

## **TITLE**

**Accompanied child irregular migrants who arrive to Spain in small boats: experiences and health needs.**

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### **ABSTRACT**

The European Union is the preferred destination of child irregular migrants arrived from northern Africa, who risk their lives crossing the Mediterranean Sea in small boats. Accompanied Child Irregular Migrants (AChIMs) are exposed to physical and psychological risk. The objective of our study is to describe and understand the experiences and health needs of AChIMs who arrive to Spain in small boats, through the testimony of adults who accompany them on the journey. A qualitative study, based on Gadamer's hermeneutic phenomenology, was performed. After obtaining approval from the Ethics and Research Committee, we conducted in-depth interviews on 32 adults who travelled with AChIMs. Two main themes emerged: 1) The journey a child should never have to take, with the subthemes 'AChIMs as a paradigm of vulnerability' and 'Crossing the sea, playing with death' and 2) Characterising emergency care to AChIMs, with the subthemes 'Prioritising specific care', 'Identifying high-risk situations' and 'The detaining of innocent children'. AChIMs, along with adults, risk their lives on such a dangerous and perilous journey, therefore, finding out about their experiences may contribute to improving the treatment of their specific health needs during the phases of rescue and emergency care.

### **KEYWORDS**

Childs migrants, boat children, accompanied immigrant minors, qualitative research.

## INTRODUCTION

Child migration is considered to be a global political, social and public health challenge (World Health Organization, WHO, 2015; Save the Children 2017). Irregular migrants (IMs) are people who do not have legal permission, documentation, or refugee status, who are not authorised to enter or stay in a given country. The European Union (EU) is the preferred destination of sub-Saharan and northern African IMs (Economopoulou, Pavlib, Stasinopouloua, Giannopoulos & Kassar & Dourgnon, 2014), fleeing from violence or poverty (Keygnaert & Guieu 2015; Tsiodras, 2016). IMs risk their lives crossing the Mediterranean Sea in small, unseaworthy boats (Arie, 2015; Grant, 2015; Save the Children, 2015). In 2015, 3,772 migrants died making this journey (Kovras & Robins, 2016), in 2016, nearly 5,000 (Cusumano, 2017; United Nations High Commissioner for Refugees, UNHCR, 2016) and over 2,000 in 2018. In 2017, 1,200 small boats reached the coasts of Spain, with 22,419 people in them and 249 fatalities.

Although the majority of immigrants who arrive to the EU in small boats are men, the number of women and children is growing (Brannan et al., 2016; Kassar & Dourgnon, 2014). Children made up 26% of Mediterranean arrivals in Europe in 2016 (Grotti, Malakasis, Quagliariello, & Sahraoui, 2018). Child Irregular migrants (ChIMs) made up 11% of immigrants that arrived in Spain in 2018 (Andalusian Association for Human Rights, AAHR, 2019), they travel either alone or with parents or acquaintances (WHO, 2018). The harsh conditions of the travel-transit stage have a serious effects on their health (Padovese et al., 2014), and they may suffer from physical and psychological problems, or be a victim of violence and human trafficking (Save the Children, 2015). Accompanied Child Irregular Migrants (AChIMs) travel along with their mother, father or family, whereas unaccompanied Child Irregular Migrants (UChIM) take on the

journey alone (Brannan et al., 2016; Ferrara et al., 2016). In addition to a lack of vaccinations and widespread contagious diseases (Eonomopoulou et al., 2016), ChIMs are at a higher risk of malnutrition, dehydration and drowning (Save the Children, 2015), as well as labor and sexual exploitation (Fazel, Karunakara, & Newnham, 2014; Obertová & Cattaneo, 2018). Upon their arrival into Spanish waters, the maritime rescue team alert the Red Cross Emergency Response Team, made up of a doctor, nurses, volunteers and cultural mediators (Cusumano, 2017; Granero-Molina et al., 2018). According to Rauscher & Salzberger (2016), the emergency assistance provided to migrants includes triage, screening for contagious diseases (cutaneous, respiratory, dental and intestinal examinations), and providing hygiene, food and hydration (Spanish Red Cross, 2009). In addition, AChIMs need radiological tests to determine their age, DNA tests to determine their familial relationships (Obertová & Cattaneo, 2018) and assessment for signs of human trafficking (Normadin, 2017). After they receive emergency care, AChIMs are taken to police units and later, to humanitarian aid centres (Ferrara et al., 2016). The health needs of AChIMs depend on the conditions in their country of origin and throughout the migration journey (Kadir, Battersby, Spencer, & Hjern, 2019). Although there are epidemiological studies (Candela, 2015; Eonomopoulou et al., 2016), demographic studies (Brannan et al., 2016), cultural studies (Granero-Molina et al., 2018) and studies about health needs available (Kadir et al., 2019), little is known about the experiences of AChIMs (Ciaccia & John, 2016). Our research question is how do AChIMs who arrive to Spain by small boat live and what are their specific health needs? The theoretical framework of Zimmerman, Hossain & Wants (2011) allows us to study the migratory process and human trafficking in the stages of recruitment, transit, exploitation and integration/reintegration. The objective of our study is to describe and understand the experiences and health needs of AChIMs

who come to Spain in small boats (stages of recruitment, transit and emergency care), through the testimony of adults that accompany them.

## **METHODOLOGY**

### *Study Design*

A qualitative approach based on Gadamer's hermeneutic phenomenology was used (Gadamer, 2005). We interpret a text (transcription) starting from a previous idea (pre-understanding). Culture, tradition and history form our prejudices. Understanding an experience involves fusion of author (participant) and interpreter horizons.

### *Participants and setting*

Through purposive sampling, adult IMs who accompanied ChIMs who arrived to Spain in small boats were selected. Inclusion criteria included being an adult IM, and having made the migratory journey accompanying an AChIM in a small boat which arrived in Spain in the last 2 years. The exclusion criteria included having made the journey alone, or with children, but who were not in their care. IMs that had received care at Spanish Red Cross Humanitarian Aid facilities, or those who were settled in the area, were contacted. In-depth interviews (IDIs) were performed in a private, calm setting, in a classroom in the Red Cross building.

### *Data collection*

Data collection was carried out between December 2017 and November 2018. After obtaining permission from the ethics committee, the researchers contacted IMs personally, with the help of cultural mediators, in suburban or rural settlements where they live and work in Spain. After explaining the protocol and asking for their participation, thirty-eight IMs agreed to participate in the study, six withdrew later on because of work, illness, or moving. The majority of IMs did not know each other previously. The interviewers practiced their interview protocol before starting the

interviews. The in-depth interviews began with the question: Can you tell us about the experiences of AChIMs who migrate in small boats? And ended with the question: Is there anything more you would like to add? Thirty-two individual interviews were carried out, with an average duration of twenty-seven minutes. All of the participant responses from the DIs were audio-recorded, transcribed, included in a hermeneutic unit and analysed using the software Atlas-ti 8.0. Data collection was stopped when data saturation was reached.

### *Data Analysis*

A modified form of the stages developed by Fleming, Gaidys, & Robb (2003) was used. In the first step, the researchers confirmed the question, 'Can the experiences of AChIMs be studied from a phenomenological perspective through the adults who travel with them?' The second step was to explain the pre-understanding of the researchers, as the research team has experience with irregular migration, and some are members of the Red Cross Emergency Response Team. The third step seeks to understand the phenomenon through dialogue with the participants. The researchers carried out data collection through reading and re-reading the transcripts, and new questions emerged, such as, 'How does migrants' geographic place of origin influence their experience on the migratory journey?' The fourth step aims to understand the phenomenon through dialogue with the text. The transcriptions of the experiences were read and re-examined together with the researchers' pre-understanding, which gave rise to additional questions, such as, 'What influence does the accompanying adult's gender have on the experience of AChIMs?' The researchers examined the transcripts line by line, sentence by sentence, in order to obtain units of meaning, subthemes and themes. In the fifth stage, reliability and rigor of the qualitative data were established. To increase trustworthiness, three researchers analysed the data separately, discussing the

differences until they reached an agreement.

### *Ethical considerations*

All participants were informed of the study's aim and the voluntary nature of their participation. After receiving this information, participants signed an informed consent form prior to participating. Confidentiality and anonymity were guaranteed, as all interviews were given identification codes. Approval was obtained from the Spanish Red Cross Ethics and Research Committee (Number: CR 15/01).

## **FINDINGS**

Thirty-two adults participated in the study, 87.5% were female and the rest male. Their average age was 27.1 years old (SD = 4.84). AChIMs' average age was 4.8 years old (Table 1).

**Table 1.** Socio-demographic data of the participants (N=32).

<b>Participant</b>	<b>Sex</b>	<b>Age</b>	<b>AChIM</b>	<b>AChIM's Age</b>	<b>Country</b>
DI 1	Female	24	Son	11 months	Ivory Coast
DI 2	Female	22	Nephew	3 years	Guinea Conakry
DI 3	Female	35	Daughter	1 year	Ivory Coast
DI 4	Female	24	Son	3 years	Guinea Conakry
DI 5	Female	35	Daughter	17 months	Ivory Coast
DI 6	Female	31	Daughter	4 months	Ivory Coast
DI 7	Female	32	Son	18 months	Ivory Coast
DI 8	Female	27	Daughter	3 years	Guinea Conakry
DI 9	Female	35	Daughter/Niece	5 and 12 years	Ivory Coast
DI 10	Female	28	Daughter	5 years	Guinea Conakry
DI 11	Female	30	Son	8 years	Cameroon
DI 12	Female	29	Son	9 years	Algeria
DI 13	Female	24	Son	2 years	Morocco

DI 14	Female	30	Son	21 months	Ivory Coast
DI 15	Female	25	Niece	6 years	Guinea Conakry
DI 16	Female	18	Brother	6 years	Guinea Conakry
DI 17	Hombre	20	Brother	13 years	Mali
DI 18	Female	35	Daughter	9 years	Cameroon
DI 19	Female	19	Brother	8 years	Ivory Coast
DI 20	Female	21	Son	2 years	Guinea Conakry
DI 21	Hombre	18	Niece	7 years	Ivory Coast
DI 22	Female	23	Niece	9 years	Guinea Conakry
DI 23	Hombre	31	Daughter	4 years	Guinea Conakry
DI 24	Hombre	30	Nieces	9 years	Cameroon
DI 25	Female	25	Son	3 years	Cameroon
DI 26	Female	28	Daughter	5 years	Guinea Conakry
DI 27	Female	30	Son	18 months	Guinea Conakry
DI 28	Female	28	Son	7 years	Guinea Conakry
DI 29	Female	26	Son	2 years	Guinea Conakry
DI 30	Female	29	Daughter	1 year	Guinea Conakry
DI 31	Female	29	Daughter	1 year	Guinea Conakry
DI 32	Female	27	Daughter	6 years	Guinea Conakry

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DI=In-depth interview, AChIM= Accompanied Child Irregular Migrant.

Out of the analysis of this data, two main themes emerged (Table 2).

**Table 2.** Themes, subthemes and units of meaning.

Theme	Subtheme	Units of meaning
The journey a child should never have to	AChIMs as a paradigm of vulnerability	Children fleeing, an adult's world, risks, separation of mother and child, human trafficking, sexual abuse, madames,



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take.

malnutrition, lack of hygiene, diseases.

Crossing the sea, Inadequate clothing, hypothermia, playing with death swallowing sea water, vomiting, diarrhea, dehydration, life jacket, crying and fear, drugs, priority care.

Characterising Emergency care to AChIMs      Prioritising specific care      Specialised healthcare, triage, signs of abuse, genital mutilation, hydration, food, waste elimination, good luck charms, phobias and fears, a need for play.

Identifying high-risk situations of human trafficking.      Differing family patterns, identifying parents, the child's attitude, undocumented, the gender of the adult, DNA tests, extended family.

The detaining of innocent children      Locked in a cell, mixed with adults, fear of the police, anxiety caused by the separation, mistrust, lack of information.

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AChIMs= Accompanied Child Irregular Migrants

### **The journey a child “should never have to take”.**

This theme describes the experiences of AChIMs in the stages of transit, staying in the north of Africa, the journey across the Mediterranean Sea and their arrival in Spain.

### ***Accompanied Child Irregular Migrants, a paradigm of vulnerability.***

Migratory processes cause severe risk to the lives and rights of children. AChIMs leave their countries with their mother, father, or family, fleeing from hunger, poverty, violence or war. Women also frequently flee from forced marriages, genital mutilation

and sexual violence, often taking their children with them.

*I decided to flee when I found out my baby was a girl, because I wanted to prevent her from being mutilated. (DI18)*

Sub-Saharan women who take on this migratory journey face serious risk, violence and abuse, and AChIMs that travel with them may be the result of rape. In Morocco, migrants survive in unsanitary living conditions in flats or in the forest near the Spanish border. There is a lack of hygiene and food, babies are breastfed, the toddlers drink milk and cereal donated by NGOs, and the older children eat whatever they can find.

*My son was born in a hospital (Doctors Without Borders), but when he was a month old, we went back to the forest. I crossed fields and mountains with my son strapped on my back. (DI1)*

AChIMs generally do not have even their most basic needs covered during their journey through the countries of transit they pass through on the way. Children travel with adults, but they may have to suffer frisking, violence and from physical needs. One participant describes the hardships of the journey and separation from her son.

*We traveled by car from Nigeria to the desert of Niger, and from there, continued on foot. The Tuaregs robbed us,...they attacked the men and raped the women. The guides left us there, and kept going with the children. Algerian police rescued me and took me near Oman, where I was able to find my son (DI25)*

The mafia use AChIMs to coerce and exert their control over the mothers, both sexually and for work. As one participant explains, women and children are exposed to many risks.

*I got to Morocco with a wound in my armpit, and my daughter on her head. (DI5)*

AChIMs may be held in flats in unhygienic conditions while their mothers either work long days of domestic work, beg on the streets, or are forced into prostitution. *Madames* are women associated with the mafia that control migrant women and take care of the children; they stay in Morocco, and do not travel to Spain by small boat. Women irregular migrants work to pay back their debt and for the journey by boat, and also pay off the madame so she does not separate them from their children.

*Ever since my daughter was born, they had threatened to separate us, to send her back to Guinea to my abuser's family. (DI8)*

Older AChIMs suffer from a lack of food, so they beg in the streets and eat leftover food that they find or are given. In the forest, the mafia sell tainted water and food at prices that are too high for the migrants to pay. As one mother says, AChIMs may be very thin, and only survive on what is given to them by charities or NGOs.

*I ran out of money, so I started begging on the streets, outside of churches ... with my daughter. A Moroccan woman gave us food and medicine! (DI10)*

AChIMs await in the forest, malnourished, in filthy shanty towns or even outdoors, until they embark in small boats towards Spain. There is a general lack of hygiene, they urinate and defecate in the same place as the adults, with a high risk of catching infectious diseases. There is no water to wash the children or their nappies, no clean clothes, food, or proper milk or formula for young children.

*I didn't have any food, or a change of clothes, or nappies, only what I had on, and that's it. I spent nearly three months with my son there in the forest. (DI14)*

AChIMS travel with adults, in an environment of violence. As many of our participants noted, although they are accompanied by adults, there is still a risk of the children becoming victims of human trafficking. The mafia can decide at any moment if they want to separate a mother and her child. In this case, the children may find themselves

having to take on the journey on their own, or with someone other than their mother.

*I was going to cross (Mediterranean Sea) with my two daughters, and after the older one boarded the small boat, they wouldn't let me get on with my baby. They said, first children, then pregnant women, then women with babies! My daughter went by herself! (DI3)*

### ***Crossing the sea, playing with death.***

AChIMs usually travel on the adults' legs, without moving the whole time. They do not wear proper waterproof clothing, and when they get wet, they may suffer hypothermia, coughing, fever and breathing problems, added to the seasickness, vomiting and headaches, or burns from splattering petrol. Sub-saharan AChIMs travel in even worse conditions, the mothers of Moroccan or Algerian AChIMs tend to carry rucksacks with food, water, and clothing in them.

*I carried a change of clothes for my son but the boat moves a lot, and he could have fallen off into the water. He arrived wet, cold and with a cough. (DI13)*

During the journey, food and water are scarce, AChIMs may end up drinking sea water, and as a result, suffer from diarrhea and dehydration. As one participant explained, the children eat any sort of scraps they can get from anyone in the boat.

*There were only some biscuits for those that bought them. Then we ran out of water, and drank sea water, ... also the children; (DI19)*

The men can urinate in the sea, but for women and children, waste elimination is much more difficult. Babies and small children wear the same nappy throughout the journey, the rest of the children are forced to wet themselves, you cannot change clothes.

*My brother was on my lap, lots of people, we couldn't move. For girls, it's not easy. I didn't urinate for two days, my brother wet himself and on me. (DI16)*

Our participants claim that, during the voyage, only those who can afford to pay for life

jackets may wear them. The majority of the children don't wear a life jacket and some of those who do wear them, have the wrong size. Crossing the sea at night in an overcrowded and unseaworthy small boat can also be a terrifying experience. The frightened children's crying can alert police to the presence of the small boat, putting the whole group at risk. According to our participants, before embarking, some sort of drug or medicine is given to the children so they will sleep throughout the journey.

*When I was waiting in the woods, I had to buy a special syrup to give my son so he wouldn't cry or make any noise. (DI12)*

Small boats are often intercepted on the high seas, sometimes after days of drifting, the mafia themselves notify Maritime Rescue. Women and children get first priority for care. They are the first ones to be pulled out of the small boat, and also have access to more preferential areas on rescue vessel in order to recover. The Maritime Rescue team are not healthcare personnel, but they do have first aid training. IMs are given blankets and hot drinks, and are helped to dry off and are wrapped in closed sacks to warm up.

*A boat rescued us, and they gave us water, food and blankets. The women and children got on first, ...my son and I then fell asleep. (DI11)*

### **Characterising emergency care to Accompanied Child Irregular Migrants.**

After disembarking in the port, IMs receive first emergency care from the Red Cross Emergency Response Team, where there is a police presence. This theme describes the emergency care received by AChIMs.

#### ***Prioritising specific care.***

Women and AChIMs go into a large room for initial triage, here they are asked for their personal information and wounds, injuries, allergies, vaccinations and fever are explored. AChIMs have a shower with help from volunteers, and they are given a pack with underwear, trousers, and shoes. If they are babies, the mother is taken to have a

shower and then breastfeed, and if the mother is very tired or the child will not take the breast, they are given a bottle. The arms and back of AChIMs are examined for dermatological diseases such as scabies.

*My daughter and I felt itchy and we had wounds from scratching (scabies). I told the nurse, and they showered her and they put cream on her body. (DI30)*

AChIMs are examined by healthcare providers to detect any type of wound, scar, tattoo or sign of abuse. If there is any suspicion, a priority bracelet is put on them. After eating, mothers and children go to the interview area, where cultural mediators talk to them, either together with the mother if the children are young, or alone, if they are older. This is a moment to explore the experiences and suffering of the AChIMs.

*Unknown soldiers came and attacked my village, they raped them (girls). I have been taking care of them since we left the country. (DI 24)*

Mothers of female AChIMs are often fleeing from genital mutilation, the teenage ones, may suffer racist attacks or sexual abuse throughout the journey or during their stay in Morocco. Caring for these girls is very complex, because they are sad, frightened and anxious. If there is any suspicion that they have been a victim of sexual abuse, they are sent to hospital for a to be examined by pediatricians and gynaecologists.

*If I wanted to prevent my 5-year-old daughter from having the genital cutting I had to get her back from my husband's family and flee the country. When we got here (Spain), they checked her. (DI26)*

The emergency care provided to migrants includes hydration and food (water, milk, juice, isotonic drinks). Age-appropriate food is provided for children, including bottles and baby food (0-18-month-old babies), or biscuits or sandwiches to older children. Since the children can easily become dehydrated, their skin and mucous membranes are checked, giving them rehydration serum orally or even intravenously if needed.

*My son had had diarrhea for three days, and I couldn't give him anything to eat, he needed to drink water and a nurse gave him a drink (serum). (DI7)*

AChIMs who arrive in small boats tend to have problems with waste elimination. Babies who have not had their nappy changed for hours/days, usually have skin irritations due to contact with urine, feces, and sea water, and may also suffer from eczema and nappy rash. These lesions can be identified while healthcare providers assisting the accompanying adult in bathing the child.

*The little girl had irritated genitals, ... in the small boat you can't change their nappy. (DI31)*

In sub-Saharan Africa, many people have strong superstitious-religious beliefs. AChIMs may wear good-luck charms, such as a string tied around their waist, for their protection. It is important to respect their way of dressing, wearing their hair or their beliefs about diseases. As one participant says, mothers do not understand why first responders take away good-luck charms during the emergency care.

*The nurse says: take off all her hair bands, earrings, and her waist beads. I don't understand, why? Is it hurting her? (DI32)*

With the help of cultural mediators, the mother or accompanying adult is informed of the steps in the emergency care process, asking for their cooperation. Both children and their accompanying adults have gone through a harrowing experience, and usually do not want to be separated. As one woman states, the children have phobias and fears.

*I got onto the small boat with my son and I covered him with a bag so he wouldn't get wet. Now he's afraid of the water. (DI4)*

The mafia may separate children from their accompanying adult. If there is suspicion that a child and their parent have arrived separately, the emergency care team gathers the family's information and the date and place of their arrival, and then activates the

protocol to reunite children with their families. As one mother explains:

*My son arrived to another place along the coast with a man who is not his father. I went and asked for DNA tests... and that they let me see him. (DI29)*

The Red Cross sets up a play area for the children under the supervision of volunteers. In that way, the waiting is a bit more pleasant and it makes it easier to interview the mothers and monitor their relationship with the children in order to identify cases of human trafficking. Also, the older children are asked for their mother's name, the name of their village, or are asked to draw their family.

*During the time we spent in the port, my son was relaxed, joyful, ...playing with dolls that the volunteers had given him. (DI25)*

### ***Identifying possible cases of human trafficking.***

There are sub-Saharan AChIMs who travel with their mothers, fathers, relatives, but very few families travel all together. Upon arrival, the relationship between the child and the accompanying adult is evaluated, which makes for an uncomfortable situation.

*I was tired, .... very nervous. They asked me if she was my daughter and I said: no, she's my niece. Then the police took her away! I explained that her mother had died, ...but they took her anyway. (DI22)*

The team actively monitors the bond between the child and accompanying adult. Throughout this process, it is important to take into account how exhausted IMs are from the journey, and that child-rearing customs are different in each country of origin. As one participant says, the attitude of AChIMs may alert police to the possible presence of human trafficking rings.

*I saw a child who was just crying inconsolably, he didn't want to hug his mother, he wanted to go with another woman on the small boat. When she took the child, he finally calmed down and stopped crying, ...that's his mother! (DI6)*



Women irregular migrants from the Maghreb area (Morocco, Algeria, Mauritania, Tunisia, Libya, and Western Sahara) usually have documentation to accreditate that they are the parents of AChIMs; however, many sub-Saharan women do not carry documentation proving any familial relationship. When the police ask for such documentation, they usually say that either they did not bring it, they forgot it, that the mafia or police took it away at the border.

*No, I wasn't carrying any documentation that proved he was my son, because they took it away from me at the border. (DI20)*

Given the difficulty in determining the paternity of AChIMs, all of them take a DNA test. If they arrive with their mother, the two stay together during all the emergency care stages. However, when they come with a man, they are separated. They cannot reunite until the genetic testing has confirmed that they are, in fact, family. This separation is difficult for the accompanying adults to understand.

*When you get to Spain in a small boat with a child, you have to do a DNA test to show that she's actually your daughter. As I didn't have documentation, I did the DNA tests, ,, , but I was angry. (DI23)*

The aim of the DNA testing is to protect children from human trafficking rings. As one participant says, it is also necessary to keep in mind the different familial patterns of sub-Saharan Africa, where it is common for the extended family to be in charge of caring for a child, when the mother dies, emigrates or due to remarriage.

*When we arrived, they asked if she was my (biological) daughter: no, she is my niece, and then they took her away from me. I didn't want to be separated from her, I have been taking care of her since her mother died (DI15)*

The traffickers decide who gets on the small boat and who stays just prior to setting sail, and it is possible for families to be separated. Some AChIMs arrive to the coast of Spain

with adults that are not family members.

*A man I knew helped me get my son on a small boat, and when I was going to get on another one, the police arrived. Later, he told me by phone that my son is at an immigrant detention center,... but I wasn't able to go for another 6 months. (DI27)*

### ***The detaining of innocent children.***

After initial emergency care and identification, IMs are detained in police holding cells, for no longer than 72 hours. AChIMs under the age of 14 go into a cell with women. The men are separated from the women. As one mother says, they sleep on mats on the floor, covered with blankets to keep warm.

*The rooms (cells) were not right for children, locked up, without being able to play... thank goodness we weren't there for long! (DI12)*

The majority of AChIMs that arrive in small boats are frightened of the police, as they have had negative encounters with them in the transit stage. They may suffer from violence, coercion and persecution at the hands of police. These experiences may explain their unwarranted fear of the Spanish police.

*There was food, and they treated us well, but my little brother was scared of being there (in the holding cell) ...and I was too. (DI16)*

When AChIMs come with an adult male accompanying, they are separated and taken to immigrant detention center while they wait for the results of the DNA tests. This system, although it aids in protecting children from human trafficking, is not well-understood by the adults. As one participant explains, this generates feelings of anxiety and mistrust.

*They separated us, and I didn't see my daughter for a month and a half. They finally told us that the results were a match, but ...why did they have to do that?*

(DI 23)

## **DISCUSSION**

The objective of our study is to describe and understand the experience and health needs of AChIMs who arrive to Spain in small boats, through the testimony of adults that accompany them. The theoretical framework laid out by Zimmerman et al., (2011) has permitted us to study this group during the recruitment and transit stages of their journey. Migration via the Mediterranean sea is currently a controversial topic in EU countries (AAHR, 2019; Grant, 2014), which lack a unified policy on rescue and medical attention for migrants (Cusumano, 2017). Women and children take part in this migration because of social or economic reasons, as well as to escape violence (AAHR, 2019; Fazel et al., 2014). The definitions of AChIM and UChIM need further clarification (IOM, 2016), since EU member states tend to refer to these migrants in various ways, which leads to controversy in statistics and protections granted to them. As in other studies (Kassar & Dourgnon, 2014), irregular migration across the Mediterranean Sea has been shown to cause physical, psychological, and social trauma. ChIMs are an especially vulnerable group, while UChIMs are usually Moroccan or Algerian (Ferrara et al., 2016), the majority of AChIMs are sub-Saharan Africans who travel with their mother, father or family (Keygnaert et al., 2014). According to Padovese et al. (2014), in the transit stage, AChIMs may go through malnutrition, insecurity (AAHR, 2019), detention and deportation (Save the Children, 2015). AChIMs embark on a small boats towards Spain, frightened or sedated (Arie, 2015; Vogel, 2016), setting off from already unsanitary conditions at the campsites where they stay. Our results coincide with those of UNHCR (2018) about the high risk of drowning, malnutrition, dehydration or hypothermia on the journey, and also have found a risk of burns, wounds and infection as well (Candela, 2015; Eonomopoulou et

al., 2016; WHO, 2018). Upon arrival, AChIMs need specialised care for respiratory, gastrointestinal, and obstetric-gynaecological problems. Along with first aid (Spanish Red Cross, 2009), care for AChIMs must incorporate triage, screening and culturally-adapted treatment (Granero-Molina et al., 2018). In addition, emergency care involves providing food, addressing issues of waste elimination, communication and monitoring the bond between mother and child (WLW, 2017). Our findings coincide with those of UNHCR (2016), in that specific attention is to be paid to migrant children, particularly to survivors of sexual and gender-based violence. As in other studies (Save the Children, 2017), there is concern for the safety of AChIMs when the relationship with the adult is unclear, such as in some cases of adolescent marriage. Immigration detention has negative consequences for the well-being of children (WHO, 2018). Coinciding with Murray (2018), retaining AChIMs creates anxiety and insecurity (Grotti et al., 2018); police facilities are not fit for children (Fazel et al., 2014) and separating them from their accompanying adult may affect their mental health (Kadir et al., 2019). Because of a lack of governmental policy focused on the care of AChIMs, the responsibility often falls on volunteers and NGOs (Murray, 2016). Our results indicate the need for cultural mediators and specific care protocols for AChIMs (Save the Children 2015; AAHR, 2019). Healthcare providers can improve their care (Murray, 2018; Robinson, 2015; Sandblom & Mangrio, 2017), communication (De vito, 2016), cultural adaptation (Granero-Molina et al., 2018) and the detection of human trafficking among AChIMs (Keygnaert & Guieu, 2015). We concur with Normadin (2017) about the importance of monitoring the relationship between the child and their accompanying adult, and that a lack of knowledge about the child, such as their name, age or vaccination history, are cause for suspicion. AChIMs, together with UChIMs, pregnant women and sexual abuse victims have an additional need for specialised care (AAHR,

2019). As the evidence in our results also states, (Rauscher & Salzberger, 2016), finding out about the experiences of AChIMs or their guardians may contribute to improving the protocols for specialised care towards these vulnerable groups.

## **LIMITATIONS**

Some IMs refused to participate in the study for fear of speaking out or mistrust in the anonymity of their data. The sample of participants is non-homogenous, their economic, political and socio-cultural characteristics differ according to their country of origin. Although the interviewers were accompanied by cultural mediators who speak Arabic, French, or English, the many dialects of one specific country may affect the understanding of some experiences.

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## **CONCLUSIONS**

AChIMs who reach the UE in small boats survive an extremely dangerous journey. Along with women, child migrants make up the most vulnerable demographic. Apart from a lack of food, hydration, hygiene, or clothing, the journey also entails psychological problems, sexual abuse and human trafficking. Having to stay in countries of transit on the way may involve sexual or work exploitation, and often, the mafia uses AChIMs to control or manipulate their mothers. There is little to no security

in the small boats in which they travel, often drugged, with people they do not know, and AChIMs suffer from fear, vomiting, dehydration and a high risk of drowning. After being rescued, they receive emergency care that is centered around administering first aid, fulfilling basic health needs and detecting victims of human trafficking. The detention of AChIMs in police facilities or immigrant detention center can cause them trauma, as they may have to wait months for DNA test results to be reunited with their parents. Performing these tests in local laboratories may cut down on the wait time. Healthcare providers can help to improve the care provided to AChIMs, but protocols tailored to the specific problems and needs of these children are necessary. Migration policies must demand the fulfillment of the terms of the Convention on the Rights of the Child, and promote coordination between countries and administrations for aid to AChIMs around the world, as well as planning and evaluation of specific policies aimed at the care of this vulnerable population.

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