



Unaccompanied refugee children and adolescents: The glaring contrast between a legal and a psychological perspective

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ABSTRACT

Unaccompanied refugee children and adolescents are a vulnerable group: they live not only in a relatively difficult situation as minor refugees staying in another country, but also face other risks due to the absence of their parents, such as traumatic experiences, exploitation or abuse. The difficult living situation of these unaccompanied refugee children and adolescents might therefore threaten their emotional well-being, resulting in important emotional and behavioural problems. This 'psychological' perspective shows the necessity of a strongly elaborated reception and care system for these children and adolescents in order to meet their specific situation and needs. Nevertheless, the case study of unaccompanied refugee minors living in Belgium, as explored in this paper, shows that the legal perspective on these youths – considering them as 'refugees' and 'migrants', not as 'children' – is predominantly the starting point to build the care system on. Moreover, this legal perspective contrasts sharply with the psychological perspective, as such that these children and adolescents do not receive appropriate support and care as they need.

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1. Introduction

According to the United States Committee for Refugees (USCR, 2004 in: [Ingleby, 2005](#)), at the end of 2003, some 35.5 million of the world's population had been forced to leave their homes in search of shelter from organised violence. Most of these (23.6 million) remained within the borders of their own country, becoming 'internally displaced persons', while 11.9 million went abroad to become refugees ([Ingleby, 2005](#)). Only a minority of these flees to Europe (7%) or Northern America (3%), the major refugee burden is shouldered by non-Western countries (Middle East 37%, Africa 27%, and Southern and Central Asia 16%) ([Ingleby, 2005](#)). Approximately half of the worldwide refugee population are children and adolescents under the age of 18 years old ([Bhabha & Young, 1999](#); [Russell, 1999](#); [UNHCR, 2004](#)), and an important group of them are unaccompanied, minors separated from their parents or previous primary caregiver ([SCEP, 2004](#)). These unaccompanied or separated children and adolescents are among the most vulnerable of the entire refugee population ([Halvorsen, 2002](#)).

This paper, as part of a large study on the emotional well-being of unaccompanied refugee youths living in Belgium, firstly portrays this group of unaccompanied refugee children and adolescents from both a legal and a psychological perspective. These perspectives are then confronted with the current Belgian care and reception system for this group: how is this care system constructed, which are the premises it is built on, and which of the described perspectives – the psychological or the legal – does it take as starting point? Finally, this leads us to elaborating some recommendations towards the reception and care for these children and adolescents.

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2. Numbers, terminology and definition

Precise data regarding the number of unaccompanied or separated children are lacking, but around 2 to 5% of the approximately 20 million refugee children are estimated to be separated from their families (Bhabha & Young, 1999; Bruce, 2001), and Save the Children estimates that there are roughly 100,000 separated children in Europe in any given time (Ruxton, 2000). However, the available statistics are not always comparable between different countries, due to a lack of accurate identification and registration systems, little systematic gathering of data, and because of the variety in definitions used. Therefore, the numbers of separated children are probably larger than officially acknowledged (Halvorsen, 2002; Hunter, 2001). Also in Belgium, statistics about the number of unaccompanied refugee children and adolescents are only partially available; it is estimated that between 1500 and 2000 unaccompanied refugee minors yearly arrive in Belgium.

The terminology used is situated around two terms: unaccompanied minors and separated minors. The United Nations High Commissioner for the Refugees defines unaccompanied minors as “children under 18 years of age who have been separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so” (UNHCR, 1994), and separated children as “children under 18 years of age who are separated from both parents or from the previous legal or customary primary caregiver” (UNHCR, 2002). In Belgium, an unaccompanied minor is defined as: “Every citizen of a state not belonging to the European Economical Space, who has not attained the age of 18 years old, and who enters the Belgian territory or resides there without being accompanied by the father, mother, legal guardian or spouse” (Aliens Office, 2002).

These definitions all share three central components: these children and adolescents are ‘refugees’¹, ‘minors’, and ‘unaccompanied’. Therefore, we take these three components as starting point for a description of the group of unaccompanied refugee children and adolescents out of a legal and a psychological perspective.

3. Refugee, minor and unaccompanied: a legal perspective

3.1. Refugee

Article 1 of the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol (Geneva Convention) defines a refugee as “a person who is outside his/her country of nationality or habitual residence; has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail himself of the protection of that country, or to return there, for fear of persecution” (UNHCR, 2002). In most European and Northern American countries, this Geneva Refugee Convention is the head criterion for authorities to consider asylum applications, in order to judge whether the applicator can be assigned a refugee status (and thus residence permit) or not. This is related to the distinction between refugees and (im)migrants: refugees are in this view thought to be involuntary migrants forced to flee because of imminent threat of violence, injury or death from human or natural disasters, while migrants are thought to migrate more voluntary, out of economical or personal motives, such as poverty, lack of job opportunities, improving their own or family’s well-being, forced marriage, family problems, orphanhood,... (Guarnaccia & Lopez, 1998; Hodes, 2000). The essential feature that thus possibly differentiates refugees from migrants should be their (lack of) choice in migration and (lack of) possibility to return to the home country (Berry, 1988; Fantino & Colak, 2001). But it is clear that these lines between refugees and migrants are often much fuzzier than researchers or migration officials acknowledge, a finding that is also confirmed in the research of Rousseau and Drapeau (2004), which shows that political persecution in the home country is not limited to refugees only. Poor individuals or families leaving an area of crushing poverty and high infant mortality are fleeing for their lives as much as those fleeing a repressive political system or civil war (Guarnaccia & Lopez, 1998).

Moreover, concerning children, we rarely can state they are ‘voluntary’ migrants, since they mostly do not make an independent decision to migrate, and seldom have the economic and social resources to initiate a migratory voyage on their own (Guarnaccia & Lopez, 1998). Therefore, we prefer to use for all unaccompanied minors the term unaccompanied *refugee* minors, even for those who did not apply for asylum or stay without legal documents outside their home country.

3.2. Minor

Minors are typically defined as children and adolescents under the age of 18 years old. However, three important caveats should be kept in mind when considering this definition with regard to unaccompanied refugee minors: at first, this age limit is not a worldwide standard – several countries apply other standards to define the age of majority (e.g., 16 or 21 years), and this limit also can alter over time. Secondly, approaches to and experiences of childhood vary widely across cultures and contexts (De Berry & Boyden, 2000), which means that an official age limit does not always correspond with the cultural idea of transition to majority (e.g., in some cultures, the onset of puberty or getting married is the starting point of adulthood). Moreover, in many societies, there is no strict separation between the children’s and the adult’s world, with sometimes children fulfilling tasks that in other cultures are strictly reserved for adults. And finally, there are also important differences in the individual grown up process of every child, which involves that an adolescent of 16 years old may be more mature than an 18-year-old adult.

¹ The term ‘refugee’ is hereby used for all persons fleeing to another country, and is not restricted to those with a refugee status as defined in the Geneva Convention or for those who applied for asylum.

The International Convention on the Rights of the Child – almost worldwide ratified – stipulates that minors, and certainly unaccompanied refugee minors, have to be protected and cared for. This involves that being a minor might have certain “advantages” for refugees in order to obtaining a residence permit and receiving care, support and education. Many authorities therefore use medical tests, such as X-rays of collarbones and wrists and dental examination, to verify someone's age and decide whether the person is indeed underage or not, although medical experts repeatedly claimed that an ‘objective’ test accurately determining age does not exist (Bhabha & Young, 1999; Hunter, 2001) and using these tests is therefore very doubtful.

3.3. Unaccompanied

Being unaccompanied is probably the most difficult concept to define clearly. Some definitions of unaccompanied/separated children refer to the absence of the parents or previous legal caregiver, while other, stricter definitions (cf. the definition of the Belgian Aliens Office) refer to the absence of the parents or legal guardian. A strict interpretation of this concept is undoubtedly a good basic principle to prevent or stop the growing phenomenon of trafficking of children and adolescents for exploitive purposes (Halvorsen, 2002). On the other hand, a strict interpretation can lead to children becoming separated from an adult who is indeed the previous caregiver, although he or she is not the legal guardian or parent. Authorities have a very difficult task here, since determining whether the accompanying adult is the appropriate caregiver under tradition and law is not always easy, particularly when documentation to verify alleged ties is unavailable (Bhabha & Young, 1999).

4. Refugee, minor and unaccompanied: a psychological perspective

The experience of becoming a refugee or migrating to a foreign country is increasingly recognised to place young people at great risk for the development of psychopathology (Lavik, Hauff, Skrondal, & Solberg, 1996; Ying, 1999), and the prevalence and possible causes of emotional problems in refugee children are extensively described. Empirical studies about the emotional well-being of unaccompanied refugee minors however remain scarce, although a range of possible emotional, developmental and behavioural problems in this population have been described, such as sleeping problems, concentration disorders, nightmares, depression, withdrawal, anxiety, post-traumatic stress symptoms, somatic symptoms, severe grief reactions and sadness, aggression, diminished interest, hyper-arousal, low self-esteem, severe guilt feelings, fatalistic view of the future, substance abuse, violent behaviour, suicidal acts, psychosis and delinquent behaviour (see e.g., Ajdukovic & Ajdukovic, 1998; Almqvist & Broberg, 1999; Burnett & Peel, 2001; Dyregrov, Gjestad, & Raundalen, 2002; Ferenci, 2001; Hodes, 1998; Hubbard, Realmuto, Northwood, & Masten, 1995; Steel, Silove, Bird, McGorry, & Mohan, 1999). A Belgian study (Derluyn, Broekaert, & Schuyten, 2008) reveals that unaccompanied refugee children and adolescents are five times more likely than accompanied refugee minors to elaborate severe or very severe symptoms of anxiety, depression and post-traumatic stress, findings comparable to other studies on the emotional well-being of unaccompanied refugee children and adolescents (see e.g., Fox, Cowell, & Montgomery, 1994; Kinzie, Sack, Angell, Manson, & Rath, 1986; Loughry & Flouri, 2001; Macksoud & Aber, 1996; McKelvey & Webb, 1995; Sack et al., 1993; Sourander, 1998).

We here discuss three factors that can threaten the emotional well-being of unaccompanied refugee youths: their refugee experiences in its diverse aspects, the developmental phase of adolescence, and their separation from parents and family.

4.1. Refugee

4.1.1. Uprooting and multiple losses

For all refugees, and certainly for children and adolescents, migration involves uprooting and multiple losses: loss of home, parents and siblings, friends, social networks, familiar environment, school, belongings, culture, social status, way of living, usual patterns of family life, customs and habits, future perspectives, etcetera (see e.g., Ajdukovic & Ajdukovic, 1998; Berman, 2001; Derluyn, Wille, De Smet, & Broekaert, 2005). Moreover, the relocation and disruption of the social and cultural milieu may also result in loss of self-identification, social isolation, and loss of the sense of security and well-being (Boothby, 1991). Eisenbruch (1990) uses the term “cultural bereavement” to describe these losses, identifying this as a condition that might affect physical and mental health and can lead to severe sadness and regret.

4.1.2. Traumatic experiences

Terr (1991) describes two basic types of traumatic experiences in children: ‘type I’ (event stressor) refers to childhood trauma usually characterized by a single, sudden and unexpected exposure to an overwhelming stressor, whereas ‘type II’ (process stressor) traumas result from prolonged and sustained exposure to repeated stressors, as often occurs in psychological or sexual abuse. Refugee children and adolescents are mostly confronted with type II traumas: they often experienced traumatic events before the flight from their home country (such as war) and during their flight to the host country, and even after their arrival in the host country they still might encounter difficult experiences. The term ‘sequential traumatization’ (Keilson & Sharpati, 1979) is therefore more appropriate to refugees, instead of the more localized, singular term ‘trauma’ (Ingleby, 2005).

In their home country, many refugee children and adolescents are confronted with prolonged periods of war, armed conflicts and violence (Jaycox et al., 2002). The context of war, given its broad scope, imposes an enormous diversity of stressors, not only on its active participants but also on its more passive bystanders, such as children and families (Jensen & Shaw, 1993).

A special group of war victims are those children who are forced to participate actively in war, as soldiers, war spies, sex slaves, and so on. Estimated is that worldwide 300,000 children are currently serving as child soldiers in over 50 different countries

(Machel, 2001). These experiences can have a devastating influence on the involved children, not only because of the extremely difficult living circumstances and traumatizing experiences, but also because they become active participants in acts of extreme violence (Boothby, 1991; Derluyn, Broekaert, Schuyten, & De Temmerman, 2004).

The flight itself also can evoke traumatizing experiences (Jaycox et al., 2002): the months-long journey in trucks, train or lorry containers, without sufficient food or good sleeping and washing facilities, an ever present fear connected to the illegal character of travelling, dependency of human smugglers or traffickers, interceptions by police, etcetera (Derluyn & Broekaert, 2005).

And even in the host country, the child still can get confronted with traumatizing events, such as the interviews during the asylum procedure, the life in large-scale refugee centres, racism and discrimination,... (Davies & Webb, 2000; Watters & Ingleby, 2004).

The children's reactions to these stressors can be determined by the nature, exposure and duration of the stressors, but can also be mediated by other factors, such as the interpretation of the events by community or family, the child's age, developmental stage, individual characteristics and previous life experiences, the support the child receives from family and community, etcetera.

4.1.3. *Acculturation and situation in the host country*

The arrival in the new country may at first bring relief, hope and joy, because the difficult period of war, dangerous living and uncertainty has ended, and a new future is coming to begin. But shortly after the arrival, the child acknowledges the unfamiliarity of the new society, and realises he will have to struggle multiple barriers to acquire a position and role in this new country. The confrontation with different social structures, another school system, unfamiliar role patterns, cultural habits, rules and customs, etcetera (Davies & Webb, 2000; Ferenci, 2001; Howard & Hodes, 2000; Kohli, 2002), together with important language barriers might render the initial impressions of a society confusing and alien (Bashir, 1993), leading to stressful experiences and school difficulties (Hicks, Lalonde, & Pepler, 1993). The search for an own position and role in the new country, together with a process of acculturation, may change groups and individuals while coming into contact with another culture (Williams & Berry, 1991). Refugee children and adolescents therefore often face a dilemma in balancing between integration into the host society and 'disintegration' from the society left behind (Kohli, 2002).

As a consequence, this acculturation process can evoke acculturative stress (Williams & Berry, 1991), resulting from the problems engendered when children work to adapt to their original cultures and family systems to those of a new host country (Aronowitz, 1984; Gil & Vega, 1996). Secondly, the acculturation process can result in losing contact with traditional values and ways of living, leaving a major emptiness in one's life (Ajdukovic & Ajdukovic, 1998). This means that refugee children are often double disadvantaged: they do no longer belong to their community of origin, but also do not find a new position in the host country or, even worse, are rejected by the host community (De Berry & Boyden, 2000). Many of them are indeed frequently confronted with racism, discrimination or racial violence (Davies & Webb, 2000), which can complicate the integration process even more. Finally, acculturative stress can also result in a particular set of emotions and behaviours, including depression and anxiety, feelings of marginality and alienation, heightened psychosomatic symptoms and identify confusion (Hovey & King, 1996).

Besides the stress evoked by the acculturation process, also the living circumstances of unaccompanied refugee children and adolescents in the host country are difficult, since most of them live in large-scale refugee centres, in large groups with little privacy, a limited number of staff personnel to support them, and so forth (Derluyn & Broekaert, 2007; Silove & Steel, 1998; Silove, Steel, & Watters, 2000; Sinnerbrink, Silove, Field, Steel, & Manicavasagar, 1997). Some are even placed in closed refugee centres, a living situation that might evoke important emotional distress (Ahearn, 2000; Ingleby, 2001). Further, the dependency these children experience in everyday life and towards their future perspectives sharply contrasts with the independency they had to develop to survive in the difficult living and fleeing circumstances before (Derluyn et al., 2005).

Finally, many unaccompanied refugee children and adolescents face enduring uncertainties: in relation to their past as suddenly uprooted refugees; in their present situation, as young people who may not always receive high quality substitute care; and in the future, as asylum applicants waiting to hear about their bid for citizenship (Kohli, 2002). This chronic uncertainty about getting permanent residence documents dominates their lives in such a manner that it may worsen psychological problems (Laban, Gernaat, Komproe, Schreuders, & De Jong, 2004), and can undermine their confidence about the future (Russell, 1999). Moreover, this uncertainty about the future involves they quickly become aware that it will be very difficult to realising their dreams, hopes, plans and tasks they came with to the host country, because most will never acquire a definitive residence permit, and also other barriers (e.g., language difficulties) can complicate the realisation of these dreams (Derluyn et al., 2005). Becoming fully aware that they will be unable to fulfill these tasks can evoke huge loyalty conflicts towards parents, family and home country to which they possibly made important promises (Kohli, 2002).

4.2. *Adolescent*

Most unaccompanied refugee youths are between 15 and 18 years of age, in the middle of their adolescence, a critical development period characterized by important physiological, emotional and cognitive changes. It is a time when persons become increasingly aware of themselves as social beings, and the establishment of an adult identity, a complex and demanding process, is initiated (Ajdukovic, 1998). Family values are challenged as the adolescent strives for independence, and the identity development process includes identifications with past and present significant figures, modified to fashion a unique and integrated individual (Erikson, 1968). In times of war or migration however, war brings many traditional ethical values into question, such as 'do not kill' and 'love your fellow man', and basic processes characterizing adolescence – such as separation from parents, choice of social role, the search for an adult identity – cannot proceed normally. As a result, establishing a personal, group and 'philosophical' identity is,

at best, difficult (Ajdukovic, 1998), and the war- and migration-related stress may intensify adolescents' anxiety, impulsiveness, and identity crises. Moreover, war and migration often involve the breakdown of family and other social structures that in times of normalcy provide the institutional framework by which adolescents are socialized into the roles they are expected to occupy as adults (Bruce, 2001). This is certainly true for unaccompanied refugee youths: the separation from parents can complicate this adolescent process even more through the lack of role models or the absence of normal dependence-independence issues (Ajdukovic, 1998; Van der Veer, 2002). How does one challenge the establishment when this has been swept away? What is one's own role when parents may be injured, dependent, missing or dead? How does one reconcile the conflicting claims of parents who may be demanding greater loyalty to ethnic identity, and the demands of the host country for rapid assimilation? (Jones, 1998). The uprooting, disruption and insecurity inherent to migration may thus affect the psychological and social development, making the process of identity formation a more difficult balancing act between two or more sets of cultural notions and values (Fantino & Colak, 2001). And once the young person has been in the new country for several months or years and is adjusting well, a serious identity problem can develop (Baker, 1982), also because identity development tends to be a more complex process among migrant adolescents who employ more diverse reference models than other adolescents (Hicks et al., 1993).

4.3. Unaccompanied

All this goes along with the fact that these children and adolescents are separated from their parent(s) or previous caregiver(s). The reasons why refugee children and adolescents become unaccompanied vary widely: some are sent ahead to prepare the way for other family members, others become separated during the migration process, some children may be abducted from their family to become child soldiers, are orphans or street children, sometimes families have to separate themselves as part of a survival strategy, while still other parents decide to leave their children behind after the arrival in the host country, hoping this will give the children more possibilities to build their future in the new country (Bonnerjea, 1994; McKelvey & Webb, 1995). It is important to keep in mind, as Rutter (1974 in: Jensen & Shaw, 1993) has indicated, that the reason and circumstances surrounding a given separation may be sometimes more relevant to the question of untoward effects on the child than the simple separation itself. Thus, in the case of separation in the midst of great sense of dangers and/or lack of adequate preparation of the child, the effects may be quite different than instances where separation occurred under more ideal circumstances.

The effects of war and trauma on children separated from their families have been documented since World War II (Freud & Burlingham, 1943), and separation from parents – certainly of the mother – is consistently identified as important risk factor for the psychological well-being of children and adolescents faced with multiple and cumulative stressors or living in adverse situations (Derluyn et al., 2004). One of these adverse situations might be the situation of refugee and migrant children and adolescents, and separation from family members after migration to a new country has been widely recognised as an important threat to the health and well-being of refugee youth (see e.g., Elbedour, ten Bonsel, & Bastien, 1993; Laor et al., 1997; McKelvey & Webb, 1995; Punamäki, Qouta, & El-Sarraj, 2001; Servan-Schreiber, Le Lin, & Birmaher, 1998). The presence of parents and other family members during migration may reduce the extent to which experiences are perceived as terrifying and traumatic (Hicks et al., 1993). Separation therefore often hampers the protection and social support that can help children to cope with the psychological effects of trauma and distress (Ager, 1992; Boothby, 1991). With this separation, children might lose their entire social infrastructure: not only their parents and relatives, but also the security of grandparents, neighbours, teachers,... The world of significant adults is lost, and with it goes much of the security and stability, safety and roots of the child (Bonnerjea, 1994). Finally, separation from parents also places refugee children at higher risks to experiencing traumatic events during the refugee process, because of the absence of their parents' protection (Bean, Derluyn, Eurlings-Bontekoe, Broekaert, & Spinhoven, 2007; Bhabha & Young, 1999; Burnett & Peel, 2001; Derluyn et al., 2008), and also in the host country, they may lack social and economic resources (Guarnaccia & Lopez, 1998).

5. Unaccompanied refugee children and adolescents in Belgium

The above described perspectives on unaccompanied refugee children and adolescents show how these youths can be looked at and approached in very different ways, depending on the perspective taken as starting point. Moreover, the choice for one of both perspectives by the responsible government or authority – either the legal or the psychological perspective – largely influences how the care and reception system for these children is constructed. Therefore, the following part describes the reception and care system for unaccompanied refugee children and adolescents as it is set up in Belgium. We hereby explore into-depth which of the above described perspectives is taken as starting point for this care system, and the consequences this choice involves.

5.1. Introduction

Unaccompanied minors are relatively recently 'discovered' in Belgium, since they were only since the 1990s more and more labelled as a specific group. One of the major reasons for this labelling was the lack of clarity in the care for these minors: should their 'refugee/migrant status' be stressed and should they thus be treated and cared for like adult refugees, or should their 'minor status' be stressed and should they therefore be cared for like Belgian minors who are in need of extra support and care?

After their 'discovery' as group, the numbers of unaccompanied refugee minors in Belgium showed sharp increases, which resulted in a growing pressure on the mainstream youth care to providing appropriate care and support for them. Moreover, in 2001, drastic changes were implemented in Belgian asylum policy: the financial support previous given to all asylum applicants

now became restricted to asylum seekers in the second phase of their asylum procedure, and in the first phase of the procedure, asylum applicators only received material support, by means of reception in a refugee centre or in small-scale reception initiatives.

These two findings – increased pressure on the mainstream youth care due to a growing number of unaccompanied minors and a changing policy towards reception of asylum seekers – resulted in the elaboration of a separate care system for asylum seeking unaccompanied minors, a system closely connected to the reception system for adult asylum seekers and completely separated from the mainstream youth care system. This choice is also prompted by the Belgian constitutional structure, where the federal government is responsible for the reception of asylum seekers, including minors, and the governments of the Flemish and French Communities are authorized for the mainstream youth care. All this leads to a striking distinction in the Belgian care system for unaccompanied minors according to their juridical status: the unaccompanied minors applying for asylum are mainly cared for in the reception system for all asylum applicators organised by the federal government, and those who do not apply for asylum are primarily cared for in the mainstream youth care organised by the Flemish or French Community governments.

5.2. Numbers and profile

Accurate statistics about the numbers of unaccompanied minors in Belgium are unavailable, because systematic registration only started some years ago, and the gathered statistics sometimes vary along the different responsible authorities. Table 1 shows some numbers of unaccompanied minors in Belgium over last years. The number of non-asylum seeking unaccompanied minors in this table is only an estimation – and probably an underestimation – of the real figure.

Concerning the asylum seeking unaccompanied minors, it is striking that the total number of asylum seekers in Belgium showed a sharp decrease since the changing asylum policy in 2001, while the number of unaccompanied minors applying for asylum lowered less last years (Fig. 1).

In 2004, the asylum seeking unaccompanied refugee minors came from 59 different countries, with as main countries Congo (86, 14.4%), Guinea (80, 13.4%), Afghanistan (44, 7.3%), and Rwanda (41, 6.8%). This is different from the non-asylum seeking unaccompanied minors, with in 2003 as main countries of origin: Yugoslavia (Serbia Montenegro) (105, 11%), Afghanistan (105, 11%), Romania (100, 10.5%), Albania (66, 6.9%), and Moldavia (62, 6.5%).

Of the asylum seeking unaccompanied minors in 2004, 212 (35.4%) were female and 387 (64.6%) male, but the number of girls is increasing last years (in 2001: 24%; 2002: 32%; 2003: 37%). We do not have information about the proportion males and females in the group of non-asylum seeking unaccompanied minors. The majority of the minors in both groups is between 16 and 18 years of age (Table 2).

The above described trends about age, gender and main countries of origin of the unaccompanied minors living in Belgium are similar to the groups of unaccompanied minors living in other European countries (UNHCR, 2004). Nevertheless, Belgium has a rather specific group of non-asylum seeking unaccompanied minors, namely those undocumented, unaccompanied minors who are trying to reach the United Kingdom, but are intercepted on Belgian territory (Derluyn & Broekaert, 2005).

5.3. Residence permits

The United Nations Convention on the Rights of the Child stipulates protection and care for all minors in need, especially for unaccompanied refugee minors. This involves, amongst other things, that unaccompanied minors can only be sent back to their country of origin if this is “in the best interest of the child”, and if appropriate care and support are foreseen in the country they are sent to. If these conditions are not fulfilled, appropriate care and support – including residence documents – must be provided in the host country, if necessary until the minor attains the age of majority. In Belgium, different procedures have been established to provide residence permits to unaccompanied refugee minors:

Firstly, unaccompanied minors applying for asylum follow the same procedure as adult asylum applicators. Also for minors, the asylum procedure investigates whether the applicator fulfils the criteria as stipulated in the Geneva Convention of 1951. During the asylum procedure, the asylum seeker is given a temporary residence permit. If the authorities finally decide that the asylum application fulfils the Geneva Convention, the asylum seeker is recognised as refugee and granted a refugee status; if the asylum application is rejected, the asylum seeker mostly loses the right to stay in Belgium, unless under specific conditions, or if he/she is still an unaccompanied minor. In this latter case, the special procedure for unaccompanied non-asylum seeking minors is started.

Table 1

Number of unaccompanied minors in Belgium during last years (Source: Aliens Office)

	2000	2001	2002	2003	2004
Asylum seeking unaccompanied minors ^a	848	747	603	589	599
Non-asylum seeking unaccompanied minors	852	473	1098	953	1732 ^b
Unaccompanied minors in procedure victim of human trafficking	12	11	15	13	22
Total	1712	1231	1716	1555	2353

^a For 2000 and 2001, the numbers represent the unaccompanied minors who declared themselves as underage, while the numbers of 2002, 2003 and 2004 are the ones who appeared to be underage after medical examination.

^b The statistics of 2004 about the non-asylum seeking unaccompanied minors are not accurate, mainly because of the installation of a guardianship system for unaccompanied minors since May 1, 2004, which has resulted in important changes concerning the registration and approach of unaccompanied minors, certainly the non-asylum seeking unaccompanied minors, in 2004.

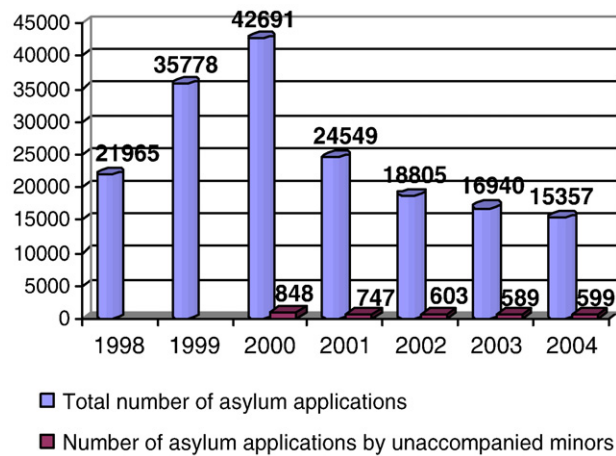


Fig. 1. Total number of asylum applications in Belgium and number of asylum applications by unaccompanied minors (Source: Aliens Office).²

This procedure for unaccompanied non-asylum seeking minors is designed for all unaccompanied minors who do not have legal residence documents and do not apply for asylum, or for those whose asylum procedure has ended without positive result. It consists of different phases, during which the minor receives temporary residence permits. Only if the minor can show a valid identity card (from his birth country), is at least for three years in this procedure and is still underage, he can be given a definitive residence permit to stay in Belgium. This procedure is applicable until the minor reaches the age of majority.

An unaccompanied minor can also ask for the status of victim of human trafficking. This is meant for persons (both adult and minors) who are victims of human trafficking and exploitation, such as sexual or economic exploitation. Provided that the applicator fulfils certain rigorous criteria (i.e., leaving the milieu of exploitation, making important, implicating statements against the trafficker and/or exploiter, and accept the support of a hereto recognised centre), these victims of trafficking can receive temporary or eventually definitive residence documents.

A fourth possibility to obtain temporary or definitive residence documents is the regularization procedure, which allows to regularize the situation of certain groups of refugees (both adults and minors) out of specific reasons, such as humanitarian reasons, long duration of the asylum procedure and medical reasons.

And finally, there is also a group of unaccompanied minors, but numbers about this group are unavailable, staying without any legal document in Belgium and unknown to any authority or service, which might place them at great risk to fall into exploitative or harming situations.

5.4. Guardianship

Since May 1, 2004, the law on guardianship for unaccompanied minors, foreseeing in the necessary legal representation of unaccompanied minors, came into terms in Belgium.

When an unaccompanied minor arrives in Belgium or is intercepted by the police, the Guardianship Office decides what has to happen to the minor (placement in a reception centre or not), and carries out the first identification (name, nationality, family situation and age). Hereto, the Guardianship Office can ask to execute a medical age assessment test. If the minor is indeed identified as unaccompanied minor, he is appointed a guardian. The guardian's task includes searching for a 'durable solution' for the minor's situation (i.e., reunification with parents or family, return to the country of origin or another country, prolonged stay in Belgium), looking after the minor's interests in all aspects of life (residence permit, asylum procedure, reception, care, education,...), and representing the minor in all legal matters (e.g., accompanying the minor during the interviews of the asylum procedure). His task ends when the minor leaves Belgium or when he attains the age of majority.

5.5. Reception and care of unaccompanied refugee minors

5.5.1. Reception and care system

The current structure of the reception and care system is as follows: two crisis reception centres, organised by the Belgian federal government, are responsible for the first reception of all unaccompanied minors (both asylum and non-asylum seekers). The length of stay in these centres is limited to four weeks.

After this first period, the minor is transferred to a long-term institution, mainly depending on his type of residence permit: if the minor decides to apply for asylum, he is transferred to a reception centre for asylum seeking unaccompanied minors, organised

² Numbers of the unaccompanied refugee minors in 1998 and 1999 are not available.

Table 2

Age distribution of the asylum seeking unaccompanied minors (in 2004) and the non-asylum seeking unaccompanied minors (in 2003)

	Asylum seeking unaccompanied minors	Non-asylum seeking unaccompanied minors
≤5 years	7 (1.2%)	n.a.
6–10 years	22 (3.7%)	n.a.
11–15 years ^a	129 (21.5%)	392 (41.1%)
16 years	169 (28.2%)	256 (26.9%)
17 years	272 (45.4%)	256 (26.9%)
18 years	n.a.	17 (1.8%)
≥19 years ^b	n.a.	32 (3.4%)
Total	599	953

^a For the non-asylum seeking unaccompanied minors, only statistics about less than 16-year olds are available, no further differentiation is made in this age group.

^b In the statistics of the asylum seeking unaccompanied minors, the ones who were – mostly after a medical age examination – judged over 18 years of age were left out of these statistics; in the statistics of the non-asylum seeking unaccompanied minors, these are not left out.

by the Belgian federal government. This can be a special department of a large-scale refugee centre or a small-scale centre for asylum seeking unaccompanied minors.

If the minor does not apply for asylum, the Flemish or French Community has to take care of him/her. The Flemish Community hereto created two special centres for unaccompanied minors, but the capacity of these centres is too low for the number of non-asylum seeking unaccompanied minors, resulting in a much longer stay of many of them in the first crisis reception centre (sometimes even several months) or in the disappearance of many of them. Belgium has a high number of unaccompanied minors disappearing after their interception or from the reception centre (De Pauw, 2002; Verlinden, 2004). Although it is presumed that a major group of those minors are adolescents who were intercepted on their way to the United Kingdom and want to try once again to reach this ‘promised land’ (Derluyn & Broekaert, 2005), there are certainly also minors who forcibly return to the milieu of exploitation. In any case, all of them run important risks on exploitation or abuses.

During the period the minor stays in this reception centre, one tries to find a long-term care and/or reception solution for the minor, in an effort to limit the length of stay in this centre and provide more appropriate, long-term care and reception (e.g., foster family care, supported living, centre of the mainstream youth care,...). In general, the mainstream youth care, organised by the Flemish and French Communities, has to care for all minors in a “problematic parenting situation”, which is obviously also suitable for the situation of unaccompanied refugee children. Nevertheless, recent instructions of the Flemish Community strictly limit the care for unaccompanied refugee minors to the two special centres for unaccompanied minors, and almost forbid mainstream centres of the mainstream youth care to take care for these children and adolescents. As a consequence, these children and adolescents have almost no possibility to transfer to another care structure, and thus have to stay until their 18th birthday in these first reception centres, which are only equipped for first, short-term reception and care.

5.5.2. Education and school possibilities

All minors living in Belgium, whether they have a residence permit or not, have the right to attain school. Most of the unaccompanied minors go to intensive language classes in the first period of their stay in Belgium. After one year, they can switch over to the mainstream school system, which is not always easy, since language remains an important barrier to follow the courses, and some of these minors only received little or no education in their home country. As a consequence of this, many minors attain a lower school level than their abilities allow or than the level of education they followed in their home country, or they have to start in a lower class than their peers.

5.5.3. Mental health care

Refugees requiring mental health services are confronted with numerous challenges, including frequent misdiagnosis, language barriers and inappropriate use of interpreters, poor services access, lack of resources to pay for services, lack of familiarity with mental health systems, inappropriate treatment methods, and difficulties of providing culturally sensitive interventions (see e.g., Davies & Webb, 2000; Derluyn et al., 2005; Rousseau, Singh, Lacroix, Bagilishy, & Measham, 2004).

On an organisation level, it is important, as Watters and Ingleby (2004) stipulate, to draw attention to the interrelation between state policies on migration and the context in which mental health services are delivered: for example, in countries with relatively large numbers of asylum seekers who are held in induction or accommodation centres while their claim is processed (e.g., Germany), mental health care is likely to be delivered in these formal settings and disengaged from mainstream health care. In countries where the emphasis is on the dispersal of asylum seekers so that no one part of the country is seen as have a disproportionate “burden” (e.g., UK), there are significant challenges in terms of the access to, and appropriateness of, mainstream services.

The situation in Belgium is mainly an example of the first described situation, as asylum seekers, and certainly unaccompanied refugee minors, mostly await their asylum claim in refugee centres. Nevertheless, appropriate mental health care is often inexistent in these centres, and in the mainstream mental health care, only a few services are specialised in or open to refugees and migrants, with the result that only a few refugees – both adults and children – receive appropriate mental health care. Emotional

support or adequate treatment for psychological and/or psychiatric problems remains thus very scarce, also for unaccompanied refugee children and adolescents. Therefore, it is not surprising that in the centres where unaccompanied refugee minors stay, high levels of emotional and behavioural problems are reported (Derluyn & Broekaert, 2007; Derluyn et al., 2008), and presently, some unaccompanied refugee minors are continuously referred from refugee centre to refugee centre, because of severe behavioural or psychiatric problems, without receiving appropriate care or treatment.

5.5.4. *And what happens when the minor attains the age of majority?*

Legislations agree to the need of support and care for unaccompanied minors, but all these rights cease when the minor attains the age of majority. From that moment on, most of them do not longer have documents allowing them to stay in Belgium, and they thus risk to be repatriated to their country of origin or another country. Moreover, they lose every right to reception, care or support (except urgent medical treatment). Nevertheless, most refugees do not want or are not able to return to their home country, thus forcibly decide to stay in Belgium – without papers, thus without rights and protection. For most of these adolescents, attaining the age of majority is therefore very frightening, and also for social workers, it might be a hard job to work with this continuous uncertainty and overwhelming powerless situation.

5.6. *Conclusion*

The here described Belgian care and reception system for unaccompanied refugee children and adolescents clearly illustrates, as further elaborated in the next part of this paper, how a legal perspective is taken as starting point for the construction of this reception system, while the psychological needs of these children and adolescents are hardly considered.

6. Discussion

6.1. *A confrontation of two perspectives in the Belgian situation*

Unaccompanied refugee children and adolescents are clearly a vulnerable group in need of special care and protection in different life domains and functioning areas. The Convention on the Rights of the Child guarantees this right on appropriate care and protection for unaccompanied refugee minors until they attain the age of majority. Nevertheless, different aspects of the Belgian case study illustrate how this worldwide ratified convention is concretised as minimal as possible by national governments. Firstly, the temporary residence documents these minors receive only last until their 18th birthday, resulting in most of them becoming undocumented refugees after attaining the age of majority. This might be a very precarious situation for adolescents who still are unfamiliar to the host society and cannot rely on a supportive network of parents and family. The temporary character of their residence documents also involves a long-lasting uncertainty about their future perspectives, one of the major problems of these children and adolescents (Derluyn, 2005). This uncertainty can threaten their emotional well-being and lead to an irresolvable ambivalence between a striven towards integration and building up a new future on the one hand, and on the other hand the impossibility to succeed in these objectives due to the uncertain future perspectives.

Secondly, the care provided during their stay in Belgium is mostly limited to “bed–bath–bread care” which involves that these children and adolescents receive shelter and food, but only very limited psychosocial and psychological care: most refugee centres are large-scale, both for adults and minors, the special groups for the minors are quite big (30 to 75 minors per group), the number of staff is limited (approximately one full-time educator per four minors), and the period of stay in these centres is often more than one year. Moreover, due to several barriers in the mainstream mental health care, referral to these services of minors in need of mental health care often does not have positive results. All this is in a glaring contrast to the enormous psychosocial and psychological needs these children and adolescents have due to their current situation and their past experiences, as shown in the above described psychological perspective.

Finally, a striking illustration of this sharp contrast between the above described psychological and legal perspectives is the distinction the Belgian governments have made between the unaccompanied refugee minors applying for asylum and those who don't. For most of them, the choice for either one of the procedures is a relative coincidence, influenced by external factors or persons in their current or previous context. Nevertheless, the Belgian governments do take ‘procedure’ as starting point for the care provided to these minors, although there are striking differences between the two systems: the quality of the care provided in the centres for the non-asylum applying unaccompanied minors is relatively good and parallel to the care for Belgian youths in the mainstream youth care. But the number of available places in these centres is very limited, as such that these centres only can care for a small number out of the entire group. Those who cannot be cared for in these centres stay for long periods in the first crisis reception centres, finally decide to apply for asylum in order to move to a reception centre for asylum seeking unaccompanied minors, or disappear from the crisis reception centre.

Another picture is seen in the reception and care system for asylum seeking unaccompanied minors: the capacity of these centres is sufficient for the number of children and adolescents in this group, but the quality of care provided in these centres is relatively low: small numbers of mostly only semi-skilled staff members, large numbers of children and adolescents, limited infrastructure, little possibilities for psychosocial care, and so on.

Moreover, recent instructions of the Flemish authority clearly stipulate that unaccompanied refugee minors can no longer be cared for in the centres of the mainstream youth care. Differences in quality of care and in access to care and reception are thus

based on the minor's legal statute and not on his needs, which of course raises tremendous ethical questions. Why do asylum seeking unaccompanied minors receive a lower quality of care and support compared to Belgian minors in the mainstream youth care system? Why are unaccompanied refugee minors excluded from the mainstream youth care system, although they fulfil all necessary admission conditions? Why are these children and adolescents otherwise treated compared to Belgian children and adolescents? Perhaps because they are foreigners?

6.2. Implications

The above described confrontation between a legal and a psychological perspective on unaccompanied refugee children and adolescents clearly shows how this group has huge psychological needs that are not met when the legal perspective is taken as starting point to build their care and reception on. This implies that a psychological perspective which considers these youths in the first place as 'children with special needs, living in special circumstances' must be at all times the framework to build their care and reception on.

Considering them as 'children' and not as 'refugees' or 'foreigners' also involves that they have the right to the same standard of care as native-born children and youths, which is now too often not the case. All this requires necessary and far-reaching adaptations of the current care and reception system for unaccompanied refugee children and adolescents, with special attention to their mental health needs, both in the refugee reception centres as in the specialised mental health care.

Finally, a psychological perspective as starting point also implies that we cannot close the discussion about what has to happen with the unaccompanied adolescents attaining the age of majority: relying on a purely 'legal' perspective can result in these adolescents running high risks to enter endangering and abusive situations as 'adults' without documents and without a supportive social network.

6.3. Conclusion

Considering unaccompanied refugee children and adolescents as 'refugees', entitled to gain temporary protection and residence documents until they attain the age of majority leads to minimal standards of care and reception and an important neglect of their psychological needs. Moreover, the Belgian case study clearly showed how this legal perspective as starting point for the reception and care system leads to the application of lower quality of care standards compared to the care for native-born children and adolescents, which, of course, raises tremendous ethical questions.

The psychological perspective on unaccompanied refugee minors as described in this paper illustrates the high mental health needs these children and adolescents carry with them. It should be without doubt that all here-involved authorities have the ethical, moral and legal duty to do right to the needs of these youths, which implies automatically that the here described psychological perspective must be taken as starting point for the entire reception and care system.

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