

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

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| TITLE (PROVISIONAL) | The impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. |
| AUTHOR | Wood, Laura |

VERSION 1 – REVIEW

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| REVIEWER | Reviewer name: Anders Hjern Institution and Country: Sachsska Children's hospital and Karolinska Institutet, Sweden Competing interests: No competing interest. |
| REVIEW RETURNED | 09-Aug-2018 |

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| GENERAL COMMENTS | <p>This is a very timely article on an important topic. It reads very well until the last pages when the article raises the important issue rehabilitation/treatment of children having suffered severe adversity. I have the following comments on that topic:</p> <ol style="list-style-type: none">1. There is a real danger in advocating for unrealistic individual treatment of children when large numbers of children are involved, it may unintentionally lead people to believe that these children are damaged goods and thus should not be allowed to enter our societies.2. The empirical studies of children raised in severe adversity has shown a remarkable degree of resilience in the children. Laurent et al (Laurent HK, Gilliam Ks, Bruce J, Fisher PA. HPA stability for children in foster care: mental health implications and moderation by early intervention. Dev Psychobiol 2014;56:1406-15.) have shown that providing a stable environment can normalise stress hormone levels in children exposed to early maltreatment without psychotherapy. Long term follow-up of children in war has shown remarkably few long term consequences of exposure to severe and repeated war trauma (see Geltman PL, Grant-Knight W, Mehta SD, Lloyd-Travaglini C, Lustig S, Landgraf JM, Wise PH. The "lost boys of Sudan": functional and behavioral health of unaccompanied refugee minors re-settled in the United States. Arch Pediatr Adolesc Med. 2005 Jun;159(6):585-91. Montgomery E. Long-term effects of organized violence on young Middle Eastern refugees' mental health. Soc Sci Med. 2008 Nov;67(10):1596-603. Keilson H. Sequential traumatization of children. Dan Med Bull. 1980 Nov;27(5):235-7. Moskowitz, S . Love despite hate. New York: Schocken books, 1983.3. The evidence for the "expert treatments" advocated for in this article is very poor. So I think the implications in the end of this article need to be thoroughly rewritten in light of the existing knowledge. The role of providing a secure environment with reunification with their parents is most probably more important for these children than sending loads of experts to them. |
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| | <p>Yes, we have every reason to believe that this policy of separating children and parents has considerable negative consequences for the children in the short term, but if they are reunited with their parents in fairly secure conditions these consequences will pass in most children without psychotherapy.</p> <p>Minor: I think readers should be informed about the the successful campaign that forced Trump to back down from this idiotic policy of separating children from their parents.</p> |
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| REVIEWER | <p>Reviewer name: Raul Mercer Institution and Country: FLACSO (Latin American School of Social Sciences), Argentina Competing interests: No</p> |
| REVIEW RETURNED | 12-Aug-2018 |

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| GENERAL COMMENTS | <p>This is an important editorial, a needed piece considering the particular situation of children under policies that induce family separation in the US and other countries.</p> <p>I suggest that the title should be reconsidered as follows:</p> <p>The impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children.</p> <p>Beyond the statements of the referred organizations, ISSOP (International Society of Social Pediatrics) declaration should also be included (www.issop.org) https://www.issop.org/2018/06/26/issop-response-us-governments-separation-families-violation-child-human-rights/</p> <p>Table on Disease & disorder outcomes associated with multiple Adverse Childhood Experiences and Toxic Stress should be redesigned using any criteria (either life course approach or type of health related problem - i.e: chronic, mental health, social inclusion and participation associated problems, etc-.</p> <p>Many references are repeated and referred in different manners. We suggest to merge them by using a unique criteria. This is the case for references 23 & 39, 26 & 35, 28 & 43.</p> |
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VERSION 1 – AUTHOR RESPONSE

Professor Hjern & Professor Mercer,

I found the reviewers comments very helpful and appreciated the clarity of guidance and suggested references. I agree with Professor Hjern that we should not be advocating for mass psychotherapy or that thousands of damaged children are pouring into the USA. I was grateful that it was highlighted to me that the text portrayed this. This would have been unhelpful and potentially misused. I have undertaken to re-write the final paragraph regarding resilience and recovery which is highlighted in the main text. To my knowledge all other guidance and requests have been adhered to. The new paragraph is copied below.

Resilience, Recovery & Prevention of Further Harm

Whilst it is recognised that childhood trauma, abuse and adversity can have profoundly damaging effects on children's health and development, decades of research regarding the resilience of children has evidenced that many children are indeed, given time, able to overcome serious threat and adversity, particularly when protective relationships and safety are restored⁴⁷. Resilience has been poetically described as an 'ordinary magic' – a normal, dynamic, positive process of adjustment and development in spite of severe stressors and adverse experiences (ibid). Refugees, as individuals who have experienced profound, complex, multi-layered threats and hardships are frequently described as 'remarkably resilient' – holding the ability and determination to overcome and lead productive, healthy lives that contribute significantly to their local communities and host nations⁴⁸.

The ability of a child to outwork their inherent capacity for resilience can be impacted by many factors including key social and environmental influences that compromise or enhance the protective systems around them. Host countries have significant opportunities to mitigate further harm to asylum-seeking and refugee children by developing post-migration policies, processes and environments at individual, family and community levels that are trauma-informed and protective⁴⁹. Key considerations include the critical need for each child to have access to safety, protection and health services. This includes access to culturally-competent psychological and psychiatric support where necessary for children deeply wounded and developmentally disrupted by trauma. At family level, the reunification of parents and children must be prioritised and expedited with ongoing support for families to remain intact. At community level, asylum claims must be resolved as quickly as possible to enable stable settlement and integration. Protracted bureaucratic processes, instability, delays and frequent relocations negatively impact parent and child mental health. Concerted efforts need to be made to reduce inequalities and inequities of access to education, health, social, economic and political resources (ibid).

VERSION 2 – REVIEW

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| REVIEWER | Reviewer name: Anders Hjern Institution and Country: Karolinska Institutet, Competing interests: No competing interests to declare |
| REVIEW RETURNED | 30-Aug-2018 |

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| GENERAL COMMENTS | My concerns have been very well addressed in the revision. |
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