Accepted: 18 December 2017

DOI: 10.1111/tran.12234

REGULAR PAPER

WILEY IBG Royal Geographical Society with IBG

A geopolitics of trauma: Refugee administration and protracted uncertainty in Turkey

Jenna M. Loyd[1] | **Patricia Ehrkamp**[2] | **Anna J. Secor**[2]

[1]Department of Geography, University of Wisconsin-Madison, Madison, WI, USA

[2]Department of Geography, University of Kentucky, Lexington, KY, USA

Correspondence
Patricia Ehrkamp
Email: p.ehrkamp@uky.edu

In this paper we map out what we are calling a "geopolitics of trauma" by examining the role of trauma in transnational refugee regimes and the individualisation of geopolitical relations through mental health diagnosis and service provision. Focusing on one site of entry into the international regime of refugee administration, we present findings from fieldwork that we conducted in August, 2015 in Turkey with NGOs and IGOs involved in the protection, mental health and psychosocial service provision, and resettlement of refugees. The findings that we present demonstrate the challenges of refugee care and management on the front lines in Turkey and the significance of mental health diagnosis, treatment and documentation in the early stages of refugee administration. We suggest that practices of refugee screening and resettlement are imbued with traumatic stressors and trace how trauma intersects with the administration of refugees in different sites and at different times. We argue that the protracted situation of refugees in Turkey (many of whom will wait 8 years for their Refugee Status Determination interview) and the multiple interviews and demands for documentation through which a displaced person applies for refugee status and third-country resettlement become sites of ongoing traumatisation for the refugee subject. Further, in the practices of screening and documentation, we can trace the medicalisation of the refugee subject as not only a question of care but also a practice of legibility on which the state and international organisations base their decisions about inclusion and exclusion. The geopolitics of trauma thus emerges not only in cartographies of war, displacement and resettlement, but also in the minute details and performative demands of the refugee determination and resettlement process.

KEYWORDS
mental health, Middle East, migration management, political geography, post-traumatic stress disorder, refugees

1 | INTRODUCTION

War and peace tend to be thought of as discrete spaces and temporalities, yet the displacement and resettlement of refugees challenges this geopolitical imagination. In this paper, we examine how procedures for registering, assessing, protecting and managing refugees rework the trauma of war and violence to create new geopolitical connectivities. Rather than conceptualising trauma as an individualised experience that happened elsewhere and in the past, we argue that the screening

and resettlement of refugees translate the geopolitics of war and displacement into new contested geographies of care and security. By disrupting dominant geopolitical imaginaries that situate the violence of war in discrete (often distant) times and places, our research challenges notions that refugee resettlement simply moves refugees from unsafe, traumatising spaces to safe, caring spaces.

We seek to map out a geopolitics of trauma by examining the role of trauma in transnational refugee regimes and the individualisation of geopolitical relations through mental health diagnosis and service provision. Refugees are increasingly defined and cared for through a medical diagnosis of Post-Traumatic Stress Disorder (PTSD),[1] both in the USA and internationally (Fassin & Rechtman, 2009; Papadopoulos, 2002; Wilson & Drozdek, 2004). The medicalisation of trauma through a diagnosis of PTSD is an individualising practice that works to make refugees legible to the state and nongovernmental organisations in particular ways. Medicalisation also runs the risk of pathologising refugees by rendering refugees sites of indefinite, individualised intervention, what Nguyen (2012, p. 53) terms the "refugee condition". Challenging the paradigm of individual pathology, we take our cues from Cvetkovich (2003, p. 47), who contends that "[t]hinking about trauma from the same depathologizing perspective that has animated queer understandings of sexuality opens up possibilities for understanding traumatic feelings not as a medical problem in search of a cure but as felt experiences that can be mobilized in a range of directions, including the construction of cultures and publics". In doing so, we contribute to broader concerns about exploring the spatiality and temporality of trauma at the centre of feminist research (Blum & Secor, 2014; Coddington & Micieli-Voutsinas, 2017; Mountz, 2017b).

The timeliness of these questions could not be clearer, given the magnitude of international displacement and sharp disputes over how to characterise and respond to people on the move. Cold War, post-Cold War and Global War on Terror conflicts, and popular mobilisation against oppressive rule, have fuelled the largest scale of international displacement on record. The year 2015 also marked a shift in where refugees are located. Turkey overtook Pakistan as the country hosting the world's largest numbers of refugees, even as nearby Lebanon and Jordan also took in greater numbers of refugees, principally from the 5-year war in Syria and ongoing violence in Iraq. The scale of displacement of Syrians is so significant that it has partially eclipsed concern over existing refugee displacement in the region and elsewhere in Asia and East Africa, which together are where most of the world's refugees are located. Increased border securitisation and policing measures on the part of EU nations (and with formal collaboration with non-EU nations) have increased barriers to movement, resulting in large numbers of people from Iraq, Syria, Afghanistan, Eritrea, Sudan and Iran finding themselves in Turkey and Jordan for extended lengths of time.

In this paper we explore the workings of what we are calling the geopolitics of trauma at one site of entry into the international regime of refugee administration. We do so by examining third-country resettlement, one of the three permanent solutions mandated by the 1951 Geneva Convention and implemented by the UNCHR in collaboration with signatories to the Convention (see Hyndman & Giles, 2016). In particular, we focus on the resettlement of refugees (primarily Iraqis) from Turkey to the USA. While less than 1% of refugees will be resettled to a third country, the USA has been the top country of refugee resettlement globally, taking more than five times as many as Canada, the next top recipient, in 2016 (UNHCR, 2017).[2] From Turkey in particular, the USA resettled 40% of all those who received third-country resettlement in 2016 (International Organization for Migration). We present findings from fieldwork that we conducted in August 2015 in Turkey with NGOs and IGOs involved in the protection, mental health and psychosocial service provision, and resettlement of Iraqis (and other refugees). This research consisted of interviews with 14 staff members from the major IGOs and NGOs tasked with third-country resettlement and refugee administration in Turkey (including the International Organization for Migration and the United Nations High Commissioner on Refugees, UNHCR). The UNHCR operation in Turkey is the largest of its kind in the world, yet still short staffed. Our interviews served to shed light on the intertwined processes of refugee protection and resettlement, the various procedures and practices in place, and staff insights into the workings and shortcomings of existing procedures and resources. In focusing on trauma and mental health in refugee resettlement and administration procedures we were able to explore questions of personal safety and national security, violence as cause and outcome of refugee migration, as well as the challenges of providing services and even information to the millions of refugees housed in cities and camps across Turkey. We also interviewed seven psychologists and psychiatrists of NGOs providing mental health care and psychosocial services to victims of torture and sexual and gender-based violence about their clients and the challenges of offering meaningful support while being short staffed and having to overcome language barriers. In addition, we interviewed staff at legal aid organisations working with refugees at different stages in the resettlement proceedings. The findings that we present demonstrate the challenges of refugee care and management on the front lines in Turkey, and the significance of mental health diagnosis, treatment and documentation in the early stages of refugee administration.[3]

2 | TOWARDS A GEOPOLITICS OF TRAUMA

Geopolitics has traditionally mapped the globe in terms of friends and enemies and spaces of security and insecurity (Huntington, 1993; Mackinder, 1904). While the field of critical geopolitics has done much to deconstruct these Manichaean imaginaries (Sharp, 1996; Tuathail & Toal, 1996), recent feminist geopolitical scholarship has stepped beyond critique to reconceptualise the geopolitics of war, its preparations and its aftermath as embodied, affective and spatially dispersed (Bhungalia, 2012; Fluri, 2009; Hyndman, 2004, 2007; Loyd, 2009, 2014; Sharp, 2011). Our work aims to further these insights by bringing together a critical examination of the PTSD framework with migration studies and critical refugee studies. At the crux of our feminist-geopolitical intervention is the production of "the refugee" as simultaneously a subject of humanitarian treatment and the target of a highly securitised migration regime. We argue that (re)thinking the refugee subject through a critical engagement with the dominant, instrumentalised paradigm of trauma – the PTSD framework – contributes to an understanding of geopolitics – that is, of the territorialisation of power – as a process that is temporally ongoing, spatially folded and embodied.

Our intervention takes shape in an international context within which refugees have emerged as subjects of trauma and its humanitarian treatment (Fassin, 2011b, 2012; Ticktin, 2011). In fact, trauma, as a result of fear, persecution, war and other forms of violence, is central to the legal definition of being a refugee (Malkki, 1995b). Following the 1951 Geneva Refugee Convention, refugees deserve humanitarian protection as victims of persecution, violence and war. Such humanitarian commitment, however, runs counter to individual nation-states' sovereignty to selectively admit those migrants whom they deem deserving or desirable for economic or geopolitical reasons (Ashutosh & Mountz, 2012; Hyndman, 2000, 2012). While caught up in and administered according to this dual securitised-humanitarian logic, refugees become legible, in one way, through psychological and corporeal inscription of violence as it is produced in practices of refugee determination, screening and resettlement.

Refugees occupy a contradictory place in the international migration system and in geopolitical security frameworks (Darling, 2011; Espiritu, 2006; Hyndman, 2000; Malkki, 1995b; Nguyen, 2012). Their experiences are frequently prescribed by host governments and NGOs that deem refugees docile, passive and victims deserving (and in need) of humanitarian intervention (Gatrell, 2013; Hyndman & Giles, 2011). As Malkki (1995a, p. 8, cited in Nguyen, 2012, p. 62) observes,

> *"It is striking how often the abundant literature claiming refugees as its object of study locates 'the problem' not first in the political oppression or violence that produces massive territorial displacements of people, but within the bodies and minds of people classified as refugees."*

Much recent scholarship on refugees has similarly pointed to the simultaneous processes of de-subjectifying refugees by placing them into the category of "refugee" while individualising them as having to perform certain identities in order to be eligible for refugee status or asylum (Gatrell, 2013; Shaksari, 2014; Shuman & Bohmer, 2014).

While PTSD has only been a category within the Diagnostic and Statistical Manual for Mental Disorders (DSM) since 1980, physical and mental health assessments have long been elements in the admissions procedures for immigrants and refugees in immigration policy in the USA and elsewhere (Fassin, 2011a, 2011b, 2012; Kanstroom, 2007; Luibhéid, 2002; Ticktin, 2011). Embedded within geographic imaginations of healthy and unhealthy spaces (Dyck & Dossa, 2007; Hinchliffe, Allen, Lavau, Bingham, & Carter, 2013) and histories of screening immigrants for infectious diseases (Blewett, Marmor, Pinter, & Boudreaux, 2014; Brown, Craddock, & Ingram, 2012; Coleman, 2008; Luibhéid, 2002), medical screenings render migrants legible to the state in the name of protecting the health and safety of the body politic (Loyd & Mountz, 2014; Luibhéid, 2002; Mountz, 2010; Ong, 1995). In this process, Fassin and d'Halluin (2005, p. 598) suggest that a refugee's body increasingly becomes "an inscription of truth, insofar as it bears witness to it for the institutions of their host country". The body, its wounds and its scars come to serve as evidence of trauma and persecution. Thus, border control is partially exerted through the medicalisation of the refugee subject, for whom the humanitarian sector and states produce a specific set of expectations regarding, on the one hand, their demonstration of humanitarian need (Fassin, 2012), and on the other, the memory politics of trauma (Hacking, 1994). Through these subjectifying processes, the "safe refugee subject" is prescribed.

Even as refugees are represented as "a *problem* in need of therapeutic intervention" (Espiritu, 2014, p. 12, emphasis in the original), they also are cast as threats to national security and the global political-territorial order. The securitisation of migration has intensified since September 11, 2001 (Bigo, 2002; Coleman, 2009) in ways that have dire consequences for refugees (Barkdull, Weber, Stewart, & Philips, 2012; Johnson, 2013). In the immediate aftermath of 9/11, refugee resettlement into the USA was halted entirely; even those refugees already screened and approved for resettlement had to wait

another 2 years (Barkdull et al., 2012; Schoenholtz, 2005). Since then, the increasing selectivity in refugee admission raises the question of "what is left of the specificity of the status of refugee in an age of control of immigration?" (Fassin, 2011a, p. 220). The securitisation of migration also has entailed the increasing externalisation of refugee and asylum seeker applications and screening procedures, which prevent people on the move from reaching the territory of safe resettlement states, often by locating processing centres on remote island territories (Loyd & Mountz, 2014; Mountz, 2011; Mountz & Hiemstra, 2014) or in such countries as Libya or Nauru that are not party to the 1951 Geneva Refugee Convention (Andrijasevic, 2010; Ferrer-Gallardo & van Houtum, 2014; Hyndman & Mountz, 2008). Increased reliance on extra-territorial and multilateral policing and mass warehousing of refugees for prolonged periods of time creates dehumanising and vulnerable conditions for people who have already endured multiple forms of violence (Darling, 2017).

Refugees are thus a flashpoint for geopolitical manoeuvres of war, imperialism and diplomacy (Espiritu, 2014; Hyndman & Giles, 2016). In Turkey, refugees from Iraq and Syria are at the nexus of the state's domestic, regional and global ambitions. Claiming the moral high ground vis-à-vis Western developed nations, President Recep Tayyip Erdoğan often underlines that Turkey is bearing the brunt of the economic and societal burden of hosting Syrians with very little aid from other countries. At the same time, critics note that Syrian refugees provide an effective "bargaining chip" for the AKP government against the EU (Tuğal, 2016a, 2016b). The value of the refugees at the negotiating table became apparent with the Joint Action Plan agreement reached between Turkey and the EU in 2015, in which the EU committed to 3 billion Euros in financial aid to Turkey, offered "visa free travel" to all Turkish citizens by 2018, and temporarily opened the door for Turkey's EU accession despite its deteriorating human rights record (European Commission, 2016). The Turkish government in return has become EU's border security agency, strengthening the militarisation of its border and engaging in frequent military operations and humanitarian activities (such as opening schools and running refugee camps) across the border (Amnesty International, 2014, p. 9; Dinçer et al., 2013; Human Rights Watch, 2012; Koca, 2015). This power enables the AKP to monitor the situation on the ground and to protect its own interests – and especially to undermine the establishment of a Kurdish state in Syria and Iraq. Critics also note that the AKP regime is using the Syrian refugees to further solidify its power in Turkey, to secure votes for a generation to come and to reengineer the population of areas where Alevi minorities had been living in relative comfort as local majorities (Erdoğan, 2014, p. 71). Geopolitical logics have thus supplanted human rights in the management of refugees in Turkey, as they have globally (Hyndman, 2012).

In the context of the dual logic of security and humanitarianism, we situate our intervention within recent scholarship in the interdisciplinary field of critical refugee studies. Scholars in this field have pointed out the disjuncture between war studies and refugee studies and argued that "[t]his decoupling obscures the formative role that US wars play in structuring the displacements, dispersions, and migrations of refugees to the United States and elsewhere" (Espiritu, 2014, p. 17). This statement echoes criticisms of how war and its aftermath largely have been erased from everyday acknowledgement. For example, in his work on trauma and the Iraq war, the American journalist Morris (2015, p. 251) suggests that "no other people in history is as disconnected from the brutality of war as the United States today". In order to remedy such separation, Espiritu (2014, p. 174) seeks to reconceptualise "'the refugee' not as an object of rescue but as a site of social and political critiques, whose emergence, when traced, would make visible the processes of colonization, war, and displacement". She does so by highlighting that war, even if spatially remote, is ongoing and affects the lives of refugees and others.

In the vein of critical refugee studies, we suggest that refugee migrations, rather than being a linear trajectory from unsafe to safe spaces, are embodied, nonlinear and spatially folded. Our focus on trauma and its administration allows us to make visible new temporal and spatial connectivities. Importantly, trauma, in our use, is not about pathologising refugees and their condition, but rather a site where the geopolitical spaces of war and peace reveal their entanglement. As Espiritu (2014, p. 2) has argued *refugee* and *refuge* are "co-constitutive" and an outcome of US militarism and colonialism/empire. This conceptual move allows us to not only consider the refugee "as a critical idea" (Espiritu, 2014, p. 11), but also to interrogate the construction of trauma, its diagnosis and documentation, in the admission and resettlement of refugees. We thus propose a geopolitics of trauma that disrupts taken-for-granted mappings that situate war and its violence in distant times and spaces.

3 | PROTRACTED UNCERTAINTY AND TRAUMA ALONG THE REFUGEE RESETTLEMENT PROCESS

As our taxi approaches the interview location, we see groups of men standing on either side of the street. We arrive at a building surrounded by a tall fence topped with barbed wire, and see two security stations manned

by guards. After getting out of the taxi we walk by the groups of men who are being asked by the security guards to keep the street clear. Because we are early for our interview, we walk past the building to a small park on the other side of the street where women, small children, and groups of men are camped out in the shade of spare trees on this hot August day. We find some shade as well, and just as we settle into waiting, a security guard approaches us to lead us to the building, where an NGO worker greets us. He leads us past dozens of waiting refugees down a ramp to the building entrance, pointing out along the way the place where refugees waiting to enter leave their luggage. As we enter the building, he shows us a machine that dispenses numbers – differentiated by what language a refugee speaks – that assigns them an order for their interviews. We have arrived at the site of first registration for refugees coming to Turkey, seeking to enter the international resettlement and UNHCR protection system.

We walk through a waiting area that is tense with anxiety and see wary, tired people who clearly traveled a long time to get here. Then we follow a group of refugees up the stairs to the 3rd floor where our informant shows us a temporary interview room with a bare desk, a computer, a desk chair, and two chairs in front of the desk. Behind the desk are two posters with information for refugees in multiple languages and the NGO worker pulls a sheet in Arabic from a stack on the desk, telling us that these are information sheets for refugees. He points out another sheet with contact information in multiple cities for the services.

After that, our informant leads us to an office with six desks and introduces us to everyone in the room before pulling a sheet of secure paper from a printer and describing it in detail. This particular piece of paper has the photo of a young woman on it. The NGO worker explains that this paper cannot be copied. It has a barcode on the back, and a number. The first digits are the country code, followed by a dash, then the number 15 for the year 2015, followed by the actual refugee registration number. The sheet our informant pulled has the woman's biographic data, her photo, and the date for her Refugee Status Determination (RSD) interview on it. In this case, the RSD date is set for December 8, 2015. As the NGO worker emphasizes, this means the woman falls into a particularly vulnerable category. In one way, this woman may appear lucky because her RSD date is fairly soon, but such an early date indicates that this woman is likely single, and has probably experienced sexual or gender based violence.

We walk over to the next desk, where another staff member explains the registration database that this implementing partner shares with the UNHCR. For each refugee there is a row, with families grouped together. She points out that registration interviews place specific notes in each file, for example, that someone was changing their religion. The staff members point out that for Iraqis, the current appointment dates – determined by the registration system — is as far out as 2023, eight years from the date of our visit.

Hundreds of refugees arrive at this overextended Turkish NGO daily, only to initiate an uncertain process of suspension and deferment. In fact, 41% of refugees under UNHCR mandate worldwide are currently in protracted situations where they wait for more than 5 years in initial countries of temporary asylum for resettlement (UNHCR, 2016b). Due to ongoing wars and instability, 2015 marked the largest number of refugees on record globally (UNHCR, 2016b). Fuelled largely by the crisis in Syria, Turkey overtook Pakistan as the country hosting the single largest refugee population in the world. The majority of Turkey's refugee population does not live in camps. UNHCR (2016a) reports that about 300,000 Syrians are currently housed in refugee camps, while about 2.5 million Syrians are living in cities throughout Turkey. The UN has registered another 2.1 million Syrian refugees in Egypt, Iraq, Jordan and Lebanon (UNHCR Syria Regional, 2016). In addition to Syrian refugees, Turkey also hosts refugees from Iraq, Afghanistan, Iran, Pakistan and African nations, so overall estimates are that Turkey is hosting at least 3 million refugees.

The procedures and requirements for entry into different sovereign territories and into the UNHCR's mechanisms of refugee status determination and protection vary by state. They also are temporally contingent, depending on, for example, international donor funding and events that trigger substantial displacements of people, and depend on one's nationality. In Turkey, all refugees are required to register with the Turkish state. While Turkey maintains a geographic limitation of non-Europeans under the 1951 Convention, in 2013, the government of Turkey implemented a Law on Foreigners and International Protection (LFIP), which inaugurated a new Directorate General of Migration Management. Since 2011, Syrians and stateless Palestinians displaced from Syria have been offered a group-based "temporary protection" status, a procedure that was formalised in 2014. Individuals from other countries, such as Iraq, must apply for individual "international protection"

under LFIP (Asylum Information Database, 2018). Neither of these statuses leads to permanent residence permits in Turkey, nor to resettlement. But these statuses provide access to health care, social services and medical treatment. Neither humanitarian nor temporary protected status gives refugees the right to work, either, so economic livelihood is a problem over time, even if portions of the refugee population have means when they first arrive in Turkey.

The UNHCR continues its mandated role of international resettlement in the midst of shifts in Turkish practice. (At the time of our interviews in 2015, Syrians registered first with Turkey and then Turkey referred them to the UN for resettlement, but other nationalities in Turkey "go through a classic UNHCR process" of registration and refugee status determination procedures.) Along with the world's largest refugee population, Turkey now hosts the largest UNHCR operation in the world, and yet our sources there tell us that at best they will be able to resettle 1% of the registered refugees. Resettlement, of course, is only one of the UNHCR's mandates; first and foremost is the protection of refugees. UNHCR works with several implementing partners and has designated 62 satellite cities to which UNHCR-registered refugees are dispersed throughout the country. While this practice eases pressure on Istanbul, it introduces other problems for refugees while they await resettlement, such as availability of health services and translators, and complicates logistics for the UN as it goes about its protection obligations.

In order to be eligible for third-country resettlement, in the USA or elsewhere, refugees must apply via international organisations (such as the UNHCR and its implementing partners). Resettlement is based on international law (1951 Refugee Convention and the 1967 Protocol), so refugees must go through registration and refugee status determination, which basically affirms that a refugee is indeed a refugee, and eligible or suitable for resettlement at all. At the time of our research trip in August 2015, refugees arriving in Turkey and hoping to be resettled in third countries were being issued appointments as far out as 2023 – 8 years into the future – for their refugee status determination interview. Once their status is determined, refugees are subject to background, security and health screenings before being accepted for resettlement. Refugee admission policy in the USA fits a humanitarian mission within national security concerns. According to the Department of Homeland Security, these extensive procedures have been implemented "to ensure that those being admitted through the refugee program are not seeking to harm the United States" (US Citizenship and Immigration Services, 2013). US Citizenship and Immigration Services emphasise their application of the "most thorough checks possible to prevent dangerous individuals from gaining access to the United States through the refugee program". These security checks alone take "an average of five months, often longer" (Human Rights First, 2010, p. 4). Despite tensions between humanitarian and security concerns, the USA raised its resettlement quota in Fiscal Year 2016 to 110,000 people, among them 10,000 Syrians, making the USA the single largest resettlement country in the world.

While the USA is not the only country where people are being resettled, our informants in Turkey explained that the outcome of US health and security protocols effectively became standards used by other nations. Our informant from a major implementing partner of UNHCR told us:

> *Even if they are accepted as a refugee, the only country is [the] United States and there are many Iraqis [a] waiting also [the] Department of Homeland Security check. And it takes a lot of time, and if they are rejected by US, the other countries also reject them because many countries are using United States policies for the groups of terrorists or dangerous group, etc. And when UNHCR received any rejection from the countries, they refer those cases to the other countries such as Canada or Australia. And when they submit those types of cases, they need to inform them that UNHCR rejected, that United States rejected these cases.*

Thus, refugees who endure protracted waiting for a refugee status determination interview and then for US security screening procedures can eventually learn that their application will not result in resettlement in the USA or elsewhere.

"Protracted uncertainty" (Horst & Grabska, 2015, p. 1) and prolonged waiting affect refugees' health and well-being. Al-Shaarawi's (2015, p. 49) study of Iraqis in Cairo highlights that the stresses caused by "Instability, related to the difficult conditions which disrupted refugees' imagined life trajectories and made the future difficult to conceptualize, led to tiredness, worry, sadness and other psychological and cognitive/emotional problems." Similarly, Biehl (2015) shows how living in Turkish cities for prolonged periods of time causes psychological distress for refugees.

Prolonged waiting, then, has the potential to exacerbate trauma or to cause new trauma as refugees worry about loved ones, their futures or simply – and importantly – about how to have food for the next day. These ongoing stressors cause mental and other health problems, or complicate existing conditions. Indeed, the people working with refugees in Turkey whom we interviewed emphasised that this waiting and uncertainty contributed to distress and anxiety among refugees. The waiting, moreover, causes additional vulnerabilities for refugees, as our informant described:

But when they face the waiting period, the problems are starting [. . .] Because when they learned that UNHCR will meet them in 2023, they try to use their chance to go to European countries, and now they are using Serbia, Greece, Macedonia and Germany.

Refugees, confronted with the realities of waiting in a protracted situation, then risk their lives trying to reach the European Union, or even go back to Iraq (see also Biehl, 2015). It is these moments when refugees pack up and leave Turkey that render visible the geopolitical connections between Turkey, the EU and the USA as the duration of US-based resettlement prompts refugees to seek safe haven elsewhere.

At the same time, these lengthy waiting periods are also problematic for the majority of refugees that stay in Turkey. According to the UNHCR and the Turkish government, 50% of all refugees housed in Turkish communities are in need of psychosocial support services (UNHCR, 2015). Yet, social and psychosocial services are not available evenly across space in all parts of Turkey, not even in the 62 satellite cities that the UNHCR and implementing partners have designated to house refugees. Our interviewees pointed to shortages in staff and expertise, both with regard to interpreters and psychologists:

We would say that the biggest problem for the Turkish system is using interpreters. Because there are 62 cities, satellite cities but we and another implementing partner cover maybe around 30 satellite cities. But the rest of the satellite cities. . . there's no NGO in some so even if the medical services are free, if there is no interpreter, you cannot see. So psychologists in Turkey, they are not so experienced to work with interpreters. It's a very new issue in Turkey.

Our interviewees at the UNHCR and in other organisations confirmed these difficulties. An UNHCR officer, for example, said in our interview with him that he "would have to be a traveling circus" in order to be in 62 locations at the same time, even if the sole purpose for visits was to better inform refugees. Clearly, the situation in Turkey is dire for refugees in a variety of ways, and their need of basic food, shelter and medical care is great and remains largely unmet.

For those refugees in Turkey who are still hoping for resettlement, however, mental health service provision and a diagnosis as well as documentation of their trauma through a mental health professional becomes important in their quest to be deemed admissible to the USA. This is in part due to the US admissions policy, and in part due to the fact that in order to better fulfil its mission of protection and resettlement, UNHCR has shifted its entire procedure towards identifying the most vulnerable cases early in the process (at initial registration rather than at refugee status determination). Vulnerable cases are those that have, in addition to the trauma of war, experienced sexual or gender-based violence and/or are victims of torture.

Author: So you are at a stage now because of the pressure that you're only resettling the most vulnerable cases? Is that what is happening?

UNHCR: Yes. We have to because here's the, again, math. [. . .] We have looked at vulnerabilities of the caseloads. And we have estimated that the resettlement need in Turkey is 200,000 something. So 200,000 something people. If we do 20,000 per year that means we have 10 years of work if nothing changes. Now, here's the other thing. Let's look at Syrians exclusively. So 1.8 million people, if you take 10%, which is extremely, extremely conservative, I mean, anybody who has worked with Syrians will tell you 10%? You must be joking. At least 20, 25, 30 [are considered vulnerable]. But let's say 10%, that's 180,000 people. Our annual target for Syrians is 10,000. And it's only that high because of the US, by the way. If US switches out, that's it. We have barely not even 1,000 slots for them.

So you have a situation where you basically have your next 18 years mapped out for you in terms of we have – and things are going to change. And in the next two or three years, what you will have is people will get more destitute. Their situation will change. They will have more vulnerabilities. You never know how the situation in Turkey may be influenced by Syria. You never know what Syria might become. So then the fact of the matter is, some of the extremely vulnerable people will actually not be resettled.

Referencing, again, the reality that longer waiting periods will make refugees even more destitute and vulnerable, this UNHCR officer explains the impossibility of properly serving even the cases that UNHCR considers the most vulnerable.

He points here to an ever more uncertain future that depends on geopolitical developments in Syria and elsewhere. The dynamic of ongoing trauma within the process of becoming a refugee, seeking refuge, asylum or resettlement, is clearly not lost on the overburdened UNHCR workers with whom we spoke in Ankara. At the moment, they are performing a devastating triage, determining the most vulnerable of the approximately 3 million refugees in Turkey to recommend for resettlement. But they know that this triage is based on a snapshot in time, and that neither trauma nor vulnerability is a *fait accompli*, but rather the marks of a mobile and constantly shifting situation.

Without doubt, protracted refugee situations produce new vulnerabilities for refugees and new challenges for those involved in providing care and protection. Given this situation, and the uncertainties of what is to come, it is no surprise that refugees and those aiding in the process of their protection and resettlement are keenly aware of the importance of procedures and documentation. Trauma is thus not only an ongoing reality for many refugees but also a critical component of the screening and resettlement process where, as we show in the next section, it unfolds a specific, medicalised logic of refugee legibility.

4 | DOCUMENTATION OF TRAUMA AND THE SCREENING PROCESSES IN TURKEY

Admissions screening is increasingly "[d]etached from the lived experience of the victims of persecution, it attempts their objectification through experts' words and ends up in desubjectifying them" (Fassin & d'Halluin, 2005, p. 598). In other words, the refugee becomes a category that is established by medical experts rather than a person with specific, embodied experiences. It takes an expert to make a refugee. Interviews with UNHCR personnel and the psychologists and social workers employed by NGOs allow us to trace out how trauma and its documentation are part of the process of refugee registration, determination and care. That the documentation of PTSD is caught up in the operation of the transnational refugee regime both reinforces and reflects the production of the legibly traumatised refugee subject for international agencies – despite the real limitations of the paradigm as a historical and cultural product of Western mental health knowledge and practice. In fact, we find that trauma and its documentation are often perceived to play – and sometimes really do play – a role in the determination of refugee status.

Mental health screenings for refugees in Turkey must be understood as part of the internationalisation of the PTSD framework and its cross-cultural extension. Symptoms of anxiety and distress following traumatic events have been documented in refugees from every part of the world (Fazel, Wheeler, & Danesh, 2005; Kinzie et al., 1990; McDonald & Sand, 2010; Mollica, Wyshak, & Lavelle, 1987; Steel et al., 2009). The ambiguities of the PTSD paradigm – such as questions about what constitutes a traumatic stressor, whether the category of PTSD is legitimately distinct from other anxiety disorders, and what might be the unique quality of trauma dreams and flashbacks (Leys, 2000; McNally, 2004; Van der Kolk, 1994) – are compounded in cross-cultural diagnosis and treatment. Traumatic anxiety, some have argued, is not merely an individual psychopathology, but a problem embedded in and reflective of broader social, cultural and political contexts (Bracken, 2002). The difficulty of mental health treatment across cultures begins with the issue of assessment, since normality and psychopathology do not have a single universal definition (Eisenbruch, 1991; Kinzie, 2001).

Diagnosis and treatment of PTSD among refugees in Turkey unfolds in ways that both address and elide the Western genealogy of the framework itself. While some practitioners simply use the DSM criteria as a metric of PTSD, in Turkey, at a premier centre for research and treatment in the field of PTSD, the director explained that she does not use the "international" standard Harvard Questionnaire to diagnose PTSD:

> *We have chosen other methods. Certain measures are widely used, I know, but I think I saw a revision of the Harvard questionnaire, and I think it has improved greatly. In the past, we didn't use it. The first reason being this. That's an instrument developed by an Italian-American living in the States. We need questionnaires in Turkish when we work with torture survivors or earthquake survivors. Why do we need to adopt a questionnaire that was developed in the West? We could develop one in our own language because we know the expressions, so why go to the trouble of translating, adopting and validating something that was developed for Western populations? . . . Why should we? Are we obliged to adopt everything from the West? Aren't we allowed to develop our own methods of developing tools in our own language, rather than borrowing it from you? It's a very imperialistic approach actually.*

In the treatment of PTSD in Turkey (not only among refugees but among the Turkish population as well), scholars and practitioners have thus developed diagnostic materials that are grounded in the language and culture of the population. This re-thinking of PTSD extends to its treatment. Our informant distinguishes her methods from the "habituation" technique that involves the retelling of the trauma; she explains that this method was developed for rape survivors in the USA, "an individualist country where people don't share their experiences and telling about it might help…. Here, in some settings, people do like to talk about their traumas." In both diagnosis and treatment, this expert has thus adapted and rethought trauma and its aftermath in clinically and locally grounded ways. Joining other critics that have argued that PTSD is a Western concept that obscures the range of adaptive responses to stress operative in different societies (Summerfield, 2004; Zur, 1996), she sees the imposition of the Harvard Questionnaire as imperialistic. Yet she continues to work with PTSD as a framework that can be productive when alloyed with culturally appropriate understandings.

In the context of the legibility of PTSD to international organisations such as the UNHCR, the documentation of diagnosis comes to play a role – real or perceived – in building a credible case for refugee status and even resettlement eligibility. This embroils mental health practitioners in migration management screening processes. Many whom we interviewed in Turkey told us that they do not supply such reports to refugees on demand. Further, the authority of the report varies depending on the reputation of the practitioner and his or her relationship to the international organisations, as our interviewee explains:

> *Refugees believe that if they can get a report from a psychologist, it's gonna help their case. Many people used to come here requesting reports, so that's why I do not deliver reports when refugees ask me. I deliver only for those for whom the decision is too difficult to make. … I do not think having that report helps them. …In my view, it also depends on how the report is written perhaps. … [J]ust saying that the person has PTSD doesn't help the person get resettled or get RSD decision. Giving the evidence that PTSD symptoms are a manifestation of the kinds of events that the person has gone through is more important. That requires a little bit of expertise and documenting. …That's why I feel like it's not having a report that helps them or any psychological problem that helps them, but having this credible evidence that fits together that helps them.*

This psychiatrist is frequently contacted by UNHCR personnel who are engaged in determining the refugee status of their interviewees. Such a determination hinges on the UNHCR personnel's assessment of the veracity of the interviewee's report regarding what they have experienced, and a diagnosis of PTSD in some ways seems to verify the events. This is something unique to PTSD – it is the only diagnosis in the DSM to hinge on an external event. Our interviewee explains, "[i]t seems that they [UNHCR officers] feel safer about their decision when they have the report of some professional who confirms the person's reported events when they are linked to a psychological outcome. If you work with a lot of trauma survivors, you learn them, and you know the psychological profile that you're gonna be confronted with. I can understand whether someone is lying or not. It is possible." In short, the report of a well-established practitioner can be taken as evidence not primarily of mental illness, but of the truth of the events themselves (Fassin & d'Halluin, 2005) – as they are proven in the aftermath of suffering.

At the same time, this sense that PTSD is proof of refugee status in some fundamental way leads to all kinds of problems that our interviewees elucidated for us. For example, UNHCR interviewers may decide that a person is lying based on perceived inconsistencies in their story – and yet, missing details, incomplete recollection and confused narrations may in fact be themselves the results of trauma. On the other hand, UNHCR personnel (and implementing partners) are also sceptical of someone who comes in and tells their story fluently, because then they think – if all these terrible things happened to you, how come you can talk about them so easily? Such fluency is an outcome of treatment for PTSD, which often rests on creating a new narrative that integrates the traumatic event into a story of the self and situates it definitively in the past (Wilson, Friedman, & Lindy, 2001), a cure that requires a particular understanding of the self, life-narrative and the role of memory. Consequently, our NGO research participants explained that they had to tell these UNHCR personnel that the person had been to treatment and had therefore become fluent in telling their story. As a result, the psychiatrist's report takes on a fair bit of significance not only in refugee status determination, but also potentially in resettlement to the USA.

Not only is the refugee status determination interview a kind of proving ground on which a "proper" performance of refugee status and PTSD (that is, a not-too-disjointed and not-too-fluent account of violence endured) becomes a marker for the veracity of the events themselves, it may also be an occasion for retraumatisation. For example, one of the psychologists working at another NGO that specifically serves survivors of torture asserted that the refugee status determination interview is, in her words, "horrible" for her clients:

Because they have to tell their story to someone who investigates them. It's like the police have arrived again. It's like – it can easily turn into a reiteration of the trauma because of the setting. And because it doesn't really work really well because the UN is very busy because there are many refugees. There's a huge waiting process and it turns into violence for them because they've been waiting, they don't know when the waiting will finish, they don't know – they don't have any bit of control during the process. And it's like they feel really passive and it's like really hard for them to bear and to wait. And someone who's been traumatized, they're really anxious and they really want to have control over things in order to feel safe.

In short, not only does the refugee status determination interview – and in fact the whole protracted process of multiple interviews and documentation through which a displaced person applies for refugee status and third-country resettlement – act as the scene of the narration and performance of trauma and its aftermath, it also becomes another site of ongoing traumatisation. Further, in the practices of screening and documentation, we can trace the medicalisation of the refugee subject as not only a question of care but also a practice of legibility on which the state and international organisations base their decisions about inclusion and exclusion. The geopolitics of trauma thus emerges not only in cartographies of war, displacement and resettlement, but also in the minute details of how refugees struggle to navigate the performative demands of the refugee determination and resettlement process.

5 | CONCLUSION: INTIMATE CONNECTIVITIES

Author: What do you think is most helpful for them [refugees]?

Interviewee: War has to stop. They have to live in their home. Everybody wants to live in their home. I mean, none of them are actually wanting to be in Turkey or in Istanbul or in America, they want to live in their village and they want to live in their house. And I heard this from many persons. I know people who came to Turkey but couldn't survive here because of the life conditions and had to go back to their countries and accept the war. Because everybody wants to be in their own country.

Although our interviewee, a social worker at an NGO in Istanbul, works daily to provide services to refugees in Turkey, he situates the "problems" of refugees at an entirely different level than service provision in Istanbul. Rather than thinking of refugees as subjects in search of care and resettlement, our interviewee pierces the scrim of humanitarian reason to make visible the catastrophe at the heart of the refugee crisis and to make the geopolitical the primary, necessary site for intervention. In doing so, he intimately links the scale of the body and embodied experiences to the geopolitics of war and violence, and echoes arguments that feminist geopolitics scholars have put forth (Fluri, 2009; Hyndman, 2007; Mountz, 2017a, 2017b; Pain, 2014). The intensity of his response seemed specifically directed to the American interviewers and to transmit a pointed invocation of US culpability for the ongoing, internationalised violence and displacement in Iraq and Syria. Beyond being victimised or traumatised subjects, refugees embody the racist geopolitics of war, imperialism and diplomacy that defines their conditions, the choices available to them and their inscription within discursive and material international regimes (Betts, 2013; Espiritu, 2014; Gatrell, 2013; Hyndman & Giles, 2016).

Refugees in Turkey are caught in a prolonged limbo, during which they are subject to layers of bureaucracy, repeated interviews and ongoing demands to prove their deservingness within the international humanitarian logic that governs their access to care and resettlement. These practices of screening and documentation are part and parcel of the medicalisation of trauma as not only a question of care but also a practice of legibility that facilitates decision-making in the international networks of refugee administration and resettlement. At the same time, protracted uncertainty also creates new vulnerabilities for refugees (Biehl, 2015) and new challenges for international and domestic service providers.

In this paper, we have mapped out a conceptualisation of a geopolitics of trauma in which power and territory are produced through experiences and discourses of violence, war and its aftermath. In focusing on the entry into the admission and resettlement process, our research begins to show the wider conceptual potential of thinking trauma and geopolitics in concert. The process of becoming a refugee, seeking asylum or resettlement is indeed deeply imbued with trauma, but not merely or primarily as a problem of individual mental health. By exploring how trauma becomes inscribed on refugees' bodies and mobilised in refugee administration and admission, our analysis contributes to critical refugee studies that render

visible the intimate connections between the violence of imperialism, war and displacement (Espiritu, 2014). Recognising the centrality of war itself and the violence of displacement, an embodied geopolitics of trauma thus remaps the relationships between foreign and domestic places and exposes the processes through which security and care are interwoven.

ACKNOWLEDGEMENTS

The research for this article was funded by the U.S. National Science Foundation Award ID BCS-1461615. We wish to thank our research participants for sharing their time and insights with us.

ENDNOTES

[1] PTSD is codified as a syndrome that afflicts those who have been exposed to an event that qualifies as a "traumatic" stressor (threats or experiences of death, injury or sexual violence) and who present with persistent and distressing symptoms that fall within three clusters: (1) repeatedly re-experiencing the trauma; (2) avoidance of activities and stimuli associated with the trauma; and (3) heightened arousal such as irritability (American Psychiatric Association [APA], 2013).

[2] In January 2017, President Trump issued Executive Order No. 13769 [Protecting The Nation From Foreign Terrorist Entry Into The United States] that reduced the admission ceiling for refugees from 110,000 to 50,000 for FY2017. On 26 September 2017, the Trump administration announced a further reduction of refugee admissions to 45,000 in FY2018 (Davis & Jordan, 2017), which is historically the lowest cap since the implementation of the 1980 Refugee Act in the U.S. (Executive Order No. 13769 3 C.F.R. 8977 [2017], Accessed 13 March 2017).

[3] Findings presented in this paper are part of a larger multi-sited research project that examines the effects of the PTSD paradigm on the processes and experiences of Iraqi refugee admission to and resettlement in the USA. The full scope of this project involves interviews with (1) UNHCR and International Organization for Migration officials at resettlement support centres, consular staff and panel physicians in Jordan and Turkey; (2) local resettlement service providers in four US cities chosen to represent both newer immigrant destinations and traditional "gateway" cities; and (3) Iraqi refugees who have been resettled at the four domestic sites.

REFERENCES

Al-Shaarawi, N. (2015). Living an uncertain future: Temporality, uncertainty, and well-being among Iraqi refugees in Egypt. *Social Analysis*, *59*, 38–56.

American Psychiatric Association (APA) (2013). *Diagnostic and statistical manual of mental disorders, 5th edition (DSM-5)*. Washington, DC: American Psychiatric Publishing.

Amnesty International (2014). *Struggling to survive: Refugees from Syria to Turkey*. London, UK: Amnesty International.

Andrijasevic, R. (2010). Deported: The right to asylum at EU's external border of Italy and Libya. *International Migration*, *48*, 148–174.

Ashutosh, I., & Mountz, A. (2012). The geopolitics of migrant mobility: Tracing state relations through refugee claims, boats, and discourses. *Geopolitics*, *17*, 335–354.

Asylum Information Database (2018). *Introduction to the asylum context in Turkey*. Retrieved from http://www.asylumineurope.org/reports/country/turkey/introduction-asylum-context-turkey.

Barkdull, C., Weber, B., Stewart, A., & Philips, A. (2012). The changing context of refugee resettlement policy and programs in the United States. *Journal of International Social Issues*, *1*, 107–119.

Betts, A. (2013). *Survival migration*. Ithaca, NY: Cornell University Press.

Bhungalia, L. (2012). Im/mobilities in a 'hostile territory': Managing the red line. *Geopolitics*, *17*, 256–275.

Biehl, K. S. (2015). Governing through uncertainty: Experiences of being a refugee in Turkey as a country for temporary asylum. *Social Analysis*, *59*, 57–75.

Bigo, D. (2002). Security and immigration: Toward a critique of the governmentality of unease. *Alternatives: Global, Local, Political*, *27*, 63–92.

Blewett, L. A., Marmor, S., Pinter, J. K., & Boudreaux, M. (2014). Aligning US health and immigration policy to reduce the incidence of tuberculosis. *The International Journal of Tuberculosis and Lung Disease*, *18*, 397–404.

Blum, V. L., & Secor, A. J. (2014). Mapping trauma: Topography to topology. In S. PIle & P. Kingsbury (Eds.), *Psychoanalytic geographies* (pp. 103–116). Farnham, Surrey and Burlington, VT: Ashgate.

Bracken, P. (2002). *Trauma: Culture, meaning, and philosophy*. Hoboken, NJ: Wiley.

Brown, T., Craddock, S., & Ingram, A. (2012). Critical interventions in global health: Governmentality, risk, and assemblage. *Annals of the Association of American Geographers*, *102*, 1182–1189.

Coddington, K., & Micieli-Voutsinas, J. (2017). On trauma, geography, and mobility: Towards geographies of trauma. *Emotion, Space and Society*, *24*, 52–56.

Coleman, M. (2008). US immigration law and its geographies of social control: Lessons from homosexual exclusion during the Cold War. *Environment and Planning D: Society and Space*, *26*, 1096–1114.

Coleman, M. (2009). What counts as the politics and practice of security, and where? Devolution and immigrant insecurity after 9/11. *Annals of the Association of American Geographers*, *99*, 904–913.

Cvetkovich, A. (2003). *An archive of feelings: Trauma, sexuality, and lesbian public cultures*. Durham, NC: Duke University Press.

Darling, J. (2011). Domopolitics, governmentality and the regulation of asylum accommodation. *Political Geography*, *30*, 263–271.
Darling, J. (2017). Forced migration and the city: Irregularity, informality, and the politics of presence. *Progress in Human Geography*, *41*, 178–198.
Davis, J. H., & Jordan, M. (2017). Trump plans 45,000 limit on refugees admitted to U.S. *The New York Times*, September 26, 2017.
Dinçer, O., Federici, V., Ferris, E., Karaca, S., Kirişci, K., & Çarmıklı, E. Ö. (2013). *Turkey and Syrian refugees: The limits of hospitality*. Washington, DC: The Brookings Institution.
Dyck, I., & Dossa, P. (2007). Place, health and home: Gender and migration in the constitution of healthy space. *Health & Place*, *13*, 691–701.
Eisenbruch, M. (1991). From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees. *Social Science & Medicine*, *33*, 673–680.
Erdoğan, M. M. (2014). *Syrians in Turkey: Social acceptance and integration research*. Ankara: Migration and Research Center, Hacettepe University. HUGO Press.
Espiritu, Y. L. (2006). Toward a critical refugee study: The Vietnamese refugee subject in US scholarship. *Journal of Vietnamese Studies*, *1*, 410–433.
Espiritu, Y. L. (2014). *Body counts: The Vietnam War and militarized refugees*. Oakland, CA: University of California Press.
European Commission (2016). *Fact sheet on the EU-Turkey statement*. Retrieved from http://europa.eu/rapid/press-release_MEMO-16-963_en.htm
Executive Order No. 13769 3 C.F.R. 8977 (2017). *Government Publishing Office*. Retrieved from https://www.gpo.gov/fdsys/pkg/FR-2017-02-01/pdf/2017-02281.pdf.
Fassin, D. (2011a). Policing borders, producing boundaries. The governmentality of immigration in dark times. *Annual Review of Anthropology*, *40*, 213–226.
Fassin, D. (2011b). The trace: Violence, truth, and the politics of the body. *Social Research*, *78*, 281–298.
Fassin, D. (2012). *Humanitarian reason: A moral history of the present*. Berkeley, CA: University of California Press.
Fassin, D., & d'Halluin, E. (2005). The truth from the body: Medical certificates as ultimate evidence for asylum seekers. *American Anthropologist*, *107*, 597–608.
Fassin, D., & Rechtman, R. (2009). *Empire of trauma: An inquiry into the condition of victimhood*. Princeton, NJ: Princeton University Press.
Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *Lancet*, *365*, 1309–1314.
Ferrer-Gallardo, X., & van Houtum, H. (2014). The deadly EU border control. *ACME*, *13*, 295–304.
Fluri, J. L. (2009). Geopolitics of gender and violence 'from below'. *Political Geography*, *28*, 259–265.
Gatrell, P. (2013). *The making of the modern refugee*. Oxford, UK: Oxford University Press.
Hacking, I. (1994). Memoro-politics, trauma and the soul. *History of the Human Sciences*, *7*, 29–52.
Hinchliffe, S., Allen, J., Lavau, S., Bingham, N., & Carter, S. (2013). Biosecurity and the topologies of infected life: From borderlines to borderlands. *Transactions of the Institute of British Geographers*, *38*, 531–543.
Horst, C., & Grabska, K. (2015). Introduction: Flight and exile—Uncertainty in the context of conflict-induced displacement. *Social Analysis*, *59*, 1–18.
Human Rights First (2010). *Living in Limbo: Iraqi refugees and US resettlement*. Washington, DC. Retrieved from http://www.humanrightsfirst.org/wp-content/uploads/Living-in-Limbo-final.pdf
Human Rights Watch (2012). *Iraq/Turkey: Open borders to all Syrian refugees*. Retrieved from https://www.hrw.org/news/2012/10/14/iraq/turkey-open-borders-all-syrian-refugees
Huntington, S. P. (1993). The clash of civilizations? *Foreign Affairs*, *72*, 22–49.
Hyndman, J. (2000). *Managing displacement: Refugees and the politics of humanitarianism*. Minneapolis, MN: University of Minnesota Press.
Hyndman, J. (2004). Mind the gap: Bridging feminist political geography through geopolitics. *Political Geography*, *23*, 307–322.
Hyndman, J. (2007). Feminist geopolitics revisited: Body counts in Iraq. *The Professional Geographer*, *59*, 35–46.
Hyndman, J. (2012). The geopolitics of migration and mobility. *Geopolitics*, *17*, 243–255.
Hyndman, J., & Giles, W. (2011). Waiting for what? The feminization of asylum in protracted situations. *Gender, Place & Culture: A Journal of Feminist Geography*, *18*, 361–379.
Hyndman, J., & Giles, W. (2016). *Refugees in extended exile: Living on the edge*. London, UK and New York, NY: Routledge.
Hyndman, J., & Mountz, A. (2008). Another brick in the wall? Neo-refoulement and the externalization of asylum by Australia and Europe. *Government and Opposition*, *43*, 249–269.
Johnson, K. W. (2013). *To be a friend is fatal: The fight to save the Iraqis left behind*. New York, NY: Scribner.
Kanstroom, D. (2007). *Deportation nation*. Cambridge, MA and London, UK: Harvard University Press.
Kinzie, J. D. (2001). Cross-cultural treatment of PTSD. In J. P. Wilson, M. J. Friedman, & J. Lindy (Eds.), *Treating psychological trauma and PTSD* (pp. 255–277). New York, NY: The Guilford Press.
Kinzie, J. D., Boehnlein, J. K., Leung, P. K., Moore, L. J., Riley, C., & Smith, D. (1990). The prevalence of posttraumatic stress disorder and its clinical significance among Southeast Asian refugees. *American Journal of Psychiatry*, *147*, 913–917.
Koca, B. T. (2015). Deconstructing Turkey's "open door" policy towards refugees from Syria. *Migration Letters*, *12*, 209–225.
Leys, R. (2000). *Trauma: A genealogy*. Chicago, IL: University of Chicago Press.
Loyd, J. M. (2009). War is not healthy for children and other living things. *Environment and Planning D: Society and Space*, *27*, 403–424.
Loyd, J. M. (2014). *Health rights are civil rights*. Minneapolis, MN: University of Minnesota Press.
Loyd, J. M., & Mountz, A. (2014). Managing migration, scaling sovereignty on islands. *Island Studies Journal*, *9*, 23–42.
Luibhéid, E. (2002). *Entry denied: Controlling sexuality at the border*. Minneapolis, MN: University of Minnesota Press.
Mackinder, H. J. (1904). The geographical pivot of history. *Geographical Journal*, *23*, 421–437.

Malkki, L. H. (1995a). *Purity and exile: Violence, memory, and national cosmology among Hutu refugees in Tanzania*. Chicago, IL: University of Chicago Press.

Malkki, L. H. (1995b). Refugees and exiles: From 'refugee studies' to the national order of things. *Annual Review of Anthropology*, *24*, 495–523.

McDonald, T. W., & Sand, J. N. (2010). *Post-traumatic stress disorder in refugee communities: The importance of culturally sensitive screening, diagnosis, and treatment*. New York, NY: Nova Science Publishers Inc.

McNally, R. J. (2004). Conceptual problems with the DSM-IV criteria for posttraumatic stress disorder. In G. Rosen (Ed.), *Posttraumatic stress disorder: Issues and controversies* (pp. 1–14). West Sussex, UK: John Wiley and Sons.

Mollica, R. F., Wyshak, G., & Lavelle, J. (1987). The psychosocial impact of war trauma and torture on Southeast Asian refugees. *American Journal of Psychiatry*, *144*, 1567–1572.

Morris, D. J. (2015). *The evil hours: A biography of post-traumatic stress disorder*. Boston, New York, NY: Houghton Mifflin Harcourt.

Mountz, A. (2010). *Seeking asylum: Human smuggling and bureaucracy at the border*. Minneapolis, MN: University of Minnesota Press.

Mountz, A. (2011). The enforcement archipelago: Detention, haunting, and asylum on islands. *Political Geography*, *30*, 118–128.

Mountz, A. (2017a). Political geography III: Bodies. *Progress in Human Geography*, https://doi.org/10.1177/0309132517718642.

Mountz, A. (2017b). Island detention: Affective eruption as trauma's disruption. *Emotion, Space and Society*, *24*, 74–82.

Mountz, A., & Hiemstra, N. (2014). Chaos and crisis: Dissecting the spatiotemporal logics of contemporary migrations and state practices. *Annals of the Association of American Geographers*, *104*, 382–390.

Nguyen, M. T. (2012). *The gift of freedom: War, debt, and other refugee passages*. Durham: Duke University Press.

Ong, A. (1995). Making the biopolitical subject: Cambodian immigrants, refugee medicine and cultural citizenship in California. *Social Science & Medicine*, *40*, 1243–1257.

Pain, R. (2014). Everyday terrorism: Connecting domestic violence and global terrorism. *Progress in Human Geography*, *38*, 531–550.

Papadopoulos, R. K. (Ed.). (2002). *Therapeutic care for refugees: No place like home*. London: The Tavistock Clinic Series, Karnac Books.

Schoenholtz, A. I. (2005). Refugee protection in the United States post-September 11. *Columbia Human Rights Law Review*, *36*, 323–364.

Shaksari, S. (2014). The queer time of death: Temporality, geopolitics, and refugee rights. *Sexualities*, *17*, 998–1015.

Sharp, J. P. (1996). Hegemony, popular culture and geopolitics: The Reader's Digest and the construction of danger. *Political Geography*, *15*, 557–570.

Sharp, J. P. (2011). A subaltern critical geopolitics of the war on terror: Postcolonial security in Tanzania. *Geoforum*, *42*, 297–305.

Shuman, A., & Bohmer, C. (2014). Gender and cultural silences in the political asylum process. *Sexualities*, *17*, 939–957.

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *Journal of the American Medical Association*, *302*, 537–549.

Summerfield, D. (2004). Cross-cultural perspectives on the medicalization of human suffering. In G. M. Rosen (Ed.), *Posttraumatic stress disorder* (pp. 233–246). Chichester, UK: Wiley.

Ticktin, M. (2011). *Casulaties of care: Immigration and the politics of humanitarianism in France*. Berkeley, CA: University of California Press.

Tuathail, G. Ó., & Toal, G. (1996). *Critical geopolitics: The politics of writing global space*. Minneapolis, MN: University of Minnesota Press.

Tuğal, C. (2016a). Syrian refugees in Turkey are pawns in a geopolitical game. *The Guardian*. Retrieved from https://www.theguardian.com/commentisfree/2016/feb/15/refugees-turkey-government-eu-crisis-europe

Tuğal, C. (2016b). In Turkey, the regime slides from soft to hard totalitarianism. *Open Democracy*. Retrieved from http://www.opendemocracy.net/cihan-tugal/turkey-hard-totalitarianism-erdogan-authoritarian

UNHCR (2015). *3RP Regional refugee resilience plan: Turkey, March update*. Retrieved from https://data.unhcr.org/syrianrefugees/download.php?id=8700

UNHCR (2016a). *Access to jobs*. Retrieved from http://www.unhcr.org/5715ef866.html

UNHCR (2016b). *Global trends: Forced displacement in 2015*. Retrieved from http://www.unhcr.org/576408 cd7.pdf

UNHCR (2017). *Resettlement*. Retrieved from http://www.unhcr.org/resettlement.html

UNHCR Syria Regional (2016). Retrieved from http://data.unhcr.org/syrianrefugees/regional.php

US Citizenship and Immigration Services (2013). *Iraqi refugee processing fact sheet*. Retrieved from http://www.uscis.gov/humanitarian/refugees-asylum/refugees/iraqi-refugee-processing-fact-sheet

Van der Kolk, B. (1994). The body keeps the score: Memory and the evolving psychobiology of post-traumatic stress. *Harvard Review of Psychiatry*, *1*, 253–264.

Wilson, J. P., & Drozdek, B. (2004). *Broken spirits: The treatment of traumatized asylum seekers, refugees, war and torture Victims*. New York, NY: Brunner-Routledge.

Wilson, J. P., Friedman, M. J., & Lindy, J. D. (Eds.) (2001). *Treating psychological trauma and PTSD*. New York, NY: The Guilford Press.

Zur, J. (1996). From PTSD to voices in context: From an "experience-far" to an "experience-near": Understanding of responses to war and atrocity across cultures. *International Journal of Social Psychiatry*, *42*, 305–317.

How to cite this article: Loyd J. M., Ehrkamp P., Secor A. J. A geopolitics of trauma: Refugee administration and protracted uncertainty in Turkey. *Trans Inst Br Geogr*. 2018;00:1–13. https://doi.org/10.1111/tran.12234