ARE UNACCOMPANIED REFUGEE MINORS IN SWEDEN BEING PUSHED TOWARDS THE RISK ZONE FOR CRIMINALITY?

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In recent years, Europe has witnessed a flow of refugees from war struck areas who seek asylum in various European countries, where Sweden is one of the recipient country. A large portion of these refugees comprise of unaccompanied refugee minors (URMs). *Aim:* The aim of the present study is to examine how unaccompanied refugee minors have the conditions in Malmö when it comes to individual health and lifestyle (tobacco, alcohol and drug use) and social environment (absence of family, living situation, school, social support and future prospects) as compared to the general population of the same age; and also, if these conditions could possibly put them at a risk to encounter or commit a crime. *Method:* The data is collected using quantitative survey questionnaires distributed to URMs (N=30). The data of the general population has been obtained through Region Skåne. *Results:* The findings indicate that in comparison to the general population, URMs report high level of ill-health, tobacco use, access to narcotics and low social support, which are termed as risk factors. The institute of school, however, is termed a protective factor for the URMs, where they score almost equivalent to the general population in terms of school satisfaction and better than them in terms of help and support from the teachers. The implication of the findings are discussed further in the paper.

*Keywords:* Unaccompanied refugee minors, risk factors, protective factors, ill-health, criminality.
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1. INTRODUCTION

Research focusing on the intersections of race, ethnicity, immigration and crime is politically sensitive, highly controversial and marginalised in academia (Barnes 2002). In recent years, Europe has witnessed a flow of refugees from war struck areas who sought asylum in various European countries. The United Nations High Commissioner for Refugees (2016) report a total of 65.3 million people to be displaced worldwide because of political and armed conflicts, persecution or other human rights violations as of the end of 2015, which constitute the record highest refugee total since the early 1990s. About 51 percent of the displaced population comprise of children. A large portion of these children, worryingly, comprise of unaccompanied refugee minors.

The United Nations High Commissioner for Refugees (UNHCR) defines an unaccompanied refugee minor (URM) as:

‘a person who is under the age of eighteen, unless, under the law applicable to the child, majority is, attained earlier and who is separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so’ (UNHCR 1997:1)

The children referred to as unaccompanied refugee minors at present are not actually new to the world we live in. Historically, the world has witnessed the organized displacement of about 150,000 children without their parents from UK to empire destinations during 1618 to 1967 in order to handle poverty and surplus population (Constantine, 2008). The displacement of about 9000 Jewish children from Nazi controlled areas to UK between 1938 and 1939; and about 70,000 Finish war children to Sweden and Denmark during the Second World War are other historical accounts of the present-day crisis of unaccompanied refugee minors (Ford 1983; Nehlin & Söderlind 2014 in Hedlund 2016).

Even though the historical examples of unaccompanied refugee minors in Europe can be found, yet they began to receive notable attention in policy as a particular refugee category in the beginning of 1990s, after the approval of the United Nations Convention on the Rights of the Child-UNCRC (UN General Assembly, 1989). It was approved by all UN member states apart from the United States that all children be given the same rights and equal value; best interests of the child should be taken into account in all decisions concerning children; all children are entitled to safe life and development; and have the right to express their opinion.

With regards to above, UNHCR (1997:1) issued guidelines on policies and procedures in dealing with unaccompanied refugee minors seeking asylum and instructs that:

‘Because of their vulnerability, unaccompanied children seeking asylum should not be refused access to the territory’ UNHCR (1997:1).

UNHCR’s global report (2012) reported that developing countries hosted over 80 percent of the world’s refugees by the end of year 2012, with Pakistan hosting the largest number of refugees followed by Iran. But the past five years witnessed a
portion of these refugees especially URMs directed to European countries as well, where Sweden is one of the recipient countries.

1.1 Unaccompanied refugee minors in Sweden
In an era before 90s, the movement of unaccompanied minors was restricted in regions close to the country of origin (Hedlund 2016). Presently, this movement of URMs has stretched across the continents. This resettlement in large numbers to an entirely different region and alien culture after crossing hazardous barriers describes another reason behind the attention given to URMs around the world media. Hedlund (2016) narrates searching for the keyword *ensamkommande*, Swedish for unaccompanied, in the Swedish newspaper archive for his PhD thesis in June 2015. He found the first article using the keyword in the year 1992, it was only one article and he never found more than three articles a year until 1999. ‘In the year 2000, the number of newspaper articles was 12, and by 2006 unaccompanied minors were mentioned in more than a hundred newspaper articles for the first time (N=132). In 2014, this number had reached 5922’ (ibid: 22).

This information corresponds with the flow of unaccompanied refugee minors to Sweden. During the past 5 years, highest number of applications have been received during the year 2015, where Swedish migration agency’s statistics show a total number of 35369 unaccompanied minors who have applied for asylum in Sweden. The number has increased tremendously from a total number of 7049 minors in 2014 and has decreased again to 9491 applications in 2016 (Migrationsverket Statistics 2015; 2016). According to The Migration Agency’s press statement in The Local (2017), this is partly a result of Sweden's decision to tighten its rules on family reunion and permanent residency, and partly a result of a refugee deal struck between the EU and Turkey. Furthermore, children very often lack an ID and it’s now difficult to get through without ID at every border control in Europe.

Sweden is a signatory to the UN Convention for the Rights of the Child (UNCRC) and thereby, various authorities are at play to meet these international standards. The Swedish Migration Agency is responsible for, among other things, to investigate and decide whether a child has the right to asylum or not; appoints a public counsel; provides financial support; estimate the age of child and search for their parents; and assigns the child to a municipality for accommodation. The municipality is responsible for investigating the child’s needs and placement in suitable accommodation; making certain that the child goes to school; that the child is assigned a custodian; and to ensure the child’s right to care and treatment according to Social Services Act (Migrationsverket n.d.).

A report, based on research conducted by Human Rights Watch in Sweden acknowledges that ‘Swedish laws are generally consistent with international standards’, but added that ‘the arrival of tens of thousands of children in 2015 has put a strain on this system’ (HRW 2016:1). As a consequence, they indicate, some children are unfortunately not receiving the care and attention they need.

In the present paper, the circumstances of unaccompanied minors that constitute relevance to criminological studies, in terms of risk and protective factors for criminality, shall be the subject of study.
1.2 Criminological relevance of the subject
Unaccompanied refugee minors (URMs) are a diverse group with loss and vulnerability as common denominators (Ramel et al, 2015). Various studies have been conducted (discussed in the next chapter) that explore the psychological predispositions and the damaging effects of political conflicts, war, and forced migration on URMs. Looking at it from a criminological perspective, ‘risk factors cluster together in the lives of the most disadvantaged children and the chances that those children will become anti-social and criminally active increases in line with the number of risk factors’ (Farrington et al 2005:4).

This certainly does not imply that unaccompanied refugee minors shall end up having a criminal lifestyle, but ‘young people who have been exposed to the greatest risk are between five and 20 times more likely to become violent and serious offenders than those who have not (Farrington et al 2005). On the contrary, there are certain protective factors that signify the opposite or absence of risk and help to protect people against involvement in crime, drug abuse and other anti-social behaviour. One of the reasons why all the individuals exposed to the same level of risk do not end up choosing the criminal trajectory in their life is because these protective factors moderate the effects of exposure to risk (ibid.).

But what are these risk and protective factors? It is vital to provide a brief description of these factors before moving on further towards the aim of the study.

Risk and Protective factors:
An approach from the public health sector began to apply increasingly to criminology during the 1990s in an attempt to understand and prevent the causes and cause of the causes behind crime and delinquency. Shader (2004) made it more comprehensible by exemplifying that it works in the same manner as doctors try to look for patient’s history to determine its risk of suffering from a disease and suggest interventions to reduce the particular risk factors or at least the effect of it. Farrington (2000) call this approach risk factor prevention paradigm (RFPP), which means to ‘identify the key risk factors for offending and implement prevention methods designed to counteract them. There is often a related attempt to identify key protective factors against offending and to implement prevention methods designed to enhance them’ (ibid:1). A general critique on this approach is that it fails to account for other factors e.g. personal agency, socio-cultural context or psychological motivation (Mahony 2009) or that certain risk factors are merely risk markers, where the latter is ‘a characteristic or condition that is associated with known risk factors but exerts no causal influence of its own e.g. male sex’ (Earls 1994; Patterson & Yoerger 1997 in Office of the surgeon general 2001). In other words, merely the presence of a risk factor does not confirm that a person would commit crime; rather it’s a play of cumulative factors, where certain factors might be correlated but not causative.

By definition, ‘a risk factor predicts an increased probability of later offending’ (Kazdin et al 1997 in Farrington 2000:3). Though it should be clear that ‘many youth with multiple risk factors never commit delinquent or violent acts. A risk factor may increase the probability of offending, but does not make offending a certainty’ (Shader 2004:2). Risk factors can be described as static or dynamic. Static risk factors are those that cannot be changed through an intervention e.g., criminal history, age, gender (Campbell et al 2009; Bonta 2002). Dynamic risk factors, on the other hand, are those risk factors that are ‘variable in nature and
can change with time or with the influence of social, psychological, biological, or contextual factors’ (Campbell et al 2009:568). Bonta (2002) further describes that both types of risk factors are associated with the prediction of crime and intervention is also prescribed keeping in mind the prevalence of these risk factors.

Protective factors, on the other hand, ‘have been viewed both as the absence of risk and something conceptually distinct from it’ (Office of the Surgeon General, 2001:ch 4). Shader (2004) further explains that the former view simply entails that risk and protective factors lie on opposite ends of a continuum. For instance, doing well in school might be considered a protective factor, which is opposite of poor performance in school, a known risk factors. The latter view that protection is conceptually distinct from risk is how Farrington et al (2005) have described protective factors i.e. characteristics or conditions that moderate the effects of exposure to risk. For instance, strain or stress in a known risk factor, but having loving parents and social support reduce the effect of this risk factor.

Previous criminological research has highlighted a wide variety of various risk and protective factors, both individual and social, which can be broadly categorised into the following categories (Farrington et al 2005; Sampson & Laub 2005; Hawkins and Catalano 2002):

- **Individual factors**: Individual or personal risk factors could be both genetic or psychosocial factors e.g. hyperactivity and impulsivity (Moffit 1993), mental ill-health, alienation and lack of social commitment (Sampson and Laub 1993), attitudes that approve offending and drug misuse, previous crime or drug involvement etc. On the contrary, individual protective factors include factors that signify the opposite e.g. low impulsivity and high self-control (Gottfredson and Hirschi 1990).

- **Family factors**: Family related risk factors include poor parental supervision and discipline (Claes et al 2005), history of familial criminal activity, parental attitudes that approve of delinquent behaviour, low income, poor housing, large family size etc. (Petrosino et al 2009). Family protective factors, in contrast, include strong bonds with the family that score low on the described risk factors (Sampson & Laub 1993).

- **Peers**: Friendship with peers involved in crime and drug misuse or other delinquent activities constitute risk factors around peers (Gifford-Smith et al 2005), whereas peers as protective factor is when one has strong bonds with the friends who are non-delinquent and don’t condone unhealthy and criminal activities.

- **School factors**: School is an institution that plays a significant role in a child’s upbringing. If this institute is not working right, it builds up on the risk factors associated with school e.g. low achievement beginning in primary school, bullying (Sourander et al 2009), truancy, school disorganisation. Though if this institution is working right, teachers, friends and discipline learned at school provide the protective factors that mitigate the effects of other risk factors present in a child’s life.

- **Community factors**: Living in a disadvantaged neighbourhood, where there is disorganisation, availability of drugs, high population turnover,
and lack of neighbourhood attachment are examples of community risk factors (Hawkins and Catalano 2002). On the other hand, collective efficacy and order in the community etc. are termed as community protective factors (Sampson et al. 1997).

These factors might not always fit into the respective categories, for instance, substance abuse is an individual risk factor but availability of drugs in the community makes it a community risk factor as well. Nevertheless, turning to the population under study, the criminological research on risk and protective factors makes it vivid that special attention needs to be given to URMs social environment and individual lifestyle to make sure that risk factors don’t cluster together in their lives. Unfortunately, in Sweden, criminological literature lacks this research at the moment while there is an immediate need for it. Because in case the investigations indicate towards an accumulation of risk factors, authorities should know that prevention is better than the cure.

1.3 Aim, purpose & research questions
The aim of the present study is to examine how unaccompanied refugee minors have the conditions when it comes to individual health, lifestyle and social environment and also if these conditions could possibly put them at a risk to encounter or commit a crime. The study does not aim to measure the negative outcome i.e. crime, nor does it aim to explore the vulnerability of URMs as potential victims, rather the primary research questions to be explored in the study are as follows:

In comparison to the general population of the same age,

i) How do URMs score at the known risk factors that might influence them negatively and risk marginalising them in the society?

ii) How do unaccompanied minors score on the known protective factors against criminality that help to mediate the effects of risk factors?

The purpose for carrying out the study is twofold. It shall highlight the factors that need intervention to help the URMs integrate into Swedish society and assist in designing the preventive measures if needed. Secondly, this study shall help in testing the applicability of a questionnaire validated for Swedish population to a different population.

1.4 Operational definitions
A necessary step needed to carry out a research involves clearly defined concepts. It is very important here to highlight the difference between refugees and migrants. According to UNHCR, ‘Refugees are persons fleeing armed conflict or persecution’, whereas ‘Migrants choose to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons’ (Edward 2015).

The present study focuses on unaccompanied refugee minor (URM) & The Swedish Migration Agency considers unaccompanied refugee minor (URM) as ‘a child under 18 years of age, who has arrived in Sweden and applied for asylum without their legal guardian’. In the present study, those unaccompanied minors are chosen that have come to Sweden and have applied for asylum, whether or not they have got their permit has not been differentiated in the study. The use of the
words kids, children or minors shall be used interchangeably in the present study and shall refer to URMs between the age of 15 and 18, unless stated otherwise.

Another terminology that needs clarification is the use of the term ‘general population’ in formulation of research questions. In the present study, the general population comprises of pupils attending the last year of compulsory school and second year of upper secondary school in Malmö, who have answered the same questionnaires that are used in this study. In order to have a reference group to assess the score of unaccompanied minors on the chosen risk and protective factors under study, the data of the ‘general population’ has been obtained through Region Skåne.

Risk factors: Mrazek and Haggerty, (1994:127) define risk factors as ‘those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected from the general population, will develop a disorder’. Researchers have concluded that there is no single risk factor that leads to delinquency or criminality, rather the presence of several risk factors often increase a youth’s chance of offending (Farrington et al. 2005; Farrington 2000; Sampson & Laub 2005). On the other hand, ‘Protective factors are those factors that mediate or moderate the effect of exposure to risk factors, resulting in reduced incidence of problem behaviour (Pollard, Hawkins, and Arthur 1999:146).

For the present study, individual health and lifestyle (tobacco, alcohol and drug use), living situation, school, social support and future prospects shall be examined, whereas absence of family factor shall also be thoroughly discussed.

1.5 Disposition
The following section gives us an insight into the previous studies that have been done with the aforementioned population and it shall highlight what more needs to be investigated, which signifies the aim of the present study. The third section provides the theoretical framework and discusses two criminological theories. The fourth section is the methodology section that discusses the research design, sampling, instrument, data collection, analytic strategy and ethics under consideration.
Results and discussion constitute the fifth and sixth section respectively, where in the fifth section comparative results from general population and unaccompanied minors shall be reported and sixth shall be the detailed discussion of the results.

2. PREVIOUS STUDIES
A research overview on unaccompanied minors by Camilla et al (2011) shows that despite the fact that Sweden receives relatively many unaccompanied children; very few scientific studies have been conducted. Even around the world, URMs presented an understudied population until recently when Europe witnessed the refugee crisis because of wars in various countries. Even then, most of the studies that have surfaced discuss the trauma and detrimental psychological effects associated with forced immigration.
In this section, I shall discuss some of the previous Swedish and international studies done with refugee youth and unaccompanied refugee minors in three subsections namely psychological health among URMs; studies on unaccompanied refugee minors’ journey and resettlement in host country; and finally studies on URMs involvement in criminality and the related risk and protective factors.

2.1 Studies on psychosocial health among unaccompanied children
In a Swedish study by Johansson et al (2009) on unaccompanied minors, trauma both before and after the escape is considered to have great impact on the individual's further mental health. ‘Traumas before escape can be war experiences, loss of a parent through violent death and leaving siblings. Language and housing problems, isolation and unclear asylum process are examples of traumatic factors after the escape.’ (ibid:1268).

Wernesjö (2012) explored unaccompanied minors’ vulnerability as discussed in the previous studies and concluded that they constitute one of the most vulnerable population of Sweden because of their experience with war, forced migration and current situation of being an asylum seeker. Furthermore, comparative studies show that URMs have more traumatic stress reactions and psychiatric disorders than accompanied refugee children and non-immigrants. (Bean et al 2007; Hodes et al 2008; Wiese & Burhorst 2007). For instance, Ramel et al (2015) conducted their study on unaccompanied refugee minors who are referred to Child and Adolescent Psychiatry emergency unit in Malmo, Sweden to compare inpatient psychiatric care between URMs and non-URMs. Their study reveals that ‘more URMs than non-URMs exhibited self-harm or suicidal behaviour in conjunction with referral. 86% of URMs were admitted with symptoms relating to stress in the asylum process. In the catchment area, 3.40% of the URM population received inpatient care and 0.67% inpatient involuntary care, compared to 0.26% and 0.02% respectively of the non-URM population’ (ibid:1). In essence, migration process can be stressful and according to the comparative studies, it has a greater impact on URMs than on non-URMs

Eide and Hjerne (2013) provide a broad overview of the current research about mental health and long-term adjustment of unaccompanied minors in the host countries and discuss how their well-being can be advanced further. They concluded that ‘education and care that unaccompanied minors receive during the first years after resettlement, together with their own drive to create a positive future, are key factors in their mental health and long-term adjustment’ (ibid:666).

Barnombudsmannen (2017) - a Swedish government agency with the task of representing children and young people’s rights and interests based on the UN Convention on the Rights of the Child - conducted a study with refugee children, both accompanied and unaccompanied and analysed the data using various themes. Among other themes, their physical and psychological health issues are brought up in detail. They have conducted qualitative interviews with children who have told about their own health in different ways; how they feel stressed; how they have tried to commit suicide and a few others who feel good about their health. They also conducted surveys among school nurses to inquire about the health of these kids and found out mental ill health is frequent among these kids and the risks for mental ill health are worsening with time. It was also concluded, among other things, that previous experiences of unaccompanied minors effect
their present; their escape, the asylum process and the worry for the family are the factors contributing to increase in mental illness.

Hertz and Lalander (2017) conducted their study on how unaccompanied minors talk about everyday life and themes related to loneliness. They followed 23 URMs during a period of a year through ethnographic observations and qualitative interviews and concluded that

‘...loneliness may occur when these young people experience lack of control in managing life and when they feel no one grieves for them; loneliness may be dealt with by creating new social contacts and friends; loneliness may be reinforced or reduced in encounters with representatives from ‘the system’; the young people may experience frustration about being repeatedly labelled ‘unaccompanied’ and they may create a resistance to and critical reflexivity towards this labelling’ (Hertz & Lalander 2017:1).

Loneliness is interestingly described as a temporal and situational phenomenon in their analysis, rather than a static one, often dependent on different social situations. Human rights watch (2016) state in their report that there are inadequacies in accommodation for URMs in Sweden. Minors haven been moved between various homes making if further difficult for the minors to form long-term social bonds, which probably makes it even harder for them to shed away their loneliness.

2.2 Studies on journey & settlement of URMs
The studies on URMs journeys are important because they take us through a timeline on their experiences from the day they take off to search for their safe havens. A qualitative study by Mariana Nardone (2015) represents one such study, where they investigated the journey of 17 URM boys to Australia who arrived between 2009 and 2013. Four conceptual challenges of refugee journeys namely, temporal characteristics; drivers and destinations; the process/content of the journey; and the characteristics of the wayfarers, are discussed in the article.

‘The findings indicate that their mental journey has not yet ended and transcends the physical departure–arrival voyage. Although the primary drivers for the refugee journey were protection reasons, their desire to find a ‘better life’ free from violence and exclusion also played an important role. The irregular character of the journey made it highly unpredictable, exposed these minors to extreme levels of vulnerability... and created a pervasive feeling of mistrust towards smugglers and other people they met along the way’ (Nardone 2015:296).

Thereby, these experiences stay with them and affect them along with what they have experienced back home and the stressors in the host country are an additional factor that demands resilience on part of URMs to cope up with the situation (Miller et al 2002; Goodman 2004). While it might be difficult to interfere, and make an impact on their experiences in their home country, their journeys toward the host countries can and should be made easier and the studies named above are helpful in providing us an insight into the situation.

Taking a step further, Rossiter et al (2015) in Canada studied factors that influence settlement and adaptation of immigrant and refugee youth. It was
considered to be negatively influenced by pre-migration experiences, difficult socioeconomic circumstances in Canada, lack of knowledge of Canadian laws and legal sanctions, challenging educational experiences, racism, discrimination and cultural identity issues. On the other hand, strong support networks and involvement in prosocial community programs as participants and/or leaders among other several factors exerted a positive influence or served to mitigate the negative influences in their lives. This study mentions immigrant and refugee youth, but unaccompanied minors are not specifically targeted here.

However, Thommessen et al (2015) focused specifically on the experience of unaccompanied refugee minors arriving to Sweden from Afghanistan. They conducted semi-structured interviews of 6 boys to explore the perceived risks and protective factors during the first months and years in Sweden as a host country. Their analysis highlights the vitality of clarifying the complex asylum-seeking process, the positive effect of social support, significance of educational guidance, and the desire of unaccompanied minors to fit in and move forward with their lives. The significance of education in the resettlement process is also highlighted by Wade et al. (2005). As URMs predominantly lack the support of family members, an appropriate educational placement helps the minors to develop a strong peer network, learn the native language, settle their everyday routine and ‘provide an important source of stability, security and reassurance’ (Ibid:97).

Another study conducted about the settlement of URMs examines the constructions of belonging and home among unaccompanied refugee minors living in a village in north of Sweden (Wernesjö 2015). It finds out that even though the minors’ feelings of home is challenged by the type of housing they possess, inability to influence the decision making and being ‘excluded’ as stranger, yet ‘the young people in different ways construct some kind of belonging and feelings of home based on the social relationships and places that are available to them in the village’ (ibid:451).

2.3 Studies on involvement of immigrants & refugee youth in criminality; risk & protective factors associated with it
Stockholm Police civil investigator Maria Pettersson (2016) published a report about increase in crimes committed by unaccompanied children. The report notes that the children who commit crimes are very few of the total number of URMs that come to Sweden every year. They are mostly found to be from North African countries like Morocco and Algeria.

‘Most of the children come from a social vulnerable background and continues to live like that in Sweden with drugs, homelessness and in some cases suspected trafficking. The children are difficult to reach and the Swedish legislation makes it difficult for the children to get the help they need. As a result, Sweden also fails to live up to the UN Children´s convention’ (Pettersson 2016:37).

A study about immigrant and refugee youth’s involvement in crime was conducted by Rossiter & Rossiter (2009), where they interviewed 12 stakeholders who frequently meet immigrant and refugee youth involved in criminal and/or gang activities. Based on that, they identified family risk factors like family poverty, inadequate time spent with the children because of being occupied with all the problems surrounding them, youth trying to compensate for the family
poverty and getting into illegal means to earn; *individual risk factors* like psychological ill-health, poor decision making, lack of trust on authorities, lack of personal and cultural identity; *peer risk factors* points towards not having friends, loneliness, turning to delinquent youth to establish social ties; *school risk factors* are discussed in terms of problems with integrating in the class, teachers not going an extra mile to help the child, low achievement in class because parents competencies are limited to help the child, and thereby more chances of dropout; and finally *community risk factors* like forced to choose subsidized housing because of limited means, communities not organised enough to provide positive role models for the youth etc. These factors are considered to have a negative influence on immigrant and refugee youth and make them more vulnerable to fall in the hands of criminal gangs.

On the contrary, the same factors are termed positive for the youth and they are less vulnerable if they have stable relations with their family and are living with both their parents, parents are educated to understand the school system etc. Individual protective factors include a sense of cultural identity and belonging, individual strength and resilience and superior decision making skills. Then having pro-social peers and helpful programs in school that go an extra mile to provide help with English as a second language are termed as positive peer and school factors. Lastly, faith communities that provide support in absence of families can give a sense of extended family and are considered a protective factor in Rossiter & Rossiter’s (2009) study.

These studies provide us with an insight into potential risk and protective factors of immigrant and refugee youth, but criminological literature lacks targeted literature on refugees, the literature on URMs in the world generally, and Sweden particularly, is even scarce and the need for such a study in Sweden that attempts to determine the score of unaccompanied minors on these known risk and protective factors is undeniable.

### 3. THEORETICAL FRAMEWORK

Criminological theories provide us with a comprehensive and deeper understanding of causative explanations behind criminal acts in general; and criminal lifestyles in particular. These are significant either because they form the basis of an empirical investigation i.e. inductive approach or because it helps to deduce an empirical investigation by putting the pieces together. In both approaches, the value and contribution of criminological theories to the research world cannot be denied.

In this chapter, I shall briefly highlight criminological theories that might be able to explain the risk and protective factors behind criminality in the circumstances of the population under study. In the final chapter, I intend to incorporate these theories, namely age graded theory of informal social control and strain theory, to the discussion derived from the findings.

#### 3.1 Age-graded theory of informal social control

Sampson and Laub (2005) argue that persistent offending and desistance from crime can be explained by a general age-graded theory of informal social control
that emphasizes social ties, routine activities and human agency. It suggests that strong bonds with family, peers, schools and later adult social institutions (marriages and jobs) are considered to provide the protective factors for the individuals.

The importance of this theory for the present study lies in bringing together social influences on crime with psychological predispositions. The major risk factors for the onset of offending can be explained through structural background variables (e.g., social class, ethnicity, large family size, criminal parents, disrupted families) and individual difference factors (e.g., low intelligence, difficult temperament, early conduct disorder). Both factors have indirect effects on offending because of their effects on informal social control (attachment and socialization processes).

According to Sampson and Laub (1993), the onset of criminal behavior can be traced back to early childhood socialization. Adolescents that lack strong ties to conventional institutions such as family, school, and peers early in life are more likely to engage in delinquency and crime. The shift from adolescence to adulthood can lead both to stability or change in behavioral patterns. The antisocial behavior or offending is hypothesized to continue as long as pro-social controlling factors are absent.

In this context, the vulnerability of URMs in terms of the trauma associated with migration give us an insight into their psychological predispositions and moving away from parents to an alien culture and society signals an effect on informal social control, whether this effect is positive or negative could possibly determine the trajectory a minor takes on further in the life.

3.2 Strain Theory

Classical strain theory was developed by Merton (1957) who referred to the ‘American dream’- a cultural assurance that everyone has equal opportunities in the society and thereby should educate and work towards the attainment of their goal- which was income and wealth. Merton argued that crime is a consequence of not being able to fulfil the societal demands of living up to the dream because the state cannot provide everyone with the equal opportunities.

A concept of anomie was introduced by him, implying that the imbalance between the opportunities and goal leads to having anomie or stress, due to which individuals turn towards unlawful or unconventional means to attain their goal. Merton’s strain theory focused on monetary goals but later other theorists made attempts to revise the theory in an attempt to describe crime as a consequence of un-attainment of goals that are not monetary.

Agnew (1992) developed general strain theory (GST), where he referred to strain as ‘relationships in which others are not treating the individual as he or she would like to be treated’ (ibid:48). Based on this definition, three types of strains are further categorised by Agnew (2001) namely i) objective strain (an event of incident disliked by most members of a group; ii) subjective strain (an event of incident disliked by the person experiencing it); and iii) the emotional response to an event or condition. This third type of strain is quite relevant to subjective strain, because people perceive the same strain differently; hence their response to the strain is according to their subjective interpretation of it. ‘Such strains (1) are seen as unjust, (2) are seen as high in magnitude, (3) are associated with low
social control, and (4) create some pressure or incentive to engage in crime.’  
(Agnew 2001:320)

He argued that negative emotions like anger and frustration are likely to be increased by strains or stressors. ‘These emotions create pressure for corrective action, and crime is one possible response. Crime may be a method for reducing strain (e.g., stealing the money you desire), seeking revenge, or alleviating negative emotions (e.g., through illicit drug use)’ (Agnew 2001:319).

GST introduces three categories of strain stimuli, including the loss of positive stimuli (e.g., loss of a romantic partner, death of a friend), the presentation of negative stimuli (e.g., physical assaults and verbal insults), and new categories of goal blockage (e.g., the failure to achieve just goals). In the discussion section of the present paper, I shall attempt to integrate the strain theory by discussing the type of stress stimuli and resultant stressor that are most likely experienced by the URMs.

4. METHODOLOGY

The study is cross-sectional in design and is conducted in Malmo. The methodology deployed for the present study involves quantitative survey, based on a validated questionnaire with several items that is answered by unaccompanied refugee minors.

Paternoster and Bushway (2011:195) argue that ‘qualitative and quantitative data are equally useful in the scientific enterprise that is criminology. Both types of data can, and should be, used to test theoretical claims deductively. Both types of data can and should be used to generate insight inductively into the types of theories that might be useful in the first place. Neither type of data is inherently better than the other… Ideally, both types of data can be used to test the theoretical implications generated by theory in the same analytical work. But, it is a mistake if qualitative data are used simply to highlight insights generated by the quantitative data. It would be equally problematic if quantitative data were used simply to support, rather than test, the findings from qualitative data’.

Thereby, choice of method is not based on priority of one method over the other; rather it was based on which methods can extract better data in the present circumstances of accessibility of participants, overcoming language barriers and ethical considerations.

The time frame chosen for the study is the first half of the year 2017. The reason behind choosing this time frame is twofold. Firstly, this study is based on the period allotted for master thesis; and secondly, this period also holds importance because the number of URMs assigned to Malmo has increased to 242 in 2016 as compared to 97 in 2015. During the first half of 2017, these URMs would have experienced living in Malmo to an extent; and would be able to respond to the survey questionnaire in a more comfortable, informed and relaxed manner.
4.1 Population and sample

Reference group:
The study relies on the data from Region Skåne’s (2016) Public Health Report of Malmo students (final year of compulsory school and the second year of upper secondary school) as a reference group. This means that the data of Malmo school students shall be used to compare and analyze the data collected through the same questionnaire from unaccompanied minors in the present study. The data of those variables that have been included in the present study of URM has been obtained through Region Skåne. The total number of Malmo student respondents N=3375 are included in the present study, where n=1610 are male student respondents and n=1765 are female student respondents. The results from male and female students have been reported separately as two distinct groups of Malmo school students. In the study, they will be referred to as boys and girls in the general population.

Unaccompanied refugee minors:
The sample of this study is drawn from the number of URM living in Malmo. Out of the 44860 URM who have applied for asylum in Sweden during the past two years, the Swedish migration agency has so far decided on 14151 applications and granted asylum to 9929 URM (Migrationsverket, 2016). According to Lotta Narvehed, communicator at Malmo City Central Administration for social services, the number of housing facilities available in Malmo is termed classified, though there are both municipal and private housing facilities in various areas of the city. Malmo had been assigned about 97 kids for the year 2015 but the number had come up to around 130 due to acute need. In the year 2016, the number of assigned URM to Malmo increased to 242. By April 2017, the number of kids assigned to Malmo during the past 24 months is 417. This comprises the URM population of the study (Migrationsverket statistics 2017).

The recruitment process has been difficult due to various reasons. Firstly, the population under study is a vulnerable group and thereby, the housing facilities are protected and even their number is termed classified. To access the children in various group homes, a reliance on organizational gatekeepers was mandatory. This process was quite slow and was also avoided to exclude the possibility of selection bias and gatekeeper bias—elements that have been identified in other researches as well (Atkinson and Flint 2001; Bloch 2007). Secondly, the difficulty encountered was also because of group members’ reluctance to interact with a stranger as a researcher.

To overcome these barriers, a technique termed as ‘convenience sampling’ was used. It was based on the accessibility of number of URM (girls and boys) between the age of 15 to 18 at ‘Ensamkommandes Förbund’ local centre in Malmo. ‘Ensamkommandes Förbund’ is an NGO that collaborates with Malmo City for the nurturing of unaccompanied refugee minors in Malmo. Multiple visits at various timings were paid to get familiar with the children.

Questionnaires were handed over to all those minors who agreed to participate in the study. Those children who have turned 18 years old are also included in the study because they came as unaccompanied minors and some of them are still receiving the child care and have an assigned legal custodian (god man) because of being unaccompanied in Sweden. A total of 33 children responded to the questionnaires, out of which 30 stands valid (N=30). Two of the participants were
excluded because of a lot of missing data in their incomplete questionnaires and another one was excluded because his age was more than the required range for the present study.

The critique on convenience sampling technique is usually that the sample ‘is rarely representative of the general population’ (Hedt & Pagano 2011). An effort to reduce this bias has been made by selecting Ensamkommandes Förbund, where URM from various family and group homes pay a visit. Secondly, paying multiple visits at various timings to target different groups of children further attempts to reduce the bias. Nevertheless, this sampling technique and sample size cannot be generalised to a larger population, but it certainly highlights the trends in the population that can be examined further in the future studies.

4.2 Data Collection

Instrument

The instrument deployed for the present study involved quantitative validated survey questionnaire, “Folkhälsoenkät Barn och Unga” (2016) that Region Skåne uses to evaluate how children and young people have it today and the results can be used in various ways to improve their life and to conduct research of the relationships between living conditions, lifestyles, social and individual factors and health among children and young people. For the present study, those sections of the questionnaire were picked out that are highlighted by prior research as risk and protective factors for anti-social behavior.

The first section of the questionnaire focused on demographics and had been modified from the original to fit the settings of unaccompanied minors. The modification allowed inclusion of different answer alternatives to the questions about the country of birth, duration of stay in Sweden and living situation at present. In addition, the questionnaire included questions with a focus on individual health and lifestyle i.e. alcohol, tobacco habits and drug usage. When it comes to the social environment, it is known that the minors are unaccompanied, so living here without their parents. Thereby, the questions related to the social environment did not focus on family questions, rather their school experiences, social support and future prospects. The answer alternatives naming ‘family’ in the questions about social support have been changed to ‘adults you live with, personale at the group homes and god man’. (See appendix I for detailed questionnaire).

A few questions were open ended. These questions provided rich data and pattern of understanding the reason behind answering a particular way and shall be used in analysis to further illustrate the findings from the quantitative data. The questionnaires were handed out in Swedish and English, since most of the kids have been living in Sweden for a while and speak Swedish. Those minors who could not speak either of the two languages were excluded from the study.

Procedure

The survey with the URM was conducted with the help of ‘Ensamkommandes Förbund’ at their office. The survey was answered by unaccompanied minors between ages 15-18, in Malmo, to get a picture of how refugee kids have their condition at present.
The first step of the procedure was to contact the organizations, Region Skåne and Ensamkommandes Förbund (EF), where the former authorized to use their data for those variables that have been included in the present study. EF authorized to conduct the study in their organization but it was decided that they would not recruit on researcher’s behalf; rather the researcher itself would ask the minors for their approval to participate in the study. A formal written consent was obtained from both of them before the start of the study.

Surveys were conducted at Ensamkommandes Förbund Malmo meeting place named Otto. The participants were delivered oral information about the study at first. If found interested, they were given the written information letter (appendix I). The participation in the study was completely voluntary, thereby if they wanted to participate after the oral and written description about the study, they were handed out the survey questionnaire (appendix II). The participants did not sign any form in order to ensure them about their anonymity. Instead, filling out the survey questionnaire was considered approval to participate in the study and the participants were informed as such at the end of their information letter.

After filling out the questionnaires, participants were provided numbers for helplines that they could talk to in case any of the questions made them feel uncomfortable. The questionnaires were coded into SPSS after every meeting. At the end, all questionnaires were checked once again after the coding to check for errors.

4.3 Data Analysis
Quantitative data is analysed using SPSS 22.0 (IBM SPSS Statistics 22, New York, US). Descriptive analyses were conducted to calculate mean values and to explore distribution of variables needed for further analysis. Then frequencies were drawn on all the variables of the data collected from URMs in the present study. From the data provided by Region Skåne, substantial variation was observed between the results of girls and boys of general population, due to which they were treated as two distinct groups.

‘Psychosomatic disorders’ and ‘difficulties in studies’ were analysed as scales, the details of cut off points and questions included in each scale are presented in the health and school findings respectively. The same scales have been used by Region Skåne’s Public Health Statistics 2016, which makes it possible to compare the values between the general population and unaccompanied minors. All other variables have been analyzed separately by drawing the frequency of the variables and comparing the percentage from the sample of URMs against girls and boy in the general population.

The answers obtained through open ended questions have also been analyzed by listing all the responses that had been received under a particular question, common themes in the responses were identified, and the number of responses that applied to each of the themes were counted to include the most common occurring themes in the discussion in order to supplement the findings of the quantitative data in the discussion section. These answers have been translated by the researcher from Swedish to English.
4.4 Ethical Considerations
To start with, the project was approved by the Malmo University ethics council on February 20, 2017. A few changes were demanded by the ethics council (appendix III, HS2015 lopp nr 14) that were implemented under the guidance of supervisor. An approval to conduct the study means ‘project's expected benefits outweigh the possible risks that it could entail for the individual subject. Secondly, the committee is to make certain that subjects are given enough information about what participation entails and give their consent to participate in a satisfactory manner’ (Ethical review of research, Codex).

Doing research with unaccompanied minors is a sensitive undertaking. Bridging refugee youth and children’s services (BRYCS) brief of winter 2009 provide an extensive guide with a special focus on refugee and immigrant children. It has been considered during the interaction with the unaccompanied minors. A written consent form was not signed to ensure the privacy and confidentiality of the participants. Instead, the participants were verbally informed about the study and a verbal consent was obtained. The information letter was then provided that clearly stated that filling out the questionnaire denotes their consent to participate in the study. Moreover, the participants were clearly informed that the participation in the study is entirely voluntary and they can withdraw from the participation at any time.

The data from the participants have been handed carefully and the participants were also informed that no unauthorized person could access the data and that the data shall be destroyed after it has been reported at aggregated level in the form of an exam paper at Malmo University.

Allmark et al (2009) highlight an important ethical consideration of having a transparent research process. It was strived that the research process involves clearly defined concepts to avoid the chances of misinterpretation. Finally, in any study, researcher conducting a research surely needs to respond to the sensitivities of the responder, along with considering other formal ethical issues that need mandatory consideration to conduct a research that lies on strong ethical base and this is what the researcher has strived for in the present study.

5. RESULTS
In this section, the findings from the study of unaccompanied minors and comparative data from Region Skåne- students from the last year of compulsory school and second year of upper secondary school (general population) is presented in various themes. The data from general population is seen as a reference point in this section, whereas the analysis is mainly focused on the data obtained from URMs’ and is discussed in relation to theory in the next chapter.

The results from demographic data of unaccompanied minors are presented in table 1. This section includes the data on gender, age, country of birth, number of
years lived in Sweden and URMs living situation at the time the study was conducted.

The number of responses that have been received are 30. It was quite hard to obtain access to unaccompanied minors, particularly female URMs. Of all the participants that participated in the study, none of them are females. Firstly, because the number of unaccompanied girls is only about 19% of the total unaccompanied children that came to Sweden since 2015 (Migrationsverket statistics 2017). Secondly, because within the time period assigned for the thesis, the attempt to reach out girls-specific groups was termed unsuccessful. Thereby, the focus was shifted to receiving as many responses as possible without aiming for a particular gender.

The age of children who participated in the study vary from 15 to 18 years. Table 1 presents the frequency and percentage of this variable, whereas the mean age is calculated to be 16.70. Most unaccompanied minors in the sample have lived in Sweden for about one to two years and majority of the sample, about 87%, have Afghanistan as their country of origin.

<table>
<thead>
<tr>
<th>Table 1. Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Country of birth</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Years lived in Sweden</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Living situation</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

When it comes to the living situation of the children at present, about 60% of the sample is living in family homes assigned to them, whereas group homes constitute 20% of the sample. ‘Other’ includes those participants who, for instance, have turned 18 and sharing a private place with their friends or those who have moved to Malmo from other areas but have not yet got a permanent place to stay.
5.1 Health

This section includes results from health-related questions. Comparisons can be drawn from the general population and discussion shall be carried out further in the next section. Table 2 sums up the comparative findings of data from general health-related questions. URMs were asked to describe how they felt about their health in general. The comparative findings show that 50% of URMs as compared to 80% of general population boys and 66.6% of general population girls feel ‘good’ about their health. But as the option of feeling bad increases, the percentage of URMs who feel bad about their health increases, about 27%, as opposed to about 4% boys and 6.5% girls of general population.

Moving on to more specific questions about psychosomatic disorders, the respondents were asked 8 questions about headache, stomach ache, backache, feeling depressed, feeling irritable, nervousness, difficulty in sleeping and dizziness, with possible answer alternatives of almost every day, more than once a week, once a week, once a month and hardly ever or never. Each item has been dichotomised where answer alternatives almost every day and more than once a week are coded as 1. A summated index was then formulated with a possible range of 0-8 and dichotomised further, where the cut-off point of 0= no risk and 2-8= risk, which implies that those respondents who suffer from two or more disorders more than once a week are counted as a risk group.

The results show that 66.7% of URMs as compared to 30.1% of general population boys and 59.2% of general population girls suffer from at least two psychosomatic disorders more than once a week. The pattern continues in taking less sleep at night, where 56.7 of URMs as compared to 36.8% of boys and 44.9% of girls of general population take less sleep than required.

Table 2.

<table>
<thead>
<tr>
<th>Health</th>
<th>URMs %</th>
<th>Boys - general population%</th>
<th>Girls - general population %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health in General</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>50.0</td>
<td>80.0</td>
<td>66.6</td>
</tr>
<tr>
<td>Moderate</td>
<td>23.3</td>
<td>12.7</td>
<td>25.8</td>
</tr>
<tr>
<td>Bad</td>
<td>26.7</td>
<td>4.4</td>
<td>6.5</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>97.1</td>
<td>98.9</td>
</tr>
<tr>
<td><strong>Atleast 2 psychosomatic disorders more than once a week</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>33.3</td>
<td>66.5</td>
<td>39.6</td>
</tr>
<tr>
<td>Yes</td>
<td>66.7</td>
<td>30.1</td>
<td>59.2</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>96.6</td>
<td>98.8</td>
</tr>
<tr>
<td><strong>Sleep at night</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 7 hours</td>
<td>56.7</td>
<td>36.8</td>
<td>44.9</td>
</tr>
<tr>
<td>7-9 hours</td>
<td>30.0</td>
<td>56.8</td>
<td>51.2</td>
</tr>
<tr>
<td>More than 9 hours</td>
<td>10.0</td>
<td>3.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>96.7</td>
<td>97</td>
<td>98.3</td>
</tr>
</tbody>
</table>

Region Skåne reports in their 2016 Public Health Statistics that boys feel better than girls, which implies that the self-perceived health is significantly deteriorated for girls in many variables, e.g. in psychosomatic disorders, to enjoy life and to be content with oneself. Self-harm is also termed most common among girls in grade nine where at least every fifth girl tried to cut, scratch or injure herself sometime in the last year compared to every 20th boy. These significant differences in boys and girls’ results were the reason that category for boys and girls in the general population are kept separate in the present study, keeping in mind that the URMs in the present study are all boys.
Table 3 shows the results from stress and feeling down at least 2 weeks in a row where feeling down refers to feeling stressed, miserable, depressed, worried, alone, anxious, being bullied or having thoughts of suicide. 76.7% of URMs answered yes in comparison with 35.1% of boys and 63% of girls from general population. The results from self-harm during the past 12 months has low response rate, because only respondents were supposed to respond to this question who have marked yes in response to ‘feeling down’. The results show about 50% of URMs have self-harmed themselves as opposed to about 4% of general population boys and 14% of girls. It is interesting to note that URMs score close to general population girls as opposed to boys in terms of health-related issues; what makes it even bothersome is when they score way worse than both boys and girls from the general population.

Table 3.

<table>
<thead>
<tr>
<th>Stress and self-harm</th>
<th>URMs %</th>
<th>Boys - general population %</th>
<th>Girls - general population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress in everyday life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>86.7</td>
<td>66.9</td>
<td>87.9</td>
</tr>
<tr>
<td>No, almost never</td>
<td>13.3</td>
<td>30.7</td>
<td>11.2</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>97.6</td>
<td>99</td>
</tr>
<tr>
<td>Feeling down at least 2 weeks in a row during the last year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>23.3</td>
<td>58.4</td>
<td>34.6</td>
</tr>
<tr>
<td>Yes</td>
<td>76.7</td>
<td>35.1</td>
<td>63.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>93.5</td>
<td>97.6</td>
</tr>
<tr>
<td>Self-harm during the last 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>36.7</td>
<td>29.6</td>
<td>47.7</td>
</tr>
<tr>
<td>Yes, once</td>
<td>26.7</td>
<td>2.1</td>
<td>5.3</td>
</tr>
<tr>
<td>Yes, 2 times or more</td>
<td>23.3</td>
<td>2.3</td>
<td>9.1</td>
</tr>
<tr>
<td>Total</td>
<td>86.7</td>
<td>34.1</td>
<td>62.2</td>
</tr>
</tbody>
</table>

5.2 Tobacco, Alcohol and Narcotics

The summary findings from the questions related to tobacco are presented in table 4. The variables have been dichotomised to present the summary findings that show the percentage of URMs who smoke cigarettes to be 36.6%, which is greater than both boys (16.2%) and girls (18.4%) from the general population.

Table 4.

<table>
<thead>
<tr>
<th>Tobacco</th>
<th>URMs %</th>
<th>Boys - General population %</th>
<th>Girls - General population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you smoke cigarettes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>63.3</td>
<td>74.5</td>
<td>77.7</td>
</tr>
<tr>
<td>Yes</td>
<td>36.6</td>
<td>16.2</td>
<td>18.4</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>90.7</td>
<td>96.0</td>
</tr>
<tr>
<td>Smoked waterpipe during the past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>50</td>
<td>66.1</td>
<td>72.1</td>
</tr>
<tr>
<td>Yes</td>
<td>50</td>
<td>23.9</td>
<td>23.7</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>89.9</td>
<td>95.8</td>
</tr>
<tr>
<td>Do you use snuff?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>83.4</td>
<td>82.3</td>
<td>94.0</td>
</tr>
<tr>
<td>Yes</td>
<td>13.4</td>
<td>6.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>96.8</td>
<td>89.1</td>
<td>94.7</td>
</tr>
</tbody>
</table>

Smoking waterpipe is also more prevalent in URMs than the general population. About 50% of URMs smoked waterpipe during the last 12 months as opposed to 23.9% of boys and 23.7% of girls and the use of snuff is also slightly higher in URMs in comparison to Regions Skåne’s data of general population. Even
though, the sample for the present study i.e. URMs is quite small as compared to the sample from Region Skåne, yet in terms of percentage of the unaccompanied minors who participated in the study, the results depict an inclination in an increased use of tobacco in URMs as compared to general population of Malmo.

The findings from alcohol consumption are displayed in figure I below. All answer alternatives are not displayed because the respondents from both samples were asked if they drink alcohol and only those who responded yes were supposed to answer rest of the questions in the section. So, the response rate varies as the section develops and those who scored high (responded yes) are the ones who are of interest here.

*Figure I.*

The first set present those respondents who drank alcohol during the past 12 months; unaccompanied minors score 33.3%, which is less than both boys (50.4%) and girls of general population (42.3%). The trend continues in the percentage of minors who drank alcohol at least once a month during the past 12 months and the same inclination is seen in the third and fourth group as well. URMs score low in comparison to the general population in relation to all alcohol related questions.

*Table 5.*

<table>
<thead>
<tr>
<th>Narcotics</th>
<th>URMs %</th>
<th>Boys - General population %</th>
<th>Girls - General population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunity to try narcotics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>46.7</td>
<td>33.3</td>
<td>29.6</td>
</tr>
<tr>
<td>No</td>
<td>50.0</td>
<td>54.7</td>
<td>64.8</td>
</tr>
<tr>
<td>Total</td>
<td>96.7</td>
<td>88.0</td>
<td>94.4</td>
</tr>
<tr>
<td>Been offered to try narcotics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>46.7</td>
<td>30.4</td>
<td>24.6</td>
</tr>
<tr>
<td>No</td>
<td>50.0</td>
<td>57.5</td>
<td>68.8</td>
</tr>
<tr>
<td>Total</td>
<td>96.7</td>
<td>87.9</td>
<td>93.4</td>
</tr>
<tr>
<td>Used narcotics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>13.3</td>
<td>14.5</td>
<td>10.4</td>
</tr>
<tr>
<td>No</td>
<td>86.7</td>
<td>73.7</td>
<td>83.9</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>88.2</td>
<td>94.3</td>
</tr>
</tbody>
</table>
Moving on to present the findings from the questions on narcotics, table 5 presents the results of availability and usage of narcotics. What’s interesting to note here is that URMs score higher than both boys and girls when it comes to opportunity to try and been offered to try narcotics. Though when it comes to the actual use of narcotics, URMs score slightly low than general population boys and higher than girls of general population. The use of hash and marijuana is termed most common on type of drugs used by all the three groups.

**5.3 School**

This section presents the finding from the questionnaire section on school. Table 6 lists the questions on how do the respondents experience their school. URMs are scoring close to general population boys and girls in terms of enjoying their school life, but the percentage of those who skip their classes more than once a month is greater in URMs than general population boys and girls. First two questions had also additional open ended answer options that are brought up in discussion in the next chapter.

<table>
<thead>
<tr>
<th>School</th>
<th>URMs %</th>
<th>Boys - General population %</th>
<th>Girls - General population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you feel about school?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>66.7</td>
<td>70.1</td>
<td>69.4</td>
</tr>
<tr>
<td>Neither good nor bad</td>
<td>20</td>
<td>13.9</td>
<td>19.9</td>
</tr>
<tr>
<td>Bad</td>
<td>6.7</td>
<td>4.1</td>
<td>5.2</td>
</tr>
<tr>
<td>Total</td>
<td>93.3</td>
<td>88.1</td>
<td>94.5</td>
</tr>
<tr>
<td>Skip classes more than once a month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>23.3</td>
<td>9.1</td>
<td>8.5</td>
</tr>
<tr>
<td>No</td>
<td>73.3</td>
<td>79.1</td>
<td>86.1</td>
</tr>
<tr>
<td>Total</td>
<td>96.7</td>
<td>88.2</td>
<td>94.6</td>
</tr>
<tr>
<td>Difficulties in school studies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>50</td>
<td>31.2</td>
<td>35</td>
</tr>
<tr>
<td>No</td>
<td>46.7</td>
<td>54.3</td>
<td>58.4</td>
</tr>
<tr>
<td>Total</td>
<td>96.7</td>
<td>85.5</td>
<td>93.4</td>
</tr>
<tr>
<td>Do you feel stressed by your school work?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>43.3</td>
<td>15.7</td>
<td>4.8</td>
</tr>
<tr>
<td>A little</td>
<td>40.0</td>
<td>36.6</td>
<td>26.1</td>
</tr>
<tr>
<td>Rather much</td>
<td>10.0</td>
<td>21.6</td>
<td>30.6</td>
</tr>
<tr>
<td>A lot</td>
<td>3.3</td>
<td>11.1</td>
<td>31.7</td>
</tr>
<tr>
<td>Total</td>
<td>96.7</td>
<td>84.8</td>
<td>93.1</td>
</tr>
<tr>
<td>Help with studies in school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mostly</td>
<td>63.3</td>
<td>65.4</td>
<td>64.1</td>
</tr>
<tr>
<td>Rarely</td>
<td>20.0</td>
<td>11.0</td>
<td>18.9</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>13.3</td>
<td>5.7</td>
<td>6.2</td>
</tr>
<tr>
<td>Total</td>
<td>96.7</td>
<td>82.0</td>
<td>89.3</td>
</tr>
<tr>
<td>Get help with studies at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mostly</td>
<td>30.0</td>
<td>58.1</td>
<td>64.2</td>
</tr>
<tr>
<td>Rarely</td>
<td>16.7</td>
<td>12.2</td>
<td>14.6</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>46.7</td>
<td>9.8</td>
<td>9.8</td>
</tr>
<tr>
<td>Total</td>
<td>93.3</td>
<td>80.1</td>
<td>88.6</td>
</tr>
</tbody>
</table>

Difficulties in school studies is an index of seven variables including; keeping up in lessons, doing homework, preparing for tests, finding the study technique which suits me best, doing tasks that requires own initiative, completing written assignments, performing tasks which require reading and possible answer options include not at all, a little, quite a lot, a lot. Each item is recoded as not at all, a
little=0, quite a lot=1 and a lot=3. A sum index was formulated with a possible range of 0-21. In the index, the chosen cut-off point was 0-2=no risk and 3-21=risk, which implies that risk corresponds to having at least one ‘a lot’ response or three ‘quite a lot’. The index has an alpha of .917 and this has been done in line with how Region Skåne has analysed their data in the Public Health Statistics (2016) based on the same questionnaire that has been used in the present study.

The interesting observation from table 6 is that URMs face more difficulties in school studies as compared to the general population but when it comes to feeling stressed about the school work, they feel less stressed about it than the general population of the same age. When it comes to receiving help for their difficulties from the school, they score close to the general population, both girls and boys, in terms of ‘mostly’ getting the help they need. But they score really low when asked about receiving help from home, where only 30% of URMs as opposed to 58.1% of boys and 64.2% of girls from general population always or most of the time receive help at home.

Moving forward, figure II presents the findings from the questions about how do the respondents experience their teacher. The answer alternatives were i) applied to more than half of the teachers, ii) applied to half of the teachers, iii) applied to less than half of the teachers. The answer alternative included in this diagram is ‘applied to more than half of the teachers’. Apart from the first question, where URMs and general population score almost equal, the satisfactory level of URMs about their teachers is high as compared to girls and boys of general population.

Figure II

![Bar chart showing teacher experiences](chart.png)

5.4 Social support and security
This section presents comparative findings from the questions related to social support and exposure to victimisation. Table 7 presents the findings from the social support the respondents feel they have if they get a problem and how easy or difficult it is to turn to their supportive individual or group. The questionnaire for URMs had been modified here to include the substitute for parents or family
that an unaccompanied minor possesses. The support groups presented in table 8 are the highest three support groups for URMs and the general population.

The findings indicate that while majority of boys and girls of general population (about 59%) feel it’s easy to turn to their parents, very low percentage of URMs (10%) answer that they can easily turn towards the adults they live with in a family, the percentage with legal custodian (33%) is slightly better though. The score of URMs is better, which means they say they find it easy to communicate when it comes to more professional individuals in their lives like their teachers or the staff at student health centre in schools e.g. school nurse. On the contrary the general population, both boys and girls score low on both of these.

Table 7.

<table>
<thead>
<tr>
<th>If you face any problem or just would like to talk to someone, how easy or difficult it is to turn to:</th>
<th>Easy</th>
<th>Neither easy nor difficult</th>
<th>Difficult</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>URMs %</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>elders you live with</td>
<td>10</td>
<td>13.3</td>
<td>43.3</td>
<td>66.7</td>
</tr>
<tr>
<td>staff at group homes</td>
<td>13.4</td>
<td>3.3</td>
<td>3.3</td>
<td>20</td>
</tr>
<tr>
<td>legal custodian (god man)</td>
<td>33</td>
<td>10</td>
<td>43.3</td>
<td>86.7</td>
</tr>
<tr>
<td>siblings</td>
<td>26.7</td>
<td>3.3</td>
<td>36.6</td>
<td>66.7</td>
</tr>
<tr>
<td>friends</td>
<td>40</td>
<td>16.7</td>
<td>30</td>
<td>86.7</td>
</tr>
<tr>
<td>teachers</td>
<td>43.4</td>
<td>13.3</td>
<td>36.7</td>
<td>93.3</td>
</tr>
<tr>
<td>student health staff at school</td>
<td>40</td>
<td>3.3</td>
<td>43.4</td>
<td>86.7</td>
</tr>
<tr>
<td>Boys - General population %</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>parents</td>
<td>59.1</td>
<td>19.8</td>
<td>15.5</td>
<td>94.3</td>
</tr>
<tr>
<td>siblings</td>
<td>53</td>
<td>17.5</td>
<td>17.7</td>
<td>88.2</td>
</tr>
<tr>
<td>friends</td>
<td>61.7</td>
<td>17.4</td>
<td>12.3</td>
<td>91.2</td>
</tr>
<tr>
<td>teachers</td>
<td>27.4</td>
<td>26.7</td>
<td>36</td>
<td>90.1</td>
</tr>
<tr>
<td>student health staff at school</td>
<td>28.7</td>
<td>29</td>
<td>34</td>
<td>91.6</td>
</tr>
<tr>
<td>Girls - General population %</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>parents</td>
<td>59.9</td>
<td>18.9</td>
<td>18.8</td>
<td>97.6</td>
</tr>
<tr>
<td>siblings</td>
<td>53.1</td>
<td>18.2</td>
<td>20.4</td>
<td>91.7</td>
</tr>
<tr>
<td>friends</td>
<td>66.4</td>
<td>15.6</td>
<td>13.4</td>
<td>95.4</td>
</tr>
<tr>
<td>teachers</td>
<td>19</td>
<td>29.7</td>
<td>46.4</td>
<td>95.2</td>
</tr>
<tr>
<td>student health staff at school</td>
<td>23.5</td>
<td>30</td>
<td>43.2</td>
<td>96.7</td>
</tr>
</tbody>
</table>

Table 8 presents the findings from another set of variables that Region Skåne has marked as a measure of social relations and safety. URMs are found to score high on having no close friend and suffering from loneliness, with a huge difference of 76.7% of URMs as opposed to only 9.2% of boys and 12.3% of girls from general population. The level of mistrust on most of other people is high for all three groups, where URMs and general population girls score higher (about 70%) than general population boys (62.2%). Been bullied or bullying others were the concepts that were unknown to most URMs and needed explanation, a point of discussion that shall be brought up in the next chapter.

Table 8

<table>
<thead>
<tr>
<th></th>
<th>URMs %</th>
<th>Boys-General population %</th>
<th>Girls-General population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have no close friend</td>
<td>36.7</td>
<td>10</td>
<td>5.7</td>
</tr>
<tr>
<td>Low trust on other people</td>
<td>70</td>
<td>62.2</td>
<td>70.5</td>
</tr>
<tr>
<td>Suffer from loneliness</td>
<td>76.7</td>
<td>9.2</td>
<td>12.3</td>
</tr>
<tr>
<td>Been bullied more than once a month</td>
<td>13.4</td>
<td>2.8</td>
<td>3.2</td>
</tr>
<tr>
<td>Bullied others more than once a month</td>
<td>6.6</td>
<td>3.8</td>
<td>1.6</td>
</tr>
</tbody>
</table>
5.5 Future prospects
The comparative summary findings from future prospects are presented in Table 9. About 67% of URMs feel good about their health, in comparison with about 73% of boys and 74% of girls from general population. Most of the URMs do not like their life at the moment compared to the general population but interestingly 66.7% of URMs look forward to their bright future, which is almost similar to boys and girls from the general population.

Table 9.

<table>
<thead>
<tr>
<th>Future</th>
<th>URMs %</th>
<th>Boys - General population %</th>
<th>Girls - General population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>How good you think your health is?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>16.7</td>
<td>40.9</td>
<td>22.7</td>
</tr>
<tr>
<td>Good</td>
<td>50.0</td>
<td>32.7</td>
<td>52.0</td>
</tr>
<tr>
<td>Very bad</td>
<td>13.3</td>
<td>7.1</td>
<td>13.5</td>
</tr>
<tr>
<td>Bad</td>
<td>20.0</td>
<td>1.1</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>81.7</td>
<td>90.4</td>
</tr>
<tr>
<td>How do you feel about your life at the moment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like it very much</td>
<td>6.7</td>
<td>38.9</td>
<td>25.8</td>
</tr>
<tr>
<td>I like it quite a lot</td>
<td>36.7</td>
<td>34.8</td>
<td>48.5</td>
</tr>
<tr>
<td>I don’t like it so much</td>
<td>30.0</td>
<td>6.7</td>
<td>14.3</td>
</tr>
<tr>
<td>I don’t like it at all</td>
<td>26.7</td>
<td>1.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>82.0</td>
<td>90.8</td>
</tr>
<tr>
<td>How do you feel about your future?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It looks bright</td>
<td>66.7</td>
<td>65.1</td>
<td>64.6</td>
</tr>
<tr>
<td>It looks neither bright nor dark</td>
<td>23.3</td>
<td>12.2</td>
<td>21.2</td>
</tr>
<tr>
<td>It looks dark</td>
<td>10.0</td>
<td>4.3</td>
<td>4.1</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>81.6</td>
<td>89.9</td>
</tr>
</tbody>
</table>

6. DISCUSSION
In this section, the discussion revolving around the findings shall only discuss the data from unaccompanied minors, while the data from the general population serve only as a reference point. The findings are analysed in conjunction with the previous studies and criminological theories. The applicability of the questionnaire to the population under study has also been brought up in the discussion: -

6.1 Individual factors
Health and criminality:
This section involves discussion about how ill-health is termed a risk factor in criminality and how is it particularly significant in relevance to this population. Discussion about the understanding and interpretation of health-related questions within the population being studied shall also be brought up. To start with the analysis of the health findings, it’s important to begin with what being healthy means and how URMs perceived it from the questionnaire.

‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO 1948).
As described by the World Health Organisation, there needs to be a balance between physical, mental and social dimensions of health for an individual to prosper. From the findings, it could be seen that higher percentage of unaccompanied minors have ill-health as compared to boys of general population. URM score close to or even worse than girls of general population, who according to Region Skåne feel a lot worse than boys in terms of health.

Health is most likely perceived just the physical well-being by most of the minors. This inference is made because 50% of the URM described their health to be ‘good’ in general, while about 23% of them marked it to be moderately good. Yet, when they were asked about psychosomatic disorders, about 67% of minors had at least two psychosomatic disorders more than once a week. Moreover, about 77% of URM reported to have felt down two weeks in a row during the last year and about 87% reported to have stress in everyday life. Thereby, the discrepancy in reporting signals varying interpretation of health. Mental health is not considered by most of them when they answer about their ‘health in general’. Furthermore, the unaccompanied minors were unaware about the disabilities like ADHD, dyslexia and autism, thereby the corresponding question was later removed from the questionnaire due to interpretative difficulty. These results, however, are in line with the previous studies that report high levels of mental ill health among unaccompanied minor (Johansson et al 2009; Barnombudsmannen 2017; Ramel et al 2015).

From the open-ended questions inquiring about the reason behind stress, the most recurring theme that the URM cite is pending or rejected decisions from The Swedish Migration Agency. The pending decisions make them uncertain about their future. The minors in the present study have described that they are stressed because they want safety and security, but a declined application means going back to the unsafe zone from where they have fled, which makes the stress even worse. Furthermore, being away from family and missing their parents was also described stressful by some of the unaccompanied minors. Not having the last four digits of the social security number and consequently not being able to register for any activities was another reason given behind the stress because they have ‘nothing to do’. Finally, financial stress was also described by some of the minors, where they only receive 1800sek per month from the authorities. According to those who have turned 18 or whom The Migration Board have assessed to be 18, it is insufficient to bear the monthly costs, where they must pay their house rent and bear the expenses of their living costs themselves.

These findings are similar to Thommessen et al (2015) study on unaccompanied asylum-seeking minor’s experience of arriving to Sweden. They also describe the asylum process as ‘one of the main causes of worry and distress expressed by the young participants, including the uncertainty and loneliness of that period, which had been the most challenging and difficult experience in Sweden’ (ibid: 380).

From a criminological perspective, there is a considerable research that supports the view that youngsters who experience greater strain are more likely to engage in delinquent behaviour (Hoffmann & Cerbone 1999; Paternoster & Mazerolle 1994; Ellis 2009). Ellis (2009) examined the role of adolescent strain and social support in the etiology of persistent offending and suggested that early adolescent strain is associated with young adult nonviolent criminality.
Referring to the theoretical underpinnings by Agnew (1992), the effect of strain is cumulative, whereby negative emotions like anger and frustration are likely to be increased by strains or stressors. In the present circumstances of URMs, the denial from the Migration Agency could serve as a ‘tipping point’ in an already stressful situation and that could act as a goal blockage stress stimuli, which is considered (1) unjust, because it is felt unfair that some of the kids get to live in safety and security while others are forced back into unsafe zone (2) high in magnitude, because it is a life-changing decision for them. The magnitude of stressor also refers to the time and duration of the stressor. This stressor is high in magnitude because it is going to stay with them for the rest of their lives and 3) create some pressure or incentive to engage in crime, URMs can appeal against the decision twice, but after the third rejection, there is no legitimate way for the unaccompanied minors to stay in Sweden. At this point, if the minors are 4) low on social support, there is a ‘risk’ that they would turn to illegitimate means to ‘reduce strain, seek revenge, or alleviate negative emotions’ (Agnew 2001:319). In the circumstances of URMs, illegitimate means to reduce strain could mean, for instance, go into hiding to avoid deportation, alleviating negative emotions could be through illicit drug use etc., which again leads to adverse health outcomes.

This interplay of stressors, delinquency and mental health is elaborated by Hagan and Foster (2003), who put forth a sequential stress theory by building up on GST in which delinquency is both a cause and consequence of stress. ‘In this theory, social and economic stressors (URMs face both) lead to anger, which some individuals cope with by engaging in delinquency. Delinquency itself then increases exposure to stressors, which leads to further behavioural and mental health problems’ (ibid. in Slocum 2010:211). In terms of criminological studies on refugee minors, Rossiter & Rossiter (2009) also found psychological ill-health to be one of the risk factors behind the criminal involvement of immigrant and refugee youth.

Having said that, this certainly does not imply that the minors would commit crime because they are stressed or have mental ill-health, rather it was an attempt to translate how a strain is termed a risk factor for criminality and how coping with strain can possibly lead towards the path of criminality. Agnew (2001) also explain that not all stressors lead to crime, they are most likely to lead to crime when ‘individuals lack the skills and resources to cope with their strain in a legitimate manner, are low in conventional social support, are low in social control, blame their strain on others, and are disposed to crime’ (ibid:323).

From the findings, it could be seen that URMs score close to girls of general population on health issues. But this needs to be emphasized that unaccompanied minors are a vulnerable population and mental ill-health or accumulative stressors shall work differently for them than the population who have strong social support to counter the effects of the risk factors. This argument also finds support in the findings by Ellis (2009:71) that ‘individuals who reported low levels of social support and high levels of strain committed more violent acts in young adulthood than other subjects’. This argument is discussed further in detail in the upcoming discussion on social support.

In the next section, the findings from tobacco, alcohol and drugs are discussed in light of previous criminological research.
Tobacco, alcohol and narcotics

As Agnew (2001:326) states, ‘individuals may cope with strain in a number of ways, only some of which involve crime’. Managing strain can come through both behavioural and emotional coping strategies, which can be both conventional or criminal (Agnew 2001). The former strategies are intended to terminate, reduce, or escape from the stressful events and conditions (e.g. appealing to The Migration Agency against the decision or to go into hiding to avoid deportation), while the latter strategies are intended to alleviate the negative emotions (e.g. doing some sport, extensive smoking or illicit drug usage).

From the findings on tobacco, the percentage of unaccompanied minors’ who use tobacco in the form of smoking cigarettes, waterpipe and using snuff is found larger than both boys and girls from the general population. Previous research had indicated that ‘smoking rates are significantly higher among persons exposed to a traumatic event relative to those without such exposure. Moreover, smoking rates appear particularly high among persons with post-traumatic stress disorder’ (Feldner et al 2006:14). Smoking and tobacco use among unaccompanied minors is most likely an emotional coping strategy against stress. Though, it needs further investigation because even though smoking is not directly a risk factor for criminality, it’s certainly a risk factor for adverse health effects.

Moving on, the findings indicate that the use of alcohol and narcotics in unaccompanied minors is lesser than in general population of their age. Though, the score on availability of narcotics present a different picture and this is what shall be emphasized more in this section. The findings indicate that narcotics is more accessible to URMs than the general population. About 46% of unaccompanied minors have stated that they had the opportunity to try narcotics and had been offered to try narcotics during the past 12 months. This could be considered amplification of resistance or strength on part of unaccompanied minors that even if they are exposed to narcotics, they don’t use it. This strength could surely be considered as a protective factor. But on the other hand, availability of drugs in a community is linked to an increased risk that young people will use them illegally (Gorsuch and Butler 1976). ‘An increased risk of using illegal drugs was also found in schools where pupils’ perceptions are that drugs are easily obtainable’ (Gottfredson 1988 in Farrington et al 2005:19).

This issue holds importance from a criminological perspective. Availability of drugs in the community is termed as a community risk factor in criminological literature (Hawkins & Catalano 2002; Farrington et al 2005). Even though the present study does not explore the community risk factors in detail, but as explained in the introduction of the present study, the risk factors are not always limited to the respective categories, rather they can be intertwined. The authorities need to pay particular attention to the communities where URMs are placed. For instance, the presence of housing facilities for unaccompanied minors is available in many areas of Malmo, among which there are also socio-economic deprived areas like Rosengård and Lindängen, which means having a vulnerable population in a vulnerable area, which adds to the vulnerability of the an already vulnerable group. This implies that if URMs don’t resist, the environment is facilitating them to develop antisocial behaviour. This brings us to the discussion revolving around the social environment of the unaccompanied minors that shall be carried out in the next section, where the findings from the school shall be discussed, followed by the social support that unaccompanied minors possess.
6.2 Social environment

School

Keeping in view the findings from unaccompanied minors’ health, tobacco habits and narcotics access, their experience of the school holds even more importance. ‘Adequate schooling can increase the child’s confidence by providing daily activities so that every day is structured, transparent and predictable’ (Eide & Hjern 2013). In this section, the findings from the school shall be analysed in conjunction with the previous studies and in light of criminological theories. As long as applicability of the questionnaire to unaccompanied minors in concerned, URMs did not face any trouble in interpreting the questions asked in this section, though they certainly responded to the questions regarding difficulties in school and reliant stress as per their previous experience of school; a subject that has been brought up in the discussion.

From the findings on school, unaccompanied refugee minors have scored close to girls and boys of general population on how good they feel about school. The open-ended question on why minors feel what they feel about school provided further insight into URMs’ feelings about school. The most reoccurring theme for those who feel good about school was that they want to study and learn the Swedish language. Referring to Rossitter & Rossitter (2009), helpful programs in school that go an extra mile to provide help with English as a second language are termed as a positive school factor. The findings of the present study presented in figure III came in line with this, where the unaccompanied minors who attend special language classes appreciate their school more than those URMs who are going to ordinary Swedish schools.

Figure III.

The second theme from the open-ended question were the responses from those URMs who like school because they get to meet their friends, have fun with them and like to spend time with them. These findings are also consistent with the previous research (Wade et al 2004; Eide & Hjern 2013) that proper school placement help the URMs to reconstruct their peer network.

The third theme revolves around the teachers, where URMs state that they like
school because they have good teachers. The importance of teachers in URMs development has been demonstrated by various questions and shall continually be discussed in this as well as the next section about social support.

Moving towards the responses that lie behind feeling bad or neither good nor bad about the school, the response themes were quite similar to the open-ended question inquiring about skipping classes at school. Minors have responded about their own health and problems being so dire that they cannot concentrate on studies or they have lost their motivation. A few minors have mentioned about themselves wanting to study but chaos in the class as a reason for feeling neither good nor bad about the school. Lastly, there were those who find it difficult at school because the teacher is too fast for them, they don’t understand anything and it gets unexciting for them. These URMs are usually studying in ordinary schools of Malmo with other Swedish students and it’s hard for them to keep up with the pace of other students. Even though the percentage of minors who don’t feel good about the school is quite less than others, though ‘proper school placement’ as Wade et al (2004) puts it, needs to be considered. If the minors are finding it hard to keep up with the pace of the teacher or other students, it signals a misfit class for them. This is important because as Rossiter & Rossiter (2009) discussed in their study, school is termed a risk factors for immigrant and refugee youth’s involvement in crime when they face problems with integrating in the class, teachers don’t go an extra mile to help the child, and thereby more chances of dropout. Therefore, school placement needs to be re-assessed; those URMs who are facing trouble should either be moved to another course or should be given extra help so that they can do better without losing their motivation.

It is interesting to note here that unaccompanied minors have more difficulties in school as compared to the general population of their age, but they feel less stressed about their school work in comparison to them. There could be various reasons behind it. Firstly, as some of the open-ended responses indicate, the health and settlement issues are so great that they don’t think ‘difficulty in school’ to be that much of a stress. In this context, Agnew’s (2001) subjective strain concept is relevant, which is an individual’s evaluation of an event or condition. An individual gives an emotional response to an event or condition (difficulty in school) according to its own subjective interpretation of it. Unaccompanied minors most likely do not consider difficulties in school stressful because of a very different school culture in Sweden in comparison to their home countries - where schools put a lot of study burden on the students and not being able to do school work comes up with punishments from the teacher. Save the Children Sweden-Norway (2003) conducted a mini survey on corporal punishment in Afghanistan and described that ‘over 50% of the children reported that they were beaten when they were noisy or naughty (and) approximately, 24% said that they were beaten when they did not learn their school lessons’ (Jabeen and Karkara 2006:24). On the contrary, the factors contributing to making the difficulties less stressful in Sweden might be the help from the school, which is evident from the findings where 63.3% of the URMs report that they mostly get help with studies from the school if they have any difficulty.

The help from the teachers is highlighted even more in the questions about the teachers (Figure II in findings), where apart from having peace and quietness in the class, all other questions show that about 70% of URMs report that they get help and encouragement from their teachers when they do something good.
When it comes to getting help from home, only 30% of URMs as oppose to about 58% of boys and about 64% of girls from the general population report that they get help from home in their studies. This holds key value and is discussed further in the next section about social support from family homes. Hereafter, the discussion continues from a criminological perspective limited to the importance of school.

Sampson and Laub’s (1993) uphold a developmental perspective in their age-graded theory of informal social control, where different institutes are considered to have different influence at different stages of human life. Researchers recognized that family, school, and peer groups are most influential in adolescence (Blomberg et al 2004). Unaccompanied minors are living in their host countries, Sweden in the case of the present study, without their families. Therefore, informal school controls, which refer to good performance and strong attachment (Sampson and Laub 1993) to school are important factors in the life of an unaccompanied adolescent.

In the light of the present findings, most unaccompanied minors show strong desire to learn the language and study further except a few who have lost their motivation because of their health issues or difficulties in the school. They do face difficulties in their studies but most of them report adequate help from their schools to resolve their difficulties. URMs response about their teachers is also positive, where they generally find their teachers supportive and making an effort to get them do their school work. Moreover, unaccompanied minors report their bonds with the peers is strengthened through school and it makes going to the school a cause of excitement.

In essence, the institution of school might work as a protective factor for the majority of unaccompanied minors who have been placed in schools (with the exception of a few who have been judged to be 18 years of age by The Migration Agency and therefore await proper school placement), where they seem to prosper, but as Eide and Hjern (2013:666) suggested, ‘together with their own drive to create a positive future’.

**Social support and future prospects**

This section shall depart from the theoretical underpinnings and connect the findings from the social support section to previous research and theory. Referring to Sampson and Laub (1993), apart from informal social control through social bonds, another key component in Sampson and Laub’s theory is inclusion of the turning points that are certain ‘life changing’ events that can lead a person away from the path of criminality. Other researchers have also explored negative turning points, which refer to those major or minor events that can lead a person towards the path of criminality (Rutter 1996; Tilley 2013; Teruya & Hser 2010). If we consider movement of unaccompanied minors from their war-torn home countries toward a country that they look up to for refuge, to get safety and security in their lives; can this change be considered a turning point in their lives?

According to Sampson and Laub (2005), turning points open up the possibility for an individual to (1) ‘knife off’ the past from the present; moving to an alien country and culture makes it possible (2) invest in new relationship that will provide supervision in form of direct and indirect social control but also social
support and growth; family homes, legal custodian, new school and teachers all make this possible as well, (3) new situations and therefore also new routine activities that centre more on family and less on peers; URMs surely have got new situation and new routine activities, whether they rely on pro-social or anti-social factors could possibly determine their path and (4) new situations for the opportunity to identify transformation; this fourth point is certainly applicable too. The reason for beginning with ‘movement of URMs’ as a turning point was to emphasize the critical nature of this time period in the lives of URMs. The present study does not explore the crime propensity or crime history of the participants, but in case some of the minors have experienced childhood delinquency, this movement to another country might term as a positive turning point. On the other hand, even if they did not have a delinquent past, the negative experiences due to war and unrest that they have faced and the resultant movement to another country might term as a negative turning point. By all means at this stage, their bonds to family, peers and school are more crucial than ever for the advancement of their well-being in the future.

From the findings, it could be seen that only 10% of minors living in family homes find it easy to communicate with the adults they live with as opposed to about 60% of boys and girls from the general population. This number is concerning. The results were found similar in the school section about getting help for school work from home, where about 67% of the family home minors have reported they never or hardly ever get any help from their family homes. Rossiter & Rossiter (2009) also found inadequate help from home as a cause of low achievement in class, which is again termed as a risk factor for immigrant and youth criminality.

Even though the initiative of the authorities was all in good intention to provide the minors with families here in the host countries, but it surely needs evaluation and re-assessment. ‘Placement into foster care is intended to protect vulnerable children from further harm and, ideally, to provide them with a stable and safe home (Stovall-mcclough & Dozier 2004). But unfortunately, many studies show detrimental effects of foster care as a consequence of inconsistent or inadequate care and attachment with the child (Joseph 2012; Cassidy and Berlin 1994). Keeping such studies in mind and the fact that adults in foster families are not professionals, it is pivotal to reassess the placement of the minors and if deemed necessary, introduce mentoring programs for the foster parents that can help them to have a better relationship with the minors for their social support and social bonds to flourish.

Apparently, the respondents from group homes indicate better social support from their staff members, but because the sample includes a very small number of respondents from the group homes, it cannot be clearly stated that they are doing better in finding the social support from their staff than the kids at family homes. The relationship with the legal custodian does not show a very different picture either. Though it is better than the adults at family homes. As it appears from the findings, unaccompanied minors find it easier to communicate with the professionals e.g. teachers, student health staff at school as compared to the general population, who thrive better in their relationships with family, siblings and friends. URMs also appear to have better understanding with their friends than foster family, legal guardian or siblings (many don’t have their siblings here with them), but it’s still way less than what the boys and girls from the general
population have reported. These findings are elaborated further where about 37% of URM s have reported that they have no close friends as opposed to 10% of boys and about 6% of girls from the general population.

Referring back to Sampson and Laub (1993), adolescents that lack strong ties to conventional institutions such as family, school, and peers early in life are more likely to engage in delinquency and crime. Simons et al. (1998:217) found that ‘although there was a moderately strong bivariate correlation between childhood antisocial behaviour and adolescent conduct problems, there was no longer an association between these constructs when the effects of parenting, school, and peers were taken into account’. Taking into account findings from the health section, girls of general population have scored close to unaccompanied minors, but overall, their bonds with school and social support from family and peers is a lot better than URM s. In criminological terms, their protective factors can hinder the effect of the adverse health effects, as opposed to unaccompanied minors, who are neither doing good in terms of health nor the social support available to them.

The major difference in scores between general population and unaccompanied minors could be seen on the question about loneliness, where about 77% of URM s in contrast to about 9% of boys and 12% of girls from general population say that they suffer from loneliness. These findings are also consistent with Rossiter & Rossiter (2009), where loneliness and not having any friends are described as peer risk factors for criminality of immigrants and refugee youth. The theme of loneliness can also be found in the open-ended questions about how stress effects their everyday life. URM s have responded by elaborating that they feel lonely, it effects their brain, they don’t have the urge to do anything or to live anymore, because there is the feeling of hopelessness that nobody is listening to them.

These accounts seem similar to what has been discussed previously in the findings of Hertz and Lalander (2017), where they described that loneliness may occur when the minors experience lack of control in managing life and when they feel no one grieves for them. They further described loneliness to be a situational factor that disappears when new social contacts are formed. The results from the future prospects of the URM s can be viewed in the same light, where about 57% of URM s are not happy with their life at the moment, but most of them (67%) still have hope and optimism for their future, where their view of future largely depends on their stay in Sweden. By this means, if the decision from The Migration Agency is positive, it can create a sense of inclusion and acceptance, which reduces the feeling of loneliness and highlights the view of brighter future, which is what most of the URM s are hoping for. On the contrary, a negative decision could reinforce these feelings of loneliness and negativity towards life.

One of the findings that has been found different yet similar to the previous studies is the lack of trust unaccompanied minors show in others. Similar because 70 percent of URM s report they cannot trust most of the people, which is in accordance to what Nardone (2015) reported in his study. Yet this result is different from the previous studies because this mistrust on people is not unusual in comparison to the boys (62.2%) and girls (70.5%) of the general population. These findings are quite eccentric considering the boys and girls of the general population have been living in the safe environment and have very different experiences from the unaccompanied minors, yet the level of mistrust that all the groups show for other people is similar.
Coming toward the applicability of the questions in this section, it was noted that unaccompanied minors did not have much idea about bullying in school. They needed to be explained what it means but even then, it wasn’t considered something harmful by some of the minors or more appropriately, they understood it differently because they thought ‘teasing’ friends isn’t destructive, rather entertaining. Though the same interpretative variation might also be present within the general population, where a joke for one could be considered bullying by the other. Other than that, all questions seemed comprehensible to the participants.

6.3 Limitations
The present study does not explore the structural background variables or individual propensity of the minors, rather look for apparent individual or environmental cues and discusses the possible scenario of how these environmental cues can be termed positive or negative for an individual in the light of criminological literature. The study does not measure the outcome either, therefore conclusions cannot be drawn that a particular risk factors has or has not actually caused harm to the individual, rather it could only be seen in light of the previous studies about what factors are termed as risk or protective factors for criminality.

In terms of methodological limitations, self-reported data has been used in the study and there can always be an issue of trustworthiness in a self-reported data. Moreover, understanding or interpretation of the questions can also be subjective. Subjectivity is not an issue in terms of direct questions e.g. have you ever smoked? But other questions where participants don’t understand or understand differently are of concern; though these questions have already been discussed in the paper in relation to the population under study. Language barrier can also be termed a limitation, where the URM who did not speak English or Swedish had to be excluded from the study.

Furthermore, the study relies on the data collected from the survey questionnaire with a few open-ended questions. It was felt during the study time that using mixed method e.g. follow up interviews, could have provided further insight to some questions that demand further exploration.

Lastly, the study is limited due to its relatively small size (N=30), therefore, the findings cannot be generalised to a larger population; rather it only reflects the participants of the study. Though certain trends could surely be observed in the present study that are in line with what has been shown in the previous research and inferences can be drawn that forms a good base for further research.

7. CONCLUSION & FUTURE IMPLICATIONS
The aim of the study was to find out how unaccompanied minors score on some of the known risk and protective factors for criminality in comparison to the general population of the same age in Malmo and the paper also discussed the sections in the questionnaire that seemed to draw interpretative complications for the population under study. The findings indicate that in comparison to the general population, URM report high level of psychosomatic problems, mental
ill-health, tobacco use, access to narcotics and low social support, which are termed as risk factors. Mental health problems and cumulative strain reported by high percentage of unaccompanied minors increases the risk of URM’s involvement in delinquent behaviour, a view supported by considerable criminological research (Hoffmann & Cerbone 1999; Paternoster & Mazerolle 1994; Ellis 2009).

Another noteworthy outcome in terms of mental health is that URMs score close to the girls of general population, but because the girls score high on social support, it can act as a buffer against other risk factors according to previous criminological research (Simons et al 1998; Rossiter & Rossiter 2009). URMs lack social support in their surroundings, which as per criminological research implies that there is a greater risk that they could be pushed towards the path where there is criminal supremacy and they can develop antisocial behaviour (Ellis 2009; Agnew 2001).

On the other hand, the institution of school seems to work protective for the unaccompanied minors where most of the minors are interested in learning language and studying further except a few who have lost motivation. URMs score almost equivalent to the general population in terms of school satisfaction and better than them in terms of help and support from the teachers. The participants do face difficulties in school but feel less stressed about the school work as compared to the general population, most likely because of the help and support from teachers and a lenient school environment as compared to their home countries. URMs also possess a bright view of their future, which is also a positive undertaking as it signals hope and optimism.

Lastly, but most importantly, the paper repeatedly discusses that the risk factor paradigm establishes the correlation and not the causation behind crime involvement. The criminological literature points out that only a very small number of those who are exposed to the risk factors commit crimes in their lives (Shader 2004). Thereby, the accumulation of risk factors in minors’ lives increase a risk for them to enter into criminal pathway, but this risk does not imply that the minors would certainly commit crime.

From the findings, inferences can be drawn that stress might be unavoidable in the current situation of unaccompanied minors, but by investing in providing better environments and studying the environmental cues, the criminological research can contribute to better address the ‘prevention’ against the cumulative risk factors, rather than waiting for the expensive ‘cure’, both in terms of monetary value and adverse health outcomes, later in life.

Future studies can look further into the social support of unaccompanied minors, more particularly attachment between the unaccompanied minor and primary caregivers at family home to explore if this institution is working as it should. There could also be a comparative study between the residents of group homes and family homes in terms of social support at the respective residence. Another subject for the future studies could be a deeper focus into tobacco habits of unaccompanied refugee minors; whether or not it is being used as a stress coping strategy. Finally, the present study has been conducted in Malmo; more studies are needed in other parts of Sweden that could reaffirm the findings from this study.
REFERENCES


Agnew R, (2001). Building on the foundation of general strain theory: Specifying the types of strain most likely to lead to crime and delinquency. *Journal of research in crime and delinquency*, 38 (4):319-361


Migrationsverket Statistics (2015): *Asylum decisions*. >http://www.migrationsverket.se/download/18.7c00d8e6143101d166d1aad/14489


APPENDIX I

<table>
<thead>
<tr>
<th>Study manager:</th>
<th>Studying at Malmo University, Faculty of Health and Society, S-205 06 Malmo, Phone +46 40 665 70 00</th>
</tr>
</thead>
<tbody>
<tr>
<td>The current project is conducted by Sadia Shahid Khan, a student from Malmo University with an objective to obtain a Master’s degree in Criminology. This project is not connected do any other organization, and thereby, will not affect any decisions of any administrative authorities.</td>
<td>Education: Criminology Level: Master E-mail: <a href="mailto:sadiashahid84@gmail.com">sadiashahid84@gmail.com</a></td>
</tr>
</tbody>
</table>

The aim of the study is to examine how unaccompanied refugee minors have the conditions when it comes to their individual health, lifestyle and social surroundings and whether these conditions could possibly make them encounter or commit a crime. You have received this questionnaire that includes questions on your background; health; alcohol, tobacco and drug use; school situation, social support & victimization; life satisfaction and future prospects; because these aspects represent the risk and protective factors against criminality.

Data collection shall be carried out in Malmo. The questionnaire shall be answered by unaccompanied minors aged 15 and above, in Malmo to get a picture of how refugee kids have the conditions at present. You are receiving this questionnaire because you represent the group being studied and you are visiting Ensamkommandes Förbund. Your participation simply means that you fill out the questionnaire described above.

The same survey questionnaire has also been answered by school year 9 and college year 2 students in Malmo, therefore, the data collected from unaccompanied minors can be compared to their answers and the areas that need preventive action can be highlighted.

To assess the condition of refugee minors, it is important that questions are answered honestly. This way, the results shall be a good base for the study to commence. Your answer holds significance and we are interested in all the answers no matter what experiences you have.

The survey is voluntary to answer and you do it anonymously, that is, you are not required to write your name anywhere in the survey. Confidentiality is guaranteed in the study, where no unauthorized person may have access to the material. The material is stored so that it is only accessible for the individual leading the study. The data shall be deleted after the results are reported in the form of a degree project paper at Malmo University and it will NOT indicate which individuals participated in the survey. All the participants filling the questionnaire can access the project paper through Malmo University (Muep).

Once you have completed the survey and checked that you have not missed any question, place the survey in the envelope provided and paste it again.
If there is any question you do not want to answer, it is better to leave it empty, rather than to put an answer that is not true. If you do not wish to continue filling in the questionnaire, you can cancel whenever you want.

Its voluntary to participate in the study. By filling out the questionnaire, it shall be considered that you provide your consent to participate in the study. If you wish to decline, do not fill out the questionnaire. Hereby, are you willing to participate in this study?
APPENDIX II

HERE ARE SOME QUESTIONS ABOUT YOU AND YOUR FAMILY

1  My biological sex is .....  
   ☐ Male  ☐ Female

2  I identify myself as ....  
   ☐ Male  ☐ Female  ☐ Other

3  How old are you now?  [ ] years

4  Which country is ....  
   (Put a cross in each row that is applicable to you)

   … your place of birth?  ____________________________
   … your father’s place of birth?  ____________________________
   … your mother’s place of birth?  ____________________________

5  How long have you been living in Sweden?  
   ☐ More than two years  ☐ 1-2 years  ☐ 6-12 months  ☐ Less than 6 months

6  How is your living situation right now?  
   ☐ Group home  ☐ Family home  ☐ Foster home  ☐ EBO/living with a relative  ☐ Other ____________________________

HERE ARE SOME QUESTIONS ABOUT YOUR HEALTH

7  How would you describe your health in general?  
   ☐ Very good  ☐ Good  ☐ Fairly good  ☐ Bad  ☐ Very bad

8  Do you often feel stressed in your everyday life?  
   ☐ Yes, often  ☐ Yes, sometimes  ☐ No, hardly ever
If yes, why?

________________________________________________________________________________

If yes, how does it affect your daily life?

________________________________________________________________________________

9. How often, within the last 6 months, have you suffered from the following?
(Mark each alternative with a cross)

<table>
<thead>
<tr>
<th></th>
<th>Almost every day</th>
<th>More than once a week</th>
<th>Once a week</th>
<th>Once a month</th>
<th>Hardly ever or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Stomach ache</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Backache</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Feeling low/depressed</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Feeling irritable/ bad tempered</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Nervousness</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Difficulties in getting to sleep</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Dizziness</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

10. On weekdays, how many hours per night do you usually sleep?

□ Less than 7 hours
□ 7-9 hours
□ More than 9 hours

11. Do you presently have a close friend with whom you can talk in confidence about almost any personal matter?

□ I have no close friends
□ I have one close friend
□ I have two close friends
□ I have more than two close friends

12. To what extent do you agree with the following statement:

<table>
<thead>
<tr>
<th></th>
<th>I do not agree at all</th>
<th>I do not agree</th>
<th>I agree</th>
<th>I completely agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I trust most people</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

13. Do you suffer from loneliness?

□ Every day
□ Several times a week
□ About once a week
□ Once or a few times a month
□ Less often than once a month
14. If you are in trouble or just need to talk to someone, how easy or difficult do you find it to approach? (Mark each alternative with a cross)

<table>
<thead>
<tr>
<th>Alternative</th>
<th>Very Easy</th>
<th>Fairly Easy</th>
<th>Neither easy nor difficult</th>
<th>Fairly difficult</th>
<th>Very difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other adults you live with</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff at your residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Godman/trustee</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Student health staff at school</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Other adults in school</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other adults outside school</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
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<td>Siblings (if you have any)</td>
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<td>On-line chat rooms/forums</td>
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The following questions are about ‘feeling down’. By this we mean that for two or more weeks in a row, you have felt one (or more) of the following: stressed, miserable, depressed, worried, alone, anxious, that you have been bullied or have had thoughts of suicide.

15. As defined above, have you ‘felt down’ for 2 or more weeks in a row during the past 12 months?

☐ No ---------------→ Gå further to question 17
☐ Yes ---------------→ Continue to question 16

16. During the past 12 months, have you ever deliberately self-harmed, for example, cut or scratched yourself?

☐ No
☐ Yes, once
☐ Yes 2-5 times
☐ Yes more than 5 times

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HERE ARE SOME QUESTIONS ABOUT ALCOHOL

By alcohol we mean beer, medium/strong beer, strong cider, alcopops, wine, fortified wine and spirits. Even homemade and smuggled spirits and spirits contained in drinks or shots count. Do not count alcoholic beverages below 2.8%, e.g. light beer or light cider.

17. Have you ever drunk alcohol?

☐ Yes ---------------→ Continue to question 18
☐ No ---------------→ Gå further to question 25

18. How old were you when you first drank at least one glass of alcohol (beer, wine, liquor, etc.)? □□□□□ years
19. Have you been drinking alcohol during the past 12 months?
   □ No □ Yes

20. How often have you drunk alcohol during the past 12 months?
   □ 3 times a week or more
   □ 2 times a week
   □ Once a week
   □ 2-3 times a month
   □ Once a month
   □ 2-6 times during the last year
   □ Once during the last year

21. Have you ever had so much alcohol that you felt drunk?
   □ No □ Yes

22. How often do you feel drunk when consuming alcohol?
   □ Never
   □ Rarely
   □ Occasionally
   □ Almost every time I drink
   □ Every time I drink

23. Think about the last time you drank alcohol, how did you get hold of it?
   □ Bought it myself at “Systembolaget” or in a shop
   □ From siblings
   □ From boy / girlfriend, friend or friend’s siblings
   □ From adults I live with, with permission
   □ From adults I live with, without permission
   □ From other adults who offered it
   □ From another adult (dealer) who bought it for me or sold it to me
   □ Bought it myself abroad
   □ In some other way
   □ I don’t know

24. Have you ever been injured or got into trouble as a result of drinking alcohol?
   (E.g. accidents, arguing with friends/parents, fighting, had sex without consent/protection, been robbed, lost valuables)
   □ No, never □ Yes, once □ Yes, twice □ Yes, 3 times or more

25. In your opinion, is there anyone close or closely related to you who drinks too much alcohol?
   (This can include other people than your parents)
   □ Yes □ No
   25b. Has this harmed you or caused you trouble in any way? □ Yes □ No
HERE ARE SOME QUESTIONS ABOUT SMOKING AND SNUFF

26. Do you smoke cigarettes?
☐ No, I have never smoked
☐ No, but I have tried
☐ No, I have smoked but gave it up
☐ Yes, every day
☐ Yes, almost every day
☐ Yes, at parties
☐ Yes, occasionally

How many cigarettes do you smoke per day?

I smoke \[ \square \] cigarettes per day

27. Have you ever smoked a water pipe?  
(You are allowed to mark more than one alternative)
☐ No
☐ Yes, during the past 30 days
☐ Yes, during the past 12 months
☐ Yes, for more than 12 months ago

27b. How often have you smoked a water pipe within the last 12 months?
☐ Never
☐ Once
☐ 2-6 times
☐ 7-12 times
☐ More than 12 times

28. Do you use snuff?
☐ No, I have never used snuff
☐ No, but I have tried it
☐ No, I used to but I gave it up
☐ Yes, every day
☐ Yes, almost every day
☐ Yes, occasionally

29. How do you generally get hold of tobacco, e.g. cigarettes and snuff?  
(You are allowed to mark more than one alternative)
☐ I do not use tobacco
☐ Buy it in a shop or similar
☐ From friends
☐ From siblings
☐ From parents
☐ From the vendors of contraband cigarettes
☐ From another person

HERE ARE SOME QUESTIONS ABOUT DRUGS

By drugs we mean hashish, marijuana, Spice, amphetamines, ecstasy, LSD, cocaine, heroin, GHB, or the like.

30. Have you ever had the opportunity to try narcotics?
☐ Yes ☐ No

31. Have you, at any time within the last 12 months, been offered to buy or to try narcotics?
☐ Yes ☐ No
32a. Have you ever used narcotics?
(You can mark more than one alternative)

☐ Yes, during the past 30 days
☐ Yes, during the past 12 months
☐ Yes, more than 12 months ago
☐ No Move on to question 35

32b. How old were you the first time you used drugs?

[ ] years

33. Which kind of drugs have you used?
(You can mark more than one alternative)

☐ Hashish
☐ Marijuana
☐ Spice (or similar elixirs)
☐ Amphetamine
☐ Cocaine
☐ Sleeping pills/sedatives or pain-relieving pills without a prescription (e.g. Tramadol, Sobril, Stesolid)
☐ Ecstasy
☐ Heroin for smoking or injection
☐ GHB
☐ Anabolic steroids/hormonal doping
☐ Net drug (also called designer drugs, RC drugs, new synthetic drugs)
☐ Other __________________________

34. From whom did you get hold of the narcotics?
(You can mark more than one alternative)

☐ Siblings
☐ Friend or girl-/boyfriend0
☐ Acquaintance
☐ Doctor
☐ On internet
☐ Other, e.g. pushers

HERE ARE SOME QUESTIONS ABOUT SCHOOL
I go to __________________ school, class __________________

35. How do you feel about school?

☐ Very good
☐ Good
☐ Neither good nor bad
☐ Bad
☐ Very bad

Indicate why
36. Do you skip classes?
   - No, never
   - Yes, once or twice every term
   - Yes, once a month
   - Yes, 2-3 times a month
   - Yes, once a week
   - Yes, several times per week

37. Do you have difficulties with any of the following regarding work in school?
   (Mark each alternative with a cross)

   - Keeping up in lessons
   - Doing my homework and other similar tasks
   - Preparing for tests
   - Finding the study technique which suits me best
   - Getting started with or completing tasks that requires my own initiative
   - Completing written assignments
   - Performing tasks which require reading (e.g. books)

38. Do you feel stressed by your school work?
   - Not at all
   - A little
   - Rather much
   - A lot

   If you feel stressed, state why

39. When you have difficulties with your studies, how often do you get help?
   (Mark each alternative with a cross)

   - Always when I need it
   - Most of the time
   - Rarely
   - Hardly ever

   In school
   - Yes
   - No
   - Rarely
   - Hardly ever

   At home
   - Yes
   - No
   - Rarely
   - Hardly ever

40. How do the following statements apply to your teachers?
   (Mark each alternative with a cross)

   - They are good at creating peace and quiet during lessons
   - They make an effort to help me pass my school homework
   - They notice when I have done well
   - They treat boys and girls equally

   Applies to half of the teachers
   - Yes
   - No

   Applies to teachers
   - Yes
   - No

   Applies to half of the teachers
   - Yes
   - No
HERE ARE SOME QUESTIONS ABOUT EXPOSURE/VULNERABILITY

The following questions are about BULLYING. We believe that a student is being bullied when another student, or group of students, says or does nasty and unpleasant things to him / her. It is also bullying when a student is teased repeatedly in a way he / she does not like or if he / she is left out. However, it is not bullying when two fairly evenly matched students quarrel or fight, nor when a student teases in a kind and friendly manner.

41. How often have you been bullied in school during the past few months?
   - ☐ I have not been bullied in school during the past few months
   - ☐ It has happened once or twice during the past few months
   - ☐ 2 or 3 times a month
   - ☐ About once a week
   - ☐ Several times a week

42. How often have you been involved in bullying other students in school during the past few months?
   - ☐ I have not been involved in bullying other students during the past few months
   - ☐ It happened once or twice during the past few months
   - ☐ 2 or 3 times a month
   - ☐ About once a week
   - ☐ Several times a week

FINALLY……..

43. How good do you think your health is?
   - ☐ Very good
   - ☐ Good
   - ☐ Rather bad
   - ☐ Bad

44. On the whole, how do you feel about your life at the moment?
   - ☐ I like it very much
   - ☐ I like it quite a lot
   - ☐ I don’t like it so much
   - ☐ I don’t like it at all

45. How do you feel about your own personal future?
   - ☐ It looks very bright
   - ☐ It looks bright
   - ☐ It looks neither bright nor dark
   - ☐ It looks rather dark
   - ☐ It looks very dark

Thank you for answering the questions!

Was there anything in this inquiry which you cannot get out of your head? Please talk to your guardian or any other elder about it. You could also contact ‘Save the Children’ helpline at tel. nr: 0200-778820

You can also always call Region Skåne’s telephonic advice service for child and adolescent psychiatry helpline at tel nr: 020-512020
Appendix II

Title: Determining the risk and protective factors in unaccompanied refugee minors
Student: Sadia Shahid Khan
Supervisor: Anna-Karin Ivert
Level: Degree project, Maser’s program in Criminology

Description:

This study will administer a questionnaire including demographics, current health status, alcohol use, tobacco use, illicit drug use, school situation, security, victimization, life satisfaction, and future prospects. Respondents will be approximately 50 unaccompanied minor immigrants recruited on a single Friday at Ensamkommandes Förbund meeting place in Malmö. The study aims to describe this group in relation to the questionnaire variables. Group comparisons will also be made with a corresponding and previously collected data-set collected by Malmö stad, and which represents the general population of minors. Necessary approvals from Ensamkommandes Förbund and Malmö stad have been attached to the application.

Comments:
1. The study group represents a vulnerable population. The Faculty Ethics Council consider that it is crucial that potential participants will be carefully informed that (a) the current project is conducted by a student from Malmö University, and (b) with the objective to obtain a Master’s degree in Criminology, and (c) that this project is not connected do any other organization, and (d) will not affect any decisions of any administrative authorities.
2. In addition should the following information be added to the information letter: (a) more specific information about questions asked (i.e. not only information about friends, school and family); (b) information about the relationship between collected data and crime, which seem to be a study objective; (c) information about comparisons between the unaccompanied minors and the reference group; (d) information describing why and how individuals has been selected; (e) information describing how the study will be conducted, from the perspective of the participant; (g) information stating that collected data will be deleted when the student essay has been examined; (f) information on how participants could get access to results and were the final essay will be published; (h) a specific statement on voluntary participation; (i) a specific statement saying how to decline or except study participation; (j) information about who is responsible for the study, including contact information. Finally, (k) should the expression “anonymously” be replaced with “confidentiality”.
3. The process for informed consent and data collection is not carefully described in the application. (a) The Faculty Ethics Council consider that both the information sheet and the questionnaire should be given in Swedish, English and other relevant languages to ensure that both information about the project and that understanding of the questionnaire is understood by potential participants. (b) The Faculty Ethics Council consider that those not able to understand any of these languages should be excluded from the study. (c) To secure confidentiality for those responding to the questionnaire, it is important to secure that responses on the questionnaires is given in private settings, and were individual responses cannot be overlooked by others.
4. The Faculty Ethics Council consider that some of the questions in the questionnaire seems difficult to address to unaccompanied minor immigrants. This especially concerns questions asking about parents and/or family. Considering this, the questionnaire should be revised.

5. The application does not describe how data will be handled while preparing the essay, and what will happen to the data after the essay has been examined. The Faculty Ethics Council consider that (a) all data should be handled in a way that secures that only the student, the supervisor and the examiner have access to the data, and which also includes that collected data never should be handled on a computer with Internet-access, and (b) that all data that has been collected should be deleted immediately after examination of the final essay.

The Faculty Ethics Council consider that all of the above comments should be carefully reviewed by the student, and result in a careful revision of the project. This revision should then be carefully reviewed by the responsible supervisor before starting data collection. The student does not need to inform the Faculty Ethics Council about this revision.

Faculty Ethics Council, Faculty of Health and Society, Malmö University
Claes Andersson