

The number of unaccompanied and separated immigrant youth in the U.S. has surged to a record high. Current data suggest that the majority of unaccompanied and separated youth in the U.S. fled Guatemala, Honduras, Mexico, and El Salvador.<sup>1,2</sup> These migration trends are associated with a variety of economic, political, environmental, and social factors that have prompted youth and families to flee their homeland. In addition, the COVID-19 pandemic has contributed to increased migration. Evidence suggests that many of these youth have witnessed or experienced significant trauma in their home country, during their migration journey, and upon resettlement. These experiences include neglect, extreme poverty and food insecurity, physical and sexual abuse, exploitation, trafficking, torture, and gang violence.<sup>3,4</sup> Many youth arrived in the U.S. alone, having been separated from primary caregivers for long periods, while others arrived with a caregiver or other family members from whom they were forcibly separated upon entry into the U.S. These traumatic experiences, combined with challenging detention and immigration policies, pose significant, long-term risks to the physical and mental health of immigrant youth and families.



## *Who Are Unaccompanied Children and How Many Are in the U.S.?*

Youth are designated as unaccompanied children (UC) when they are under 18 years of age and have no lawful immigration status in the U.S., and either: (1) have no parent or legal guardian in the U.S., or (2) their parent or legal guardian in the U.S. is unavailable to provide care and physical custody. Several federal policies in recent years have contributed to the number of unaccompanied children (e.g., Zero Tolerance, Migrant Protection Protocols, and Title 42<sup>i</sup>). Federal policy continues to allow some immigrant youth to be separated from their parents or caregivers on a case-by-case basis, and policies such as the Migrant Protection Protocols and Title 42 have motivated some parents to send their children into the U.S. alone. In recent years, the process of reunifying separated children with their parents and caregivers has proved administratively challenging for government agencies and psychologically damaging for youth and families.

## *How Does Traumatic Separation Affect Immigrant Children, Youth, Families, and Systems?*

Separation of a child from their parent or primary caregiver has known developmental, psychological, and physical impacts.<sup>7,8,9,10,11</sup> Younger UC are especially vulnerable to the long-term developmental impacts of traumatic separation. During these early years, children are developing emotionally and physically, and forming attachments that help with emotional regulation, sense of identity, and psychological safety. Removing parents and caregivers who are key attachment figures during this vulnerable period can have lifelong impacts on the child's emotional and physical wellbeing, including problems with emotional regulation, insecure attachment, anxiety, depression, suicidality, and somatic complaints.<sup>7,12,13</sup> Adolescents who have experienced parental separation early in life are also more likely to struggle academically and engage in risky health behaviors, including substance abuse and unsafe sex.<sup>14,15,16,17</sup> Furthermore, the majority of UC are adolescents at the time of their migration to the U.S. and are also at risk of severe mental health challenges resulting from trauma exposure. These adolescents may present with symptoms including anxiety, depression, posttraumatic stress disorder (PTSD), and other mental disorders.<sup>18</sup>

Many UC have experienced significant trauma in their home country, which may have involved witnessing extreme violence or harm against loved ones. In some cases, youth may believe that the migration-related separation from their parent or caregiver means their loved one is in danger or has been killed. Furthermore, the mental health needs of immigrant youth are multi-layered given the interplay between cultural and linguistic factors and compounding pre-migration traumas with traumatic events related to the migration process itself. While in U.S. government custody, many UC also confront significant challenges when factors in the congregate care setting trigger memories of prior traumas. UC can also experience significant cultural and linguistic challenges as newcomers, particularly when their adaptation to a new culture takes place within a congregate care facility in the absence of a known caregiver.

<sup>i</sup> Title 42 prohibits individuals from entering the U.S. based on potential public health risk due either to existing travel restrictions or unlawful entry into the country, including bypassing health screenings.



Photo by: Diego Mesones

The influx of UC in the U.S. in recent years has created challenges for government agencies, including the Office of Refugee Resettlement (ORR), and taxed a system without sufficient resources to manage the high volume of youth presenting with significant trauma histories and complex caregiving needs. Recent reports indicate that many facilities face challenges in providing appropriate mental health assessment and treatment due to a lack of ability to hire and retain appropriately trained staff.<sup>17</sup> Trauma-informed treatments for the care of this population are available; however, providers require additional training and skill development to provide the needed trauma-informed services with a culturally responsive approach. Best practices should also be utilized for serving UC who are in short-term government facilities, including Emergency Intake Sites and Influx Care Facilities.

Even after release from ORR facilities, many UC experience prolonged threats of caregiver separation if their parent or caregiver is residing in the U.S. without legal status and may be subject to deportation. This persistent threat can lead to hypervigilance, anxiety, and symptoms of PTSD in youth, especially if they have experienced prior traumatic separation.<sup>19</sup> Furthermore, UC can face family reunification challenges, which include the emotional burden of lengthy separations or lack of prior relationships altogether when a youth is placed with an unfamiliar caregiver. UC may also be mourning the separation from family members in their home countries, which may complicate the reunification with a relative in the U.S.

All of these factors put UC at particular risk for further abuse, neglect, and exploitation (including trafficking). For these reasons, this population of youth can benefit from trauma-informed mental health services and supports during their time in government custody. It is critically important, however, that therapeutic confidentiality is ensured to youth while in government care and clinical records should not be used against them in their immigration proceedings. Furthermore, trauma-informed post-release services and supports upon release and reunification with caregivers can promote recovery, healing, and successful integration of these youth into the community.

### ***What Can Be Done to Assist Immigrant Children, Youth, and Families who Experience Traumatic Separation?***

Over the last several decades, a variety of effective trauma-informed treatments and interventions have been developed to assist youth and families who witness or experience trauma. Some of these treatments and interventions have been specifically developed or adapted to be culturally and linguistically responsive to the needs of immigrant youth and families from diverse backgrounds. While much progress has been made, further efforts are needed to ensure that youth and families who experience migration-related trauma and family separation have access to and receive appropriate and timely trauma-informed care.

Policymakers at the local, state, and federal levels can play an important role in ensuring that effective policies and programs are available to support UC who have experienced migration-related trauma and family separation. Below are recommendations for improving policies related to the separation, treatment, and reunification of immigrant youth.

- 1** Ensure families (including children traveling with siblings, grandparents, aunts, uncles, etc.) are never separated due to immigration status. Children or youth who enter the U.S. without a legal guardian should be designated as “unaccompanied” under law and processed in strict accordance with existing child protection laws (e.g., TVPRA).
- 2** Ensure resources, if separation occurs, to facilitate immediate reunification of UC with parents, families, sponsors, or family-based placements.

- 3 Ensure resources while in government custody to facilitate immediate and regular communication and connection between UC and their primary caregivers and/or extended family members during separation.
- 4 Develop and disseminate culturally and linguistically responsive adaptations to evidence-based trauma treatments, interventions, and promising practices for diverse populations of UC and families.
- 5 Provide culturally and linguistically responsive trauma-informed trainings, consultation, and supervision for professionals, paraprofessionals, and caregivers of UC in a variety of service settings.
- 6 Ensure policies and practices within government-funded facilities adhere to all national standards to protect the medical records and personal health information of UC, including information about psychotherapy, mental health, and trauma history.
- 7 Offer evidence-informed brief interventions, such as Psychological First Aid, for UC during their first days in government custody.
- 8 Approach UC transition from temporary care to reunification with family or permanent placement from a trauma-informed, culturally and linguistically responsive, developmental perspective, considering issues such as the age of the child, trauma history, disability, attachment disruption, and loss and grief.
- 9 Expand post-release services to include support for all UC (including transition-age youth), families, and sponsors, including case management, legal advocacy, and trauma-informed mental and physical health services.

### *NCTSN Resources*

Authorized by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a federally funded child mental health initiative designed to raise the standard of care and increase access to services for traumatized youth and their families across the U.S. The broad mission of the NCTSN includes assessment, treatment, and intervention development; training; data analysis and program evaluation; policy analysis and education; and the integration of trauma-informed and evidence-based practices in all child-serving systems. The UCLA-Duke University National Center for Child Traumatic Stress (NCCTS) coordinates and leads the work of the NCTSN, which currently includes 116 funded grantees and nearly 200 affiliate centers and members, and hundreds of national and local partners.

The NCTSN has a longstanding commitment to working with immigrant and refugee children and families. In FY 2019 and FY 2020 Congress provided supplemental funding to the NCTSN designated to address the needs of UC and children separated from their parents or caregivers. NCTSN resources related to family separation and immigrant and refugee trauma are available at: <https://www.nctsn.org/resources/nctsn-resources-related-traumatic-separation-and-refugee-and-immigrant-trauma>. For more information about the NCTSN, please visit [www.nctsn.org](http://www.nctsn.org) or contact the NCCTS Policy Program at [policy@nctsn.org](mailto:policy@nctsn.org).



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