Commentary: Reducing further harm to asylum-seeking children. The global human rights context

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Increasing numbers of adults and children are seeking asylum across the globe. Many Western nations, unlike The Netherlands, have responded to asylum seekers with incarceration and other harsh immigration practices, and there is mounting evidence of the psychological harm associated with detention of already vulnerable children and the adults who care for them.1

Australia (the country of residence of the authors) presents a good example of an increase in the ‘policies of deterrence’,2 with diversion of processing responsibility to poorer neighbouring countries, involuntary relocation between detention centres, reduced rights to family reunification and reintroduction of temporary protection visas, which reduce the length of protection offered and provide no long-term certainty. The shifting of responsibility offshore means involuntary relocations and substandard conditions for detainees (including children and unaccompanied minors), despite well-documented evidence of harm. Political leadership on the issue has led the voting public to view racism and xenophobia as acceptable...
and in the national interest, exemplified by the recent nomenclature change in Australia of asylum seekers to ‘illegals’, in addition to the long-held policies of mandatory detention (often indefinite) for all asylum seekers arriving by boat, including unaccompanied minors and children.

Goosen, Stronks and Kunst\(^3\) undertook a longitudinal study to assess the contribution to mental distress in asylum-seeking children of frequent relocations between asylum seeker centres in The Netherlands, where families are not detained. Their study is unique in that it involves a large cohort followed over time. They studied over 8000 accompanied asylum-seeking children aged 4–17 years, between 2000 and 2008, using medical records. The paper is important for several reasons.

First, the finding that mental distress was 2.7 times more common in children who experienced more than one relocation per year is significant. It highlights the ongoing responsibility of governments who receive and process the claims of asylum-seeking families to prioritize the best interests of those in their care. This includes considering the impact of policies and administrative practices that disrupt the lives of children and families, including involuntary relocations. Second, it emphasizes the particular vulnerability of children who have cumulative adversities, particularly those who have been exposed to violence—as is the case for many children in refugee and asylum-seeking families—and parental mental illness, which were found to increase the risk of mental distress. Third, the impact was greater in 12–17 year-olds than in younger children, reinforcing the need for a developmentally informed understanding of factors mediating the link between adversity and children’s well-being. The study is another example of evidence about the child’s best interests being unheeded for political or, as described in this article, ‘administrative’ reasons. The population did not include unaccompanied minors, a group with additional vulnerabilities and needs for ‘safety and belonging’.\(^4\)

The UN convention on the Rights of the Child\(^5\) compels all signatories, including The Netherlands, to consider the child’s best interests as paramount. This is one of many examples throughout the world of wealthy countries being prepared to violate children’s rights and to view them as subservient to other imperatives.

**What is the evidence that frequent relocations are harmful to children?**

Goosen et al. cite a number of cross-sectional studies examining the impact of frequent relocations on both community and refugee children. Their finding that relocation had the greatest impact on children aged 12–17 years is thought to be mediated through negative effects on potentially protective factors such as peer and mentor relationships, a sense of connectedness and belonging, parental mental state and family functioning. In contrast, results from a longitudinal Australian community sample,\(^6\) led the authors to hypothesize that frequent moves during a sensitive period in early childhood increase the risk of behaviour disorders. This is in line with a considerable developmental literature demonstrating the impact of parental mental illness on infant and child development, particularly in the early years.\(^7\)

The impact of frequent involuntary moves in both community and asylum-seeking children may therefore be mediated both directly through physical disruption, change of location and routine, and loss of relationships and connectedness, and indirectly, particularly early in life, through the impact on parental well-being and family functioning. There is also considerable evidence from Australian studies of the pathological effects of uncertainty and powerlessness related to ongoing indefinite detention and provision of temporary protection.\(^8\) The study reinforces the evidence that lack of agency and disrupted relationships represented by involuntary relocations have a significant impact on children, even in the relatively flexible environment provided to asylum-seekers in The Netherlands.

Exposure to early adversity is known to increase developmental and health risks,\(^9\) and there is extensive evidence that asylum-seeker children have had exposure to adverse events. An Australian study\(^10\) demonstrated refugee children’s prior experience of separation from family, exposure to killing of relatives and other extreme violence, financial hardship and unstable housing. Asylum-seeking children, including unaccompanied minors, are particularly vulnerable to post-arrival factors and it is precisely these children who require optimal circumstances, with a sense of security, safety and predictability in order to develop into resilient and productive adults.

**Conclusions**

There are few longitudinal studies of asylum-seeker and refugee children or the systems required to support their best possible health and well-being outcomes. This rare study documenting the adverse effect of policies and practices in relation to highly vulnerable children illustrates a failure to prioritize important determinants of child well-being, despite evidence of potential harm. To achieve acceptable health and well-being outcomes for asylum-seeker children, we need excellent systems of care based on: (i) commitment to both refugee and UN conventions;\(^11\) (ii) implementation of evidence-based policy to produce the best possible outcomes; and (iii) well-developed data systems and carefully designed studies to add to the evidence base into the future. Aside from humanitarian issues, this is important from an
economic and cost benefit perspective, as it is in the interests of all countries to maximize the potential contribution made by a resilient population of new citizens. Children and families will inevitably continue to arrive seeking refuge. Minimizing relocations within host countries could reduce mental distress in asylum-seeking children and should be ensured by governments in host countries, both because it is the right approach and also because it incurs benefits for the community as well as for individuals.

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References
