > 0.05$, 1 to 2 years: $(F(2, 10) = 0.048, p = 0.953 > 0.05$, and 2 to 5 years: $(F(2, 29) = 0.481, p = 0.623 > 0.05)$). However, it is worth noting that although the statistical significance remains undiscovered in this study, it does not equal the absence of it. Other variables could be considered in future studies to develop a more comprehensive understanding of the outcomes of mental health.

Table K.1: Independent Samples Test

			T-test for Equality of Means									
					Significance				95% CI of the Difference			
Duration			F	Sig.	t	df	One-sided	Two-sided	Mean Diff.	Std. Error Diff.	Lower	Upper
Residence NL												
2 to 5 years	Mental health	EVA	3.107	.087	-.834	33	.205	.410	-.322	.386	-1.106	.463
		EVA not assumed			-.793	21.602	.218	.436	-.322	.406	-1.164	.521

EVA = equal variances assumed

Table K.2: Group Statistics

Duration		Procedural justice	N	Mean	Std. Deviation	Std. Error Mean
Residence NL						
2 to 5 years	Mental health	Low	22	1.91	1.019	.217
		High	13	2.23	1.235	.343

Conclusion

Previous studies have revealed that the mental health of asylum seekers tends to deteriorate during their residency in asylum centres. In addition to the current literature, this study has established a correlation between their overall wellbeing and the procedural experiences they are subjected to. The indicators of legitimacy and wellbeing have been revealed to be positively correlated, which remains consistent for all groups of asylum seekers, including individuals with a rejected asylum application. More specifically, this research aimed to explore the relationship between asylum seekers' perception of the justice and legitimacy of the Dutch asylum procedure and their wellbeing during their stay in the asylum seekers' centers. Based on a predominantly quantitative methodology, supplemented by qualitative research techniques, it can be concluded that a marginal correlation was found between procedural justice and mental health concerning all categories of asylum seekers. Meaning, perceived procedural justice does in fact counteract health deterioration; however, given the sample size, these findings cannot be taken as definite. This study did not find significant results for the correlation between decision time and mental health for all groups, nor procedural justice and decision time when focused exclusively on the asylum categories of pending and rejected.

Discussion

The outcomes of this research have provided insight into the correlation of mental health with respect to procedural justice and decision time. However, as mentioned before, the findings should be interpreted with caution due to the limitations of the current research; this section aims to reflect on the research process. Moreover, the limitations will be discussed as well as recommendations for policy making and future research.

This study has contributed to existing literature by discovering a marginally significant correlation between perceived procedural justice and mental health during asylum seekers' stay in Dutch asylum centres. Additionally, it also revealed positive correlations between the indicators of wellbeing and legitimacy, both for procedural justice and distributive justice, among all asylum groups. Although this study did not discover a significant relationship for the negative impact of the lengthy asylum procedure on the mental health, and thus the wellbeing of asylum seekers, it does not necessarily equal its absence. Therefore, future research should consider exploring other contextual variables. Apart from existing literature confirming this phenomenon, a negative correlation between decision time and multiple variables of wellbeing, including mental health, was observed in the correlation matrix of the pending asylum category. Additionally, the majority of the comments of the open text fields expressed their concerns about the lengthy procedure affecting their wellbeing as well.

These findings imply that with regard to policy relevance, reducing the length of the procedure should be highest on the governmental agenda. However, this is most likely an unrealistic goal given the lack of budget and the high numbers of asylum seekers arriving. Nevertheless, asylum seekers awaiting their decision should be treated humane and guided where needed to foster social integration (if accepted). Therefore, changes need to be made where improvement can actually be facilitated. Such improvements concern clarity and transparency about the process and procedure. Not only does this make information clear and more comprehensible, but it also helps reduce stress and anxiety in order to steer through the process more effectively. Continuing this line of reasoning, allocating resources to provide necessary assistance throughout the procedure could increase their perceived justice and consequently, also enhance their wellbeing. Lastly, support services within asylum centres that are tailored to address mental health issues, could contribute to processing trauma and enhance the overall wellbeing and eventually possibly, the perceived procedural justice.

In terms of academic relevance, it appears that the same positive correlation found by Beijersbergen et al. (2014) among prisoners, which suggested that higher perceptions of procedural justice increased their overall level of wellbeing, also applies for asylum seekers experiencing lengthy asylum procedures. Meaning, there is support for the notion that procedural justice is a determinant of health where strong governmental interference influences how fair the procedure is perceived by the individual. Additionally, The HIP phenomenon proved relevant in this instance as well. However, it appeared that the wellbeing of asylum seekers deteriorated not due to integration but rather due to the lack of integration caused by the procedure.

This research holds a number of recommendations for future research. Most importantly, future research should consider exploring other determinants of health and procedural justice in order to establish significant causal relationships. Furthermore, since it was chosen to perform an exploratory analysis by examining bivariate relationships, the next step would be to perform a regression analysis or quasi-experiment, followed by a longitudinal study, to explore true causality based on these findings. Lastly, while this research has shown the positive correlation between procedural justice and general wellbeing, it has not established causality. Meaning, it is possible that people who are healthier ascribe more justice to the procedure than those unhealthy. Additionally, it might be that people who perceived the procedure as fair, experience more compliance to return to the country of origin as well. An interesting topic for future research would be to explore the correlation between people's desire to return to their country of origin and their perceptions of procedural justice. The remaining recommendations of this research concern focusing in more detail on the differences in the deterioration or improvement of wellbeing. For instance, their health might improve physically but not mentally. In doing so, the centres themselves should be visited to ensure that the questionnaires are fully completed, and the population group is represented at best.

To address the limitations, the first limitation regards the data set used, hence the small population size, and therefore the reliability of the results and generalizability of the findings. The second limitation concerns the causality of the correlations. As expected from the theoretical framework, there is causality between procedural justice and mental health; implying that people who are overall happier and healthier also tend to have higher perceptions of procedural justice. However, because the current results lack data for this causality to be taken as definite, the asylum seekers should be studied long term to enhance validity. The third limitation follows the same line of reasoning and concerns the design of the survey used to derive the data. Considering this data is collected in a relative short amount of time, the design hampers the ability to identify significant changes over a longer period of time. A longitudinal study in contrast, could provide more robust documentation of change in variables and the development of causal relationships. The fourth limitation concerns the response bias, which was also mentioned before conducting this research. It could be that the population from whom this data is derived lacks representation with respect to the target population in terms of gender, age, education and other relevant factors. The fifth and last limitation concerns the contextual factors. For instance, scholars Röder and Mühlau (2012) found that 'dual frames of reference', where immigrants compare circumstances in their country of origin relative to those in the host country, impact their frames of reference and prejudice. Therefore, it is important to consider that immigrants may express similar levels of trust in authorities as to natives but for different reasons (p. 372). Meaning, they may experience the asylum procedure (and the final decision) differently in terms of fairness. The accuracy of this study could be constrained if such elements are not considered.

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Appendix

Table A: General Descriptive Statistics

Status		N	Min	Max	Mean	Std. D	
Approved	Age	42	1	8	4.10	1.885	
	Gender	39	0	1	.79	.409	
	Region/ country of origin	36	2	8	6.78	2.392	
	Level of education	41	2	5	4.49	.779	
	Marital status	42	1	5	1.64	.759	
	Duration of residence in the Netherlands	42	1	4	1.64	.791	
	Children in school age (5-18 years old)	42	1	3	1.38	.539	
	Pending	Age	149	0	10	4.38	1.832
Pending	Gender	148	0	1	.76	.430	
	Region/ country of origin	136	2	9	7.49	1.525	
	Level of education	148	1	5	4.25	1.075	
	Marital status	149	1	5	1.79	.683	
	Duration of residence in the Netherlands	149	1	4	1.60	.907	
	Children in school age (5-18 years old)	148	1	3	1.43	.536	
	Rejected	Age	25	0	10	4.32	2.610
	Rejected	Gender	24	0	1	.79	.415
Region/ country of origin		19	2	8	6.95	1.957	
Level of education		25	1	5	3.52	1.447	
Marital status		25	1	4	1.44	.768	
Duration of residence in the Netherlands		25	1	4	1.84	.987	

Children in school age (5-18 years old) 25 1 3 1.20 .500

Age is coded 1 for the age range of 18-19, 2 for 20-24, 3 for 25-29, 4 for 30-34, 5 for 35-39, 6 for 40-44, 7 for 45-49, 8 for 50-54, 9 for 55-59, 10 for 60-64, 11 for 65 or older, and 12 for don't know/no answer.

Gender is coded 0 for female and 1 for male

Region/ country of origin is coded 1 for Europa, 2 for Turkey, 3 for Morocco, 4 for Suriname, 5 for Caribbean, 6 for Indonesia, 7 for Africa, 8 for Asia, and 9 for the Americas and Oceania

Level of education is coded 1 for no formal education, 2 for primary school, 3 for secondary school technical/vocational type (MBO), 4 for secondary school university preparatory type (high school), 5 for university level education, and 6 don't know / no answer

Marital status is coded 1 for single or never married, 2 for married or domestic partnership, 3 for divorced or separated, 4 for widowed, and 5 for don't know/ no answer

Duration of residence in the Netherlands is coded 1 for less than 1 year, 2 for 1 to 2 years, 3 for 2 to 5 years, 4 for 5 to 10 years, 5 for more than 10 years, 6 for 1 no longer live in the Netherlands, and 7 for don't know/ no answer

Having children who are in school age are coded 1 for no, 2 for yes, and 3 for don't know/ no answer

Table B: Wellbeing Descriptive Statistics

Status		N	Min	Max	Mean	Std. D
Approved	Physical health	37	1	5	3.38	1.037
	Mental health	36	1	5	2.81	1.283
	Sense of belonging	36	1	4	3.25	.841
	Living conditions during the asylum procedure	42	1	4	2.61	.728
	Feelings and emotions during the asylum procedure	41	1	4	2.98	.757
	Change in health since arrival in the Netherlands	39	2	6	3.03	.959
	Pending	Physical health	127	1	5	3.16
Mental health		127	1	5	2.63	1.344
Sense of belonging		113	1	4	3.10	.945
Living conditions during the asylum procedure		146	1	4	2.62	.720
Feelings and emotions during the asylum procedure		147	1	4	2.80	1.030

	Change in health since arrival in the Netherlands	128	2	6	2.95	1.135
Rejected	Physical health	20	1	5	2.85	1.268
	Mental health	20	1	5	2.40	1.465
	Sense of belonging	16	1	4	3.19	.981
	Living conditions during the asylum procedure	22	1	4	2.44	.880
	Feelings and emotions during the asylum procedure	22	1	4	2.80	1.119
	Change in health since arrival in the Netherlands	21	2	6	2.52	1.250

Table C: Legitimacy Descriptive Statistics

Status		N	Min	Max	Mean	Std. D
Approved	Procedural justice	42	1.14	4.00	2.6225	.75040
	Distributive justice 1: no open borders	35	2	4	3.69	.583
	Distributive justice 2: the Netherlands does enough	23	1	4	2.78	.736
	Institutional legitimacy	32	1	4	3.22	.792
	Decision time (IND)	42	1	6	3.43	1.640
Pending	Procedural justice	148	1.21	4.00	2.4896	.68259
	Distributive justice 1: no open borders	122	1	4	3.70	.544
	Distributive justice 2: the Netherlands does enough	74	1	4	3.07	.896
	Institutional legitimacy	87	1	4	3.07	.774
	Decision time (IND)	124	1	6	3.87	1.331

Rejected	Procedural justice	24	1.00	4.00	2.3207	.69443
	Distributive justice 1: no open borders	18	1	4	3.72	.752
	Distributive justice 2: the Netherlands does enough	12	3	4	3.50	.522
	Institutional legitimacy	12	1	4	3.42	.900
	Decision time (IND)	22	1	6	3.55	1.945