Seeking asylum in Denmark: refugee children’s mental health and exposure to violence

Edith Montgomery¹, Anders Foldspang¹,²

Aims: The aim of this study was to compare profiles of present mental health and previous exposure to violence among refugee children from the Middle East, whose asylum seeking families either did or did not obtain permission to stay in Denmark. Methods: Shortly after arrival in Denmark, the parents of 311 Middle-Eastern children answered a structured interview on their children’s exposure to organized violence and their mental health. The families were followed-up as concerns receipt of a residence permit. Results: At arrival in Denmark, the children’s patterns of previous exposure to violence and present mental health was generally similar irrespective of the family getting a residence permit, as was the case for 90 families (60.4%) with 190 children (61.1%). In both groups an overwhelming majority, eight to nine out of 10 children, had been exposed to conditions of war and had stayed in a refugee camp, and seven out of 10 had witnessed violence. Half of the children had a tortured parent. Considerably more children of families who did not get a residence permit had lost a parent (30.6% versus 13.7%; P < 0.001). In both groups about two-thirds suffered from anxiety and about 30% from sleep problems, and children whose families did not later on get a residence permit more often appeared sad or miserable (43.8% versus 27.9%; P < 0.005). Conclusions: The asylum-granting decision process seems to have divided the children into two groups with only superficial disparity as concerns their previous exposure to violence and their present mental health. There seems to be good reason to systematically integrate evidence on the children of refugee families in the treatment of applications for permission to stay.

Keywords: children, human rights, mental health, refugee, violence

In Denmark, like in many other countries, asylum is granted to applicants who fulfil the criteria in the UN Convention of 1951 relating to the Status of Refugees (the Geneva Convention). Asylum is also granted to persons who would risk death penalty, torture or other inhuman or degrading treatment or punishment if they returned to their home country, or, if the asylum claim has been made before July 2002, to persons who for similar reasons as mentioned in the Geneva Refugee Convention or other weighty reasons should not be returned to their home countries. Moreover, Danish law also yields the option of applying for permission to stay on ‘humanitarian grounds’, but this is rarely given—during 2002 in only 1% of applications.

Overall, the legislation concerning criteria for granting asylum to asylum-seekers and furthermore the concrete procedures for applications for asylum, like in other European countries such as Great Britain, Germany and France, seem to be similar with respect to their lack of special provision for or consideration of children, with the exception of unaccompanied minors. Accordingly, an application for asylum is treated solely based on information concerning the adult applicant, usually the father of the family, and the situation of a child member of a refugee family is not specifically considered except in rare cases.

Children and adolescents under the age of 18 years make up about one-quarter of Europe’s refugee population, so that in terms of numbers the lack of specific legislative and procedural attention does not constitute a marginal phenomenon. This might be well in balance with general human rights, if childhood and adult realities were distinct; however, they do not seem to be. Research considering newly arrived adult refugees and asylum-seekers has documented frequent experience of exposure to organized violence, e.g. torture, and frequent accompanying mental health problems. Studies focusing on children of refugees and asylum-seekers have presented comparable evidence with an emotional symptom prevalence of 20–47% dependent on the population studied. From the shared fate it does not however follow that if, for example, the father of the family is not considered a refugee according to national legislation, then a child has not itself been exposed to extreme risks, or that it is not burdened by heavy mental consequences of such experiences.

It seems relevant to ask whether focusing solely on the background of the adult asylum-seeker actually will result, to a substantial extent, in overlooking the case of the child. However, we have not been able to identify published studies considering refugee children’s previous violent exposure and mental health profiles at arrival in a host country, stratified by the family being granted or not being granted a residence permit and asylum later on. It thus remains an open question whether the decision process underlying the granting of residence permit will result in a contrast between children whose families did and did not get residence permit, i.e. much more outspoken violent experiences and poorer mental health in children allowed to stay.

Materials and methods

The study group comprised 311 refugee children of 149 families from the Middle East (age range 3–15 years at arrival in Denmark), who during the period 1 February 1992 to 30 April 1993 were consecutively registered in Denmark as childhood asylum-seekers accompanied by at least one parent. A total of 344 children from 168 families arrived during the inclusion period, and 90.4% of these actually participated in the study. As part of an ongoing research project on the subsequent
integration of these refugee children, they were also followed as concerns their asylum and residence status in Denmark. For this part of the project, a follow-up of 5 years (until July 1997; mean follow-up duration 4.7 years) was considered sufficient based on information from the Danish asylum authorities. Since very few families were granted permission to stay for reasons other than asylum, no distinction is made in the present context between families receiving asylum (according to the Geneva Convention or for similar reasons) and families granted permission to stay based on humanitarian reasons, family reunion or permission to stay and work.

On arrival, the parents answered a structured interview dealing with, among other things, the child’s previous exposure to war and other organized violence, including for example separation from parents and being subject to or witnessing torture and other human rights violations, and the child's present mental health as indicated by emotional symptoms and behavioral reactions. All interviews were conducted by a Danish nurse or by one of the authors (E.M.), assisted by a professional interpreter. Interviewing the children themselves was considered impossible or inappropriate because of the age span in question (3–15 years of age), because of the children's situation as newly arrived asylum-seekers often coming from violent conflict areas and because of expected problems of communication.

In the present context, five major types of violent experience are considered: living under conditions of war; residing in a refugee camp; torture of parents; witnessing events of violence (house search, arrest of family members, intimidation, torture, killing); and death or other disappearance of a parent. The parents' account of own exposure to torture was expert-validated.

Childhood mental health is represented by three frequent symptoms: anxiety, the assessment of which was based on regression-based empirical scoring of interview questions criterion validated by in-depth psychological interviews, disturbance of sleep (at least one of three frequent problems: nightmares, difficulty falling asleep, difficulty staying asleep); and the frequent and/or intense occurrence of the depressive symptom 'sad or miserable appearance', which has previously appeared a significant discriminator between referred and non-referred children.

In the analysis, children of families who did and who did not obtain permission to stay were compared as concerns their previous exposure to violence and their mental health at arrival and, furthermore, as regards the anxiety determination pattern in either group. The analysis included χ²-tests for 2 × 2 tables and multiple logistic regression. A general significance level of $P = 0.05$ was applied. Regression models were reduced by use of forwards selection of variables, the χ²-distributed–2 ln (likelihood ratio) and the Wald test being applied as significance test. Regression model fit was estimated by use of the Hosmer–Lemeshow statistic. The study was approved by the Regional Committee for Ethics in Medical Science and by the Danish Data Protection Agency.

Results

Family background

Among the 311 participating children, 187 (60.1%) arrived in Denmark with both parents and 115 (37.0%) solely accompanied by their mother. Six children arrived with their father, two with their mother and stepfather, and one child with his/her maternal grandmother. More than half of the children were from Iraq; about one-quarter were Stateless Palestinians and/or of Palestinian ethnicity, and one-third were Kurds.

Residence permit

At follow-up, 90 families (60.4% of the families) with 190 children (61.1%) had been granted residence permit: 183 (58.8%) belonged to families granted political asylum, two (0.6%) had a humanitarian residence permit, three (1.0%) had permission to stay based on family reunion, and two (0.6%) had a permit based on parents’ permission to stay and work. The families of the remaining 121 children (38.9%) did not receive permission to stay, and the fate of these children is not known.

Previous exposure to violence in children with and without residence permit

Nine out of 10 children were reported to have lived under conditions of war (89.4%) or in refugee camps (92.6%). Seven out of 10 (69.8%) had witnessed violence. Two-thirds of the children (66.9%) were members of a family where at least one parent had been detained, half of the children (51.1%) lived in a family with at least one tortured parent and 20.3% had lost a parent through death or other disappearance. Eighteen children (5.8%) had themselves been detained.

The prevalence of previous exposure to violence was generally similar in children of families who were and who were not granted asylum (table 1, figure 1). A moderately larger proportion (93.7% versus 82.6%) of children with a residence permit had lived under conditions of war than children whose families did not obtain a residence permit (table 1). In contrast, more children without a residence permit had lost a parent than had children with a residence permit (30.6% versus 13.7%).

In addition, patterns combining different types of violent exposure were similar in the two groups, with only two significant differences based on small numbers of children (table 2). Among children with a residence permit, 78.9% had experienced at least two different violent exposure types compared with 74.1% in children without a permit ($P > 0.05$) (three exposures or more, 40.5% and 30.6%, respectively; $P > 0.05$).

Table 1 Receipt of residence permit by previous exposure to violence and present mental health problems among 311 Middle Eastern refugee children aged 3–15 years, Denmark 1992–1997

<table>
<thead>
<tr>
<th>Exposure to violence; mental health problems</th>
<th>No residence permit ($n = 121$ children)</th>
<th>Residence permit ($n = 190$ children)</th>
<th>$P$</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugee camp</td>
<td>109</td>
<td>90.1</td>
<td>179</td>
<td>94.2</td>
<td>0.175</td>
<td></td>
<td></td>
</tr>
<tr>
<td>War</td>
<td>100</td>
<td>82.6</td>
<td>178</td>
<td>93.7</td>
<td>0.002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witnessing violent events</td>
<td>80</td>
<td>66.1</td>
<td>137</td>
<td>72.1</td>
<td>0.262</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent detained</td>
<td>77</td>
<td>63.6</td>
<td>131</td>
<td>68.9</td>
<td>0.332</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent tortured</td>
<td>60</td>
<td>49.6</td>
<td>99</td>
<td>52.1</td>
<td>0.665</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death; other disappearance of parent</td>
<td>37</td>
<td>30.6</td>
<td>26</td>
<td>13.7</td>
<td>0.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>83</td>
<td>68.6</td>
<td>125</td>
<td>65.8</td>
<td>0.608</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sad or miserable appearance</td>
<td>53</td>
<td>43.8</td>
<td>53</td>
<td>27.9</td>
<td>0.004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td>35</td>
<td>28.9</td>
<td>58</td>
<td>30.5</td>
<td>0.764</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
model, i.e. the two significant predictors, to the group of children whose families later on received a residence permit, these variables also determined anxiety in this group, but to a lesser and non-significant extent (table 3, model I, coefficients not in italics). Conversely, based on stepwise regression among children with a residence permit, anxiety could be predicted by exposure to war and by having a tortured parent (table 3, model II, coefficients in italics). Transfer of this model led to comparable but less outspoken coefficients among children without a residence permit. All models were well fitted and, irrespective of the basis of the source model, there was considerable overlap of confidence limits between the two groups, so that also this relatively complicated aspect of the data structure was comparable, if not similar, in the two groups.

Discussion

Based on the fact that evidence on children's health is not systematically integrated in the treatment of applications for asylum, we hypothesized that mental health indicators would be evenly distributed between groups of children from refugee families, who did and who did not obtain asylum in Denmark. Accordingly, we found outspoken similarities between the two groups of children, as violent exposure patterns and mental health and behavioural reactions appeared overall comparable. For most of the information studied the nil hypothesis thus could not be rejected, and from the child's perspective and, one might add, from a statistical point of view, the residence permit case-work thus may resemble a random process rather than a considerate professional selection.

Focusing on dissimilarities between the two groups, it is true that ∼10% more children in the group granted permission to stay had been exposed to conditions of war. This, however, does not account for the >80% of children not allowed to stay who also had been subject to such conditions. In contrast, many more children who did not obtain permission to stay had lost a parent, and more had signs of childhood depression.

We were not in possession of the means necessary for concrete verification of the information delivered by the adult asylum-seekers, and the present analysis thus has to rely solely on this source and the internal logical cohesion of the information. Available means for verification thus included expert assessment of the individual cases, which was performed in relation to adult exposure to torture and childhood anxiety. Moreover, a construct validity perspective was introduced in the present analysis by use of comparative multivariate prediction of anxiety. This perspective reflects

Table 2 Receipt of residence permit by pattern of previous exposure to violence among 311 Middle Eastern refugee children aged 3–15 years, Denmark 1992–1997

<table>
<thead>
<tr>
<th>War</th>
<th>Witnessing violent events</th>
<th>Parent tortured</th>
<th>No residence permit (n = 121 children)</th>
<th>Residence permit (n = 190 children)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>8</td>
<td>1</td>
<td>0.026</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>12</td>
<td>29</td>
<td>0.174</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>5</td>
<td>7</td>
<td>0.841</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>6</td>
<td>1</td>
<td>0.015</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>5</td>
<td>7</td>
<td>0.841</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>16</td>
<td>14</td>
<td>0.088</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>2</td>
<td>1</td>
<td>0.562</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>35</td>
<td>58</td>
<td>0.764</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>37</td>
<td>77</td>
<td>0.076</td>
</tr>
</tbody>
</table>
Montgomery,17 in a previous analysis of the present dataset of disturbance, which was more frequent than in the two control groups. Model I, based on analysis including children without residence permitb

Parents and children will differ in their assessment of a child’s situation were the strongest predictors of sleep disturbance in children. Tested based on a structured interview with their parents. The assessment instrument used and, furthermore, the reported number of symptoms. Using teachers’ assessment of 101 ethnic minority children and 101 British children (age range 5–18 years) from five schools in Britain, Fazel and Stein13 found is in agreement with previous documentation. Several studies have documented associations between exposure to traumatic stress disorder. Extreme poverty, exposure to torture and violence themselves and 14% lived in a torture-surviving family. Twenty per cent of the children suffered from emotional symptoms (anxiety, depression, aggression or nervousness), 24% from psychosomatic disturbances and 3% from post-traumatic stress disorder. Extreme poverty, exposure to torture and displacement time explained 16% of the variation in the number of symptoms. Using teachers’ assessment of 101 refugee/asylum-seeking children and comparing them with 101 ethnic minority children and 101 British children (age range 5–18 years) from five schools in Britain, Fazel and Stein13 found that 25% of the refugee children had significant psychological disturbance, which was more frequent than in the two control groups and three times the national average. Accordingly, Montgomery,17 in a previous analysis of the present dataset of 311 asylum-seeking children from the Middle East, found that refugee camp experience and living in a torture-surviving family were the most important predictors of anxiety. In a further analysis of this dataset, Montgomery and Foldispang18 found that a family history of violence and a stressful present family situation were the strongest predictors of sleep disturbance in the children.

In the present context, the children’s mental health was assessed based on a structured interview with their parents. Parents and children will differ in their assessment of a child’s mental health symptoms,22 and parents often overlook or underestimate symptoms, especially intrusive symptoms. Since the assessment instrument used and, furthermore, the reported mental health profiles were similar in the two groups, it is however not likely that interviewing the children themselves would significantly change the conclusions concerning inter-group contrasts.

Although the asylum application is made by an adult, the humanitarian aim of granting permission to stay also involves the nearest family members. The present study focuses on the situation of children, while asylum applications are dealt with according to laws without special provision for children’s situation. Asylum laws are based on the Geneva Convention, but other conventions are equally important regarding the treatment of refugee families. The Convention on the Rights of the Child,23 adopted in 1989, established affirmatively that the child has the rights of ‘individual personality’. Article 22 accords special protection to refugee children. Paragraph 1 proclaims that ‘a child who is a refugee or seeking refugee status, whether accompanied or unaccompanied, must receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or other humanitarian instruments to which said States are parties’. Furthermore, article 12 states that children have the right to participate in decision-making processes that may be relevant in their lives and to influence decisions taken in their regard. The results of the present study may indicate that these rights are not properly respected. Further studies are necessary to establish how the right of the child to participate in the asylum-seeking process should be operationalized to serve the best interest of the child and to avoid children being caught up in potentially traumatizing family conflicts. This dilemma is, however, not specific to asylum-seeking children, but is inherent also in other cases involving children, e.g. cases concerning custody or abuse.

The present study enrolled families whose applications for asylum were processed 10 years ago, during 1992–1997. Since then, Danish legislation and practice has been further restricted, and this has been the case especially since 2002, when the ‘de facto’ status was abolished.23 The ‘de facto’ status could be applied if an asylum-seeker, for reasons similar to those mentioned in the Refugee Convention or for other weighty reason, should not be returned to the home country. The consequences of this change in legislation for children of asylum-seeking families are unknown, and the asylum-granting process remains largely non-transparent.

In conclusion, children of families, who were not permitted to stay in Denmark had about the same violence experience as children of families who were permitted to stay and, consequently, they showed comparable mental health profiles. Based on principles of human rights as well as empirical evidence, there thus seems to be good reason to systematically integrate evidence on the children of refugee families in the treatment of their application for permission to stay.

### Table 3 Predicting present anxiety by previous exposure to violence among 190 children whose families did obtain residence permits and 121 children whose families did not, Denmark 1992–199721

<table>
<thead>
<tr>
<th>Model; significant predictors</th>
<th>No residence permit (n = 121 children)</th>
<th>Residence permit (n = 190 children)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR 95% CI</td>
<td>P</td>
</tr>
<tr>
<td>Model I, based on analysis including children without residence permitb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witnessing violent events</td>
<td>3.6 1.6–8.4 0.002</td>
<td>1.5 0.8–3.0 0.191</td>
</tr>
<tr>
<td>Parent tortured</td>
<td>1.0 0.5–2.2 0.992</td>
<td>2.1 1.1–3.9 0.021</td>
</tr>
<tr>
<td>a: Italics indicate coefficients estimated by stepwise regression; coefficients not in italics are estimated by implementation of the same predictor model in the opposite group of children. Total predictor set: war, refugee camp, witnessing violent events, death or other separation from of parent, torture of parent.</td>
<td>b: Model fit: children without residence permit, P &gt; 0.77; children with residence permit, P &gt; 0.93.</td>
<td>c: Model fit: children with residence permit, P &gt; 0.98; children without residence permit, P &gt; 0.23.</td>
</tr>
</tbody>
</table>
Acknowledgements

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Key points

- Profiles of mental health and exposure to violence in accepted and rejected asylum seeking children in Denmark were compared
- In both groups, an overwhelming majority of children had been exposed to violence
- Patterns of exposure and present mental health were similar in the two groups
- Evidence on children should be integrated in the treatment of applications for permission to stay

References


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