

CHILDREN IN DETENTION

A Health Perspective

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OUTLINE OF TALK

- UK pilot study ; children in families
- The impact of stress
- The impact of repeat trauma

BACKGROUND - FAMILIES IN UK IMMIGRATION DETENTION

- October 2001- UK started to detain children
- Increasing use of detention up to 2000 children / year, 1/4 more than two weeks
- UK had unlimited detention for purpose of immigration control prior to 2009
- Concern raised by Children's commissioner HM Prison Inspector, SCF, BID, MSF.

STUDY DESIGN

- Families were referred by a legal charity
- Based on legal, and not medical need
- Interview
- Clinical assessment
- Report on each child for the parent

PARTICIPANTS

- 16 families
- 8 countries (mainly African)
- 18 adults
- 24 children (3 months – 17.5 years)
- Lived up to 9 years in UK

- 20 seen by a paediatrician and 11 by a psychologist

Missed Medical Appointments

- 6 children had missed appointments including for
 - Important blood test results
 - Kidney problem
 - Spinal condition
- 3 children missed essential immunisations
- 3 Parents had missed psychiatric medication and counselling appointments

Physical Symptoms

Most children (15/17) had increased or recent onset physical symptoms following detention including;

- Headaches (3),
- Abdominal pains (9),
- Vomiting (4),
- Constipation (5),
- New onset bed wetting (6),
- Daytime faecal soiling and wetting (2),
- Cough or wheeze (8), Skin rashes 3)

Hospital Admissions

- 2 had to be taken to hospital
 - 5 month old with loose stool and fever
 - 2 year old with fever and vomiting, who was diagnosed with pneumonia

Child Protection Concerns

- 1 mother with suicidal ideation disclosed hitting her child
- 2 others disclosed they were finding it hard to cope with their children's behaviour
- 2 children were placed in detention with an adult with whom they had never previously lived
- 1 parent found his daughter without clothes on & playing "sex games" instigated by another child

Separations in Detention

- At least 12 children had been separated from a main caregiver (7 from their mother)
- 2 children were separated from their sole carer & from each other for 10 days
- A breast feeding baby was separated from his mother for 3 weeks

Developmental Concerns

- Many children showed language or general developmental difficulties
- 2 young children reportedly lost skills
- None were allowed to take detention centre toys or books to play with in their rooms
- 1 boy with Attention Deficit Disorder had increased difficulties

Educational & Social Concerns

- One of the older children was distressed over being unable to take important exams
- One was unable to carry out college work
- Many said that they missed a “real school”
- All said that they missed their friends/ school & were upset because they had not been able to say goodbye

Parenting and Nursery Issues

- Several mothers found it hard to settle their child in nursery due to separation anxiety
- Difficulty accessing regular crèche provision was an issue for one mother who was suicidal & finding her child's behaviour difficult to manage

Nutrition

- There were nutritional concerns for most children and 8 had lost weight (2 lost 10%)
- Mealtimes a struggle for parents – younger children regressed, others ate junk food for comfort
- Breast feeding problems – 2 had stopped because of detention (hunger/stress)
- No vitamin D for breast fed baby

Preventative Health

- Of the 0-5 year olds, only 4 had been able to keep or access their Personal Child Health Record (PCHR) at the centre
- Falls were reported including a 17 month old child who had not been given a cot to sleep in
- Malaria prophylaxis when provided before travel was for 4 weeks protection only & did not include bed nets

Parental Mental Health (1)

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

Parental Mental Health (2)

- All reported severe levels of psychological distress
- All responded “it would be better if they were dead”,
- 2 were actively suicidal
- 5 were recommended for urgent psychiatric assessment

Child Mental Health (1)

- All children reported symptoms of depression & anxiety
- Many sleep problems, somatic complaints
- Young children often developed bedwetting & other regressive behaviours (separation anxiety, refusal to sleep alone, thumb sucking, and soiling)

Child Mental Health (2)

- Peer relationship difficulties & conduct problems of recent onset were common
- 8 out of 11 children seen by the psychologist had developed severe emotional & behavioural problems
- None had previously required input from mental health services

NB 1/3 were released – with lack of continuity and fear of repeat detention

Conclusions

- Further statutory safeguards and reconsideration of Britain's policy of detaining children were required and more humane alternatives to detention were needed
- Detention of children in families still takes place in UK but has time limits and legal safeguards
- These findings supported previous Australian studies
- Even short periods of detention are harmful to children and are not in the best interest of the child.

Theoretical considerations

Impact of Stress (Lupien)

Repeat Trauma and Mental Health difficulties
(Fazel)

Adverse Childhood Experiences (CDC Kaiser)

CONSIDER RISK TO CHILDREN

- Unaccompanied child
- Age Disputed
- Disabled child or parent
- Young mothers , single carer
- Parent with pre-existing trauma and mental health difficulties
- Child with pre-existing trauma and mental health difficulties

BUTALL CHILDREN ARE AT RISK IN DETENTION

Heath, I. (2009) Dirty Work.

BMJ:339:b3149

‘Any detention of children for administrative rather than criminal purposes causes unnecessary harm and further blights already disturbed young lives. Such practices reflect badly on all of us.’

Iona Heath President of Royal College of General Practitioners

ANNEX

THE IMPACT OF STRESS

THE IMPACT OF STRESS

Multiple studies;

Chronic exposure to stress at any stage of life impacts on brain structures involved in learning and mental health.

Stress can cause changes in mental state and the immune system.

See Lupien article addressing the impact of stress firstly in animal studies, and then in parallel human situations.

Stressed children may internalise – they maybe apparently resilient but masking difficulties.

ADVERSE CHILDHOOD EXPERIENCES

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A large body of evidence relates to stressful events occurring in childhood.

These Adverse Childhood Experiences (ACE) include;

- Domestic violence
- Separation from parents
- A parent with a mental health condition
- Victim of abuse or neglect
- A member of the household being in prison

The researchers found that the higher a person's ACE score, the greater the risk of chronic disease and mental illness.

They also found that ACEs contribute to most of our major chronic health, mental health, economic health and social health issues. See CDC Kaiser ACES study

MENTAL HEALTH AND PRIOR TRAUMA

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- **Many studies indicate that prior trauma leads to increased likelihood of psychological problems in refugee children.** (Do read Fazel systematic review for references to many studies).
- Internalising of issues if trauma prior to migration
- Direct exposure impacts on sleep and anxiety
- Further trauma leads to a range of psychological problems, often for many years.
- **Undocumented migrants are also often living in disadvantaged and vulnerable situations with exposures to stress.**
- **Detention or separation are yet another trauma to child and parent.**

MENTAL HEALTH REFUGEE CHILDREN

- High risk anxiety, PTSD, Depression.
- Increased with multiple risk factors.
- Rutter; Psychosocial adversity and child Psychopathology BR J Psychiatry 1999;174:480-93
- Increased risk with later stress - concern for children in a stressful environment
- Consider exposure to abuse own country, in transit and vulnerability in UK setting.
- Social support is protective
- Our studies and those of Kent (Siggers) indicate significant pre – existing morbidity in UASC

THE JOURNEY

- UNICEF and IOM analysis of journeys of 11,000 children and youth up to 24 years old tracked along central and eastern Mediterranean routes.
- Children particularly vulnerable to violence and abuse, including from smugglers and traffickers ;
8/10 unaccompanied teenagers passing through Sahara (Central Mediterranean Route ≈via Italy)
2/10 travelling through Asia and Eastern Europe (Eastern Mediterranean Route ≈via Greece).
- Vulnerability increases for those with less formal education, younger children and those travelling alone. Racism is also a factor.

THE MEDITERRANEAN 2017

- UNHCR report 2017 Migrant deaths in Mediterranean in 2017 pass 2,000 in June 2017
- Closure of EU routes (and deal with Turkey) has led to more people taking the sea crossing from Libya to Italy, rather than the Eastern Mediterranean route.
- UNHCR estimates – 1/47 die on this route.
- NB Impact on UASC of witnessing this

ISSUES THAT MAY OCCUR FOR UASC

- Age disputed – ‘adult’
- Reception/Detention
- Trafficked
- Criminal exploitation
- Victim of modern slavery
- Kin Fostering
- Other family members
- **Known to be unaccompanied – presumed responsibility to place in care**

These have high levels of unmet need as evidenced in our practice, **despite being in care.**

INCREASED VULNERABILITY IN DETENTION

AGE ASSESSMENT

- Cannot expect documentation
- Previous sexual experience is not indicative – many married as children – and in small study most were pregnant before going into care.
- Ethnicity and health affect maturation
- Social assessment affected by responsibilities / child soldier
- NB statistics vs. clinical vs. safeguarding.
- Culture of Disbelief – ILPA 2005
- Ongoing concern lack of services age disputed
- Conflict of interest age assessment vs welfare

AGE DISPUTES

- ‘Some asylum applicants claim to be children but there may be doubts as to whether this is in fact the case.
- In 2016, 918 asylum applicants had their age disputed and 908 age disputes resolved in the same period.
- Of those applicants whose age disputes were resolved in 2016, 67% were assessed to be over 18, despite claiming to be a child when initially applying for asylum’.
- <https://www.gov.uk/government/publications/immigration-statistics-october-to-december-2016/asylum#key-facts>

AGE DETERMINATION IS INACCURATE

Methods

- Review of current literature on three different methods of age assessment to assess bone age and dental age: **X-rays of the hand-wrist, Magnetic Resonance Imaging (MRI) scans of the wrist, and X-rays of the third molars (wisdom teeth).**
- And a **meta-analysis of seven international studies**, totalling nearly 7000 subjects, assessing the use of X-ray scans of third molars to determine age.

For the hand-wrist X-ray, he found many individuals with a mature X-ray are under 18, whilst many with an immature X-ray are over 18. This means bone age based on hand-wrist X-rays can result in some children being assessed as adults, and some adults being assessed as children, and because of these risks **he recommends it should not be used.**

MRI scan of the wrist or X-ray scan of the third molar

less inaccurate. **Most individuals with mature scans are over 18, but at the same time those with immature scans may be under or over 18. This presents a risk of adults with an immature scan being wrongly assessed as children.**

Over a third of all age assessments proving wrong.

Tim Cole UCL Annals Human Biology 2015

UASC IN UK

THE IMPACT OF THE JOURNEY

Factors affecting mental health needs ?

Profile of mental health difficulties seen ?

METHOD

- Retrospective review of records of all UASC referred to a clinic run by a local authority in London between 1st January – 31st August 2016

RESULTS



99

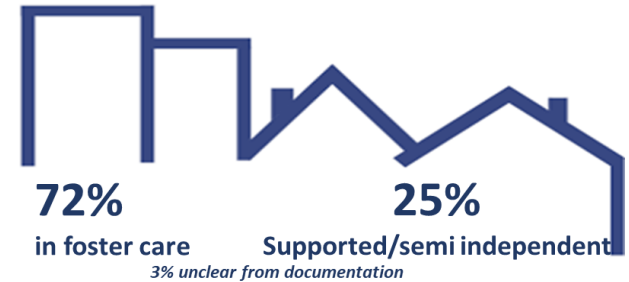
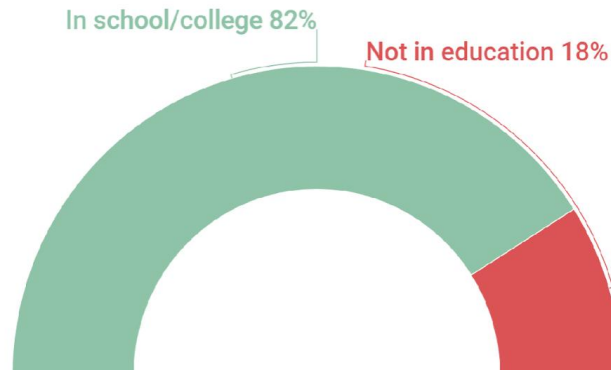
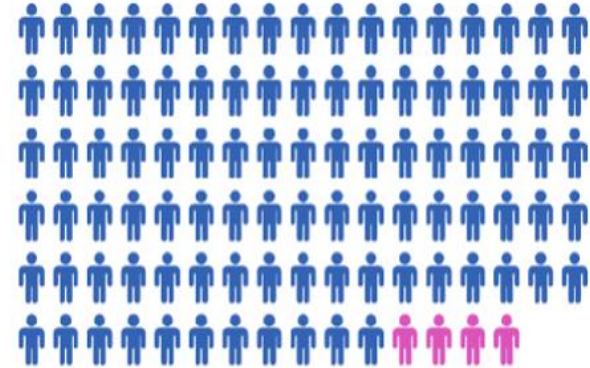
UASC seen for initial health assessment between January 1st - August 31st 2016



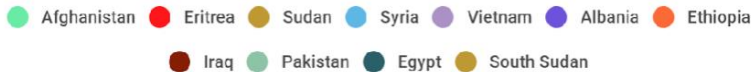
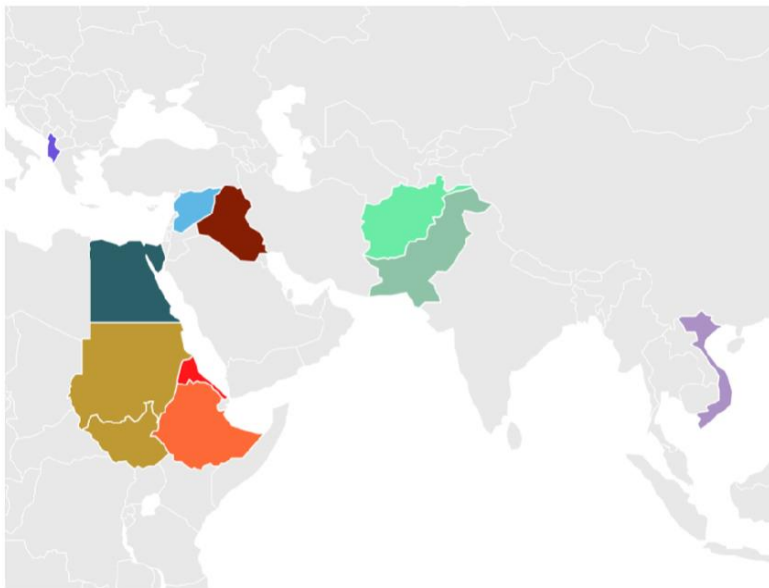
16 (12 - 17)

Median age of UASC at time of assessment (range)

96% male



COUNTRIES OF ORIGIN



74% of our cohort were Afghani
or Eritrean

ADVERSE EXPERIENCE



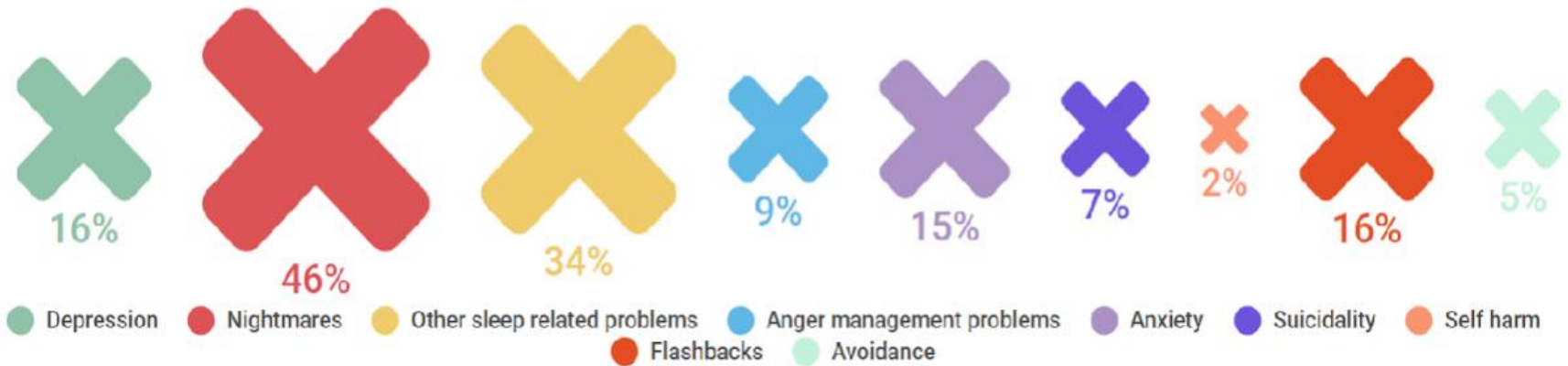
51% of children reported trauma experienced en route to the UK



38% Detained
32% Beaten
12% Tortured
1% Sexual Assault

*46% percent had reported the death of a close family member
75% percent report no current contact with any family member*

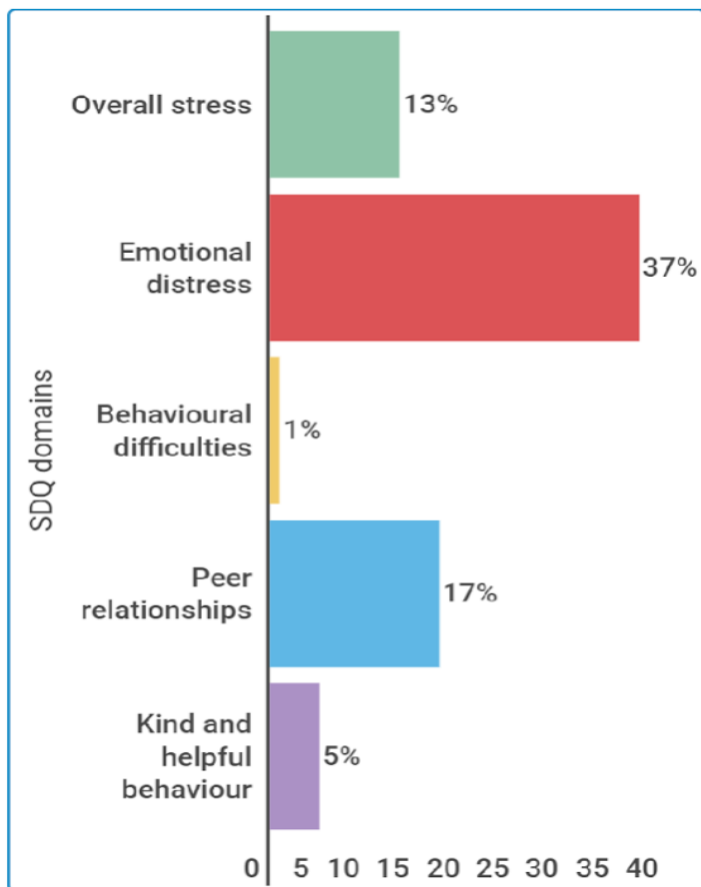
MENTAL HEALTH DIFFICULTIES



75% reported at least one symptom suggestive of PTSD, anxiety or depression

43% accepted a referral to the Child and Adolescent Mental Health Service

% of UASC with Self reported SDQ scores outside of the normal range in each domain



There was a statistically significant association between adverse experiences reported in transit to the UK, and an elevated score for emotional distress on the self reported SDQ ($p=0.0003$)

	Normal SDQ score for emotional distress	Elevated SDQ score for emotional distress	Total
No reported adverse experiences in transit	40	8	48
Adverse experiences reported in transit	25	26	51
Total	65	34	99

Fisher's exact test used to test for association

OTHER HEALTH NEEDS

DETENTION AND INFECTIOUS DISEASE

- Risk of outbreaks if unimmunised.
- Should ask about general health including gut related symptoms
- Screen for any risk of Hepatitis B, HIV, Tuberculosis – often from endemic country
- refer for holistic assessment if concern STD
- Anaemia is common and can be related to gut parasites.

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