

Refugee and asylum-seeking children experience high rates of adverse childhood experiences and psychological symptoms. Resilience factors like education and supportive relationships can significantly mitigate these impacts

Adverse childhood experiences (ACEs) of refugee children: Identifying risk and resilience factors for mental health and wellbeing

Background:

- Refugees are unevenly distributed in the UK, with the North-East region hosting a large proportion per head of population.
- ACEs from conflict or migration increase risk of post-traumatic stress disorder (PTSD), depression, and anxiety in refugee children.
- UK data on refugee on mental health of refugee children is scarce; therefore, more research on ACEs and required support is needed.

Resilience protects against adversity → supportive relationships, ambition, and access to good housing and education help children thrive despite risk factors

Psychological Symptoms and SDQ

p - values

significant	<0.05
trend	0.05-<0.1
non-significant	0.1 and above

Psychological Symptoms	Sleep disturbance	Separation anxiety	Excessive crying	2° enuresis	Aggression	Nightmares
SDQ total band						
SDQ emotional						
SDQ conduct						
SDQ hyper						
SDQ peer						
SDQ prosocial						

Risk and Resilience Factors

Risk factors	Child Factors					Parental Factors				
	Bullying	Experience of violence	Female	Poor housing	Not in school	Parental experience violence	Parental unemployment	Single parents	Parental psychiatric diagnosis	Parental disability
SDQ total band										

Resilience factors	High ambitions	In school	Supportive peers	Good housing	Parent knows /learning English	Parental employment	Family cohesion
	SDQ total band						

From screening to support → SDQ impact scores could guide early mental health interventions


Methods & Additional Results

Data collected retrospectively between July 2019 and May 2022. Referrals made from primary care to secondary care Refugee clinic.

First 100 consecutive patients with completed SDQ questionnaires. Descriptive statistics were analysed with excel.

Significance testing (Chi Square, two-tailed Fisher's Exact Test, Odds ratios with 95% confidence intervals) was conducted in SPSS version 14 (IBM).

Results



Total number	100
Male/ Female	58/42
Age	Range: 2-18y Mean: 9.48y (95% CI: 8.45-10.40 y) Median: 9y SD: 4.781
Region:	ME 61% LA 17% Africa 12%

SDQ Scores

	Mean (SD)Range	Total abnormal	Slightly raised	High	Very high
Total Score	11.51 (7.23) 1-34	32%	8%	11%	13%
Emotional Score	3.43 (2.85) 0-10	44%	12%	12%	20%
Conduct Score	1.78 (2.18) 0-9	34%	5%	11%	8%
Hyperactivity Score	3.51 (2.45) 0-10	20%	12%	6%	2%
Peer Score	2.84 (1.96) 0-9	51%	17%	18%	16%
Prosocial Score	8.26 (1.98) 2-10	28%	16%	4%	8%

Adverse Childhood Experiences

ACE	n = / (%)	ACE	n = / (%)
Refugee/asylum seeker status	100 (100%)	Physical abuse	16 (16%)
Interrupted schooling	65 (65%)	Family member detention	14 (14%)
Emotional abuse	52 (52%)	Domestic violence	13 (13%)
Directly witnessed trauma	51 (51%)	Previous child detention	10 (10%)
Previous family separation	39 (39%)	Substance abuse	5 (5%)
Current family separation	35 (35%)	Sexual abuse	4 (4%)
Mental illness in family	22 (22%)	Criminal household	3 (3%)
Parent separation/divorce	21 (21%)	Emotional neglect	2 (2%)
Death of a nuclear family member	17 (17%)	Physical neglect	2 (2%)
Transit > 5 years	17 (17%)	Current child detention	0 (0%)

Limitations:

- **Clinical audit, not research** → results are locally specific and may have limited generalisability.
- **Small sample size (n=100)** from a diverse background → potential bias and skewed SDQ scores.
- **Follow-up limited to a sub-group** → observed SDQ improvements may not represent true changes.