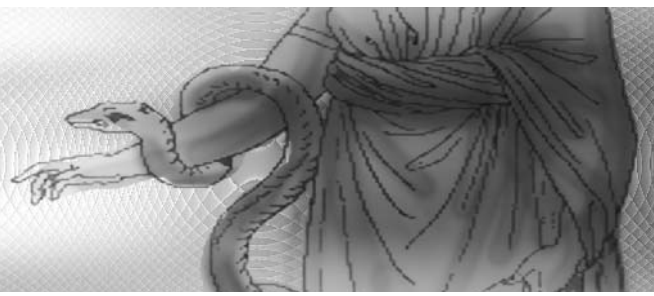


Hygieia



Speaking up for the silent

Urgent attention to the mental health needs of refugee children is required and particularly to those who travel unaccompanied. (*Arch Dis Child* 2002;**87**:366–70)

There are currently over 50 million refugees in the world. Over half of that number are children and, as they represent a silent group, they and their needs are easily overlooked. The authors highlight three key stages where psychological trauma is likely to occur to refugee children: (1) while in their country of origin; (2) during their attempted journey to a safe country, and (3) while trying to settle in that country. There is a high prevalence of emotional and behavioural disorders, with post-traumatic stress disorders, anxiety with sleep disorders, and depression representing the most common diagnostic classifications. Factors that enable high risk refugee children to be more psychologically resilient include having a supportive family environment, access to a reliable and stable external person or organisation, or positive personality characteristics.

Unaccompanied children are a particularly vulnerable group and are more likely to be neglected, exploited, and abused. Few unaccompanied children are granted asylum, although the majority arriving in the UK are given temporary, discretionary leave to remain in the UK until they are 18.

Noting that UK immigration law does not seem to always take the best interests of refugee children into account, the authors conclude that “attention to the mental health needs of this vulnerable group by government and other policy makers is urgently required”.

Recall bias and MMR

In 1998 a paper hypothesising a causal association between the measles, mumps, and rubella (MMR) vaccine

and autism was seized upon by the British press and given the full tabloid treatment. The resulting furore created a great deal of negative publicity for the vaccine and prompted pronounced uncertainty in parents. The media ignored several subsequent studies that did not demonstrate a link.

It now appears that a further effect of that publicity has been to initiate recall bias in parents of autistic children who received the MMR vaccine. (*Arch Dis Child* 2002;**87**:493–4)

Researchers compared the results of two studies performed before and after the putative autism-MMR association that contained, as elements, recalled measurements of onset of parental concern. They found that parents of children with regressive symptoms who were diagnosed after the publicity tended to recall the onset as shortly after MMR more often than parents of similar children who were diagnosed before the publicity. The authors conclude that this paper raises the possibility that such a bias could affect future studies, and suggest that the capacity for bias should be examined in studies reliant on clinical histories obtained after a publicised hypothesis.

Negativity follows inactivity

A recent study suggests the benefits of persistent exercise could be much broader than previously realised. (*Br J Sports Med* 2002;**36**:360–4). The study, conducted with a series of three questionnaires concerning leisure time physical activity sent to sets of twins in their late teens, investigates both the link between frequency of exercise and level of health and the associations of exercise with smoking, drinking, social relationships, and school grades as well.

Dealing mainly with the two extremes present in adolescents, the study observed persistently active (those who exercised four to five times a week) and inactive (those who exercised one to two times a month) teenagers. Examining the characteristics of each category, the persistent exercisers were, in general, non-smokers, regular breakfast eaters, and had better grades at school, whereas the persistently inactive were

often smokers with poor perceived health, poorer school grades, and their parents were often of a lower social class. A moderate to high level of exercise therefore seems to promote improved health and an improved lifestyle.

Consequently, the authors conclude, health promotion in adolescence must address the health and wellbeing of adolescents as a whole, as promoting physical activity among teenagers could help lead them toward a more positive lifestyle overall.

KATRINA WARDROPE

11th September triggered hate crime rise

There was a marked increase in hate related violent crime against people from or perceived to be from the Middle East in the month after the terrorist attacks in New York City and Washington DC on September 11 2001. (*Injury Prevention* 2003;**9**:187–9)

Researchers used the LexisNexis database, which provides access to over 30 000 news sources, to collate media reports on violent assaults of Middle Easterners in the USA in the period between 1 September and 11 October 2001. Of 100 incidents of violent crime meeting the case definition (which included homicides, physical assaults, threats with a weapon, or attacks on people in buildings such as drive by shootings, explosions, or arson), only one occurred before 9/11. More than three quarters occurred within the 10 days immediately after the disaster.

The researchers recommend that tolerance promoting interventions must be implemented as quickly as possible by public health and criminal justice officials to be effective in pre-empting such hate crimes. In addition, as many of the crimes were perpetrated in businesses owned or operated by minorities, such as convenience stores and gas stations, an increased police presence at these locations would also be an important step in the prevention of similar crimes after such an event.

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