

Refugee and Asylum Seeking Children

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Analysis

Rory McCarthy and Luke Harding

At a series of Pakistani government meetings two weeks ago General Pervez Musharraf issued an order to stop Islamist militants crossing the line of control that divides Kashmir. The armed forces have long given covert support to the militants.

The order was discussed at a joint meeting of the cabinet and the national security council on May 22. At another meeting at the joint staff headquarters in Rawalpindi the following day the generals debated the decision for hours before agreeing to support Gen Musharraf.

Sources close to the militants said the order would apply for six weeks at first.

In Islamabad the following week Gen Musharraf assured the British foreign secretary, Jack Straw, that "cross-border terrorism" by Islamist militants had ended.

He told Mr Straw there was now no movement of either "people or supplies" across the line of control. Contrary to previous occasions, he made little effort to deny that infiltration had taken place in the past, and used "much more realistic language", sources said.

He also promised to close militant training camps in Pakistan-controlled Kash-

another "massacre" in Kashmir could provoke India to attack Pakistan, or that Delhi may go to war if it concludes that Pakistan is not sincere about ending the infiltration.

Reports in Islamabad suggest that Gen Musharraf planned to announce a "ceasefire" in a national television address last week but ran into immediate opposition from senior militant leaders, who believed that their fighters were being left to the mercy of the Indian army.

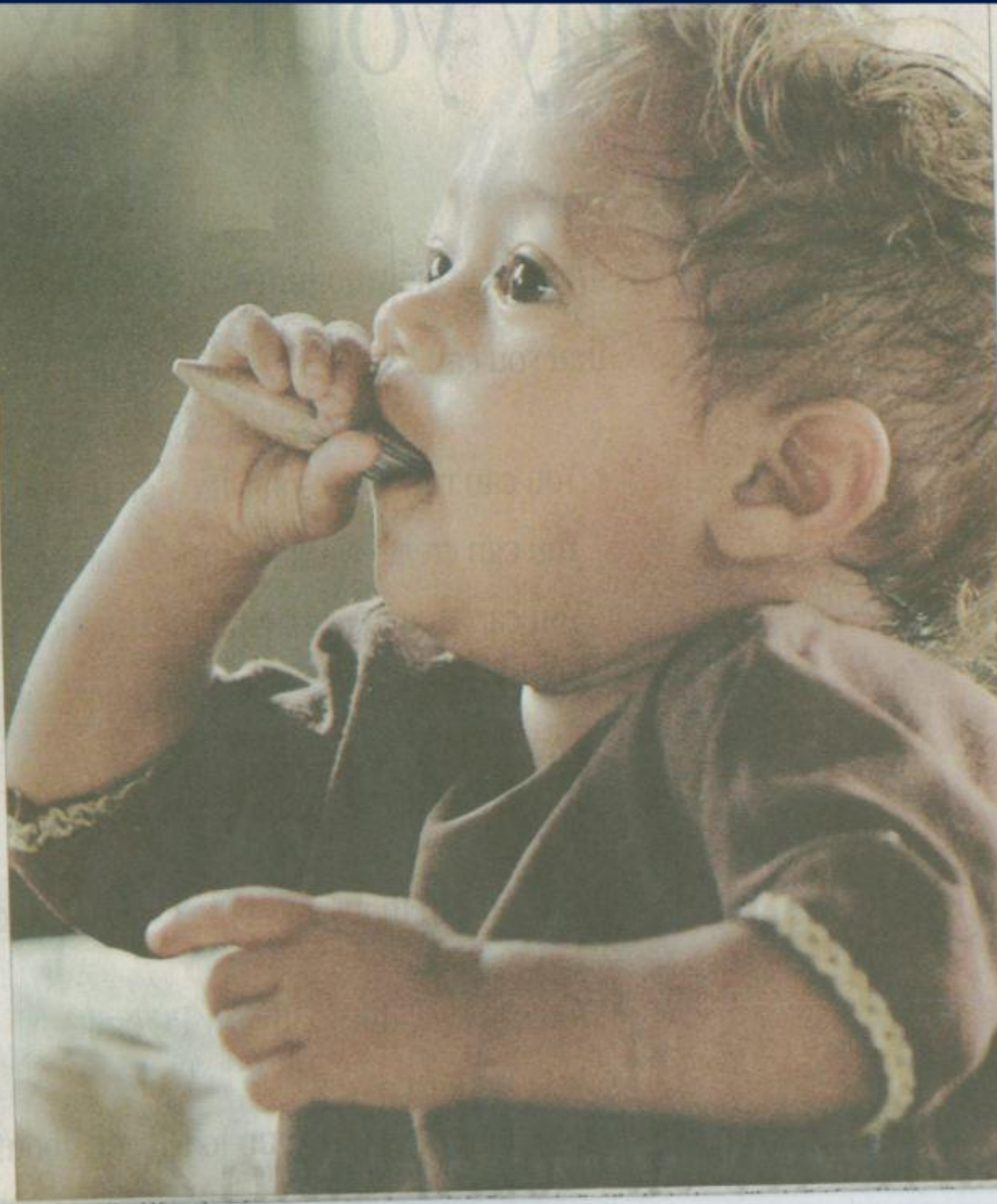
"They will butcher our boys after the ceasefire," said Syed Salahuddin, head of the biggest militant group, Hizbul Mujahedin. In the end the president's speech took a defiant line and included no promise to curb militancy.

It is unclear how much control he has over the militants. Since he allied himself with America in its war in Afghanistan, the army's influence over the militants has waned.

If he is unable to reconcile them to his decision he may feel a backlash. "What he fears is that if he totally alienates the militant groups and the Indians are unyielding, then you have two fronts," said Talat Masood, a retired Pakistani general.

Gen Musharraf has also encountered considerable discontent in the army. Four senior generals, including the then head of the ISI intelligence agency, opposed his decision last September to halt support to the Taliban.

Two, including the hard-line ISI chief Lieutenant-General Mehmood Ahmed,



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Since World War II, there have been 127 wars and between 21.8 million and 40 million deaths.

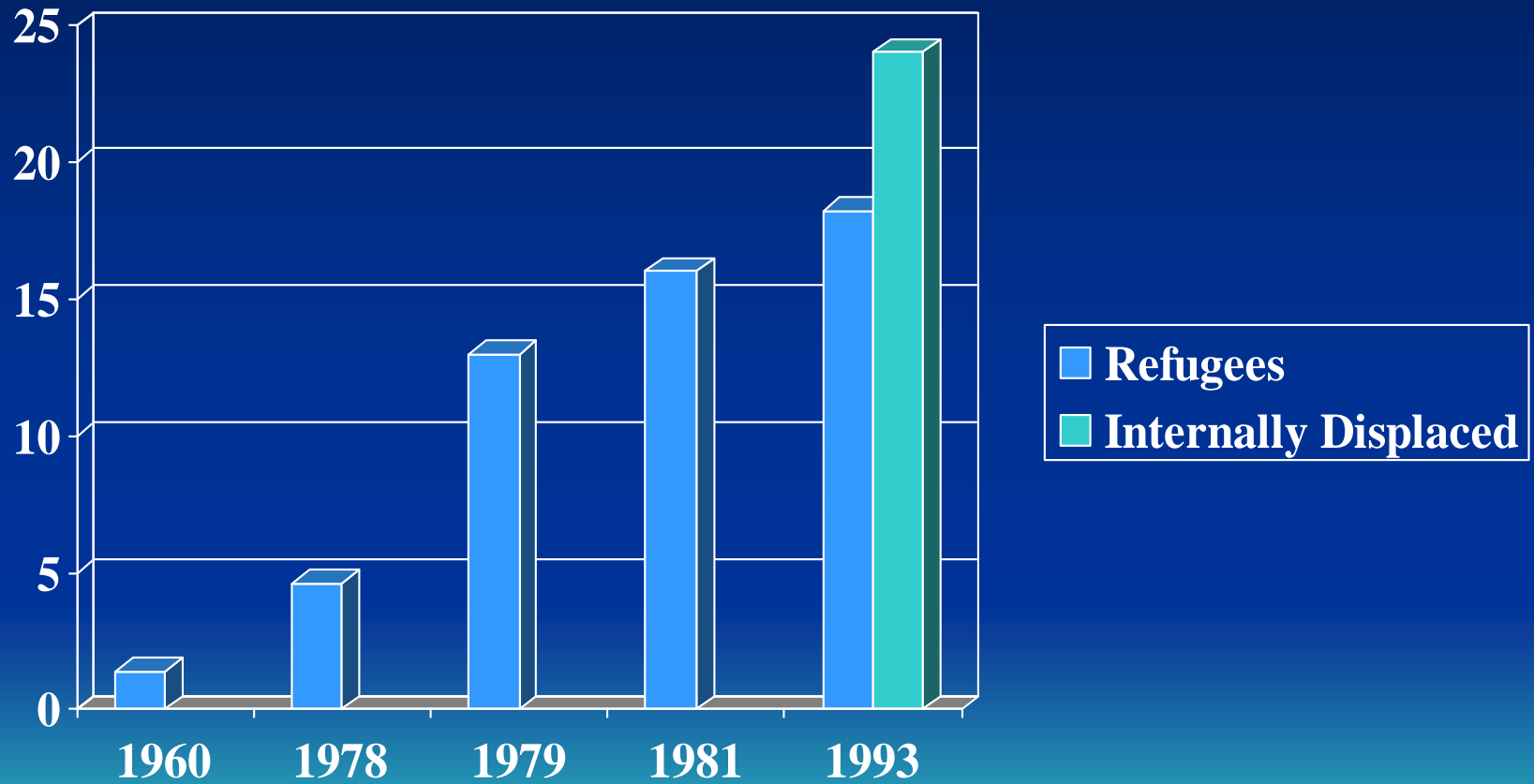


80% of the victims of modern warfare are
women and children

UNICEF



Estimated Prevalence of Refugees Worldwide



The Machel Report

“The 1996 report of the UN Secretary General on the Impact of Armed Conflict on Children (The Machel Report) firmly concluded that psychological recovery and social reintegration must be a central feature of all humanitarian assistance programmes. The report, based in large part on the conclusions of regional consultations in Africa, Asia, Latin America and Europe, further states that programmes aimed at relieving psychological suffering must take into account the social and cultural context of the children and their families”
(Report of Programme Workshop in the Area of Psychosocial Care and Protection, Nyeri, Kenya: 2-6 September 1998:

UNICEF)

UN Convention on the Rights of the Child

- Article 9 - the right not to be separated from the parents
- Article 24 - right of access to health care
- Article 28 - right to education



Article 38

- To respect rules of international humanitarian law applicable to states in armed conflicts which are relevant to the child. This article also refers to ensuring that persons who have not attained the age of fifteen years do not take direct part in hostilities. The same article also states that “*States parties shall take all feasible measures to ensure protection and care of children affected by armed conflict*”

Article 39

- States parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation or abuse: torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflict. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.



Phases of the Refugee Experience

- Traumatic experiences in country of origin
- Ongoing threat and decision to flee
- Flight
- Experiences in host country



Reactions of Children

- Anxiety
- Panic attacks
- Depression
- Stress reactions
- Grief reactions



Common Causes of Distress

- Witnessing the death /injury of friends /family
- Life threatened during travel out of country of origin, eg. nearly suffocated in lorry
- Negative decisions on asylum applications & lengthy process
- Ongoing threat of detention & deportation
- Frequent re-housing, poverty
- Mental health difficulties in parents
- Separation from missing family members



Mental Health Survey of Kosovan Programme Refugees in UK

Sponsored by NHSE

Principal Investigators

Stuart Turner

William Yule

Cameron Bowie

Laidon Shapo

Graham Dunn

Mental Health Survey of Kosovan Programme Refugees in UK

> 1,000 adults

288 children

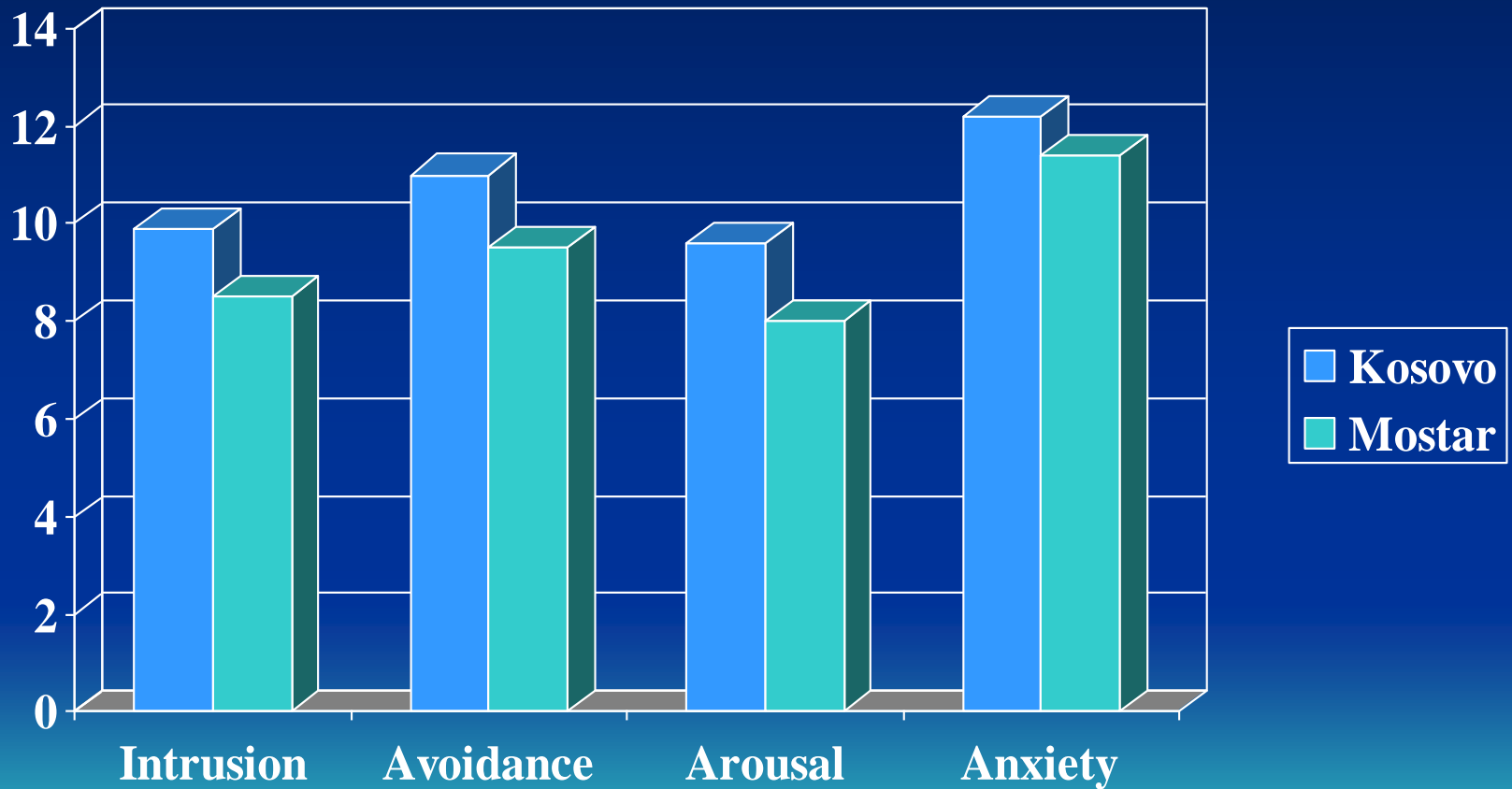
Screened by self completed questionnaires

Individual structured interviews with 200 adults and 50
children

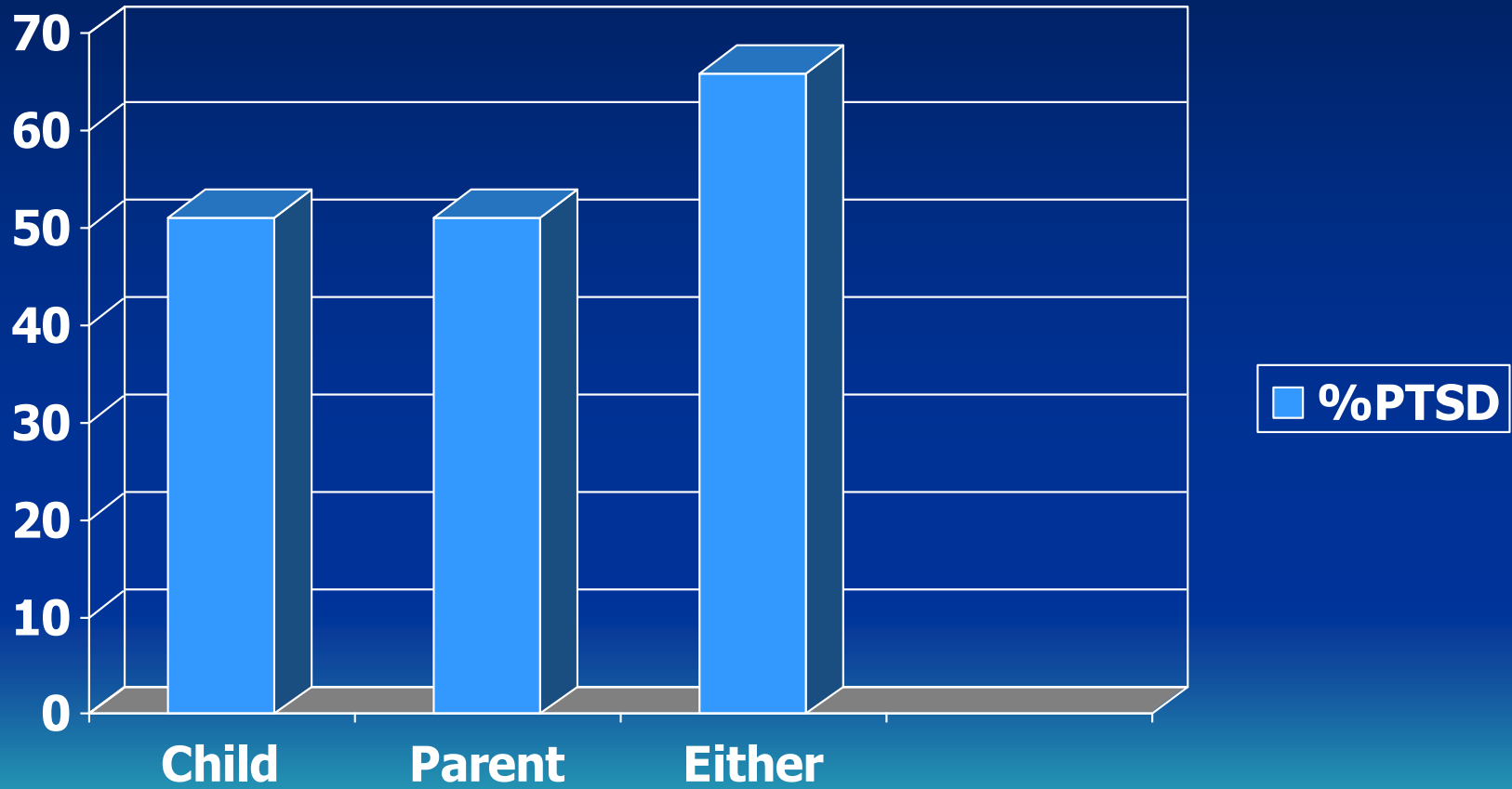


Very preliminary results

13 item Child IES & RCMAS



Prevalence of PTSD ADIS



Mental Health Needs of Young Refugees

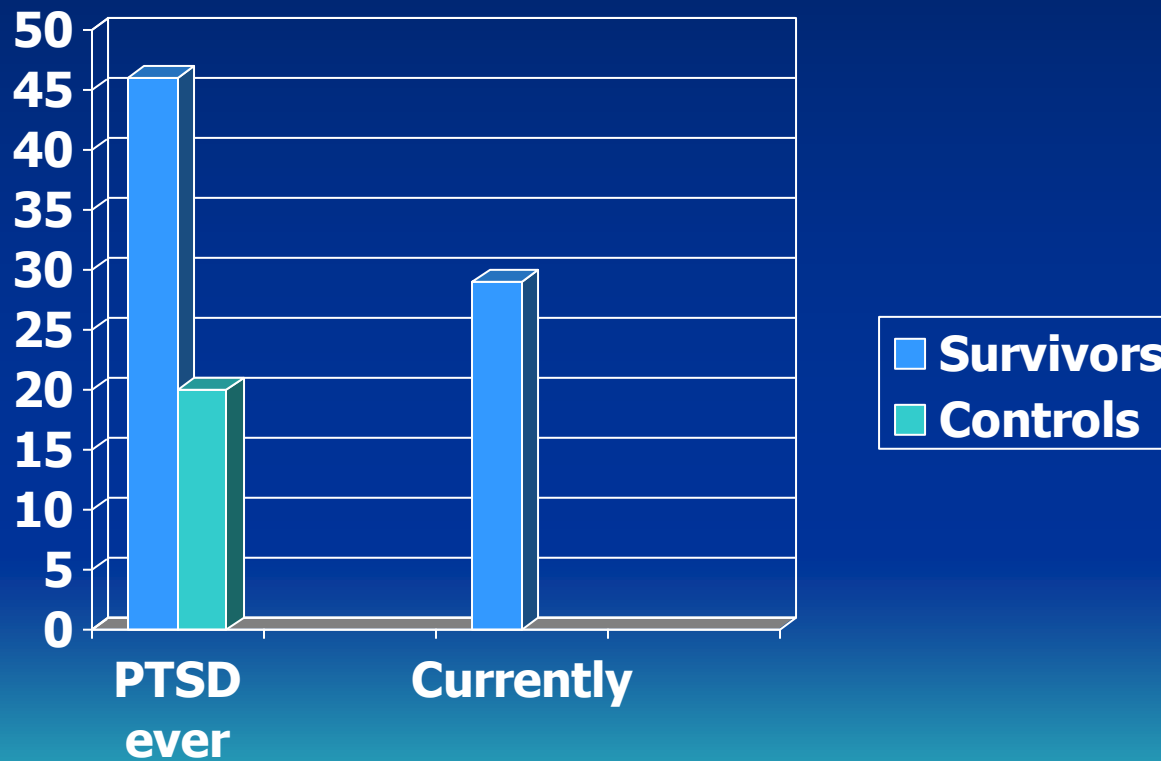
- Refugee & asylum seeking children are at higher risk of mental & physical health problems (Fazel & Stein, 2003)
- Following exposure to war 1/3 of Central American refugee children met criteria for PTSD (Arroyo & Eth, 1985), 50% prevalence in adolescent Cambodian refugees (Kinzie et al., 1986)
- Higher rates of depression & anxiety in children who have experienced war (Mghir et al., 1995; Zivcic, 1993)
- Psychiatric symptoms & disorders are very persistent (Sack et al., 1999)





... hit just as the da

Aberfan – 33 years later



Effective Interventions

- Interventions helpful even if children returned to home countries

Developed by the Children and War Foundation
(www.childrenandwar.org)

- Writing for Recovery
- Teaching Recovery Techniques

- KIDNET (Schauer, Neuner, Elbert; 2005)



Education for war affected children

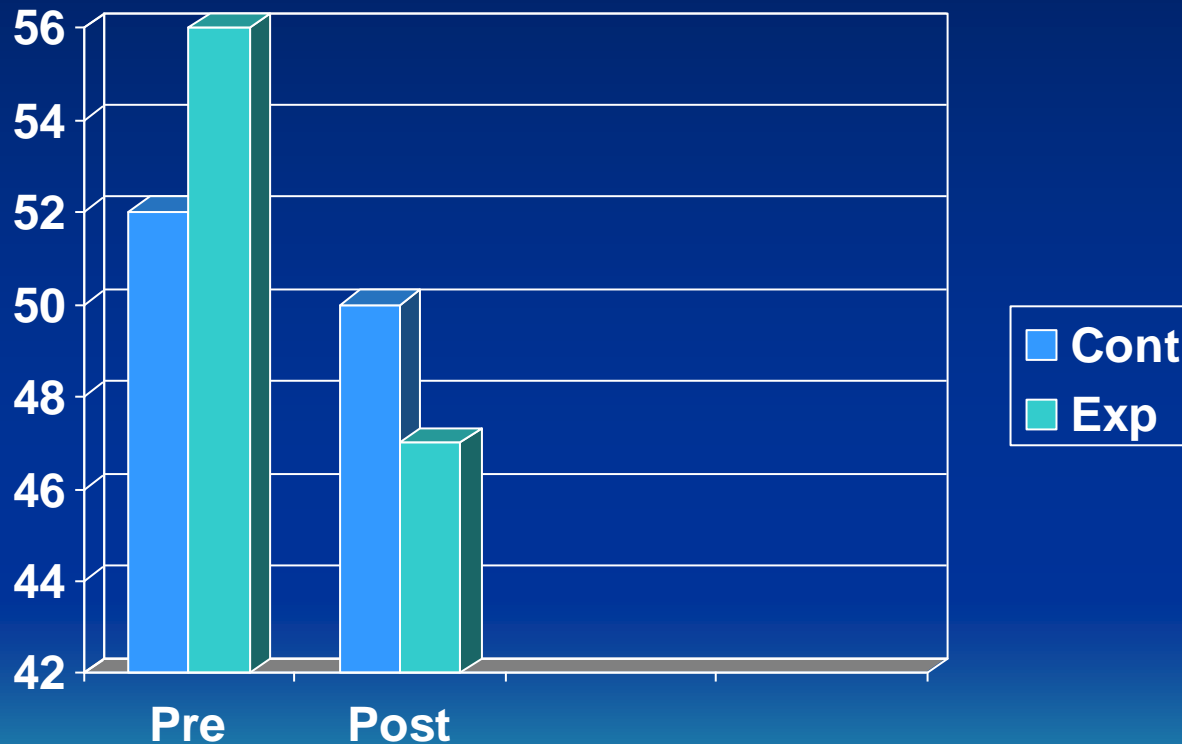
- School as a focus for intervention and support
- Need to emphasize continuing education
- Skills can be taken anywhere
- But stress reactions such as attention, memory problems etc interfere with learning
- So Stress reactions need to be targetted



Writing and Grief

Afghani adolescents

(Kalantari et al, in preparation)

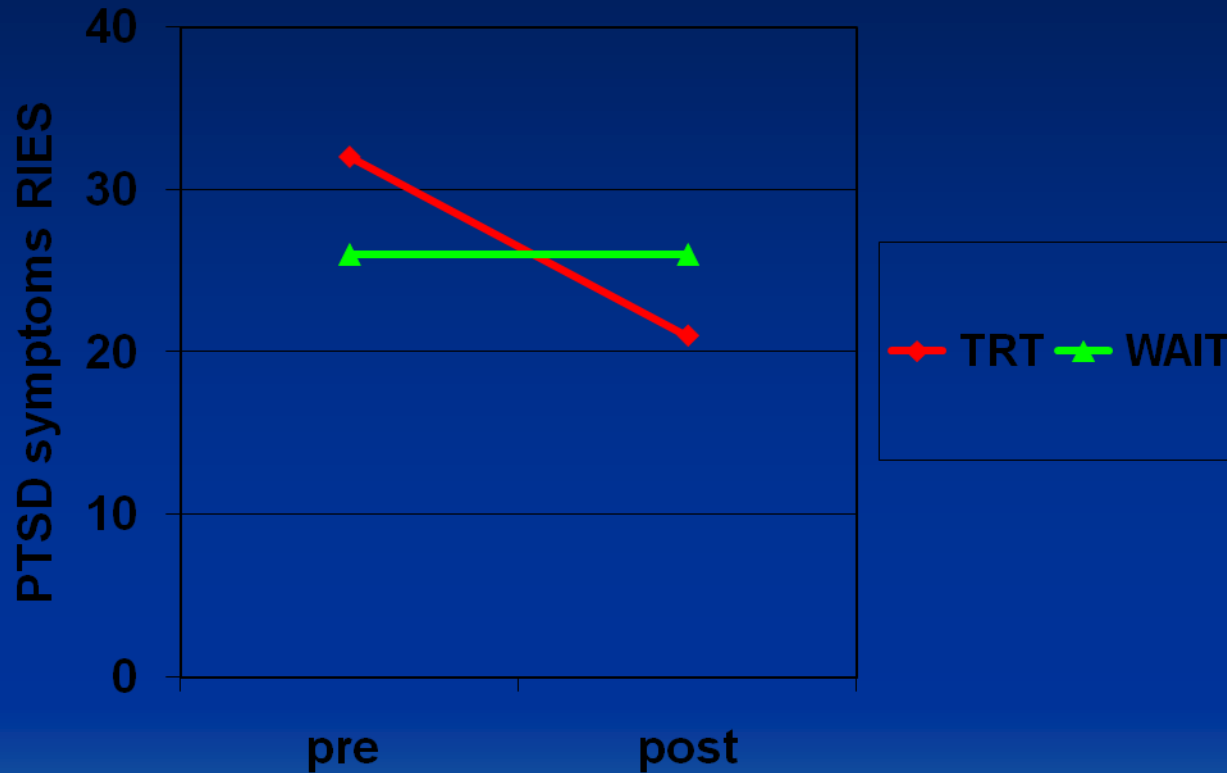


Children and War Foundation's Teaching Recovery Techniques (TRT)

(Smith et al., 2000)

- Psychoeducational/coping skills group programme for children experiencing PTSD symptoms
- Parallel parents group
- Sessions focused on:
 - 1: Intrusion
 - 2: Arousal
 - 3: Avoidance
 - 4: Bereavement

TRT RCT in West Bank: *Barron et al* (2013)



significant difference at post-test, controlling for initial symptom severity

$p < .005$

TRT with Refugee Children in London Schools

(Ehnholt, Smith, Yule, 2001)

- 26 refugee students, aged 11-15 from a variety of countries had lived in UK approximately 2 years
- 37% one of their parents killed, > 50% had seen dead bodies
- 92% above the cut-off for PTSD
high levels of depression, anxiety & behavioural problems

Findings

Improvement in overall behavioural difficulties & emotional symptoms and short-term improvement in PTSD symptoms



Narrative Exposure Therapy (NET)

(Schauer, Neuner, & Elbert; 2005)

- field-oriented
- culturally sensitive
- science-based
- short-term (based on CBT and Testimony)
- psycho-education
- exposure
- autobiographic approach
- human rights focus



NET

- narration of the refugee's whole life
- focus on the detailed report of traumatic experiences: sensory information, emotions, thoughts, physical reactions and spatiotemporal aspects
- reintegration into / reconstruction of the autobiographic narrative
- report of traumatic event until experience of relief
- repeated reading of the narration for habituation
- KIDNET (Ruf et al, 2010)



KidNET Lifeline



Particular Needs of Unaccompanied Asylum Seeking Children (UASC)

- “an individual under the age of 18, who is separated from both parents and is not being cared for by an adult who, by law or custom, is responsible for doing so” (UNHCR, 1994)
- approx 4,000 (Home Office, 2010)
- More likely to develop psychopathology than accompanied peers (Bean et al. 2007)
- Despite high levels of need for mental health services, need is often unmet (Hodes & Goldberg, 2002)
- ‘age disputed’ minors particularly vulnerable



Vulnerability of UASC

- 4,405 unaccompanied minors entered the UK in 1999
- few protective factors exist so they are at high risk, especially 16-18 yr olds - often have no social worker, foster carer or family
- Social Services have responsibility for this group but often are mainly concerned with housing
- Leave to remain only granted until they turn 18 then they usually go through the asylum application process again & are at risk of detention & deportation
- at 18, they rarely meet criteria for support from adult mental health services unless they've had a hospital admission

Impact of Detention on Mental Health of Children

- Australian studies show children detained over long periods of time have significant mental health problems
- UK concerns raised by
 - Charities – BID, Save the Children Fund, Médecins Sans Frontières
 - UK Children's Commissioners
 - HM Chief Inspector of Prisons



Study 1: Detained Children w/Families

(Lorek, Ehntholt, Nesbitt, Wey, Githinji, Rossor & Wickramasinghe, 2009)

- Participants referred for assessment by legal charity (BID) in 2006
- Prioritised on legal not medical need
- Qualitative interview-based study using structured clinical interview and self-report measures
- Medical reports were written for the families & concerns shared with detention healthcare providers/ social worker



Participants


- 24 children (12 boys, 12 girls) in 16 families from 8 countries
- Aged 3 months to 17½ years
- Detained for 11–155 (median 57) days
- 20 were assessed by a paediatrician and 11 by a psychologist



Child Mental Health

- All children reported symptoms of depression & anxiety
- Sleep problems, somatic complaints, peer relationship difficulties & conduct problems of recent onset were common
- Young children often developed bedwetting & other regressive behaviour, eg. separation anxiety, refusal to sleep alone, thumb sucking & soiling
- 8 out of 11 children seen by the psychologist had developed severe emotional & behavioural problems

Parental Mental Health

- All parents had symptoms of anxiety & most had symptoms of depression with suicidal ideation
 - Of the 9 seen by the psychologist
 - All responded “it would be better if they were dead”, 2 were actively suicidal
 - All reported severe levels of psychological distress
 - Until detention at least 3 had been receiving psychiatric medication & counselling which was disrupted by detention, 5 reported being survivors of torture or rape
 - 5 out of 9 were recommended for urgent psychiatric assessment
- 

UK Study 2: Impact of Detention on Age Disputed Minors

(Research Team: Yule, Ehntholt, Dalglish, Trickey, & Harris-Hendriks)

- A group of 'age disputed minors' who had been released from detention were assessed by a group of child psychologists & 1 psychiatrist
- High levels of mental distress were reported including depression, anxiety and PTSD
- PTSD to detention experience as well as to past traumatic events
- Not being believed re their age appeared to have devastating long-term effects on mental health
- Being confined in prison-like environment with adults shattered beliefs that they were in a 'safe' or 'fair' country



Conclusions from UK Child Detention Studies

- Findings support previous Australian studies, which indicate that detention is not in the best interest of the child
- Further statutory safeguards and reconsideration of Britain's policy of detaining children are required
- More humane alternatives to detention are needed



Detention Harmful to Mental Health

- Systematic review found 10 studies all reporting high levels of mental health problems in detainees (Robjant, Hassan, & Cornelius, 2009)
- Anxiety, depression, PTSD, self-harm & suicidal ideation most common
- Time in detention was positively associated with severity of distress
- Some evidence for an initial improvement in mental health after release but longitudinal studies have shown that the negative impact of detention persists

Forced Returns

- Concern remains re fate of children and particularly unaccompanied minors forcibly returned to countries often without any practical or financial support often in unstable poverty stricken countries
- Systematic monitoring/ research should be conducted to reveal whether further damage is being done to children/young people under the current system of deportation



Strengths of the Group Treatment

- Normalised children's symptoms
- Gave children strategies to try at home
- Children reported a decrease in PTSD symptoms
- Children enjoyed attending the group & viewed it as helpful, eg. low absenteeism & invited friends to attend
- Teachers reported positive changes in the children's behaviour



Final word

- “... the most effective way to protect children is to prevent the outbreak of armed conflicts” Graca Machel (1996)
Report to the UN on the impact of armed conflict on children



www.childrenandwar.org

- This is the address of the Foundation for Children and War. Details of our manuals on helping children affected by war, and of some of the measures, are to be found here.

