Detention, denial, and death: migration hazards for refugee children

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Organised violence, persecution, and community instability cause millions of children to flee their native countries every year. About 7·6 million people were newly displaced by conflict or persecution in 2012[1] (the highest number in a decade), of which approximately half were younger than 18 years. Regions prone to disaster and adversity often have disproportionately young populations, and thus larger numbers of children and adolescents are now moving across country borders, with or without their families. The journey to countries of refuge can be perilous; thousands of migrants have died in poorly equipped and heavily laden boats travelling across the Mediterranean, the Gulf of Mexico, and the Indian Ocean. These figures constitute only a fraction of the unnamed lives lost on irregular and dangerous routes to safe countries. Children are particularly vulnerable in these unstable and insecure situations. Their unmonitored movement across borders places them at increased risk of abuse, exploitation, sexual violence, forced labour, and trafficking.[2]

Countries seem to be adopting increasingly punitive measures to prevent displaced populations from making asylum claims through use of heightened border surveillance, outsourcing procedures for determining refugee status to other countries, and the incarceration of children in immigration detention facilities—an issue of global concern. Documented cases of children held in detention are available for more than 60 countries, from the highest to the lowest income nations.[3] The scarce evidence available suggests that poor facilities are widespread,[3,4] with little attention paid to child protection, sanitation, safety, and access to education or health services. Contrary to the Convention on the Rights of the Child, many countries do not have a legal time limit for detention, leaving some children incarcerated for indeterminate periods. Chronic uncertainty about personal safety and scarce opportunity for resettlement contribute to deleterious effects on children's mental, developmental, and physical health.[5]

Immigration detention can cause the development and maintenance of psychiatric difficulties, with children and adolescents in detention reporting increased rates of deliberate self-harm and suicidal behaviour, voluntary starvation, severe depression, sleep difficulties, somatic complaints, anxiety, and post-traumatic stress reactions.[2,6] These negative psychological outcomes affect broad domains of functioning and probably adversely affect physical and academic development. Reports are also common of poor nutritional access, regression in language development, bedwetting, and social withdrawal in children.[6]

Concerns have been raised about human right abuses of children in detention in countries of origin, transit, and settlement worldwide.[2,4] These reports include, as an example, concerns for children from the Democratic Republic of Congo in Angola, from Burma in Thailand, and significant numbers of children in transit through Mexico, Indonesia, Greece, and Egypt. Reports from Libya indicate that children are held in a range of detention facilities, with attempts to limit migration supported by several European nations. Some high-income countries use immigration detention as a stepping-stone to forced repatriation. In the UK, attempts to stop the immigration detention of children has resulted in parents who continue to be detained while their children are forcibly separated from them and placed into emergency foster care.[7] Australia's new government has introduced a policy to restrict public access to data for unplanned arrivals of immigrants, of which most have recently been sent for detention in Papua New Guinea and Nauru.[8] Low-income and middle-income countries receive the largest number of asylum seekers and 80% of the world's refugees,[1] yet these countries have few resources to address the substantial health, legal, educational, water, and food requirements of displaced populations.

There is a scarcity of rigorous and reliable information about the occurrence, operation, and outcomes of immigration detention worldwide. New initiatives are needed to increase transparency and accountability and to build an evidence base for detention policy and practice. More comprehensive and robust data, such as those provided by the Global Detention Project,[3] could be used by international bodies such as the UN High Commissioner for Refugees, WHO, and the International Organization for Migration to better monitor the prevalence and potential effects of child detention.

Although many of the factors that lead to migration are difficult to change, none of these considerations should stand in the way of ensuring that countries meet the following minimum standards of care. First, children should not be separated from their accompanying families or caregivers. The absence of a caregiver has important implications for child security, health, and development. Second, alternatives to detention, such as community-based supervision, as implemented in Sweden, must be considered.[4,9] Third, many of these children have experienced violence in their home countries, during their journeys, and not uncommonly in places of refuge. For the cycle of violence to not be perpetuated in the next generation,[10] systems are needed to share good practice and coordinate efforts to eliminate further exposure to harm. The truncated childhoods of individuals who have been forced to migrate, yet placed in detention, are unacceptable. These children, arriving in large numbers and rightfully seeking a brighter future, deserve better protection and the development of safer, more sustainable, humanitarian models of care.

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1 UNHCR. Displacement: the new 21st century challenge. Geneva: UN High Commissioner for Refugees, 2013.
2 Dudley M, Steel Z, Mares S, Newman L. Children and young people in immigration detention. *Curr Opinion Psych* 2012; **25:** 285–92.
3 Flynn M. An introduction to data construction on immigration-related detention. Geneva: Global Detention Project, 2011.
4 Hamilton C, Anderson K, Barnes R, Dorling K. Administrative detention of children: a global report. New York: United Nations Children's Fund, 2011.
5 Nickerson A, Steel Z, Bryant R, Brooks R, Silove D. Change in visa status amongst Mandaean refugees: relationship to psychological symptoms and living difficulties. *Psychiat Res* 2011; **187:** 267–74.
6 Lorek A, Ehntholt K, Nesbitt A, et al. The mental and physical health difficulties of children held within a British immigration detention center: a pilot study. *Child Abuse Neglect* 2009; **33:** 571–85.
7 Campbell S, Boulougari A, Koo Y. Fractured childhoods: the separation of families by immigration detention. London: Bail for Immigration Detainees, 2013.
8 Hoffman S, Fleay C. Despair as the governing strategy: Australia and the offshore processing of asylum-seekers on Nauru. *Refug Surv Q* 2014; published online March 24. DOI:10.1093/rsq/hdu004.
9 UNHCR. Detention guidelines: guidelines on the applicable criteria and standards relating to the detention of asylum-seekers and alternatives to detention. Geneva: Division of International Protection, UN High Commissioner for Refugees, 2012.
10 WHO. The cycles of violence: the relationship between childhood maltreatment and the risk of later becoming a victim or perpetrator of violence. Rome: Violence and Injury Prevention Program, World Health Organization Regional Office for Europe, 2007.