



VULNERABLE BUT NOT BROKEN

Psychosocial Challenges and Resilience
Pathways Among Unaccompanied Children
from Central America

Immigration Psychology Working Group

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AUTHORS

Manuel Paris, Jr., Psy.D.

Senior Advisor on Public Policy
National Latina/o Psychological Association
Associate Professor of Psychiatry
Yale University School of Medicine
New Haven, CT

Claudette “Claudia” Antuña, Psy.D., MHSA, LICSW

Professional Development Coordinator
National Latina/o Psychological Association
Sammamish Consulting & Counseling Services
Bilingual Clinical and Forensic Psychological Services
Seattle, WA

Charles Baily, Ph.D.

Clinical Director
Newmarket House Healthcare
Norwich, England

Giselle A. Hass, Psy.D.

Clinical and Forensic Psychologist
Adjunct Professor Georgetown University
Center for Applied Legal Studies
Washington, D.C.

Cristina Muñoz de la Peña, Ph.D.

Counseling Psychologist
Cofounder & Mental Health Director
Terra Firma Healthcare and Justice for Immigrant Children
The Center for Child Health and Resiliency
New York, NY

Michelle A. Silva, Psy.D.

Director, CT Latino Behavioral Health System
Connecticut Mental Health Center
Assistant Professor of Psychiatry
Yale University School of Medicine
New Haven, CT

Tejaswinhi Srinivas, Ph.D.

Clinical Psychologist
2016 Dalmas A. Taylor Summer Minority Policy Fellow
Society for the Psychological Study of Social Issues (SPSSI)
Washington, D.C.

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R. Emily Gonzalez, PhD, Associate Professor of Pediatrics, University of Virginia Children's Hospital

Jancis Long, PhD, Psychologists for Social Responsibility (PsySR)

Mary Beth Quaranta Morrissey, PhD, MPH, JD, Society for Theoretical and Philosophical Psychology, APA Division 24

Nadi Paranamana, MA, Doctoral Candidate in Clinical Psychology, University of Hartford

Sita G. Patel, PhD, Assistant Professor, Palo Alto University

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DREAM

EXECUTIVE SUMMARY

MIGRATION dates back to the beginning of human history (Erez & Copps Hartley, 2003). Often forced to leave their home countries to escape intolerable situations, migrants risk exposure to abuse, sexual assault, human trafficking, and other human rights concerns and violations. Although frequently precipitated by a need for survival, immigration enriches host countries culturally, socially, and economically, and is considered a driver of progress, development, and modernization (United Nations Population Fund, 2009). It has only been in the last couple of centuries that as empires became nation-states, these nations began defining citizenship, establishing boundaries and rules for population movement, and controlling their borders (Berger & Miller, 2015; Ewing, 2008). Immigration policy in the United States (U.S.) has often served to shape the immigrant pool in terms of gender, race, nationality, religion, sexual

LINA, FIFTEEN YEARS OLD, HONDURAS

After ten years apart, Lina was recently reunited with her mother. In search of a secure future for her daughter, Lina's mother migrated to the U.S. when Lina was five years old. She left her to be looked after by her maternal grandparents. While with her grandparents, Lina was physically, emotionally, psychologically, and verbally abused, and financially extorted by relatives. Though she was allowed to attend school, she was forbidden from engaging in social activities due to fear that she might report the abuse she was enduring. Lina's only source of support was a paternal great-grandmother who encouraged her to leave her abusive situation and seek safety in the United States. On the anniversary of her great-grandmother's death, Lina made the decision to leave. Unsure of what she would encounter on her journey, her only option was to join several strangers who were traveling north. When she arrived at the U.S.-Mexico border, she asked immigration officers for permission to be reunited with her mother. After a series of foster placements across the country, she was finally reunified with her mother and enrolled in the local high school ready to begin her new life.

orientation, and marital status, which in turn has also created social inequities (Calavita, 1992; Tamayo, 1991).

The intensity of the discourse surrounding immigration in the U.S. over the last few years can obscure the fact that unauthorized immigration to the country has in fact declined considerably, from 1,676,438 people detained in U.S. Fiscal Year (FY) 2000 to 415,816 in FY 2016. During the first year of the current White House administration, the total unauthorized immigration declined further to 310,531 people in FY 2017 (U.S. Customs & Border Protection [CBP], 2017a). However, while overall immigration has reduced significantly over the past two decades, this period has seen large increases in the number of women and children coming to the U.S. from Central America on humanitarian grounds, to include many children traveling without a parent. These groups are especially vulnerable to the abuse, sexual assault, human trafficking, and other human rights concerns and violence that have long plagued people seeking refuge in this country.

The last few years in particular have seen a dramatic rise in the number of unaccompanied children migrating from Central America to the United States. This peaked in FY 2014, when 68,541 unaccompanied children were apprehended at the U.S.-Mexico border (CBP, 2017b). Despite increasingly aggressive immigration enforcement efforts by the Obama and now Trump administrations, unaccompanied children have continued to flee their countries and migrate to the U.S. in large numbers. As the number of young migrants fleeing

Central America has risen, the U.S. has found itself grossly unprepared to responsibly meet the physical, psychological, and legal needs of this vulnerable group, and emerging and proposed immigration policies further threaten their entry into the country (Trump, 2017).

What continues to prompt the migration of children and adolescents away from their countries of origin and towards an unknown and precarious future? Efforts to answer this question reflect the complex reality facing young people in Central America, and reveal various factors believed to underlie the decision to leave (Hiskey, Córdova, Orcés, & Malone, 2016; Kandel et al., 2014; United Nations High Commissioner for Refugees [UNHCR], 2014; Women’s Refugee Commission, 2012). The great majority of unaccompanied children are from El Salvador, Guatemala, and Honduras, collectively referred to as the “Northern Triangle,” and recognized as being among the most violent regions in the world (Council on Foreign Relations, 2018). Frequent histories of repeated exposure to traumatic events compromise emotional well-being and represent an opportunity for intervention. Due to the widespread insecurity and crime in the region, fleeing for survival (rather than leaving in search of opportunity and a more promising future) has become a primary reason for migration (Beltrán, 2017; Tello, Castellon, Aguilar, & Sawyer, 2017; Women’s Refugee Commission, 2012). While the decisions to migrate are diverse and complex, the journey to the U.S., particularly for children who travel by land and have to cross multiple borders, is frequently

characterized by harsh and life-threatening experiences. Thus, unaccompanied children who arrive at our borders are often in dire need of medical and psychosocial support.

Mental health professionals such as psychologists, psychiatrists, and social workers can play a critical role in facilitating adjustment and acculturation, including supporting the legal processes unaccompanied children face in immigration court, responding to the challenges of family reunification, and addressing barriers to basic services, including healthcare, education, and housing. Mental health providers need to be equipped to design interventions that address family dynamics and assist in repairing or building attachments while helping children heal from prior trauma (Mitrani, Santisteban, & Muir, 2004; Suárez-Orozco, Bang, & Kim, 2011). This includes addressing trauma among caregivers, many of whom have had harrowing migration and post-migration experiences themselves. Other critical areas for systems-based intervention include advocating for the academic needs of unaccompanied children, helping to diminish the barriers associated with stigma, and supporting sponsors as they navigate difficult and unfamiliar terrains, such as healthcare, housing, education, courts, child welfare, and public benefits systems.

In sum, unaccompanied children in the U.S. are susceptible to a range of deleterious mental health outcomes resulting from family separations and exposure to other pre-, peri-, and post-migration stressors. Nevertheless, these children also possess

great potential for resilience, and with support can successfully overcome challenging histories and adapt to the changes in identity and familial and social environment that life in the U.S. presents. This report will focus exclusively on unaccompanied children from Central America apprehended at the Southwest border. An unaccompanied child is defined by law as a child who “(A) has no lawful immigration status in the United States; (B) has not attained 18 years of age; and (C) with respect to whom—(i) there is no parent or legal guardian in the United States; or (ii) no parent or legal guardian in the United States is available to provide care and physical custody” (American Immigration Council, 2015). The small percentage of unaccompanied children who migrate to the U.S. from other parts of the world, who may have quite different experiences and needs, are beyond its scope. We review the social science research on the psychosocial aspects of this humanitarian crisis and identify priority areas for future research. Additionally, we provide recommendations for culturally and developmentally informed practice, programs, and legal advocacy. Despite the report’s specific focus on unaccompanied children, much of the information discussed and most of the resources highlighted may also be relevant to the many other immigrant children in the U.S. who have suffered abuse, trauma, or other harms and are in significant need of support.

The following is a brief summary of the report’s concluding recommendations. A detailed description of each can be found on pages 79–86.

ENTITY	RECOMMENDED ACTIVITIES
INDIVIDUAL PROFESSIONALS	<p>OFFER supportive clinical and prevention programming in community-based settings (e.g., in-school, after-school, shelters)</p> <p>APPLY available best practice standards for the evaluation and treatment of unaccompanied children (e.g., National Latina/o Psychological Association guidelines)</p> <p>SEEK continued professional education in conducting immigration-related forensic evaluations</p> <p>PROVIDE accessible, expert, and ethical mental health evaluations as part of asylum cases and other immigration relief petitions</p>
PROFESSIONAL ORGANIZATIONS	<p>OFFER continuing education credits for in-person and online trainings for mental health professionals interested in working with unaccompanied children</p> <p>PROMOTE educational opportunities for other professionals who interact with unaccompanied children, including lawyers, educators, government officials, and law enforcement</p> <p>PROVIDE funding opportunities to mental health professionals and community organizations for research and clinical care relevant to the psychological needs and well-being of unaccompanied children</p> <p>CREATE a repository of relevant research and current information on unaccompanied children</p> <p>DEVELOP interest groups for professionals and students seeking to expand their competencies for working with unaccompanied children</p>
COMMUNITY ORGANIZATIONS	<p>ENSURE that organizational policies and procedures promote the application of best practice standards across services (e.g., screenings, triage and referral, psychotherapy approaches, psychoeducation, crisis interventions, language accessibility)</p> <p>ESTABLISH multidisciplinary, trauma-informed, and victim-centered partnerships (i.e., inclusive of mental health, medical, social work, education, and legal representation)</p> <p>COLLABORATE with non-governmental organizations in Mexico and Central American countries to meet mental health needs of repatriated youth</p>
MUNICIPAL/ STATE/FEDERAL AGENCIES	<p>REQUIRE that detention facilities, shelters, and subcontracted organizations implement best practice standards for evaluation and treatment of unaccompanied children</p> <p>UTILIZE available data to advocate for least restrictive environments and family reunification protocols</p> <p>DEVELOP and INTEGRATE training modules on trauma-informed, culturally-sensitive, and developmentally appropriate care for government agency employees at all levels</p> <p>ALLOCATE funding to expand access to services for unaccompanied children (e.g., low cost or free of charge clinical services, financial support for hiring bilingual providers, availability of translation and interpretation services)</p>



I miss you.

STATEMENT OF THE PROBLEM

OVER THE LAST SEVEN YEARS, there has been an influx of unaccompanied immigrant children coming from Central America to the United States. The increase has been dramatic and reflective of significant psychosocial upheaval in their countries of origin. The decade from 2000 to 2010 saw a slow but steady rise in the number of unaccompanied children coming to the U.S., from approximately 5,000 to 8,000 children detained annually at the Southwest border. Spurred by increasing violence at home, since then their numbers have increased rapidly, from 15,949 children detained in FY 2011 to 68,541 in FY 2014. Even as efforts to restrict immigration have intensified, the number of unaccompanied children arriving has remained high. In FY 2017, 41,435 unaccompanied children were apprehended along the U.S.-Mexico border (CBP, 2017b). Yet these alarming figures do not fully reflect the number of unaccompanied children who migrate to the U.S., some of whom die on the dangerous routes north, while others enter the country undetected.

Even as efforts to restrict immigration have intensified, the number of unaccompanied children arriving has remained high.

Unaccompanied children are a uniquely vulnerable group of youth with specific psychosocial needs. The available research suggests that they are at increased risk of violence, exploitation, and other forms of trauma throughout their migration processes compared to other migrants. Unlike other child migrants, they encounter many of these adversities without the support of parents and other adult caregivers. Following their arrival in the U.S., their adjustment process may be compromised by protracted legal proceedings to determine their eligibility to remain in the country (Fitzpatrick & Orloff, 2016).

Children are forced to leave their home countries in Central America due to high rates of gang-related and gender-based violence, stark poverty, maltreatment in the home, abandonment by caregivers, and the rampant crime and lawlessness in the region (González-Barrera, Krogstad, & Lopez, 2014; Kennedy, 2014; UNHCR, 2014). Honduras and El Salvador are among the most violent countries in the world (UNHCR, 2014). El Salvador has one of the highest homicide rates, with 2016 crime statistics showing an annual homicide rate of 81.7 per 100,000 inhabitants (Reuters, 2017). This figure is considered an underestimate, given that many victims choose not to report due to a fear of not being taken seriously by authorities and of suffering retaliation by aggressors. Migrants of all ages and from all three Northern Triangle countries (El Salvador, Guatemala, and Honduras) cite violence, forced gang recruitment, extortion, poverty, abuse, and abandonment among their reasons for leaving (Council on Foreign Relations, 2018).

Migrants of all ages and from all three Northern Triangle countries cite violence, forced gang recruitment, extortion, poverty, abuse, and abandonment among their reasons for leaving.

Rules governing the treatment and forms of immigration relief available to unaccompanied children apprehended by U.S. immigration have been established by a series of statutes, regulations, and lawsuits, including the Flores Settlement Agreement of 1997, the Homeland Security Act of 2002, and the William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA) of 2008 (U.S. Citizenship and Immigration Services [USCIS], n.d.). U.S. laws require that when immigration officials take custody of children, the children must be screened to ascertain if they are unaccompanied and to transfer them to the Office of Refugee Resettlement (ORR), an office of the Department of Health

and Human Services, within 72 hours. This agency has responsibility for releasing the child “without unnecessary delay” to the “least restrictive setting appropriate,” which normally means the closest relative available in the United States. This person will often be a parent, other family member, or family friend. Alternatively, it may be another adult who is not related to the child’s family but is a U.S. citizen, a lawful permanent resident, or has some other form of legal immigration status in the United States. When children do not have someone available to care for them, they are typically placed in foster care or a shelter, either of which can be located anywhere in the country. Mexican children are excluded from these legal protections and as a result are typically turned back to their home country after a brief screening by immigration agents unless they are identified as at risk of trafficking or persecution (Byrne & Miller, 2012).

From a legal standpoint, unaccompanied children may qualify for a number of forms of immigration relief. These include Special Immigrant Juvenile Status (SIJS) (for children abused, abandoned, or neglected by one or both of their parents either in their home countries or in the U.S.), asylum (for children persecuted in their home country on the basis of their identity as part of a particular social group), T-visas (for children trafficked into the U.S. or who after arriving in the U.S. become victims of human trafficking), U-visas (for children who have been victims of specified criminal activities perpetrated in the U.S. including domestic violence, child abuse, sexual assault, and many other violent crimes) (Fitzpatrick & Orloff, 2016), and Violence Against Women Act (VAWA) immigration protections for children who have been abused by a parent, step-parent, or parent’s spouse who is a U.S. citizen or lawful permanent resident (Aranda, 2016; Fitzpatrick & Orloff, 2016; U.S. Department of Homeland Security [DHS] Infographic, 2017). In many instances, these provide a potential path to lawful permanent residency that many immigrant children qualify to receive. However, filing for relief under these protections requires that the child be supported through a process of developing an affidavit that relates the child’s story of maltreatment. This affidavit is submitted as evidence to the U.S. Citizenship and Immigration Services of the U.S. Department of Homeland Security. Children who are placed in removal proceedings will be required to provide testimony before an immigration judge in which they retell the history of the victimization suffered.

Unlike in the criminal justice system, unaccompanied children (and other immigrant youth) do not have a right to appointed legal counsel. This means they frequently have to navigate the complex U.S. immigration and legal system on their own. Advocacy organizations have reported that unaccompanied children usually do

not speak English, are likely to be unfamiliar with U.S. customs and culture, typically lack awareness of their human and legal rights, and like other children their age, are not yet fully neuro-cognitively mature. Together, these factors make it impossible for them to represent themselves adequately in legal proceedings (Frydman, Dallam, & Bookey, 2014). Consequently, the presence of an attorney has been shown to have a dramatic impact on the outcome of cases. A 2014 report by the Transactional Records Access Clearinghouse (TRAC) found that in 73% of unaccompanied child cases with legal representation, the child was allowed to remain in the United States. When the child appeared alone without legal representation, only 15% were allowed to remain in the country. However, despite initiatives to increase representation of unaccompanied children, levels remain alarmingly low. Of children whose cases were filed in FY 2015, 29% remained unrepresented as of August 2017. For cases, filed in FY 2017, 76% of children remained unrepresented (TRAC, 2017).

Human rights and legal advocacy organizations have emphasized that this is not only an immigration question, but also a “human rights, human development, refugee, and humanitarian challenge.”

In addition to legal representation, medical and mental health evaluations are often critical to unaccompanied children’s immigration cases. These can provide evidence for children’s claims by documenting traumatic experiences to which they were exposed, their psychological impact, and children’s resulting fears of returning home. A study evaluating the asylum grant rate for asylum seekers who received medical evaluations from Physicians for Human Rights (Lustig, Kureshi, Delucchi, Iacopino, & Morse, 2008) revealed that 89% were granted asylum, compared to the national average of 37.5% for asylum seekers who did not receive evaluations.

Furthermore, mental health professionals have a crucial role to play in the alleviation of unaccompanied children’s suffering following exposure to extraordinary adversity in their home countries, throughout their migration processes, and following their arrival in the United States. Prior to leaving their home countries, unaccompanied children have been separated from loved ones, a large proportion have been exposed either directly or indirectly to gang violence, and many have experienced abuse or neglect (Kennedy, 2014; UNHCR, 2014). During their journeys north, children

often travel without any resources or social supports, and use perilous forms of transport on routes patrolled by violent gangs (National Child Traumatic Stress Network, 2015). Upon their arrival in the U.S., children may be detained in poor conditions that are not conducive to their welfare (Baily, 2017; Huebner, Pinheiro, Anderson, Dasse, & Lyall, 2014). Even when released to the community, they often struggle to find a safe haven as they are vulnerable to a host of risks, including maltreatment, crime victimization, difficulties adjusting to a new language and culture, unstable immigration status, and lack of needed educational, medical, mental health, and legal resources. Research and clinical experience tell us unequivocally that children who are victimized, re-victimized, unprotected, and neglected in their basic needs, and who do not receive prompt interventions, may suffer from serious psychological, physiological, and behavioral problems, including chronic health conditions (Centers for Disease Control and Prevention, n.d.; Moroz, 2005). The longer the abuse, neglect, and lack of treatment persist, the harder it becomes to repair the damage to a young mind.

Human rights and legal advocacy organizations have emphasized that this is not only an immigration question, but also a “human rights, human development, refugee, and humanitarian challenge” (Musalo, Frydman, & Cernadas, 2015, p.ii). According to the 1951 Refugee Convention and its 1967 Protocol, when individuals are forced to flee their home country due to persecution, war, or violence, and their governments are “unable or unwilling” to protect their human rights, the international community agrees to ensure that this vulnerable group is safe and protected (UNHCR, 2011). As one of 146 signatories to the 1967 Protocol that broadened application to people outside of Europe and included those affected beyond the events of World War II, the U.S. accepted responsibility to provide protection and relief (United Nations General Assembly, 1967). First-hand accounts of observers in border and detention centers and mental health and legal professionals working with these children and their families have found that a large proportion fled their country of origin and separated from their caregivers in desperation, and that they are suffering from the impact of both previous trauma and their traumatic journey and detention experiences (American Immigration Lawyers Association, 2015). A 2014 UNHCR study of unaccompanied children apprehended by U.S. immigration authorities found that more than half were likely eligible for international protections based on their pre-migration experiences (UNHCR, 2014). Given the accumulated evidence, many non-profit organizations have been seeking more humane treatment, increased access to services, and greater protections from deportation for unaccompanied children (Committee on the Rights of the Child, 2012; Huebner et al., 2014).

Despite some localized initiatives among mental health professionals, organized action at the national level remains less visible. However, shared awareness regarding the magnitude of the unaccompanied child migrant challenge, the psychological impact of these children's circumstances, and their need for supportive services demands a response. Collectively, we can promote understanding of the problem through a psychological lens, contribute to finding solutions that consider developmental and emotional implications, and advocate for changes that will protect and heal unaccompanied children and uphold their rights. Isolated efforts have been made by national organizations. For example, the American Psychological Association (APA) developed its Resolution on Immigrant Children, Youth, and Families (1998), which was presented to the U.S. Congress (Vonachen, 2010). The National Latina/o Psychological Association (NLPA) has an interest group dedicated to issues that are relevant to undocumented immigrants (the Undocumented Immigrant Collaborative) and has developed several important advocacy documents, including: 1) Guidelines for detention center personnel working with unaccompanied asylum-seeking minors (Torres Fernández, Chavez-Dueñas, & Consoli, 2015a); 2) Guidelines for mental health professionals working with asylum-seeking minors (Torres Fernández, Chavez-Dueñas, & Consoli, 2015b); and 3) numerous position statements and calls to action. Given the dimensions of the current immigration crisis, a more robust presence in the advocacy world is called for if we want to continue to be relevant as a field that values and protects human rights.

Despite some localized initiatives among mental health professionals, organized action at the national level remains less visible.

Additionally, the mental health field has a role to play alongside other professional groups in responding to the current White House administration's growing list of executive orders on immigration. Those pertaining directly to unaccompanied children include narrowing the provisions for immigration relief available to them, reducing the due process requirements for their cases, and removing current safeguards on their treatment while in U.S. custody. More broadly, unaccompanied children are affected by other harsh immigration proposals and

the atmosphere of hostility they have created, such as calling for construction of a border wall between the U.S. and Mexico and threatening to cut all federal funding from so-called “sanctuary cities” that refuse to turn over immigrants to Immigration and Customs Enforcement (ICE) in their effort to detain and deport undocumented individuals. These policy proposals and executive orders have produced tremendous fear, both within and outside our borders, and had a detrimental impact on some of our most vulnerable populations. Government agencies influenced by xenophobic voices and intolerance against immigrants are changing policies at the macro and micro level. We must stand ready to assist Congress in crafting sensible immigration legislation grounded in the principles of dignity and respect. It is also imperative to challenge any and all executive orders, policies, proposed legislative actions, and procedural strategies that are divisive, racist, discriminatory, and anti-immigrant.

Upon their arrival in the U.S., children may be detained in poor conditions that are not conducive to their welfare.

As experts in human behavior and mental health, we are well-positioned to provide insight and offer services to alleviate the human tragedy experienced by unaccompanied children who have fled to the U.S. seeking safe haven. Our collective voices can enrich society’s understanding of these children, including their experiences, trauma histories, needs, and rights. We can recognize the ramifications for children who have experienced displacement, loss, and trauma, with scant material or psychological supports. It is with these goals in mind that this working group linking social science research and knowledge with advocacy and legislative efforts came together to propose solutions to this multifaceted human challenge. Only with effective working alliances among advocates, researchers, clinicians, law enforcement, and attorneys can we find a viable approach to alleviate the suffering unaccompanied children experience at different points of their journey towards safety and stability, and provide the resources to foster the healthy development to which they are entitled.



PRE-MIGRATION STRESSORS AND REASONS FOR MIGRATION

TO ADDRESS THE NEEDS of Central American minors in the U.S. effectively, it is important to appreciate the context of their home countries, and the myriad reasons that have compelled them to migrate north. Acknowledgement that unaccompanied children arrive at the U.S. border with narratives that include traumatic histories of exposure to extreme violence, child abuse, neglect, abandonment, poverty, and sexual assault is an essential foundation to an international humanitarian response; anything less than that neglects key factors and risks the promotion of ill-informed policy.

The life-threatening circumstances to which many children in Central America are exposed appear to be one of the primary drivers of unaccompanied child migration.

The life-threatening circumstances to which many children in Central America are exposed appear to be one of the primary drivers of unaccompanied child migration. From May through August 2013, the UNHCR Regional Office for the U.S. and the Caribbean conducted a study to gather detailed information on the reasons for migration among youth from Mexico, El Salvador, Guatemala, and

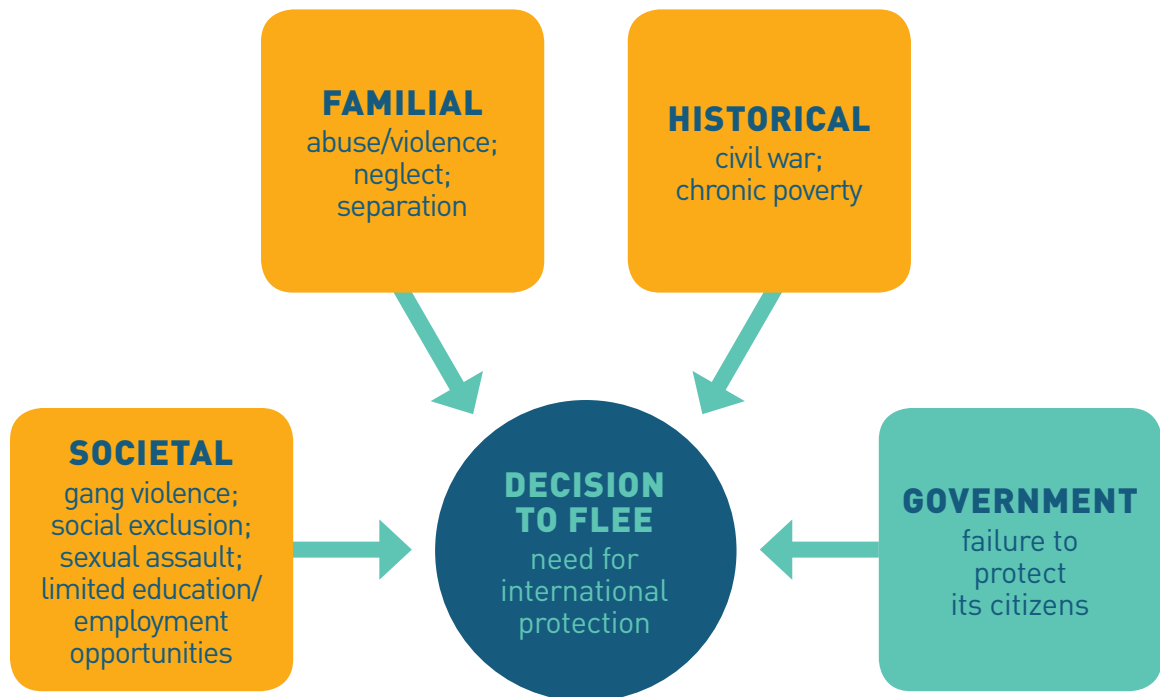
Honduras (UNHCR, 2014). Four hundred and four unaccompanied children and adolescents between the ages of 12 and 17 were interviewed. Their accounts revealed that 58% were “forcibly displaced because they suffered or faced harms that indicate a potential or actual need for international protection” (UNHCR, 2014, Executive Summary, p. 17).

The findings from the UNHCR study mirror those from other reports and studies investigating the causes driving young migrants from Central America. These include: long-standing family separations and the desire for reunification; community-based insecurity, including gang violence and ineffective institutional supports; lack of available caregivers; physical, emotional, and sexual abuse; social deprivation; escape from the threat of human smuggling and trafficking; corruption; hopes for better education and work opportunities; and misunderstanding of U.S. immigration policy (i.e., inaccurate expectations regarding the path towards legal status) (Arana, 2005; Baily, 2017; Kennedy, 2014; Rosenblum, 2015; United Nations Children’s Fund [UNICEF], 2016; UNHCR, 2014; U.S. Government Accountability Office [GAO], 2015). Although not all-encompassing, the factors precipitating the exit of so many youth can be organized into three categories: societal, familial, and historical. Societal reasons include gang violence, having experienced or being at grave risk of sexual assault, social exclusion, and limited opportunities to engage in meaningful education and employment. Familial reasons include efforts to escape an abusive household, children with no available caregiver to take care of them, and family reunification. Historical reasons include those elements that have shaped the life and current circumstances of the affected youth, but that they did not necessarily live through. In the case of Central American youth, these include the aftermath of civil war and chronic poverty, or the state of being born into poverty and, in many instances, passing it on to future generations (Hulme & Shepherd, 2003). It is the complex interaction between these three elements, and the failed response from government entities to protect children who are among the region’s most vulnerable citizens, that serves as a backdrop to the crisis afflicting Central American children migrating to the this country (see Figure 1).

It is also important to acknowledge the ways in which past and present U.S. policies and practices have contributed to the challenges faced by El Salvador, Guatemala, and Honduras (Eguizábal et al., 2015). During the Cold War, the U.S. intervened in the politics of the Northern Triangle countries to bolster its own political and economic interests, contributing to the instabilities that have plagued the region

ever since. More recently, in the 1990s and 2000s, the U.S. government deported a large number of Central Americans, many of whom had become gang members in the U.S. and continued their violent, criminal activities back in their countries of origin. Additionally, the U.S. is one of the world's largest markets for illicit drugs, and the country's efforts to curb drug trafficking in Mexico and the Caribbean have led to the trade partially relocating to Central America. This has led to the increasing power and prominence of the gangs in the region and a devastating escalation in the violence and lawlessness of the Northern Triangle countries. Adding to the problem, the U.S. has done little to curb the trafficking of firearms across its southern border and into Mexico and Central America (Eguizábal et al., 2015).

FIGURE 1. The context for immigration among Central American youth.



Societal challenges: Gang violence, sexual assault, and social exclusion

For over a decade, escalating violence and a persistent threat from powerful transnational gangs such as Mara Salvatrucha, or MS-13, and their rival, the 18th Street gang, or M-18, have emerged as common push factors among Central American children and adults (Council on Foreign Relations, 2018; Seelke, 2018). Youth in the region have been particularly vulnerable to the influence of forced recruitment, and there is a recognition that the prevalent gang violence is contributing to a 'refugee-like' situation in the Northern Triangle (Kids in Need of Defense [KIND], 2013; Seelke, 2016). Among some youngsters, gang affiliation has translated into an opportunity to obtain financial resources and secure survival for themselves and their families (Sawyer & Márquez, 2016; UNICEF, 2016). In repeated instances, adolescent girls and their families have been forced to flee due to sexual assault, the ongoing threat of sexual violence and exploitation, including from local gangs, and the realization that they cannot expect reliable protection from the local authorities (Eguizábal et al., 2015; Lakhani, 2016). At the extreme end of the spectrum, many girls and women have fallen victim to femicide, homicide against a woman or a girl that is perpetrated on account of her gender, usually by a man. According to United Nations Women, 14 of the 25 countries with the highest recorded rates of femicide in the world are located in Latin America and the Caribbean (2017). Honduras (466 per 100,000 females), El Salvador (371), and Guatemala (211) have the highest, second, and fourth highest rates of femicide in the region (Gender Equality Observatory for Latin America and the Caribbean, n.d.).

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Additionally, bystanders, witnesses, and victims of crimes are frequently targeted by gang members and intimidation tactics restrict their freedom (International Crisis Group, 2016). Small businesses and the public transportation sector have been especially affected by extortion from gangs, resulting in the destruction of their property and death threats to themselves or their families for inability to pay (Dudley &

Lohmuller, 2015). A chronic state of lawlessness and violence has been normalized, and it is estimated that 95% of crimes go unpunished (Eguizábal et al., 2015). While initially people may attempt to move within country rather than attempt the dangerous and costly trek north, often internal displacement does not resolve their security concerns and the only chance for survival is to migrate to the United States.

For the children who resist the pressure to join gangs, or particularly in the case of girls who reject gang members' sexual advances, fleeing the country may be the only remaining option.

It is almost impossible to separate the emergence of gang violence in Central America from the issue of social exclusion. The rise in power among the MS-13 and M-18 gangs coincided with the arrival of deported youth who had been incarcerated in the U.S. and sent back as required by U.S. immigration laws enacted in 1996. Many of the deportees returned to their home countries with limited skills and unfamiliar with the language, customs, and daily life that awaited them. The lack of opportunities and loss of structure resulted in many recreating the life they had known in the U.S. (Johnson, 2006). As the newly formed gangs gained strength, the life they offered appealed to a growing generation that felt disenfranchised by a society that provided little opportunity to access education and employment. The result has become a society of marginalized youth often referred to as the “Ni/Ni” generation, “ni estudiant, ni trabajan,” which translates as a generation that neither studies, nor works (Salazar-Xirinachs, 2012). For some, in the absence of meaningful opportunity, joining the gangs is the only feasible option to escape an otherwise dismal and hopeless life. For the children who resist the pressure to join gangs, or particularly in the case of girls who reject gang members' sexual advances, fleeing the country may be the only remaining option (Baily, 2017).

For some unaccompanied children who migrate to the U.S., social exclusion has occurred in the form of brutal repression, discrimination, and persecution as a result of gender or sexual orientation diversity (Amnesty International, 2017; Moloney, 2017). Strong traditional values that espouse “macho” and “feminine” identities are oppressive to children who do not conform to such social standards. Violence and persecution by the community and even their own families force some to escape and seek refuge elsewhere.

PEDRO, SEVENTEEN YEARS OLD, GUATEMALA

Until Pedro reached the seventh grade in Guatemala, his life was uneventful. Then, he witnessed the assassination of a classmate by a gang member while playing in the courtyard of his school. At first, he was accused of the murder. However, after spending a week in jail, he was exonerated. When the gang found Pedro in another school, they threatened him, and physically assaulted him on at least seven occasions. Pedro was kidnapped while on his way to a nearby village to borrow a book for a school assignment. His parents were asked for a ransom. He was eventually able to escape his kidnappers, but the stranger who helped him flee turned out to be a smuggler. This man forced Pedro to make a choice: come to the U.S. so his family would pay the smuggler or be returned to his kidnappers. Pedro agreed to accompany the man. After they traveled with several other people, they crossed into the U.S. and were detained by immigration officers. Pedro was placed at a detention center for adolescents in Arizona. He was transferred into the care of an agency and placed in a foster home in the State of Washington. When he was able to communicate with his parents, Pedro was informed of the assassinations of several uncles. Their bodies were marked with gang signs to make sure the family knew they were killed because Pedro's ransom had not been paid. Pedro has been told that he will be assassinated if he returns to Guatemala. He continues to be afraid for his life and the lives of his siblings and his parents.

Familial circumstances: Experiences of abuse and the hope of reunification

Beyond the rampant violence in the community, instances of violence, abuse, and neglect at home are often reasons for unaccompanied children's departure. Findings from the 2014 UNHCR report revealed that 21% of the minors interviewed had experienced or feared abuse in the home (UNHCR, 2014). Similarly, a 2013 report generated from interviews with 126 children from the Northern Triangle countries and Mexico found that 26% reported fleeing from environments of "severe abuse" (KIND, 2013, p. 27), and 23% of children from a study of unaccompanied children resettled to family in the New York City area had suffered physical abuse in their home countries (Baily, 2017). Perpetrators may include parents, relatives, or non-relatives left to care for the children after their primary caregivers migrated. Among the children surveyed in the 2013 study by KIND, 54% reported living in a home in which one of the parents had migrated to the U.S.; this is significant as the absence of one caregiver has been found to contribute to family disintegration and make children increasingly vulnerable to abuse and exploitation (KIND, 2013).

Beyond the rampant violence in the community, instances of violence, abuse, and neglect at home are often reasons for unaccompanied children's departure.

From a developmental perspective, the experience of growing up in an environment that lacks the necessary emotional support and economic resources limits children's ability to thrive and, for many, creates a prolonged yearning for reconnection. After long-standing separations from caregivers, it is understandable that children and adolescents would seek to reunite with their families of origin. For many, the misperception that they will be allowed to stay with their parents in the U.S. by virtue of their parents' long-term residency contributes to the decision to migrate (GAO, 2015). Among some young males, an overlapping need to escape from abusive situations, an opportunity to escape the risk of gang recruitment, a sense of responsibility to provide for family members, and a willingness to search for adventure have also emerged as contributing to their decision to leave home (Ruehs, 2016).

Historical background: Legacies of civil war and chronic poverty

Consideration of the historical context of civil wars and entrenched poverty throughout the Northern Triangle region also explains the migration patterns seen today. Orozco and Yansura (2015) identified three distinct Central American migration periods to the U.S.: political migration resulting from the civil wars between the 1970s and 1980s; economic migration in the period of the 1990s to the 2000s; and the recent influx stemming from growing societal violence. El Salvador, Guatemala, and Honduras have been plagued by histories of political and socioeconomic unrest that have resulted in weak economies, fragile governments, citizen mistrust, and access to weapons that had been used in the wars (Sawyer & Márquez, 2016). Therefore, the perception of insecurity with little hope for change is not only based in the current reality, but in the unstable aftermath of regional civil wars and endemic shortage of basic resources. While it is beyond the scope of this document to detail the legacy of U.S. foreign policy in Central American nations, recognition of the U.S. influence in the region's civil wars and their aftermath is an essential contextual consideration in understanding the current state of affairs (Eguizábal et al., 2015).

The legacy of chronic poverty has been a contributing factor for generations of individuals migrating to the United States.

The legacy of chronic poverty has been a contributing factor for generations of individuals migrating to the United States. In 2013, nearly 63% of the population in Honduras lived below the national poverty line; in Guatemala, the figure was estimated at 60% in 2011; and in El Salvador, over 33% of the population were estimated to live in poverty in 2013 (UNICEF, 2016). The challenge is especially pronounced among rural communities, which often rely on agriculture for their livelihood. Among young people living in the rural sections of these three countries, the possibilities of attaining a better future often appear non-existent.

ANA, EIGHT YEARS OLD, EL SALVADOR

Ana migrated with her 15-year-old cousin at the age of 6 to live with her grandmother in the U.S. because her mother disappeared and left her with Ana's father, who suffered from schizophrenia and a long history of alcohol abuse. Ana entered the U.S. undetected, but came to the attention of Child Protective Services at age 8 due to physical child abuse by her grandmother. It was reported that Ana's grandmother hit her with a rope, causing severe bruising. During the interview with Ana, she also disclosed that when upset, her grandmother tells her that she does not love her and that Ana is a burden and a nuisance. She further said her grandmother harshly disciplined her and she incurred several injuries that she never reported because she did not want to be sent away. A physical exam found that Ana had serious scars from burns to her face, chest, and arm that were reportedly caused by her father throwing her on a fire pit during a psychotic episode before she migrated to the United States. During the psychological evaluation, Ana disclosed that after an aunt took her from her father's care, her aunt's husband raped her and because of this, her aunt decided to send her north. Ana also disclosed that her grandmother's husband bathed her regularly and touched her inappropriately on her private parts on more than one occasion. It was reported that Ana has been saying that she was going to kill herself, had nothing to live for, and life was worthless, and this irritated her grandmother. Ana was placed in a foster home and when asked about it, Ana said she felt good because at her grandmother's house she was always scared that she was going to be hit or about her grandfather's temper because he fought with the grandmother; once she saw him putting a knife to her grandmother's chest. Ana added that she felt guilty about the disclosure of the abuse because her grandmother has been so good about giving her a place to live.

The challenging reality facing the international community is that there is not one root cause or a single push or pull factor that accounts for unaccompanied children's migration.

The reasons precipitating the flight north are complex, vary considerably from one child to the next, and demand deliberate action and investment by multiple stakeholders if there will be the possibility of change.

Due to the widespread insecurity and crime in the region, fleeing for survival has overtaken leaving in search of opportunity and a more promising future as the primary reason for migration.

The challenging reality facing the international community is that there is not one root cause or a single push or pull factor that accounts for unaccompanied children's migration. The reasons precipitating the flight north are complex, vary considerably from one child to the next, and demand deliberate action and investment by multiple stakeholders if there will be the possibility of change. Due to the widespread insecurity and crime in the region, fleeing for survival has overtaken leaving in search of opportunity and a more promising future as the primary reason for migration. As summarized in the Musalo et al. (2015) report from the University of California Hastings Center for Gender and Refugee Studies, at the core of the current migration crisis lies the grim truth that in many of the originating countries: "childhood has become synonymous with witnessing or suffering violence; experiencing human rights violations and discrimination on various grounds; suffering from social exclusion; and being deprived of education, employment opportunities, medical services, and even food" (Executive Summary, p. ii). UNHCR has recommended that the governments of Mexico, El Salvador, Guatemala, and Honduras address the central issues driving the migration of minors from their countries. In the interim, however, the unaccompanied youth arriving at the U.S.-Mexico border seek the basic right to live in safety and thrive, and the U.S. has the moral responsibility to offer a humane response.



MY COUSIN

JOURNEY, APPREHENSION, AND DETENTION EXPERIENCES

WOMEN AND CHILDREN, who make up an increasing percentage of immigrants from Central America today, are at greater risk of being subjected to human rights violations due to illiteracy, gender-based domestic and sexual violence, discrimination, and a national or legal tolerance for violence against women and girls that results in government inability or unwillingness to intervene to stop and prevent abuse (Center for Gender & Refugee Studies, n.d.; Erez & Ammar, 2003; Robinson, 2006). Having decided to leave their home countries, unaccompanied children face a notoriously dangerous journey north. Arriving in the U.S., they run the risk of further traumatic apprehension and detention experiences.

Journey

Unaccompanied children are among the most vulnerable travelers on the migration routes north from Central America. A well narrated book by Pulitzer Prize winner Sonia Nazario (2007), *Enrique's Journey: The Story of a Boy's Dangerous Odyssey to Reunite with His Mother*, describes the hazards children risk to achieve their goal of safety and security in the United States. Children are exposed to health risks, hardships, frequent delays,

victimization, loss of property, unsafe lodgings, exposure to the elements, and victimization by criminals, traffickers, smugglers, and corrupt government officials who take advantage of their predicament. In recent years, many of the transnational gangs and drug cartels operating in Central America and Mexico have become engaged in the migration process, patrolling the routes north, threatening child and adult migrants, and extorting money from them. Frequently, they kidnap unaccompanied children and demand ransoms from their families (Chavez & Menjívar, 2010; UNICEF, 2016). In some instances, they coerce children into acting as mules to transport drugs (Terrio, 2015).

Although families often pay guides and smugglers, known as coyotes, to bring their children safely to the U.S., these groups of migrants are also preyed upon by the gangs, who demand fees from coyotes for each of the children traveling with them. Many children report being transported in crowded, squalid conditions in cars, minibuses, and boats, with very limited food or water (Baily, 2017; Hagan, 2008). Immigrant children, including but not limited to unaccompanied girls, are additionally at risk for physical and sexual abuse during their journeys, and susceptible to labor and sexual trafficking (Bhabha & Schmidt, 2008; Fazel & Stein, 2002; Women's Refugee Commission, 2012). Sometimes children are abandoned by their coyotes, leaving them to fend for themselves (Baily, 2017).

Many families cannot afford to pay a coyote, or children leave their home countries unannounced and on their own. These children often ride on the tops or undercarriages of trains, including the notorious freight train known as *la bestia* ("the beast"), where travelers risk falling onto the tracks, losing limbs, and even death (Chavez & Menjívar, 2010). Children describe witnessing tracks and tunnels littered with bodies where people have fallen to their deaths or been thrown off the train by the gang members who board and threaten those who cannot or will not pay (Baily, 2017). Unaccompanied children are also vulnerable to being exploited by corrupt police, who frequently threaten children and demand bribes (Casillas, 2006; Seugling, 2004).

The difficult terrain children cross while journeying north also presents many obstacles. At certain times of the year, the rivers children must traverse—often by inner tube or other makeshift means—are high and pose a threat of drowning. Children frequently become lost in the deserts of northern Mexico and the southern U.S., and risk severe dehydration or death (Baily, 2017; Eschbach, Hagan, Rodriguez, Hernández-León, & Bailey, 1999).

Apprehension and detention

Many unaccompanied children assume they will be deported if caught at the U.S.-Mexico border and thus evade arrest. This can lead to terrifying apprehension experiences in which children are pursued by armed border patrol agents. Some children report suffering cuts or injuries as they attempt to flee and being forcibly restrained when eventually captured (Baily, 2017; Bhabha & Schmidt, 2008). Once detained, immigrant children may be separated from adult traveling companions, including adult relatives with whom they may have made the journey. Unaccompanied children and children separated from family members are housed in U.S. Customs and Border Protection detention facilities pending transfer to the care of the Office of Refugee Resettlement. The alarming conditions in CBP facilities have been the subject of media reports (e.g., Redden, 2014) and legal complaints (e.g., Huebner et al., 2014). Children frequently report being held for days with limited communication and under bright lights that remain on day and night. They are often placed in overcrowded, dirty cells, without mattresses or privacy, denied the opportunity to contact family, and provided with poor or inadequate food. Children's possessions (including outer layers of clothing) are taken from them, and complaints about the cold conditions are so common that the cells are known collectively as *hieleras* (coolers). Some children have described hostile, demeaning treatment by guards, and there have been alleged instances of physical and sexual assaults by CBP staff on children (American Civil Liberties Union, 2018; Huebner et al., 2014). After enduring hardships in their home countries, during migration, and in detention, children are anxious about what the future may hold, and may be in a state of despair that they will be sent back to their home countries and that their dangerous journeys will have been in vain (Baily, 2017).

Although unaccompanied children often report being treated better in ORR facilities to which they are transferred, there remains an anxious period for children as they wait for staff to locate family members in the community to whom they can be released and for background checks to be completed (Baily, 2017). In about 15% of cases (Bipartisan Policy Center, 2014), the government is unable to identify a family member to whom the child can be released. These children are then, depending on their specific situations and needs, placed in long-term foster care, group homes, or secure residential programs for the duration of immigration proceedings that can take several years to complete (Byrne & Miller, 2012).



I love you



Be happy

POST-MIGRATION ENCOUNTERS

OFTEN AGAINST THEIR EXPECTATIONS, unaccompanied immigrant children encounter a new and complex array of challenges after release from immigration detention. Upon release, many children experience a sense of great relief and excitement about the opportunity to start a new, more hopeful and safer life reunited with family members they often have not seen in many years. However, soon after release, children and families are faced with a new set of challenges and may live in environments void of the supports necessary to facilitate their adjustment. These challenges should not be considered in isolation, but as interacting factors (e.g., with barriers in one domain affecting other domains, and experiences in prior migration phases impacting their current functioning). For example, previous experiences of exposure to gang violence might have resulted in posttraumatic stress difficulties in the child that may interfere with their ability to concentrate, focus, and process information (see Diagram 1). These faculties are critical at a time when children are learning a new language, adjusting to new customs, and adapting to a new family structure, social environment, and educational system.

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DIAGRAM 1. Impact of previous experiences.



PHOTOGRAPH © Sarine Arslanian

The process of family reunification

After release from the custody of ORR, unaccompanied children are placed with adult sponsors in accordance with a family reunification policy designed to “facilitate safe and timely placement” with family members or other qualified sponsors (ORR, 2015). Beyond a basic screening of the sponsor by ORR to determine capacity to care for the child, limited supports and services are available to facilitate the transition from the shelter to the new family unit (Kennedy, 2013; Roth & Grace, 2015). Moreover, for approximately 5 to 35% (Byrne & Miller, 2012;

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Roth & Grace, 2015) of unaccompanied children, sponsors are either unavailable or deemed unsuitable for placement. Children are hence placed in some form of long-term foster care (Crea, Lopez, Taylor, & Underwood, 2017). A lack of post-release support services may increase the likelihood that reunifications fail and lead to a greater risk of multiple changes in placement (e.g., children being relocated to alternative sponsors or foster care settings; Crea et al., 2017; Newton, Litrownik, & Landsverk, 2000; Webster, Barth, & Needell, 2000). The families residing in the U.S. face the challenge of integrating a new, often unexpected, family member in a household that may already have limited resources. The process of reunification poses significant challenges considering that families are often not intact, carry the emotional burden of lengthy separations between children and sponsors or, at times, lack prior relationships altogether. At the same time, unaccompanied children are frequently mourning separations from family members in their home countries who may have taken on important caregiving roles following their biological parents’ departures. Most households include caregivers who lack access to many social supports and benefits by virtue of their own legal status. The emotional strain that comes with unbuilt bonds is further exacerbated by financial fragility that leads to housing and food instability (Baily, 2017).

Legal challenges

After ORR releases unaccompanied children to sponsors, they undergo deportation proceedings, which can take up to several years to conclude. This period of not knowing whether they will be allowed to stay is often very stressful for children. For children who have reunified with family after long periods apart, there is the fear that they will once again be separated (Baily, 2017). Furthermore, undocumented children are not legally entitled to free counsel, without which they are far less likely to achieve a favorable outcome. Many children who are not represented end up being ordered deported from the United States. Recently, the Northwest Immigrant Rights Project and several other legal entities filed a claim in the Ninth Circuit, “C.J.L.G., A Juvenile Male v. Jefferson Sessions,” a case addressing whether an immigrant child facing deportation has a right to a government-funded attorney if he cannot afford to hire one. A three-judge panel ruled that children in immigration proceedings have no constitutional right to have an attorney appointed to them at government expense. If children are not able to hire an attorney to represent them, they must proceed with their case in immigration court by themselves. Several legal organizations, such as Catholic Charities, Kids in Need of Defense, and The Legal Aid Society receive funding to represent these children, but still a large proportion of unaccompanied children lack access to legal representation, further damaging their prospects of gaining legal status in this country (Pierce, 2015).

Barriers to healthcare

Unaccompanied children frequently encounter obstacles to medical and mental health care. The sponsors to whom children are released—relatives, family friends, and others—often live in poor neighborhoods, sometimes designated as “Health Professional Shortage Areas” (defined as areas with 3,500 or more people per primary care physician). As a result, finding high-quality, linguistically appropriate, and culturally sensitive healthcare can be very challenging. Lack of health insurance and bilingual services and fear of deportation due to immigration status are significant barriers to care. Undocumented children, unaccompanied or not, are ineligible for subsidized health insurance and health care in all but four states (New York, Massachusetts, Washington, and Illinois) and the District of Columbia (National Immigration Law Center, 2018). For unaccompanied children living in

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those places, health insurance provides access to a wide array of essential primary care and specialty services, including dental and mental health care. In all other states, accessing and paying for medical and mental health care becomes much more challenging.

Unaccompanied children face an array of barriers to proper educational services from the time of enrollment to graduation.

Some venues for affordable care include federally qualified health centers, emergency rooms, and school-based health centers, which are required to serve children regardless of immigration status (for more information on available resources, see <http://niwaplibrary.wcl.american.edu/pubs/programs-open-to-all-immigrants/>). Similarly, most children placed in foster care are eligible for free federally-based insurance (Lutheran Immigration and Refugee Service, 2015). However, some families may not know these services are available or, increasingly given the current political climate, they may worry that accessing public services will flag them as undocumented and place them at risk of deportation (Baily, 2017).

Barriers to education

Unaccompanied children face an array of barriers to proper educational services from the time of enrollment to graduation. Often times, the very process of enrolling a child in the school district becomes insurmountable for caregivers who may have difficulty gathering identity documents and proofs of address. Many sponsoring caregivers struggle to navigate the educational system, not just because of their lack of English proficiency but also due to not understanding its structure and regulations. Once enrolled, children are often wrongfully placed in schools that lack the resources to support their transition into the American educational system (e.g., a lack of bilingual teachers and support services). Separation from parents has been shown to predict poor academic achievement in recently arrived immigrant children (Suárez-Orozco, Bang, & Onaga, 2010),

and unaccompanied children's academic and social development may have been disrupted by a lack of access to schools in their countries of origin or during the migration process (Fazel & Stein, 2002). In an attempt to compensate for the lack of resources to support unaccompanied children's educational needs, they are often placed in lower grades than the equivalent in their home country, which sets them back further still. In other cases, older children are frequently encouraged to enroll in General Equivalency Diploma programs without understanding the implications for their future prospects and without an adult that can guide them into making informed decisions.

Acculturation challenges and discrimination

In addition to challenges such as learning English and forging a new identity, unaccompanied children have reported being stigmatized due to being immigrants and the insidious effect of overt and covert forms of discrimination on the part of peers, teachers, and school staff (Vera Institute of Justice, 2015). Post-migration experiences of discrimination and exclusion have been shown to exacerbate the risk of trauma and its consequences (Perreira & Ornelas, 2013). Perceived racial-ethnic discrimination can function both as a social stressor that leads immigrants to feel threatened and powerless and a biological stressor that produces biochemical changes that increase the risk of poor physical and mental health outcomes (Flores, Tschann, Dimas, Pasch, & de Groat, 2010). Unaccompanied children from indigenous groups, religious and ethnic minorities within their own culture, and LGBTQ youth are particularly susceptible to discrimination (Stark, Shapiro, Muñiz de la Peña, & Ajl, 2015; United Nations High Commissioner for Human Rights, 2012). For these children, the challenging experience of settling in the U.S. is often aggravated by the systemic discrimination and consequent barriers they faced as a "minority within minorities" in their home countries, which carries over to the process of acculturation in the U.S. (Thomas, 2011).



My sisters

PSYCHOLOGICAL CONSIDERATIONS AMONG UNACCOMPANIED CHILDREN

AS DESCRIBED ABOVE, unaccompanied children confront extensive challenges at each stage of their migration process. These challenges represent critical psychosocial stressors that place children at increased risk for experiencing emotional distress and developing mental health disorders. Despite their frequently harrowing migration experiences, the literature also suggests that unaccompanied children possess a remarkable capacity for resilience and positive long-term adjustment (Aldarondo & Becker, 2011; Baily, Henderson, Ricks, Taub, & Verdeli, 2011).

Mental health difficulties

Very little research has been conducted using standardized measures to empirically assess mental health outcomes among Latino unaccompanied children in the United States. This is despite the fact that children from Central America comprise the overwhelming majority of unaccompanied youth in this country (Wasem & Morris, 2014). In the absence of a large body of mental health outcomes research for Central American unaccompanied children in the U.S., we can nevertheless gain some further insight by considering findings from various related

sources of literature. These include: 1) research on the mental health outcomes of other unaccompanied child populations, immigrant youth with experiences of family separation, and Latino immigrant youth more broadly; 2) the wider literature on migration-related trauma; and 3) qualitative research and reports by legal and human rights scholars and advocacy groups working with migrant children.

The literature on unaccompanied children in other countries and from different troubled regions of the world suggests a range of potential deleterious mental health outcomes. Studies of refugee minors in the Netherlands and Belgium (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Vervliet, Lammertyn, Broekaert, & Derluyn, 2014), asylum-seeking children in Norway (Jensen, Fjermestad, Granly, & Wilhelmsen, 2015; Jensen, Skårdalsmo, & Fjermestad, 2014), and Sudanese refugee minors in the U.S. (Geltman et al., 2005) have found high levels of anxiety, depression, posttraumatic stress disorder (PTSD), general internalizing symptoms, suicidal ideation, low functioning in the home context, and low subjectively-perceived health among these children. Estimated prevalence of psychopathology in these studies ranges from approximately 30 to 50%, matching levels of suffering seen among children in war zones, refugee camps, and some of the world's other most challenging humanitarian crises (Baily, 2017).

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In the U.S., several qualitative and mixed methods research studies and reports by legal and human rights scholars and advocacy groups have investigated the mental health impact of detention on unaccompanied children. Through qualitative interviews with key informants, these sources have documented high levels of anxiety, psychosomatic complaints, PTSD, depression, and suicidal ideation among unaccompanied children placed in detention (Bhabha & Schmidt, 2008; Chavez & Menjivar, 2010; Women's Refugee Commission, 2016). Beyond the context of detention, one qualitative study investigated lawyers' perceptions of the mental health needs of unaccompanied children involved in deportation proceedings (Baily et al., 2014). Lawyers reported concerning thoughts,

behaviors, and emotions in approximately half of the unaccompanied children with whom they worked, noting internalizing symptoms (e.g., despondence, poor self-esteem), externalizing symptoms (e.g., behavioral problems, cutting), psychosomatic symptoms (e.g., sleepiness), and contextual signs of distress (e.g., poor school performance, interpersonal difficulties).

One recent mixed methods study (Baily, 2017) used a structured diagnostic interview to assess rates of common mental health diagnoses in a small sample of unaccompanied children recently released from Office of Refugee Resettlement custody to sponsors in and around New York City pending their immigration cases. Over half the sample met full diagnostic criteria (including associated impairment) for at least one mental health disorder. Anxiety and depressive disorder diagnoses were particularly elevated, while rates of behavioral problems were found to be no higher than in the general adolescent population. Despite their high levels of distress, qualitative findings showed that all children had continued to function in key aspects of life, such as going to school and fostering family and social relationships, and overwhelmingly they saw themselves as having overcome challenges rather than as victims.

Additionally, the Vera Institute of Justice and Fordham Law School's Feerick Center for Social Justice conducted a participatory action research study on the needs and circumstances of unaccompanied youth living in the New York City metropolitan area. Through interviews and focus groups, youth and service providers indicated several mental health-related issues of concern, including loss of identity, stigmatized identity, isolation, perceived discrimination, and stressful family separations (2015).

Risk factors for mental health difficulties

Studies of unaccompanied children in a variety of countries have identified several key factors associated with higher post-migration symptom levels and lower functional and behavioral health. These include higher frequency of adverse life events or traumatic experiences, history of personal injury, social isolation, and higher frequency of daily stressors (Bean et al., 2007; Geltman et al., 2005; Jensen et al., 2014; Vervliet et al., 2014). Although there has been little formal assessment of risk factors for psychopathology among unaccompanied children from Central America, the available literature is consistent with these findings.

By its nature, being unaccompanied involves a lack of protection from a trusting adult and has been associated with significantly greater exposure to violence both directly as victims as well as indirectly as witnesses (Gaborit et al., 2016). In the study of unaccompanied children released to sponsors in New York City (Baily, 2017), over 65% had been threatened with death or serious injury either to themselves or a loved one, and over 60% had witnessed someone's actual murder, serious injury, or death. Unaccompanied children's separations from parents and other caregivers present a number of other associated risk factors for psychopathology, including a lack of emotional support, heightened risk for abuse and neglect, and emotional vulnerabilities related to disrupted attachments.

The trauma literature indicates that initial traumatic experiences and resulting emotional dysregulation may lead to subsequent heightened risk for re-victimization (e.g., physical and sexual violence) and vulnerability to psychopathology (Aldarondo & Becker, 2011). Although unaccompanied children are often leaving their homes to escape trauma, their perilous journeys through Central America, frequently harrowing apprehension and detention experiences, and challenging post-migration acculturation can bring subsequent traumatic experiences. For example, research on unaccompanied children placed in long-term foster care showed that experiencing violence in home countries, and significantly acting out while in care, were associated with a higher likelihood of changing or failed placements (Crea et al., 2017). The challenges of acculturating to a drastically different environment in the U.S., in which—increasingly—unaccompanied children may be exposed to hostile and discriminatory attitudes towards Latino immigrants, only add to their vulnerability to traumatic stress reactions.

Research on the mental health outcomes of other immigrant youth populations further elucidates the risk factors to which unaccompanied children are vulnerable. Studies based on a longitudinal sample of adolescent immigrants from China, Central America, the Dominican Republic, Haiti, and Mexico have found that youth who experienced separation from their parents were more likely to report symptoms of anxiety and depression in the initial years following migration, as compared with youth who had not experienced separation (Suárez-Orozco et al., 2011; Suárez-Orozco, Todorova, & Louie, 2002). Additionally, in a study of immigrant Latino adolescents, pre-migration poverty and post-migration experiences of discrimination increased risk for trauma exposure and development of PTSD symptoms (Perreira & Ornelas, 2013). The migration process can be stressful in itself, involving loss of home, familiar environments, friends, social networks, and customs. Disruptions to home and relationship contexts can lead to social

isolation, loss of identity, and loss of perceived security and well-being (Aldarondo & Becker, 2011; Derluyn & Broekaert, 2008). Additionally, the quality of unaccompanied children's experience during apprehension and detention appears to be an important risk factor in itself. For example, higher levels of restriction within detention settings have been associated with greater psychopathology among unaccompanied children (Reijneveld, de Boer, Bean, & Korfker, 2005).

Initial traumatic experiences and resulting emotional dysregulation may lead to subsequent heightened risk for re-victimization and vulnerability to psychopathology.

Undocumented status is also a risk factor for psychopathology. While many factors may influence unaccompanied children's integration and success in the U.S., legal status has been identified as the "master status" (Abrego & Gonzales, 2010) due to its major implications for adjustment and social mobility. Unaccompanied children who were apprehended entering the country may receive some limited assistance accessing academic, social, legal, and healthcare resources via ORR (Roth & Grace, 2015), but also face the possibility of losing all these things if they are deported. Unaccompanied children who enter the country undetected have still less access to resources and face many of the same challenges as other undocumented youth in the United States. Only a small percentage of undocumented young adults complete high school, and even fewer go to college (Passel & Cohn, 2009). The very nature of being unauthorized, combined with scarce family resources, can lead to exclusion from financial aid at the federal and state levels (although at least 21 states provide some sort of assistance according to NASPA, Student Affairs Administrators in Higher Education), making it all the more difficult to complete any kind of post-secondary education. Research focused on undocumented immigrants who acquired legal status suggests that they moved on to significantly better jobs and their wages increased dramatically over time (Roth & Grace, 2015).

Unaccompanied children's tenuous immigration status can compound the fears of caregivers who themselves are often undocumented and facing potential removal. Parental deportation is associated with mental health problems in their children (Henderson & Baily, 2013), and the lack of clear policies to guide the removal of parents has led to inconsistent practices and lack of attention to child safety. In

The lack of family support services places children at greater risk during the family reunification process, whether it is with a parent, another relative, or a family friend, which in itself increases the risk of family conflict and homelessness.

In the context of this emotional vulnerability and family fragility, the chances of these children completing basic education and graduating decreases further, impacting their access to employment and overall stability.

his essay discussing the extant research and his clinical experience with children of parents removed for deportation, Zayas (2010) identifies several concerns: 1) children have been reported to be mistreated by immigration authorities, 2) the burden of notifying child protective agencies about the parent removal has been placed on children themselves, 3) they often have been denied access to lawyers or to their consulates, and 4) in some cases children have been left in the care of relatives or family friends unfamiliar to them, while in other cases children have been detained themselves for prolonged periods of time or removed to unsafe conditions. His study comparing children who had experienced a parent's detention and removal and those who had not found significantly higher levels of behavioral adjustment problems, depression, anxiety, and poor self-concept in those that went through that experience (Zayas, Aguilar-Gaxiola, Yoon, & Rey, 2015).

Unaccompanied children's frequent difficulty accessing needed resources presents an additional risk for psychopathology. Even though the experiences and journeys that bring unaccompanied children to the U.S. parallel those of refugees, unaccompanied children are not entitled to the same structure of benefits and support services refugees receive immediately after arrival (Kennedy, 2013). These resources include housing support, medical services, government stipends, social services, and other services that are critical for newcomers to meet their basic needs during the process of settling and adjusting to their new community. Families receiving unaccompanied children, however, receive little assistance and find themselves grappling with the task of fitting a new family member into an often already fragile household. ORR provides post-release services to only a small percentage of identified at-risk youth, limited to case management services, and these have been reported insufficient even for those who receive them (Kennedy, 2013; Roth & Grace, 2015).

The barriers unaccompanied children face in accessing proper mental health services increase their risk for exacerbated or chronic psychological difficulties, which can interfere with their development in all areas (Baily, 2017; Roth & Grace, 2015; Vera Institute of Justice, 2015). The lack of family support services places children at greater risk during the family reunification process, whether it is with a parent, another relative, or a family friend, which in itself increases the risk of family conflict and homelessness. In the context of this emotional vulnerability and family fragility, the chances of these children completing basic education and graduating decreases further, impacting their access to employment and overall stability.

Developmental considerations

Separations, traumatic events, and hindered access to essential resources such as emotional support, schooling, safe neighborhoods, and opportunities for normative peer activities can all have an impact on unaccompanied children's adjustment. Developmental models of risk, resilience, and psychopathology often adopt a systemic framework based on Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1977), with factors at different levels of proximity to the child (e.g., family, school, community influences, government policy) interacting with one another, potential stressors and supportive factors having a differential impact on children depending at what age they occur, manifestations of distress also varying based on children's age and developmental level, and the severity and nature of a child's difficulties frequently evolving over time.

The developmental impact of unaccompanied children's separations from caregivers is dependent on both timing and context. For example, children whose parents left them when they were very young may have no recollection of their biological parents and may have formed close bonds to other relatives who effectively raised them as their own children. However, children whose parents left when they were older often experience these separations as a traumatic loss, can struggle to form relationships with the replacement caregivers with whom they are placed, and may be more likely to suffer abusive or neglectful treatment from them (Baily, 2017). Attachment to primary caregivers in early childhood is associated with the development of many important neuropsychological processes, including emotional and behavioral regulation, cognitive flexibility, and social functioning (Cassidy, 1994; Nachmias, Gunnar, Mangelsdorf, Parritz, & Buss, 1996; Schuengel, Oosterman, & Sterkenburg, 2009). Disrupted attachments caused by early separations from caregivers can lead to impairments in these areas, potentially reducing children's capacity to cope with the multiple stressors to which they are exposed throughout their migration processes. They may also complicate the process of adjusting to the new household following reunification. Difficulties in the home may in turn hinder

Overexposure to stress hormones is also associated with increased risk for the development of physical health concerns, in particular cardiovascular and autoimmune disease.

other aspects of children's acculturation in the United States. Conversely, secure attachments can serve a protective role, both in helping to maintain loving relationships from afar and acting as a model for establishing nurturing relationships with replacement caregivers (Bowlby, 1953). By promoting good internal regulation and other executive functioning skills, they can help children navigate dangerous environments in their home countries and complex migrations, and foster children's success following migration in adapting to a new culture, making friends, and adjusting well to a new language and academic environment (Baily, 2017).

In addition to separations and loss, unaccompanied children are susceptible to both chronic stressors such as neglect, poverty, and discrimination and acute stressors such as kidnapping, sexual assault, and witnessing extreme violence. Sustained or cumulative exposure to traumatic stressors can have a profound impact on children's neurobiological development, physical health, and psychology. Prolonged and high concentration of the stress hormone cortisol in the developing brain has been shown to hinder the growth, functioning, and coordination between brain structures such as the hypothalamus, amygdala, hippocampus, and prefrontal cortex that play a key role in cognition, emotion and behavior modulation, and stress response (Lucassen et al., 2014; Pechtel & Pizzagalli, 2011). Disruption of children's neurobiology in this way compromises faculties such as mental flexibility, memory, planning, attention, decision-making, impulse control, and emotion regulation, can lead to heightened stress reactivity, and is associated with mental health difficulties such as depression, anxiety, and PTSD (Anda et al., 2006; Lucassen et al., 2014; Pechtel & Pizzagalli, 2011; Scott et al., 2015; Spann et al., 2012). Overexposure to stress hormones is also associated with increased risk for the development of physical health concerns, in particular cardiovascular and autoimmune disease (Schneiderman, Ironson, & Siegel, 2005).

The expression of psychopathology in response to traumatic stressors also varies considerably based on children's age, culture, the nature of the adversity to which they were exposed, and the availability of supportive resources to mitigate their impact and promote healthy development. Living in an environment of chronic insecurity and threat with limited access to supports can lead to complex trauma reactions (Robjant, Hassan, & Katona, 2009; Sinnerbrink, Silove, Field, Steel, & Manicavasagar, 1997). These can include attachment difficulties, dissociation, impulse control problems, poor attention and concentration, emotional and behavioral regulation difficulties, and poor self-image (e.g., children categorizing themselves and being labeled by others as "bad") (Courtois, 2008; Herman, 1992;

National Child Traumatic Stress Network, 2015). Such children may be diagnosed with a range of disorders to include anxiety, depression, bipolar disorder, PTSD, attention-deficit/hyperactivity disorder, and oppositional defiant disorder, often erroneously and compromising effective treatment. Expressions of trauma may also vary by age, to include developmental regression and separation anxiety in young children, somatic complaints (e.g., headaches, stomachaches), poor attention, sleep disturbances, aggressive behavior, anxiety, depression, guilt, and fearfulness in school-aged children, and shame, isolation, and engagement in high-risk or self-destructive behavior in adolescents (Workgroup on Adapting Latino Services, 2008). Children's manifestations of trauma can also differ based on their cultural background, reflecting local idioms of distress and shaping attitudes towards children and the supports available to them (Hinton & Kirmayer, 2013). For example, some Latino communities make a clear distinction between conditions classified as *locura* (which often involve antisocial or psychotic behaviors, are typically perceived as heritable and chronic, and are heavily stigmatized) and *nervios* (which may include anxiety, depression, and somatic complaints, are often attributed to adverse events, and are less stigmatized) (Guarnaccia, Martinez, & Acosta, 2005).

Long journeys to the U.S. and limited access to schooling while in government detention further disrupt unaccompanied children's education.

Academic adjustment is one key area of development frequently impacted by unaccompanied children's separations, disrupted childhoods, complex migration processes, exposure to traumatic stressors, and limited access to resources. Factors at multiple systemic levels may interact to disrupt children's education and learning. At the individual, biological level, children's disrupted attachments and exposure to other stressors may have compromised the development of mental faculties such as attention, memory, and planning key to learning. Unaccompanied children may also be experiencing posttraumatic stress responses, depression, anxiety, and other emotional difficulties, that make it hard to concentrate and process information (Coleman & Avrushin, 2017). Prior to migration, community factors such as endemic poverty may force children to drop out of school at an early age to support their families (Baily, 2017). Alternatively, children may be

afraid to go to their schools, which in Central America are often centers for gang activity and recruitment (UNHCR, 2014). At a structural level, governments may not offer accessible secondary education to all children, particularly in rural areas (Baily, 2017).

Long journeys to the U.S. and limited access to schooling while in government detention further disrupt unaccompanied children's education. Although their access to public education following release is protected under federal law, unaccompanied children sometimes face challenges enrolling due to structural-level difficulties including difficulty obtaining the required paperwork (Vera Institute of Justice, 2015) and schools discriminating against unaccompanied children as "illegal" or "criminal" (Roth & Grace, 2015) or out of fear that they will be a drain on resources and hinder school performance scores (Booi et al., 2016; Vera Institute of Justice, 2015). In some instances, children are placed in monolingual English programs or moved into a lower grade than they had reached in their home countries due to a lack of English language proficiency (Baily, 2017). Other unaccompanied children who have missed years of education in their home countries often find themselves placed in classes with students many years younger than them (Vera Institute of Justice, 2015), potentially damaging their self-esteem and creating a new set of social challenges. Struggling with the language, limited comprehension of the material being presented, and difficulties communicating with peers, some unaccompanied children report initially being bullied by other students (Baily, 2017). In certain instances, unaccompanied children who are under pressure to support family at home or pay off smugglers may attempt to balance going to school with working at night, impacting their physical and emotional health as well as their academic adjustment. Alternatively, some children feeling financial pressure just work rather than going to school at all, limiting their future prospects and potentially creating additional legal problems for them (Vera Institute of Justice, 2015).

Resilience processes

The literature on unaccompanied children in the U.S. has tended to focus on the stressors to which they are exposed and their resulting vulnerability to developmental challenges and mental health difficulties. By contrast, there has been little research addressing factors that protect against the development of psychopathology and promote healthy adaptation among these children. This broader, resilience perspective is important. It is consistent with the common observation that,

in spite of exposure to multiple extreme stressors, many unaccompanied children show a remarkable ability to function well following resettlement in the U.S. (e.g., Aldarondo & Becker, 2011; Lustig et al., 2004; Vera Institute of Justice, 2015). A resilience approach also reflects the fact that unaccompanied youth tend to identify with narratives of strength through adversity rather than victimization (such that a psychiatric perspective alone may be insufficient and unrepresentative of children's experience of themselves). Additionally, by investigating factors that assist as well as hinder children's healthy adaptation and development, a resilience perspective provides data to inform the provision of feasible, culturally-relevant psychosocial interventions tied to unaccompanied children's particular needs.

Originally proposed by Escobar (1998) to explain the low rate of mental health difficulties in adult Mexican immigrants, the "migration of the fittest" theory may apply to unaccompanied children as well. Unaccompanied children who make the bold choice to leave their home countries and who successfully plan and complete the journey to the U.S. may differ with regard to both internal resourcefulness and external supports compared to children who remain in their countries of origin or who do not successfully complete the trip north. While many unaccompanied children may experience psychological symptoms in the period immediately after their arrival in the U.S., these typically abate over time in the presence of a supportive environment (Suárez-Orozco et al., 2011).

To date, research on protective and promotive factors for mental health and well-being among unaccompanied children in the U.S. is limited to a few studies (e.g., Geltman et al., 2005; Goodman, 2004; Porte & Torney-Purta, 1987; Scott, 2009). However, taken together their findings are broadly consistent with a rapidly expanding literature investigating resilience processes among unaccompanied and other displaced youth in other parts of the world (e.g., Hodes, Jagdev, Chandra, & Cunniff, 2008; Kia-Keating & Ellis, 2007; Maegusuku-Hewett, Dunkerley, Scourfield, & Smalley, 2007; Rousseau, Said, Gagné, & Bibeau, 1998). This literature looks beyond individual-level personality traits and characteristics to conceptualize resilience in immigrant children as a dynamic process that evolves across the various stages of the migration process and involves interactions among multiple risk and supportive factors at different systemic levels—individual, familial, community, cultural, institutional, and structural. It also broadens the assessment of outcomes beyond mental health symptoms to include other culturally-specific and contextually-meaningful outcomes such as educational, social, and familial functioning

(Ungar, Ghazinour, & Richter, 2013), reflecting the common observation that unaccompanied and other displaced children may simultaneously present with distress and continue to function capably in many areas of their lives (Mollica, Poole, Son, Murray, & Tor, 1997).

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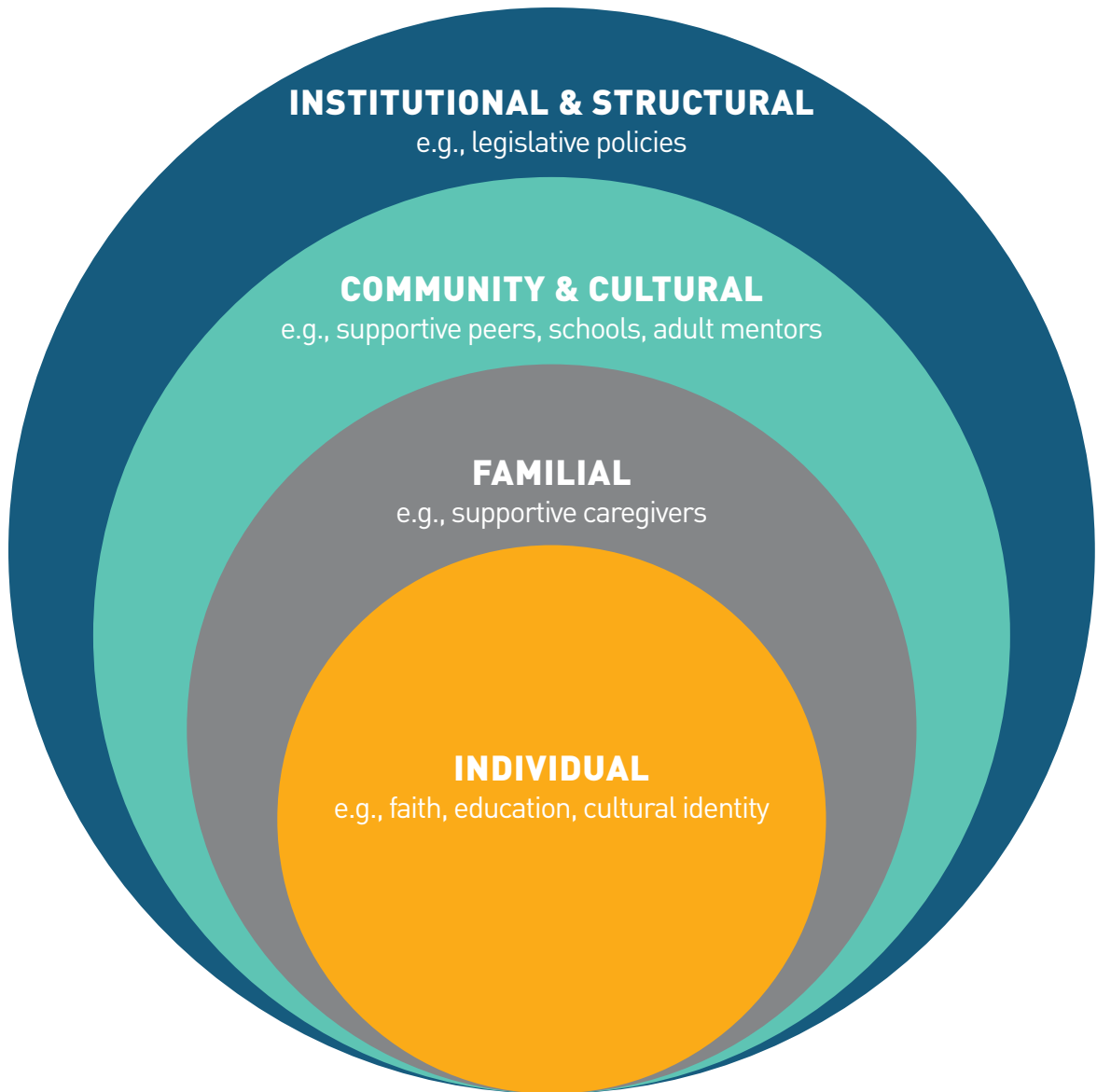
Some of the more commonly cited individual-level resilience factors include personal characteristics such as sense of personal agency and self-worth (e.g., Kohli & Mather, 2003; Kovacev & Shute, 2004). Coping strategies include behaviors such as prayer, social activities, sports, and distracting pastimes (e.g., Baily, 2017; Goodman, 2004), as well as attitudes and beliefs to include making meaning out of adversity, attachment to cultural identity and values, religious faith, children's trust in their mental strength and ability to overcome challenges, and educational and professional aspirations (e.g., Baily, 2017; Carlson, Cacciatore, & Klimek, 2012; Maegusuku-Hewett et al., 2007). Short-term and small-scale supportive interventions that promote these strengths can facilitate improvement in mental health outcomes (Derluyn & Broekaert, 2008). At the familial level, unaccompanied children's access to supportive parents and non-parent caregivers (either in person or through sustained communication during long separations) contributes to resilience processes (Baily, 2017; Berthold, 2000; Montgomery, 2010). At the community and cultural levels, the presence of supportive peers and adult mentors, school engagement, involvement in extra-curricular activities, church attendance, and association with and participation in local immigrant communities provide protective and promotive resources (Berthold, 2000; Kia-Keating & Ellis, 2007). At the institutional and structural levels, procedures to release apprehended children from restrictive settings to more supportive, child-appropriate environments (including, whenever possible, to their families) and policies legislating children's access to education, healthcare, and legal representation are important resilience-related resources (See Figure 2; Baily, 2017; Derluyn & Broekaert, 2007; Hodes et al., 2008).

The presence and applicability of these and other resilience resources are dependent on context- and timing-specific interactions between different variables across multiple systemic levels (Tol, Song, & Jordans, 2013). For example, for some unaccompanied children, an ability to suppress emotions may be an important protective factor when faced with potentially life-threatening experiences, such as the encounters with gangs that children frequently report in their home countries and on their journeys north to the U.S., and it may indeed remain an important coping strategy following migration (Goodman, 2004; Kohli & Mather, 2003). However, in other instances, children’s ability to share their experiences and feelings (through oral, written, or artistic means) with family, counselors, and other potential sources of support following migration may help them in their process of recovery from traumatic episodes. Children’s ability to disclose past experiences may also be an important aspect of advocating effectively for immigration relief, which in turn has important implications for their long-term security and well-being (Baily et al., 2014).

Children’s ability to disclose past experiences may also be an important aspect of advocating effectively for immigration relief, which in turn has important implications for their long-term security and well-being.

Protective and promotive factors are frequently clustered into “resource caravans” (Hobfoll, 2012), with the presence of one resource facilitating access to others. Thus, unaccompanied children’s release from government custody and reunification with family members is associated with a variety of other supportive factors. It protects children from the potentially deleterious impact of prolonged detention (Dudley, Steel, Mares, & Newman, 2012), and it can help foster a sense of safety, security, and stability to buffer children against the impact of past traumatic experiences. Love and emotional support from parents and other family members may help repair attachment relationships disrupted by long separations and, in doing so, foster normative developmental processes. Also, family can serve as advocates for unaccompanied children, helping them to access other potentially needed resources, such as education, medical care, counseling, and legal representation in their immigration cases (Baily, 2017).

FIGURE 2. Multi-level resilience factors.



The development of caravans of protective and promotive factors is dependent on the provision of “caravan passageways” (Hobfoll, 2012), the environmental conditions that support children’s access to resources. Examples of this include the legislative and structural changes that the U.S. government has instituted over the last 30 years to improve the treatment of unaccompanied children while in immigration custody, to facilitate their release to less restrictive settings, and to expand the types of immigration relief available to them (Byrne & Miller, 2012). For instance, the separation of the government’s prosecutorial responsibilities under DHS and caregiving role under ORR has improved the treatment of many unaccompanied children while in government custody, increased the proportion of children released to their families in the community, and led to the development of post-release case management services (Roth & Grace, 2015) and the provision of other programming, such as free legal orientations for children and their families in the community (Byrne & Miller, 2012). Despite the positive impact of these structural-level changes, it is important to note that much further progress is needed, especially regarding the poor treatment of some unaccompanied children before they are transferred from DHS custody (Baily, 2017; Huebner et al., 2014) and in the low rates of legal representation for unaccompanied children in their immigration cases (TRAC, 2017).

By integrating services, these types of programs are able to respond to the particular combination of needs and challenges to service access encountered by unaccompanied children.

An understanding of the different ways in which vulnerability, protective, and promotive factors interact to impact unaccompanied children and their migration processes based on timing and context can help identify key moments and areas for intervention (Ager, Annan, & Panter-Brick, 2013). With regard to the timing of interventions, for some children who have endured particularly stressful journeys, access to trauma-focused psychosocial services and educational programming while in ORR custody may mark a critical juncture in their migration trajectory, helping to ground them, providing them with coping strategies, and orienting them to the challenges of the post-migration period (Baily, 2017). With regard to the

clustering of interventions, unaccompanied children's enrollment in school, protected under federal law, can be a significant leverage point for accessing a broad range of resources from a variety of domains. In addition to providing academic instruction, schools may provide multiple benefits to unaccompanied children: they can protect against acculturation stress by providing a community, sense of belonging, and English-language instruction; they promote normative adolescent experiences, such as peer relationships, access to learning, and participation in sports and other extra-curricular activities; and they can reinforce children's belief in their ability to move past difficult pre-migration and migration experiences, succeed academically, and build a positive future for themselves (Baily, 2017; Kohli & Mather, 2003; Maegusuku et al., 2007). Schools may also provide access to school-based counseling services, which can simultaneously address educational and mental health needs, provide a low-stigma context in which to monitor children's adjustment over time, offer differing degrees of support based on children's current needs, and include the option of referring children to other, more targeted psychosocial programming and mental health services as required (Baily, 2017; Garrison, Roy, & Azar, 1999).

In keeping with a resilience-oriented, systemic approach to care for unaccompanied children, several programs have sought to integrate mental health treatment for unaccompanied children with other needed psychosocial services. The Immigrant Children's Legal and Service Partnership (ICLASP) in Miami offers one example of this type of interdisciplinary, collaborative care approach. It brings together counselors, lawyers, academics, and other stakeholders to develop and coordinate treatment, immigration orientations, legal representation, and other programming for unaccompanied children in local ORR detention facilities (Aldarondo & Becker, 2011). By integrating services, these types of programs are able to respond to the particular combination of needs and challenges to service access encountered by unaccompanied children. They also move beyond a needs-based perspective centered on children's mental health symptoms to adopt rights- and strengths-based approaches. These are focused on helping children to claim the resources and protections to which they are entitled and, through these resources, facilitating children's paths towards healthy adaptation and long-term well-being.



Happiness and
Goals

OPPORTUNITIES FOR COMMUNITY INTEGRATION

A SIGNIFICANT AND ONGOING CHALLENGE for receiving communities across the U.S. is the creation of accessible and culturally responsive systems of care that meet the varied needs presented by unaccompanied youth. While much of public attention has focused on the number of children and adolescents crossing into the U.S. and the reasons for the influx, less is known about the organization and mobilization of community networks in support of the affected youth (Gozdziaik, 2015). Despite the vulnerabilities posed by living in a constant state of fear and insecurity, these children deserve to be recognized for their resourcefulness, resilience, and “stories of overcoming” (Ehnholt & Yule, 2006; Henderson & Baily, 2016, p. 833; Michelson & Sclare, 2009). As a collective of informed professionals with expertise that spans the realms of mental health, health, advocacy, and law, we are well-placed to propose developmentally- and trauma-informed recommendations that sustain the physical and emotional

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integrity of youth arriving at the U.S. border. Similarly, communities across the country have the opportunity to join in and support children’s integration through advocacy and action. Programming that provides unaccompanied children with a chance to thrive, facilitates educational achievement, and promotes social, emotional, and cognitive development is not only necessary, but can also prove beneficial to the community as a whole.

Fostering healthy development and empowerment while also appreciating and responding to the hardships endured by unaccompanied youth is a suggested overarching goal for integration efforts. As described by Grace and Roth (2015), “quality services are not additive, but compounding” (p. 3). Connection to resources and active involvement in the educational, health, mental health, and legal systems ensure that youth are better equipped to engage in their communities. Based on a review of mental health risk and protective factors for children and adolescents forcibly displaced to high-income countries, Fazel, Reed, Panter-Brick, and Stein (2012) recommended that these receiving countries “implement immigration, healthcare, and social policies that support family units and keep deleterious consequences for child health and development to a minimum (p. 280).” In addition to family reunification, access to education and employment have been identified as key indicators for positive integration among immigrant youth (Fazel et al., 2012; Portes & Rumbaut, 2006).

To understand the complexity associated with the task of community integration for unaccompanied children, it is necessary to acknowledge the ambivalence that results from living in a chronic state of uncertainty.

The challenges associated with the process of acculturating to a new country compound the challenges of adapting to a new family situation and succeeding in the school system. In addition to the difficulties many unaccompanied children experience in school relating to identity, fitting in, and discrimination by peers, a lack of support services may slow the pace at which they learn English. Knowledge of English has been identified as a critical measure of, and prerequisite for, successful integration, and it has been shown to correlate with upward mobility and attainment of economic, social, and cultural capital (Goździak, 2015). It is critical to

address these issues in the educational context by increasing educators' and administrators' awareness regarding acculturative stress among unaccompanied children, implementing specific policies to promote English proficiency, and responding to and preventing all forms of discrimination.

Unaccompanied children who are apprehended and then released to an adult sponsor pending their immigration cases are, despite their uncertain legal status, at least recognized within the system and entitled to certain services.

To understand the complexity associated with the task of community integration for unaccompanied children, it is necessary to acknowledge the ambivalence that results from living in a chronic state of uncertainty. Integration can feel unattainable to some youth as they attempt to belong to a society that may not consistently recognize their presence and in which they are unsure whether they will be permitted to stay. Unaccompanied children's access to community-based services will greatly depend on their immigration status. Children who enter the country undetected may, for fear of being detected by the authorities, not come forward to receive any form of assistance, including reporting crimes committed against them (making them even more vulnerable to exploitation). Unaccompanied children who are apprehended and then released to an adult sponsor pending their immigration cases are, despite their uncertain legal outcome, at least recognized within the system and entitled to certain services. In some cases, ORR provides limited post-release services designed to facilitate community linkage (Roth & Grace, 2015). As noted previously, the challenges facing unaccompanied children following arrival in the U.S. are formidable: starting school, learning English, and in some cases, adapting to a new family system where new roles and responsibilities represent an additional process of acculturation. At the same time, they are often mourning separations from family members in their countries of origin. Furthermore, many children and adolescents are attempting this process of adaptation while also living with the psychological consequences of chronic exposure to traumatic events. Due to the prevalence of community violence in their home countries, it has been recommended that beyond offering instrumental support, integration programs for unaccompanied children address the psychological effects of being a witness and/or victim of violence (Goździak, 2015).

Legal status is an essential consideration in understanding patterns of health service utilization, potential for social mobility, and long-term community integration (Roth & Grace, 2015; Xu & Brabeck, 2012). Findings from a World Health Organization survey (Andrade et al., 2014) of 24 low/lower-middle-income, middle-income, and high-income countries (including the U.S.) revealed various structural barriers (e.g., lacking health insurance, transportation, or childcare, high treatment costs, limited knowledge about how and where to access care) and attitudinal barriers (e.g., expectation that problems would disappear on their own, stigma, self-reliance, perception that treatment would not help) that hinder initiation and engagement in mental health services. Among immigrant families, and particularly mixed-status families, fear of detection and possible deportation can further limit access to necessary services (Portes, Fernández-Kelly, & Light, 2011). For unaccompanied children, the barriers are often heightened as they do not have the language fluency or reliable sources of support to efficiently navigate the U.S. system of care. Following interviews with unaccompanied adolescents about their integration, Rodriguez and Dawkins (2017) identified children's common experience of unanticipated anxiety due to overly optimistic expectations regarding the availability of employment, the barriers created by large geographic distances and the need for transportation, limited access to healthcare, grief and loss of family members, and a chronic fear of detection and deportation.

Healthcare professionals have recognized that encountering unaccompanied and other immigrant youth in a care setting demands a flexible approach that includes sensitivity to a range of potential health, mental health, educational, advocacy, and legal needs (Ciaccia & John, 2016; Henderson & Baily, 2016; Linton, Choi, & Mendoza, 2016). As an example, Robinson (2015) described the role of pediatricians as "next responders" with the opportunity to "build capacity and resilience in our home communities by addressing the needs of these children as we would do for any child" (p. 206). However, as previously noted, both structural and attitudinal barriers can limit entry to the healthcare system, and as such, creative and non-traditional means of engaging minors in care have been suggested (Michelson & Sclare, 2009). These include school-based counseling programs with resources to address and understand psychological trauma for the youth and their sponsors, medical-legal partnerships, and promising extracurricular programs centered on the arts and sports which have been demonstrated to be effective among refugee youth (Baily, Henderson, & Tayler, 2016; Quinlan, Schweitzer, Khawaja, & Griffin, 2016; Stark et al., 2015).

SOCIAL JUSTICE ADVOCACY THROUGH EDUCATION

ADVOCACY IS AN AREA in which mental health professionals can be significant agents of change and serve the needs of unaccompanied immigrant children. As a professional activity, advocacy calls upon expertise and demands courage, particularly willingness to speak up in the presence of misinformation and prejudice. Mental health professionals have knowledge of the ways in which individuals and systems function, and how they can be psychologically affected by anti-immigrant policies. This constitutes a strong foundation from which to develop and translate psychological principles into different advocacy strategies for systemic and lasting change. Social sciences are founded on the notion that we are a social species and our interactions with others determine our well-being (Bowlby, 1953). Mental health providers have the privileged status to create social change by capitalizing on their expertise, humanity, and desire for social justice.

Sidhu (2016) recommends five specific steps when creating an advocacy strategy. These are: 1) systems knowledge, 2) creative evaluation of influence, 3) patience, 4) flexibility, and 5) bravery. First, being familiar with the way government and courts work, as well as how policies are created and implemented, is essential to exert influence and conduct effective advocacy. Second, advocacy requires creative involvement of friends, colleagues, acquaintances, and strangers. The third, fourth and fifth points are self-explanatory. A tempered, balanced, and brave

personality is essential to the task of advocacy because systematic change takes time, optimism, and determination. Shultz (2004) recommends that advocates constantly ask themselves: 1) What do we want? 2) Who can provide it? 3) To whom will the decision-makers listen? and 4) What do they need to hear? Initially, the focus is on messaging. This means ensuring that the goals of the advocacy effort are realistic, clear, and easily communicated. Second, advocates must identify qualified partners who can implement solutions to the issues presented. Third, advocates must recruit individuals with the power and influence to communicate the core message to policy makers effectively. Finally, petitions and personal stories that clarify the issues at stake must be presented in an accessible manner and with a broadly appealing perspective.

Education on the physical, practical, socio-economic, and emotional needs of unaccompanied children should be at the center of advocacy efforts affecting this population. As Shank and Schubiner (2016) wrote: "Focusing on forging policy that is constitutional and fair, rather than reactionary and drawn from base prejudices, is the only way to build the kind of strong, welcoming nation in which we all want to live" (par. 14). Education is a powerful advocacy tool and specific activities that mental health professionals can engage in are summarized in Figure 3.

Community education

Finding ways to educate public and professional audiences is a shared responsibility among mental health professionals working with unaccompanied children. Providers often have rare insights into both the challenges and strengths among immigrant youth and their families. However, the privilege of knowing these narratives also translates into a call for action. Mental health professionals can offer a perspective that results in a more understanding, gentle, and generous society. For example, lectures, pamphlets, flyers, newspaper articles, appearances on television, social media, and webinars to different constituencies are important and fulfilling avenues through which to raise important issues.

Mental health education can also take the form of training on unaccompanied children's human rights, to include their rights to legal protections when they have been victims of abuse, abandonment, neglect, domestic violence, sexual assault, human trafficking, and other criminal activities (Fitzpatrick & Orloff, 2016,

p, 685). In particular, mental health professionals can shed light on the special needs of indigenous, ethnically diverse, and LGBTQ youth who often get lost in a “one size fits all” mentality and generic policies designed for immigrant children. Training regarding immigration remedies available for unaccompanied children is essential to access “protection from deportation and the ability to live, work, and heal under the protection of U.S. family court and immigration laws” (Fitzpatrick & Orloff, 2016, p. 685).

Figure 3. Education as a means of multi-level social justice advocacy.



Mental health professionals have the knowledge and professional standing to help debunk the myths that lead to discrimination against unaccompanied children. We can show that their differences and their disadvantage do not pose a threat but rather bring richness to our society and exalt our humanity. When people are educated to embrace diversity and reject discrimination, they will be more likely to be supportive when unaccompanied children come to live in their communities, integrate into their schools, become members of their sports teams, and participate in other activities with them, their children, and their friends.

Providers can help the public understand that the protection of human rights and the defense of vulnerable groups benefit us all and make us stronger as human beings and as a community. We can disseminate the notion that as part of the human family we need to safeguard the well-being of all and stand for the ethical values that preserve our dignity and decency. People who are sensitive and attuned to the needs of vulnerable groups in our society are also more sensitive to their own emotional life and that of the people around them. This greater psychological sophistication is vital to an enriching social life and long-lasting relationships. Furthermore, when people are encouraged to examine their privilege, and understand their social power, they are more likely to use their access and status to benefit those who are underrepresented and disadvantaged.

Education of the public can take place by writing papers in the popular press and media, writing a blog, providing educational lectures through churches, parent groups, community activities, or leading a meditation group or book club (see suggestions from New York Public Library website at <https://www.nypl.org/blog/2016/07/12/reading-list-america> for an example of this type of individual contribution). Specialty education targeting groups such as teachers, lawyers, judges, police, and social service workers can also prove valuable in providing complementary perspectives on the psychosocial aspects of child immigration issues.

Education of our clients and the organizations where we work

We may encounter unaccompanied children and other young immigrant clients who are unaware of their social disadvantage and the impact of discrimination in their lives and who assume that there is something wrong with them when they do not do well in school, learn English quickly, or readily create new social networks.

It is important that we educate children and adolescents about the vulnerabilities associated with migration and attempt to normalize their experience to the context. By fostering self-compassion and helping them understand social injustices and their rights, we can encourage young immigrant clients to seek help and disclose experiences of abuse, neglect, or abandonment that occurred before or after migration, and which may meet eligibility for Special Immigrant Juvenile Status or other forms of immigration relief (Fitzpatrick & Orloff, 2016).

We also have a role to play in educating our non-immigrant clients with respect to unaccompanied and other immigrant youth. These clients may be unaware of their privilege and lack empathy for, or judge harshly, those who came to the U.S. without authorization and live in poor and marginalized conditions. In addition, biased media and news portrayals of Central American immigrants as criminals dangerously risk perpetuating a reaction of fear and intolerance for unaccompanied youth. Mental health providers are potentially well-positioned to help these clients recognize that certain values and sentiments can be unhealthy. Helping such clients get in touch with the benefits of social justice can be very important. Brown's research (2010) has concluded that embracing vulnerability is the foundation of individual power and strength, and an ability to show kindness and compassion for others is intimately linked to self-love and the source of joy, courage, and creativity. However, this kindness goes beyond feeling pity; it encompasses a perspective of providing hope and empowerment in self-efficacy for immigrant children (Torres Fernández, 2014).

It is important that providers look critically at their own environment and examine potential sources of discrimination, prejudice, or exclusion. Universities, colleges, hospitals, clinics, prisons, research centers, and other such organizations are also vulnerable to negative practices against immigrant children in the social and ethnic composition of their personnel, the distribution of resources and status, and the positions and values expressed in their policies and practices (e.g., language competent services in hospitals for young immigrant patients, public school services for English language learners).

Providers can help the public understand that the protection of human rights and the defense of vulnerable groups benefit us all and make us stronger as human beings and as a community.

Education of legislators

To represent their diverse communities effectively, legislators need information and scientific support to generate initiatives and endorse positions that are congruent with the human right values espoused by our country, particularly when a pertinent bill is being considered. Mental health professionals can develop, analyze, and explain scientific and scholarly evidence that provides input to legislative initiatives identifying and championing the rights of unaccompanied children.

Over the last thirty years, a series of international treaties have codified a set of universal standards for the protections, treatment, and resources to which children have rights. For example, the cornerstone United Nations Convention on the Rights of the Child (CRC) affirms children's rights, among other things, to: protection from abuse or exploitation; family reunification and to be cared for by their parents; education; health and healthcare services, to include psychological interventions in response to maltreatment; freedom from detention to the fullest extent possible; legal representation and for children's best interests to be a key consideration in all administrative, legislative, judicial, and welfare decisions; and international humanitarian assistance if these rights are not being protected in the children's country of origin (UNICEF, 1989). The research on the stressors to which unaccompanied children are exposed, their mental health needs, and resilience factors all point to the particular relevance of these rights and protections to this group of youth.

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The CRC and other important children's rights treaties have informed U.S. legislation and policies in many areas, including the rights of unaccompanied children. In 1990, Congress passed Special Immigrant Juvenile Status into law, an immigration statute providing immigration relief to unaccompanied children who are unable to reunite with one or both parents due to abuse, abandonment, or neglect, taking into consideration the best interests of the child in determining whether to send children back to their country of origin. The 1997 Flores Settlement established minimum standards that detention facilities must

meet, including that children be granted access to medical care, school, recreation, and other activities essential to their development. Subsequent statutes such as the 2002 Homeland Security Act and 2008 William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA) strengthened these provisions, for example by reducing the time that unaccompanied children could be held in Customs and Border Protection custody to 72 hours, requiring that sponsors attend legal orientations outlining children's due process rights, requiring that children be provided with legal representation in their immigration cases "to the greatest extent practicable," and mandating that the most vulnerable children be appointed child advocates to support their best interests (Mathur & Cervantes, 2014). In practice, they also function to allow unaccompanied children's release to family members regardless of their immigration status.

Much of this legislation, and the rights it supports underpinning the well-being of unaccompanied children, is now under attack. The Trump administration has proposed scaling back current protections by changing the definition of "unaccompanied" to exclude children who have a parent or guardian in the U.S., terminating the Flores Settlement, amending TVPRA to limit unaccompanied children's rights to immigration hearings and expedite repatriation, and narrowing the criteria for SIJS (Trump, 2017). As a field, we can defend these laws and the rights they uphold by citing the psychological science on pertinent topics including the high levels of maltreatment and exposure to violence unaccompanied children experience in their home countries (e.g., Kennedy, 2014; UNHCR, 2014), the mental health impact of detaining children (e.g., Dudley et al., 2012; Hodes et al., 2008; Reijneveld et al., 2005), and the role of familial support and positive school and peer relationships as key protective resources mitigating the impact of unaccompanied children's traumatic migration experiences (Fazel et al., 2012).

At an individual level, providers can advocate and write letters to both state and federal legislatures (e.g., the Congressional Hispanic Caucus), file position statements, initiate calls to action, and send letters to elected officials such as city mayors, state governors, and local police chiefs. Providers can also respond to invitations to join in amicus briefs, create petitions (such as those listed on www.change.org), or sign petitions from other organizations (e.g., www.moveon.org). Mental health professionals make excellent partners for amicus briefs because they have foundational knowledge for legal decisions. Providers can complement workshops that address laws and policies and collaborate with other professionals to provide education in cases that involve immigration raids, hate crimes, and civil crime violations (Chang-Muy & Congress, 2016).



I have Power ♡

AREAS FOR FURTHER RESEARCH

COMPARED TO RESEARCH on unaccompanied and other displaced youth in other parts of the world, research on the psychosocial context and mental health needs of unaccompanied children in the U.S. is currently lagging behind. Recent articles (e.g., Berger Cardoso et al., 2017) have described areas for future study in detail. This research is urgently needed to better understand and respond to unaccompanied children's needs.

Research with unaccompanied children should not only assess psychosocial stressors to which youth are exposed and resulting mental health difficulties, but also investigate their functional outcomes and indices of normative development. In order to understand risk and resilience processes in unaccompanied children, this research should include assessment of potential mediators and moderators of positive adaptation. An appreciation of which children are impacted by certain factors, at what points in their migration, and why will help tailor interventions in a strategic fashion based on timing and context.

Future study of unaccompanied children in the U.S. would be greatly assisted by the validation of psychological instruments for use with these youth. This process should include criterion validation comparing data from child- and caregiver-report instruments to assessments from culturally-sensitive, clinician-led interviews. Validation of instruments should not be limited to diagnostic screeners, but additionally include measures of functional domains (e.g., educational and family

functioning), as well as psychological constructs such as attachment and self-efficacy in order to assist in evaluation of mechanisms underpinning children's risk and resilience processes.

Research to understand different psychological trajectories of risk and resilience in unaccompanied children would also be facilitated by longitudinal designs assessing children's development over time. These studies should seek to employ large, representative samples of children, which has hitherto proved a challenge due both to children's multiple pathways through the complicated U.S. immigration system and to many families' understandable reticence to participate in studies given their vulnerable legal status. There is also a need for more research employing mixed methodologies in which children's qualitative accounts of their experiences are combined with quantitative analyses to provide a more detailed and nuanced view of their migration and how it has affected them.

Future studies with unaccompanied children should take a broad view of psychosocial interventions, including not only formal mental health treatment services, but also factors such as legal representation, schooling, and extra-curricular activities to help understand how access to these resources affects children's post-migration adjustment. This research should also pay particular attention to how timing of interventions can help children at critical moments in their migration trajectories, how assisting children in one area can facilitate positive adaptation in others, and how combining resources (e.g., access to counseling and legal representation) can have a mutually reinforcing impact. Further research is also needed on facilitators of and obstacles to services, focusing on availability, acceptability, and accessibility of resources, and discriminating between structural factors (e.g., cost, availability of Spanish-speaking providers, transportation issues) and attitudinal ones (e.g., mental health stigma, psychoeducational orientation to services).

From a public health perspective, research should assess the extent to which assisting unaccompanied children in accessing resources within existing infrastructures (e.g., reunification with family members already present in the U.S., participation in religious and other community activities, enrollment in English as a Second Language programs as part of children's academic curriculum, engagement in school-based mental health services) addresses their needs, as well as identifying areas where resources are lacking and assessing the effectiveness of scaling up services.

RECOMMENDATIONS

IN THE CURRENT POLITICAL CLIMATE, the future of immigration reform—and with it, the passage of legislation impacting unaccompanied children—remains largely uncertain. Nevertheless, mental health professionals can become involved in a broad spectrum of social action work that helps safeguard the psychological needs of unaccompanied children. They may engage in this work through multiple different capacities—as scholars, practitioners, or researchers, and as individuals, members of professional organizations, and providers within community organizations. In what follows, we offer key recommendations for this work, and for corresponding support at the municipal, state, and federal levels. We hope that these recommendations will serve as a guiding framework that can be adapted and refined as necessary, depending on the particular local context and emerging policy developments. Additionally, we are aware that many organizations have created documents with recommendations and/or guidelines that are far more in-depth than the scope of our report. We cite these documents and encourage our readers to consult them as relevant.

Fostering healthy development and empowerment while also appreciating and responding to the hardships endured by unaccompanied youth is a suggested overarching goal for integration efforts.

What can individual mental health professionals do?

FOLLOWING BEST PRACTICES.

Providers may offer mental health evaluations and services for unaccompanied children in a range of settings, including community mental health centers, medical centers, hospitals, shelters, and detention facilities. Clinical evaluations can occur for multiple reasons, such as screening for mental health disorders and identifying needed services. Clinical services may run the gamut from in-school programs that involve mental health counseling and after-school programs that provide recreational opportunities and decrease social isolation to psychotherapeutic services that target identified mental health diagnoses and interventions to assist children in their immigration cases (e.g., by helping them disclose often traumatic histories to their lawyers in preparation for hearings and, more broadly, supporting them through the stress and uncertainty of their legal processes) (Baily et al., 2014). Whatever the setting or purpose, mental health professionals should strive to learn and adhere to best practices for mental health evaluations and services with unaccompanied children. The National Latina/o Psychological Association (Torres Fernández, 2015a; 2015b) has developed a comprehensive set of best practice guidelines for providers working with unaccompanied children. Consistent with the unique needs of this vulnerable population, these guidelines offer detailed recommendations for conducting trauma-informed, culturally-sensitive, and developmentally-appropriate evaluations and services. The guidelines also provide suggestions for addressing specific mental health conditions, and for integrating adequate self-care strategies within mental health practice. Providers can consult the NLPA guidelines on the association's website <http://www.nlpa.ws/publications>. Additionally, Herbst, Bernal, and Lewis (2016) provide further guidance on how behavioral health providers can adequately respond to ethical dilemmas that may arise when working with undocumented immigrants, including unaccompanied youth.

CONDUCTING EVALUATIONS FOR IMMIGRATION CASES.

Mental health professionals can conduct evaluations as part of asylum cases and other immigration relief petitions. This is true even for those whose primary line of work does not involve contact with unaccompanied children. The purpose of these evaluations is to document psychological symptoms following traumatic experiences in their countries of origin, thereby helping establish an evidence base that can aid with legal determinations. Providers can attend trainings to gain competence in conducting forensic evaluations for immigration cases. For

example, Physicians for Human Rights is a well-known organization that provides training in forensic evaluations for mental health professionals. These trainings generally cover current immigration law, case law, and trends in immigration petition testimony, basic and advanced interviewing techniques with immigration relief clients, and the foundations of scientifically-based evidence collection and documentation of psychological symptoms resulting from trauma exposure. In concert with legal representation, psychological evaluations can make the difference between an affirmative and negative decision on the child's application for immigration relief.

Similarly, evaluations can be extremely helpful when an unaccompanied child is involved in a family court case. These may include cases involving: custody, guardianship, or child abuse in which the child is seeking Special Immigrant Juvenile Status findings from a state court judge; a contested custody case involving child abuse and/or domestic violence; or a child or their parent seeking a civil protection order to prevent future incidents of domestic violence or child abuse.

What can professional organizations do?

TRAINING ON BEST PRACTICES.

The American Psychological Association and numerous other organizations provide professional development opportunities and support for their members (e.g., Society for the Psychological Study of Social Issues, International Society for Traumatic Stress Studies). These organizations exist at local, state, and national levels, and focus on a variety of disciplinary areas within the field. Depending on the constraints of their mission, they can play a critical role in addressing the psychological needs of unaccompanied children. Professional organizations can develop and support in-person and online trainings to help providers learn and implement best practices. Trainings may also be used to expand on special topic areas—for example, the socio-political conditions within specific Central American countries from which unaccompanied children have emigrated, or the process of conducting effective psychological evaluations for asylum cases (Aranda, 2016). Ideally, trainings should utilize the expertise of mental health professionals and/or community organizations who have already worked extensively with unaccompanied children. Professional organizations can formalize these trainings within continuing education programs that grant CE credits.

MENTAL HEALTH TRAINING FOR PROFESSIONALS WHO INTERACT WITH UNACCOMPANIED CHILDREN, INCLUDING LAWYERS, EDUCATORS, GOVERNMENT OFFICIALS, AND LAW ENFORCEMENT.

In a similar vein, psychological organizations can collaborate with other professional organizations to expand mental health training for the diverse range of professionals who interact with or provide services to unaccompanied children. Lawyers working with unaccompanied children report an interest in further

Unaccompanied children who are released from custody by the Office of Refugee Resettlement may be reunified with family members or placed in the care of other individual or organizational sponsors.

training in mental health issues impacting these clients (Baily et al., 2014). As opposed to attorneys who work with non-profit organizations specializing in representation of unaccompanied children, lawyers who represent these children on an occasional, pro bono basis may especially benefit from mental health education. This is also true for other types of professionals. Mental health training for professionals can address common psychological symptoms in unaccompanied children, trauma-informed and developmentally-appropriate interviewing strategies when working with children exposed to trauma, and mental health resources and referral processes (Baily et al., 2014; Nugent, 2006; Steinberg, Woodhouse, & Cowan, 2002). For example, as part of their programming for unaccompanied youth in ORR facilities, the Immigrant Children's Legal and Service Partnership presents training on resilience-informed care for detention center staff, as well as educating local juvenile and family court judges on different forms of immigration relief for unaccompanied children (Aldarondo & Becker, 2011). A reciprocal benefit of collaboration between psychological and legal professional organizations may be that lawyers can provide training on the legal processes and current government policies relevant to the experiences of unaccompanied children. Similar kinds of reciprocal, collaborative partnerships may emerge when psychological organizations work with education, government, and law enforcement professional organizations. Ideally, mental health training would complement the types of education initiatives described in the section on advocacy above, which would focus more on social justice, human rights, and social science research.

GRANT FUNDING.

Alongside trainings, professional psychological organizations (e.g., the American Psychological Association, the Society for the Psychological Study of Social Issues) can offer grant funding to mental health professionals and community organizations for research and clinical work relevant to the psychological outcomes of unaccompanied children. For example, grant funding can help researchers examine key areas of exploration identified in the literature and described here in the “Areas for Further Research” section. Grant funding can also help community organizations build the capacity to provide mental health and broader psychosocial support services for unaccompanied children, develop the trainings described above, or enroll staff in existing trainings.

CENTRALIZED HUB.

Finally, professional psychological organizations can serve as a hub for information sharing and interest group formation. Mental health professionals can share the most current research and information on unaccompanied children and join with like-minded colleagues to work on projects with particular relevance for unaccompanied children.

What can community organizations do?

IMPLEMENTING BEST PRACTICES.

Unaccompanied children who are released from custody by the Office of Refugee Resettlement may be reunified with family members or placed in the care of other individual or organizational sponsors. These children may receive mental health services in the community, such as through schools, community mental health centers, medical centers, hospitals, and shelters. Organizations that provide mental health services for unaccompanied children should ensure that their policies and practices meet NLPA best practice standards (Torres Fernández et al., 2015b). Furthermore, a recent report by the Advisory Committee on Family Residential Centers (ACFRC, 2016) can provide additional guidance. While the report focuses on Immigration and Customs Enforcement family residential centers, the section on “Mental Health Assessment and Care” offers useful recommendations that can also apply to other organizational settings. For example, the report contains recommendations that address the development of trauma-informed care policies and trainings for staff; identification and use of standardized, evidence-based screening and evaluation tools; identification and use of evidence-based individual

and group psychotherapy and psychoeducation; content of mental health screenings, evaluations, and treatment plans; mental health staffing and credentialing needs; standards and training for crisis responses; systematic collection of data to aid with program evaluation and improvement; use of translation and interpretation; appropriate triage and referral processes involving allied professionals; and collaboration with other organizations (e.g., National Child Traumatic Stress Network, National Center for Trauma Informed Care, National Alliance on Mental Illness). We recommend that community organizations consult the ACFRC's report on the committee's website (<https://www.ice.gov/acfrc>).

COORDINATED RESPONSES AND COLLABORATIVE CARE.

To address the complex needs of unaccompanied children adequately, mental health providers at community organizations can coordinate with allied professionals to improve trauma-informed, victim-centered responses for unaccompanied children who have been released to stay with family members or sponsors in the community. This coordinated approach can follow the child advocacy center (CAC) model for victims of abuse, whereby a multidisciplinary team of professionals work together, share information within the bounds of confidentiality agreements, and collectively make decisions about how best to serve the needs of child victims (Baily et al., 2014). The CAC model has been shown to improve effective and efficient responses for child abuse victims, and to reduce harm and discomfort to victims and their families (Jones, Cross, Walsh, & Simone, 2007; Smith, Witte, & Fricker-Elhai, 2006). When applied to working with unaccompanied children, these types of coordinated responses may include mental health providers, post-release case managers contracted by ORR, lawyers, social service professionals, and medical personnel. Coordinated responses can facilitate early identification of mental health needs, referral to appropriate mental health services, continuation of mental health services following positive resolution of cases, and reduced burden for children who might otherwise have to retell their story multiple times to different professionals.

Community organizations can foster collaborative care models whereby mental health providers work with lawyers and medical personnel to offer holistic services that target a range of psychosocial, legal, and medical needs with which unaccompanied children may present (Rousseau, Measham, & Nadeau, 2013). Terra Firma, a nationally-recognized and innovative medical-legal partnership, is a prime example of this collaborative care model. Established in October 2013 in New York City, it provides legal, medical, and counseling services in a complementary way, for example using trauma assessment to inform not only medical and mental health

care, but also expert testimony in support of children’s immigration claims. The organization also provides an array of programming aimed at helping unaccompanied children integrate into their new communities (Goździak, 2015; Stark et al., 2015). Programming includes individual and group therapy that address the effects of violence, psychosocial and sports activities designed to limit social isolation and provide recreational opportunities, and legal and medical services. Ideally, similar collaborative care models would likewise serve a combination of psychological, legal, and medical needs, reflect strengths-based approaches, emphasize the development of peer support networks to sustain adaptive integration efforts, and help children and their families prepare for and navigate potential legal difficulties (González & Morgan Consoli, 2012; Vera Institute of Justice, 2015).

TRANSBORDER COLLABORATION.

Unaccompanied children who undergo deportation proceedings and face repatriation to their countries of origin can also benefit from mental health services. U.S.-based non-governmental organizations that have extensive experience working with unaccompanied children can collaborate with non-governmental organizations in Mexico and Central American countries to share effective mental health service models and best practices. In this way, non-governmental organizations can together create a transborder, wraparound model of psychosocial support that aims to shield unaccompanied children from negative mental health outcomes, no matter the result of their asylum cases or further experiences of displacement. Transjurisdiction and transborder collaboration among non-governmental organizations may be especially important with potential U.S. immigration policy changes that alter the definition of an “unaccompanied child,” decrease the likelihood of affirmative immigration relief determinations, and increase the speed and rate of deportation.

What can municipal, state, and federal agencies do?

IMPLEMENTING BEST PRACTICES.

U.S. Customs and Border Protection and the Office of Refugee Resettlement should ensure that their detention facilities are implementing best practices detailed in the NLPA guidelines (Torres Fernández et al., 2015a), as described above. Consistent with immigration law, unaccompanied children should be released as quickly as possible to the least restrictive setting available. Restrictive detention environments compromise healthy physical and emotional development and family

separations have recognized negative effects on children and their caregivers. Alternatively, family reunification and engagement in normative peer and school activities are protective and can lessen the stress experienced by children with difficult pre-migration and migration experiences (Fazel et al., 2012). Additionally, ORR should ensure that the shelters and community organizations with whom it contracts to provide post-release services are also implementing practices consistent with those detailed by NLPA.

TRAINING FOR GOVERNMENT AGENCY REPRESENTATIVES.

From the time they arrive at the border and onward, unaccompanied children may interact with multiple federal agency representatives, including representatives from Customs and Border Protection, Health and Human Services, and the Office of Refugee Resettlement, asylum officers from the U.S. Citizenship and Immigration Services branch of the Department of Homeland Security, and immigration judges from the U.S. Department of Justice, Executive Office for Immigration Review. Unaccompanied children may also interact with representatives from municipal and state human service agencies. Representatives at all levels should receive training in trauma-informed, culturally-sensitive, and developmentally-appropriate responses.

GRANT FUNDING.

Agencies at all levels should consider providing grant funding that can help safeguard the psychological needs of unaccompanied children. Similar to jurisdictions that have created legal aid funds to facilitate adequate legal representation for unaccompanied children (e.g., Los Angeles), municipal and state agencies can consider creating “mental health and psychosocial support funds” or “holistic service funds” that allow unaccompanied children to receive the collaborative care services described above at low or no cost. Alongside program piloting or development, grant funding can also support collection of mental health outcome data to aid in program evaluation and improvement. Finally, grant funding can help organizations meet best practice standards for mental health evaluation and service provision. For example, funding can allow organizations to hire bilingual providers or obtain translation and interpretation services when working with unaccompanied children, particularly speakers of indigenous and uncommon languages. Where there are legal or political hurdles for designating grant funding through government agencies, local and national philanthropic organizations or non-profit agencies can step in to provide support.

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ABOUT THE PHOTOGRAPHY



Images included in this report are part of artist Ruthie Abel's *Let It Be The Dream It Used To Be*, a collaborative project with children who fled their home countries and arrived alone in the United States. Abel's work includes portraits as well as documentation of polaroid images that the children make themselves. By putting children on both sides of the lens, she gives them a voice in the telling of their own stories.

Participating children received pro bono legal representation from several organizations including: Carecen, Catholic Charities New York, Immigrant Defenders Law Center, KIND, Safe Passage Project, and South Bronx United.

To learn more and/or collaborate, please write to Ruthie Abel at ru@ruthieabel.com.

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