

Centre for Refugee Health

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Comments on the Third Danish Report on the Observance of The UN Convention on the Rights of the Child

In the 3rd Danish Report to the UN Committee on Children, there is no description of the observance of the Convention in relation to refugee children who live with their families in Danish centres for asylum seekers. The report only deals with un-accompanied refugee children.

As a Danish child psychiatrist, I am familiar with the care Danish society offers children whose welfare is at risk. It has, therefore, surprised me, that a similar care is not shown by this society towards these refugee children whose situation is more vulnerable than that of other children.

For historical reasons, the Danish Red Cross (DRC) has, since 1984, been the main operator in the provision of housing, health and schooling for asylum seekers and their children. For this purpose, the DRC has created an Asylum Department, which has also assumed the role as a consultant for the Danish State's Immigration Agency regarding the level for these provisions. The other operators, the Danish Disaster Management Agency and a couple of municipalities, have applied the DRC-model.

My knowledge of the conditions for the children in the asylum centres is based on five years of work as a psychiatric consultant in the asylum centres. On this basis of assessment, I find severe deficiencies in the observance of the UN Convention on the Child. In the following, I will highlight a couple of essential areas:

Article 39:

Many refugee children have been exposed to psychological traumatic and long lasting events before they fled to Denmark. The recipient country should, therefore, assure, upon the arrival of the children or soonest thereafter that the children who need special care or rehabilitation of damages are identified, so that they can recuperate health and development potential as much as possible.

However, this does not happen in a qualified way. At the arrival of the child-family at the Reception Centre Sandholm, the child is examined and the parents are interviewed about the health conditions of the child. Based on the Centre's own account, done by chief child nurse, Ms Kirsten Abdalla, only 2% of the newly arrived refugee children have child psychiatric sufferings. The frequency in the overall Danish child population is estimated at 7-10% before adolescence and 15% in the adolescence. In addition, several investigations, incl. a thorough one undertaken by psychologist Ms. Edith Montgomery, the Danish Rehabilitation and Research Centre for Torture Victims in Copenhagen, on newly arrived children from the Middle East, has shown a prevalence of 67% of severe anxiety symptoms in the Sandholm-Centre. There is hardly reason to believe that children from say Afghanistan or Chechnya are less traumatised.

In a scientific correspondence in the Danish Medical Weekly, (Ugeskrift for Læger, 165/5, 27 Jan. 2003), I raised the attention about the problem, that refugee children are generally not offered a relevant examination of their trauma and symptoms of anxiety in order to give them specific care and treatment. The DRC Asylum Dept. answered that it found it un-ethical to undertake such a screening when there are 1) no possibilities for treatment of the children and 2) no funds for more treatment.

Regarding the alleged lack of possibilities for treatment, I know about the existence of psychologists and child psychiatrists who wish to provide treatment for those children, but who are never contacted about this problem. The care for the children is almost exclusively in charge of staffs, who have been employed by the DRC Asylum Dept. for many years and, therefore, become accustomed to the prevailing state of affairs. It is a commonly known phenomena that the “normalcy-concept” in closed institutions can change significantly if it is not corrected against the conditions in the surrounding community.

This very closed system surrounding the children in the asylum centres at the same time prevents that the professionals in the child sector in the society at large are informed the specific problems of the refugee children. The strict apartness of the population in the asylum centres from the Danish society has as a consequence a lack of the necessary exchange of knowledge, which should serve to inform decisions on how to identify the children who need assistance for their rehabilitation in accordance with the Convention on the Child of the UN.

Another problem is that the present Danish immigration legislation has entailed increased stress on the refugee families to the extent that the parents increasingly acquire psychiatric illnesses. Severe depressions are frequent, psychoses are developed, even dementia conditions occur. PTSD-conditions of some parents deteriorate into chronic changes of personality. Consequently, some families, which were well functioning upon arrival, lose the ability to care for their children, with severe consequences for those children. In certain cases, the children have to be removed from the family because of lack of care, which is clearly related to the yearlong stress of the parents.

According to the law on social service, the employees of the centres and their schools have the obligation to inform about it when they observe that health and development is endangered for children or adolescents below the age of 18. This actually happens in a few centres, while in others reporting is not undertaken sufficiently. There are also very divergent municipal practices in relation to obligation of the municipalities to examine the conditions of the child sufficiently and subsequently undertake the needed initiatives, coherent and sufficient. However, the municipalities trust that the employees in the DRC's Asylum Dept. observe this duty of information and that they implement the necessary support as professionally as the municipalities would do. Consequently, needed reporting often simply do not take place.

The schooling of the children is insufficient and takes place under inadequate conditions, in most cases in the schools of the asylum centres. The curricula offered are sparing and it is delivered in a subculture, which is very different from a normal Danish school. Teaching is influenced by a high level of noise, and the children remain ignorant about normal requirements and behaviour. Teaching of Danish language is much slower than desirable because the children most of the time are left with the confusion of a lot of different languages in an asylum centre.

Children in the pre-school age are offered a kindergarten from the age of three, but they too are isolated from the community outside the asylum centre and the lack of attention to their early development of language supposedly results in an insufficient language learning which cannot be repaired later, and which damages their intellectual development, incl. the ability to think abstractly. One must be aware that the parents are so stressed from the lack of clarity about their future situation that they do not have the surplus for the natural stimulation of the early language development of the children.

Rehabilitation of traumatised children should take place in an environment, which is conducive to the health of the children. In this field, a large setback has taken place due to the restrictions in the immigration legislation and its administration in practice. From the outset, the asylum centres were marked by an overall high level of anxiety, resulting in frequent losses of self-control among the adults. This is an insecure environment even for healthy children.

Waiting time for the decisions on the applications for asylum is very long, the procedures appear erratic and some rejections appear contrary to normal humanitarian considerations for refugees. The situation is further stressed by the so called food parcel arrangement, applied as a means of pressure against rejected asylum seekers who refuse to participate voluntarily in their repatriation. In this group, there are families who know that their lives will be in danger in the case of repatriation. There are widows who have fled because their families in law, according to local traditions, would take their children away from them. Some are persecuted for religious reasons. For all these reasons, those families live under a constant pressure, which limits the possibilities for normal development of their children.

The food parcel arrangement implies that the family every second week receives a food parcel for two weeks' consumption and a few hygienic articles. They receive no cash. The consequence is that they cannot use public means of transportation away from the asylum centre or keep contact by telephone with relatives in the home country.

This means of pressure is now further accelerated with the creation of a cafeteria arrangement in the asylum centres Sandholm and Avnstrup – and in a third one is under creation in Sigerslev. Here, the families are not provided with food, which they can prepare themselves and eat in their rooms. Instead they get coupons for three daily meals in a big cafeteria with a lot of noise and an often violence-prone environment. This is experienced so unpleasant by many, that they choose to skip some of the meals.

This is in reality internment camps with limited contact to the outside world where the families after years of stress feel buried alive. There is no time-limit on this way of life, which is detrimental to children and adults.

Article 3

The well being of the child is not the top priority, but is subjugated to political decisions aiming at the repatriation of asylum seekers. Decision processes about the children are marked by the absence of professionals from the child sector. Legislation is solely designed by the Ministry for Refugees, Immigrants and Integration, which does not employ one sole such professional. Decisions are underway for a very long time seen in relation to the needs of a traumatised child and they are often marked by a lack of knowledge about children.

Persons without knowledge about the needs of children may reject needed support for the sole reason of lack of budgetary funds.

The first visitation at the asylum centres is undertaken by nurses who also feel under pressure from the lack of sufficient funds. In addition, there is no quality control of their decisions. The above mentioned first screening in the Sandholm-Centre, allegedly showing an incidence of only 2% with child psychiatric sufferings, clearly shows that this procedure is lacking in quality.

This imperfect study of children's health conditions may entail that essential facts are not integrated in the processing of the applications for humanitarian stay.

The same lack of control is manifest in the monitoring of the conditions of the children undertaken by the municipalities. Apparently, only few of these municipalities are aware that the UN Convention on the Child is also valid in the asylum centres.

In conclusion, Danish legislation on social affairs secure, in principle, care for all children and youth who stay in the country, but in most cases, this is not applied sufficiently in the Danish asylum centres.

Article 12

The signatory states must secure a child, who is able to express its own points of view, the right to express freely the points of view in all circumstances of relevance to the child. The asylum authorities rarely listen to the children on their own initiative, even though many children have witnessed assaults or threats against the family.

Even smaller children are able to provide trustworthy descriptions of such experiences. They observe the details, but are unable to put the details into a larger context because they ignore it. In reverse, this reinforces the credibility.

Adolescents are often much more concrete in their in their descriptions than the adults. They have fewer hidden agendas and interpretations.

I have come across adolescents who are in possession of essential knowledge about the situation of the family, which the parents would not come forward with, and which might change the outcome of an application for asylum, meaning that the family would probably have been granted asylum in Denmark.

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