

Asylum-Seeking Children's Experiences of Detention in Canada: A Qualitative Study

Rachel Kronick

Centre for Addiction and Mental Health, Toronto,
Ontario, Canada

Cécile Rousseau

McGill University

Janet Cleveland

McGill University

Children and parents seeking asylum are regularly detained in Canada, however little is known about the experiences of detained families. International literature suggests that the detention of children is associated with significant morbidity. Our study aims to understand the experiences of detained children and families who have sought asylum in Canada by using a qualitative methodology that includes semistructured interviews and ethnographic participant observation. Detention appears to be a frightening experience of deprivation that leaves children feeling criminalized and helpless. Family separation further shatters children's sense of well-being. Children's emotional and behavioral responses to separation and to detention suggest that the experience is acutely stressful and, in some cases, traumatic—even when detention is brief. Distress and impairment may persist months after release. Given the burden of psychological suffering and the harmful consequences of separating families, children should not be detained for immigration reasons and parents should not be detained without children.

Immigration detention, which has been on the rise globally for a decade (Fazel, Karunakara, & Newnham, 2014), impacts not only adult asylum seekers but also children. Despite the United Nations Convention on the Rights of Child (UNCRC), stipulating that detention of children should “be used only as a measure of last resort” (United Nations Office of the High Commissioner for Human Rights [UNHCR], 1989, Article 37.b), children in over 60 countries may be subject to immigration detention (Fazel et al., 2014).

In Canada, child migrants are regularly detained. Between 2005 and 2010 approximately 650 children were detained each year because of their migratory status (Canada Border Services Agency, 2010); however, this is likely a significant underestimate as often children are not counted in official statistics (Canadian Council for Refugees, 2009). Immigration Holding Centres (IHC) resemble medium-security prisons and are surrounded by razor-wire fences and surveilled by guards (Cleveland, Rousseau, & Guzder, 2014). Children and mothers are detained in a separate section and are therefore separated from family members in the men's section.

The literature suggests that detention has significant psychological effects on children who seek asylum in high-income countries (Fazel et al., 2014). Studies in the United Kingdom and in Australia indicate that children in detention have high rates of psychiatric symptoms, including self-harm, suicidality, severe depression, regression of milestones, physical health problems, and posttraumatic presentations (Lorek et al., 2009; Steel et al., 2004). Observational studies and commissions of inquiry have noted that children in detention may be witness to abusive arrests, violence, riots, fires, and adult suicide attempts (Crawley & Lester, 2005; Mares, Newman, Dudley, & Gale, 2002). Current pediatric evidence, though limited to the United Kingdom and Australia, consistently demonstrates psychological harm associated with detention (Lorek et al., 2009; Mares & Jureidini, 2004; Mares et al., 2002; Newman & Steel, 2008). There is only one report including case studies on children in Canadian detention centers (Canadian Council for Refugees, 2009), though studies on detained adult asylum seekers describe a deleterious effect on mental health (Cleveland, Dionne-Boivin, & Rousseau, 2013; Cleveland & Rousseau, 2013). The aim of this article is to describe children's experience of detention in terms of their daily life, routine, social interactions and their emotional and behavioral responses.

Rachel Kronick, Centre for Addiction and Mental Health, Toronto, Ontario, Canada; Cécile Rousseau, Division of Social and Cultural Psychiatry, McGill University; Janet Cleveland, Centre de Santé et de Services Sociaux de la Montagne and Research Institute of the McGill University.

Correspondence concerning this article should be addressed to Rachel Kronick, Centre for Addiction and Mental Health, 80 Workman Way, Room 1131, Toronto, Ontario, Canada M6J 1H4. E-mail: rachel.kronick@camh.ca

Method

Because we aimed to generate a rich understanding of the IHCs and of the detainees' lived experiences, we chose a qualitative ethnographic approach. An ethnographic stance was particularly suited, given the need for in-depth description of the practices of detaining

children, especially because they have hitherto been “‘hidden’ from the public gaze” (Reeves, Kuper, & Hodges, 2008, p. 514).

Detained families are difficult to reach because researchers are not usually permitted to enter the IHCs and because families are often reluctant to participate in research, given their vulnerability as asylum seekers and/or as detainees. After we secured clearance as researchers to enter the IHC, we were linked to detained families by community organizations that visit the IHCs and provide legal information to detainees. Previously detained families were recruited through clinicians working in a community health center and immigration lawyers.

Because of the participants’ high vulnerability, our sampling strategy favored a strong participant–researcher alliance, with a heightened attention to and respect for avoidance strategies—that is, their desire not to evoke some parts of their experience. The research encounter had to foster empathy and support for the children and their parents. We sought to diversify the sample to capture a range of experiences. Specifically, we included families that had been previously detained and families of which only a parent (or parents) had been detained, given this is sometimes proposed as a policy alternative to the detention of children. Further, given UNCRC, Canada’s Immigration and Refugee Protection Act, and the UNHCR guidelines on detention do not differentiate between the rights of children based on status, we included children and families who were asylum seekers as well as failed refugee claimants.

Detention interviews were conducted in both the Toronto and Montreal IHCs, community health clinics, and in family homes. Because interpreters were not permitted to enter the IHCs, detained families without fluency in English or French were excluded from this study. For interviews conducted outside of IHCs, professional interpreters were used for parents and children not fluent in English or French.

Our primary method of data generation was in-depth semistructured interviews conducted with parents and children between the ages of 13 and 18. The interviews lasted between 1 and 3 hr and focused on demographics, the context of the asylum claim, and the subjective detention experiences of children and parents. Consent to participate was obtained for all interviews. In the IHC, recording devices were not permitted and thus detention interview transcriptions were based on hand-written notes of the interviewer. All other interviews were recorded with participants’ consent and later transcribed.

In addition to semistructured interviews, we also undertook ethnographic participant observation in the IHCs. A researcher was immersed in the field 1 day per week for 6 months, observing the children’s environment and the daily life practices of the setting. In this article, we draw on participant observation to contextualize interview data, expand on participants’ accounts of life in detention, and to provide observations on children’s emotional responses to the experience of detention. Finally, we conducted play-based interviews with children between the ages of 6 and 12. In this article, we only analyze the symptom-expression observed through the play interview and review themes and narratives emerging in play interviews elsewhere.

The McGill Faculty of Medicine’s Institutional Review Board granted ethics approval for the study. All interviews and observation were conducted between March 2011 and June 2012. The interviews and participant observation were undertaken by Rachel Kronick, who is a clinician (psychiatry) and researcher.

Transcribed interviews and field notes were entered into qualitative analysis software, HyperResearch (Version 3.5.2, Researchware Inc., 2013) and were coded inductively and guided by principles of thematic analysis (Braun & Clarke, 2006). The codes were then subject to refining and synthesis by all authors (Braun & Clarke, 2006), generating the main themes that structured our results section. The research team then examined data across the following axes: case (family), theme, migration status, length of detention, and ages of children. Identifying information was altered to preserve anonymity, though narratives and dialogues are unchanged.

Results

Twenty families participated in the study. Table 1 captures the demographic characteristics of the participants. The majority of families were asylum seekers (65%), and the remaining 35% of families were failed refugee claimants. Table 2 summarizes the detention duration and grounds for detention. The mean length of detention at the time of interview was 56.4 days, whereas the median was 13.5 days. In our sample, 12 of the families were interviewed during their detention, and another 8 families were interviewed after detention. Three families were interviewed on more than one occasion, and in one case, both during and after detention.

Given the opportunity to describe the basis of their refugee claim, 60% of families disclosed significant prior trauma or persecution including physical assault, rape, torture; threats or harassment by an organized group; murder or disappearances of family or friends; witnessing murder; religious persecution; domestic violence; forced separation of family members, including children. Some families had also experienced significant adversity during

Table 1. Participant Characteristics

	Cases (<i>N</i> = 20)
Region of origin	
Europe	2
Southwest Asia	4
West Africa	3
East Africa	2
North America	1
Middle East	1
Central Africa	3
South Asia	1
Latin America	3
	Children (<i>n</i> = 35)
Ages of children (years)	
0–2	6
3–6	16
7–12	8
13–20	5
	<i>n</i> = 35
Sex of children	
Female	15
Male	20
	<i>N</i> = 20
Immigration status	
Asylum seeker	13
Failed claimant	7

Table 2. *Detention Demographics*

	Cases (<i>N</i> = 20)
Time of interview	
In detention	12
Post-detention	8
Longitudinal	3
	Cases (<i>n</i> = 22)
Detention length	
<48 hours	1
2–10 days	9
11–30	4
30–60	2
90	2
150–180	2
210	1
330	1
	<i>N</i> = 20
Reason for detention as understood by families	
Identity	8
Flight risk	6
Identity and flight risk or unclear	6

the migration process (living with precarious status in another country, previous immigration detention, dangerous journeys by boat or on foot, and starvation). Parents also reported high rates of postmigratory stress, particularly for those who were failed claimants.

Life in Detention

Arrests. Most families arrived at the IHC after an arrest by Canadian Border Services Agency (CBSA) officials. Apprehensions took place at a port of entry or immigration office where the refugee claim is made, or, in the case of failed claimants, the apprehension occurred at a routine immigration meeting or hearing. One family was reported by hospital personnel to the CBSA after presenting to the hospital emergency room. In another case, a mother was apprehended in her driveway with her breastfeeding infant in her arms.

One mother, arriving alone with her two teenage children and six-year-old by plane described a process of 10 hr of interrogation by CBSA officials before they were arrested and detained. The family's bags were cut open with scissors and searched in front of the children, and mother was told they would be returned home if she did not "agree" to detention. Two other asylum-seeking families were also threatened with deportation on arrival.

Although per official CBSA guidelines, parents are not supposed to be handcuffed in front of children, 3 parents in our study reported being handcuffed in the presence of their children. When a detained 11-year-old was asked what she understood about her mother being shackled and handcuffed (and being detained), she stated that it was "because they think we are terrorists" (Case 2).

Parents were also frightened by the lack of information they received regarding detention:

[. . .]when you come nobody gives you any explanation or nothing on what is going on [. . .] You just have to be there in your room like a

scared animal, and then they say "you have your court appearance in 48 hours." But nobody explain to you anything. (Case 17)

In summary, parents described the arrests as frightening, often humiliating, and at times made worse by long interrogations, the intimidating actions of officials, the handcuffing of parents, and by a lack of information.

The mother-child section. Women with children are detained in a separate section from women and men. The mother-child section consists of a common room with couches, a TV, a table and chairs; a shared bathroom; laundry facility; and bedrooms. Women and children can move freely within the area but need permission and to be accompanied by a guard to go outside, go to meals, or enter another section of the building.

Families held in one IHC reported that often there were not enough beds for family members. For example, a mother shared a cot for 11 months with her 12-year-old son. In another IHC, families would sometimes have to share rooms with other families, including two families with infants.

Play. Parents and children reported that there was little to do in the IHC, and boredom appeared pervasive. Many described spending most of the day watching TV in the common area. In one IHC, minimal toys, such as coloring books, were provided. The other IHC had a playroom for younger children with donated toys. Parents expressed concern that sometimes children would not have interactions with other children for weeks (if there were no other families detained with them) and that children would be idle, sleeping or lying on the couches for long periods during the day. One family even hypothesized that they had been unknowingly drugged because they felt so sleepy and lethargic.

Small yards could be accessed twice daily in one IHC and with permission from the managing guards at the other IHC. Sometimes children did not have access to winter-appropriate clothing and so, for example, one family was detained for 2 weeks before the children received donated jackets and were able to go outside.

Education. The IHCs are expected to provide education to children if they have been detained for more than 7 days (Citizenship & Immigration Canada, 2007) to comply with the UNHCR guidelines stipulating that "children have a right to education, which should optimally take place outside the detention premises" (UNHCR, 2012, p. 36). In both IHCs the schooling took place on site. In one IHC, the program was described positively by children and parents. In the other IHC, however, children were only provided with a few hours of second-language tutoring with a retired teacher, and families felt it was "not a real school" (Case 2).

Rules and routines. Daily life in the IHC was shaped by strict schedules and routines. Meals and wake-up times were held at set times, and in one IHC mothers and children were required to travel outside, accompanied by guards, to another building for meals. After being awakened at 5 a.m., a mother had to wait 40 min outside in the snow with her two children before eating. Detained for 3 months, a father thought that this schedule was deliberately intended to disrupt the detainees' sleep:

They have a system. I compare it to Africa. Because in Africa they hit prisoners. But here they cannot hit prisoners. They have a system to

break all system . . . So, you cannot sleep well. They turn the lights on . . . As soon as you sleep a bit, they come: “everybody outside! Showers!” They try to break your rhythm. They break you.” (Case 19)

Guards and surveillance. As in a medium-security prison, detainees are surveilled constantly by guards. Within the mother–child section, guards on duty were always female. Their shifts changed every 30 min, and parents noted that young children found the presence of rotating strangers frightening.

Monitoring of detained mothers and children happened both day and night, as one mother noted:

The red light in the room at night, its . . . to see if all detainees are in the room . . . I mean, they follow you like . . . like criminals. So, they do not speak to you, they watch you.” (Case 19)

Her 10-year-old daughter expressed that this made her feel like “a caged animal” (Case 19).

The interactions of guards and detainees, especially incarcerated children, were marked by a tension between the guards’ obligation to act as a security force and the reality of child inmates who required care. The guards’ actions could be kind and nurturing, whereas at other times they behaved harshly. Some guards would bring gifts to the children, such as hair barrettes or used clothes. Security guards who routinely worked in the mother–child section often began to develop affectionate relationships with the children. One guard often referred to infants with diminutives, such as “my baby” or “my love.” Guards also sometimes challenged institutional rules to provide better conditions for families. One mother told us that a guard agreed to care for her infant so the mother could have a nap, whereas another mother, in contrast, described how guards are forbidden to provide supervision to children, or to pick them up and hold them, such that she was not permitted to use the washroom without bringing her children.

Parents also described troubling interactions with guards. One mother, detained with her 21-month-old child remarked, “They believe that we are prisoners” (Case 5). Another mother said, “They treated us like we were terrorists” (Case 11). Our researcher observed one 11-year-old girl, detained with her mother and 4-year-old sister, notice her father across the barbed wire fence in the men’s yard. The child ran toward the fence smiling and waving a greeting. The guard yelled at the child to stop and told her not to acknowledge her father. The child backed away from the fence appearing frightened.

In summary, children and their parents experience the surveillance in detention as invasive, frightening, and criminalizing, even as it is marked with individual guards’ attempts to care for families.

The Family System in Detention

Family separation. Family separation caused by detention emerged as a prominent concern for the families. In 14 cases, detention forced family separation (see Table 3). For some, this separation was layered on earlier traumatic separations, and for others, separation represented a new postmigratory stressor.

Separation within detention. Mothers and children are always separated from their male spouses and fathers in detention. Visits occur approximately twice per day for 15 to 30 min,

Table 3. Family Separations

Separation	Cases (<i>N</i> = 20)
Total separations	17
Pre-migratory	5
Within detention	6
Children from detained parent(s)	9
Mother (& children) detained in separate facility from father	1
Separations due to detention	14

and sometimes families were permitted to eat meals together. Despite these visits, children appeared anxious regarding the absent parent. A five-year-old girl separated from her father handed her mother fruit during an interview, asking that it be brought to her father, saying “tell him I love him” (Case 1). Another child refused food asking that it be given to her father.

Parents detained alone. Of the families in our study, 45% underwent separation when one (or both) parent(s) were imprisoned without their children. In some cases, a parent is detained alone because the children are Canadian-born and cannot be detained for immigration reasons, although they may informally accompany detained parents (Canadian Council for Refugees, 2009). Families may be given the option of having their children accompany them in detention or to separate and leave the child in the custody of extended family (if available) or in the care of provincial youth protection services.

Parents highlighted several factors that made separation highly distressing. Two mothers were separated from their breast-feeding infants. In both cases, their babies were permitted to join them in the IHC after approximately 4 days of separation. One mother told us that

for 4 days I couldn’t eat. I cried every day from morning to night. Yeah, I think he [my infant] became sick because he was away from his mother. He cried every day [too]. (Case 16)

Another asylum-seeking family was separated from their teenage son who was being treated for end-stage cancer. Mother, father, and his two younger siblings were all detained.

Mother: “The people who arrested us knew there was someone sick, who had cancer . . . who was suffering.”

Daughter: They knew, but they . . .

Mother: I begged them, let me go, someone is sick. He cannot spend the night alone. (Case 19)

During the family’s detention their lawyer took the son to hospital for his cancer treatment.

Nondetained family members are permitted to visit detainees during appointed visiting hours, yet families noted that the conditions of the visit were frightening and upsetting for children. In one IHC, visitors, including children, could only meet with detainees behind glass, speaking through a telephone. In both IHCs, visiting children had to be searched. As one detained father described,

[t]hey searched my kid! He was three years old. . . . My son was searched like a criminal. Once I told the guys “Hey, he’s a kid! What

are you doing? Why are you touching my son?" That's all I could [do]. He just told me it was an order. Somebody had ordered that. It wasn't easy. (Case 18)

Several families reported that visiting detained parents was so distressing to their children that they ceased to visit. A father of 5- and 3-year-old boys noted that

[t]hey began going there [IHC] but they cry a lot. Until I told them that I did not want them to go there. But they had not seen their mom for a month and a half . . . They knew their mom was there . . . It's him [child] who asked his mom "Why do you not want to come home. You should come today."

Child: She does not want to come. (Case 20)

When released from detention after 3 months, the mother explained how these visits, the separation from her two young boys, and the detention itself had affected her:

They [my sons] came to visit me. He pushed the person who was watching us at the door. He pushed him and said, I was leaving with him . . . this . . . hurt me. I was crying myself . . . I said "really, I want to suicide" . . . I would prefer to go home, to die at home. If they want to arrest me, they'll arrest me. Here they arrested me, this tortured me again. (Case 20)

In this case, the family had already undergone traumatic separation in their country of origin before fleeing to Canada. The father had been jailed and tortured for his human rights work, and while in jail, militiamen had arrived at the family home and gang raped the mother in front of her two young boys. The mother's imprisonment in Canada was highly traumatizing for the boys. The boys' functioning and emotional well-being declined. They manifested social difficulties and a regression in academic milestones. During the interview, the five-year-old son was preoccupied by his mother's whereabouts, asking the interviewer about her. He reenacted his mother's rape (at gunpoint) holding a pretend gun to his brother's head. Father believed these memories were reactivated by the stressful context of separation from his mother.

When the boys' mother was released from detention after 3 months, the children's sleep and appetite improved significantly according to their father. They no longer had difficulty separating from their father; their school also reported decreased anxiety and improved academic and social functioning.

One family who had chosen to separate from their two children—ages 6 and 4—to spare them detention, reported how distressing it was for them to be separated from their children, the father acknowledging that he was experiencing suicidal thoughts for the first time in his life. Nonetheless, they affirmed their decision to spare the children detention: "But even when it's hard for us not to be close to our children, it's better than having them here [in detention]" (Case 17).

Children's Behavioral and Emotional Responses

During detention. Families reported a range of symptoms expressed by infants, children, and adolescents in detention. Many children demonstrated externalizing symptoms of oppositionality

and aggressivity. These symptoms were particularly prominent in children under the age of 6, who became more demanding.

Most children exhibited internalizing symptoms, most prominently symptoms of anxiety. One 6-year-old girl, detained for over 6 months, would ask her parents, "Are they gonna keep us permanently here? Are we destined to stay here?" (Case 11). Signs of separation anxiety were common in younger children. One 3-year-old boy whose older sister attended the education program in the detention facility became very distressed when they separated, refusing to eat without his sibling and crying at the entrance of the mother-child section until his sister returned. One 11-year-old girl, who had previously been detained in a Central American immigration detention facility, would become anxious when her mother went to the bathroom saying, "Mama, where are you going?" One 3-year-old child whose father was detained separately would scream for him.

Families also noted mood changes in their children and indicated that their children cried more often. One mother described her school-aged child as "very depressed" (Case 2) in detention, and another mother noted that her 3-year-old child appeared "sad" (Case 10).

Over one half of the families interviewed during detention reported that their children had significant sleep difficulties, including nightmares. Decreased appetite or food intake occurred for the majority of interviewed children. Two infants required increased soothing and thus began nursing more frequently.

One 13-year-old girl, though she had been detained for only 48 hr, viewed detention as traumatic:

[Detention] is not good for the brain, also . . . it makes holes. And afterward, you are going to think about it again. That you are still at Laval [the IHC] . . . I was traumatized. (Case 19)

In summary, children's reactions, including those of infants and older teenagers, suggest that the constraining and frightening environment of detention constitutes an acute stress. Even very brief detention appears to be acutely distressing for children.

After detention. Most families reported ongoing emotional distress, such as separation anxiety, selective mutism, sleep difficulties, and posttraumatic symptoms in their children after detention, though some noted their children's symptoms improved on release.

Several families reported that children, ranging in age from 5 to 18, had developed a fear of people in uniform. One 7-year-old boy refused to attend school several weeks following detention because he was scared that he would be "taken away" (Case 4) and put in detention. He became frightened of police and of vans, as he had been forced into a van by CBSA officials after trying to flee the arrest of his family. His 8-year-old sibling became frightened of institutional buildings, making it difficult to enter the clinic where the family received treatment.

Two cases of selective mutism occurred after detentions of 48 hr. They persisted for nearly 6 months and negatively affected school performance. Several families reported school difficulties and deterioration in academic performance after detention. One child who had developmental delays showed regression of milestones and demonstrated new behavioral problems in school.

One 11-year-old girl remained withdrawn, spoke little, and appeared sad and tearful in the month following her detention, explaining:

[I have] lots of fears . . . of the future, I don't know what will happen . . . I am trying not to think . . . I am afraid of being separated from my parents and going back to jail. (Case 2)

Her play-interview included traumatic reenactment of the detention and a foreshortened sense of future, a signifier of trauma in children (Measham & Rousseau, 2010).

In summary, in a majority of cases, children's symptoms did not resolve immediately on release, leaving children with psychiatric and academic difficulties long after detention.

Discussion

Overall, our results suggest that immigration detention is an acutely stressful and potentially traumatic experience for children. Children reacted to detention with extreme distress, fear, and a deterioration of functioning. Because the majority of children and families had already undergone significant premigratory trauma, incarceration evoked a reexperiencing of previous (sometimes prolonged) trauma. Research on refugee children demonstrates that children's mental health declines proportionally to accumulated trauma and stress (Bronstein & Montgomery, 2011) and that postmigratory stressors increase rates of posttraumatic stress disorder and depression in children (Bronstein & Montgomery, 2011; Fazel, Reed, Panter-Brick, & Stein, 2012; Heptinstall, Sethna, & Taylor, 2004). In our study, detention was clearly harmful to most children and this effect should be understood as partially reflecting a response to cumulative exposure to trauma.

Although not directly threatening to children's physical integrity, the detention environment evoked feelings of helplessness and fear. The pervasive understimulation and the constant surveillance of the children and of their mothers transformed daily life into an experience of deprivation and powerlessness. Eating, sleeping, and going to the bathroom, small moments often associated with comfort and reassurance, became embedded with restrictions and rules. Adult figures were perceived as either powerless, anxious, and without a capacity to be protective (in the case of parents) or unpredictably oscillating between warmth and a cold-rejecting stance (in the case of the guards).

The detention environment gestures to the inherent tension in holding children in detention. In our study, the guards' interactions with detainees illustrate this tension. On the one hand, guards were mandated to surveil and imprison children and, on the other, they responded to children with nurturance. Even as guards acted as agents of detention, they sought to avoid collusion with the harmful practices of detention. The guards' position reveals fault lines within Canadian policies of detention that simultaneously position (im)migrant children as (part of) a threat and as vulnerable and in need of protection (Uehling, 2008). Social science literature notes the conflict between state policies calling for protection of borders and humanitarian obligations to protect the vulnerable (Fassin, 2012) and acknowledges how children are often caught in this paradox (Uehling, 2008).

Our results demonstrate that the experience of detention renders the entire family system more fragile. Of the families in our study, 70% had been separated because of detention. Separating children

from their primary attachment figure(s) emerged as a source of enormous distress for both children and their parents. Thus, while exempting children from detention and detaining only their parents is sometimes put forward as a solution (Parliament of Canada, 2012), our study provides evidence that separation of families is not in children's best interests. The doctrine of the best interests of the child is enshrined in the UNCRC—of which Canada is a signatory—specifying that “in all actions concerning children . . . the best interests of the child shall be a primary consideration” (United Nations Office of the High Commissioner for Human Rights, 1989, Article 3.1). The principle is also recognized in Canada's Immigration and Refugee Protection Act. In the case of immigration detention, there is generally no conflict between the best interests of the child and the parents' right to the care and custody of their children, as state-imposed separation of children from their detained parents is usually even more detrimental than allowing them to stay with their parents (Yablon-Zug, 2012). When determining whether a child should be separated from a parent in an immigration context, the best interests principle should be paramount (Lundberg, 2011). Approaching matters of detention and family separation from this perspective implies that children's psychological health and their right to not be separated from parents (United Nations Office of the High Commissioner for Human Rights, 1989, Article 7.1) be prioritized. Unfortunately, in Canada and internationally, children's best interests are sometimes given no more than lip service (Canadian Council for Refugees, 2009; Lundberg, 2011).

Results also highlighted the psychological distress of parents. This converges with the increasingly robust evidence showing high prevalence of psychopathology among adult asylum seekers in immigration detention (Robjant, Hassan, & Katona, 2009). In Canada adults held in detention for even relatively brief periods have higher rates of posttraumatic stress disorder, depression and anxiety than a nondetained comparison group (Cleveland & Rousseau, 2013). The extensive literature pointing to a strong link between caregiver mental illness and the wellbeing of children (Gunlicks & Weissman, 2008; Nicholas et al., 2012), including in asylum-seeking populations (Goosen, Stronks, & Kunst, 2014) suggests that the detrimental effects of detention on parents contributes significantly to a negative impact on children.

Although this study design did not measure rates of psychiatric diagnoses, our qualitative findings are consistent with previous research reporting high rates of emotional distress in detained children. Significant anxiety, including separation anxiety, selective mutism, mood and posttraumatic symptoms were evident. It is important to note that some families reported that symptoms triggered by detention persisted for months. These lasting effects impacted children's school and social functioning and in some cases their development.

Our findings are striking, considering that the majority of research on the incarceration of asylum-seeking children has been conducted in Australia where children are detained for longer periods (16–20 months) in harsher conditions (Mares & Jureidini, 2004; Newman & Steel, 2008). In our study, children were detained for far shorter periods and were not exposed to physical violence or deprivation, yet detention was harmful nonetheless. This suggests that any incarceration, even under relatively safe conditions, is damaging for immigrant children, especially those with high levels of previous trauma exposure.

Limitations

The study has multiple limitations. The unavailability of interpreters in the IHC limited the expression of the parents and children. Additionally, because of space limitations for children and families, detention interviews were, in almost all cases, conducted in front of guards potentially forcing detainees to censor their responses. Furthermore, it is not possible to appraise the representativeness of our sample, given the convenience recruitment strategy. However, considering the significant difficulties of doing research in a detention context, this study represents a unique record of the experience of the detained children in Canada and can be informative for child advocates and policymakers in other immigrant receiving countries.

Conclusion

In keeping with the international literature, this study documents that for children seeking asylum in Canada, detention is highly distressing and often traumatic. On the basis of our findings, children, regardless of immigration status, should be protected from detention and should also be spared forced separation from their parents. Policies mindful of children's best interests should mandate alternative practices to detention, as has been done in the United Kingdom (Clegg, 2010) and Sweden (Crawley, 2010). Further research could support this advocacy process but should not delay a strong collective stance from health professionals to protect children from immigration detention.

Key Points

- Although not threatening to children's physical integrity, detention appears to be an experience of deprivation that shatters children's sense of safety and emotional well-being.
- Children held in immigration detention in Canada experience high levels of emotional distress and psychiatric symptoms.
- Distress associated with detention may persist following detention.
- Separation of parents and children in the context of detention appears harmful.
- Given the evidence of harm, children should not be held in immigration detention and should be protected from family separations precipitated by detention

Keywords: immigration detention; refugees; children; mental health

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