

Immigrant Children, Unaccompanied: an Overview

What We Know

- › The plight of unaccompanied immigrant children is a humanitarian issue affecting nations worldwide. In 2019, the total number of displaced children was estimated to be 33 million, including 12.6 million refugee children and 1.5 million children who are seeking asylum⁽⁶⁵⁾
- › Unaccompanied children (also referred to as separated children) are persons under 18 years of age who are outside of their country of birth or habitual residence, have been separated from both of their parents and other relatives, and are not cared for by an adult who is responsible by law or custom for doing so⁽³²⁾
 - The United States Code defines an “unaccompanied alien child” 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” (6 U.S.C. § 279(g))⁽¹⁾
 - Unaccompanied children often are referred to in research literature as refugees
 - The United Nations defines a refugee as a person “who is unable or unwilling to return to his country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion” (p.3)⁽⁶⁸⁾
 - Although in some contexts the term refugee has a legal connotation that the individual has been granted asylum by the receiving country, many scholars also use the term refugee to refer to anyone fleeing to another country⁽³⁹⁾
 - In this paper, the term unaccompanied children is inclusive of all unaccompanied immigrant children, a broad group that includes children who have been granted asylum (i.e., international protection based on determination that the individual has a well-founded fear of persecution based on race, religion, nationality, ethnicity, or political membership in a particular social group), asylum-seekers (children who are awaiting decisions on asylum applications), and children fleeing from persecution, violence, and/or extreme poverty who have not applied for or who have been denied asylum, as well as unaccompanied children who have left their countries of origin for economic or other reasons
- › Unaccompanied children are a diverse and vulnerable group. Children are unaccompanied for many reasons: they may be fleeing persecution,^(14,37,60) armed conflict,^(14,37,43) gangs or drug cartels,^(6,11,43,54) violence,^(9,37,43,51,54,71) extreme poverty,^(5,11,51) and/or famine (these are referred to as push factors);^(#40,41) they may have left their country of origin to seek opportunities or reunification with family members (these are referred to as pull factors).^(#5,11,40,41) They may have left on their own, or been sent by parents or relatives; they may have been separated due to being abducted, trafficked,⁽¹⁴⁾ or forced into military services; they may have been separated in transit as a result of family members being captured, detained, or killed; or they may have been inadvertently separated during an evacuation or other humanitarian response.^(70,71) Many are fleeing to escape danger and may not have a final destination in mind when they leave their country of origin⁽⁶⁰⁾

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PREVALENCE

- › At the end of 2019, an estimated 79.5 million persons worldwide had been forcibly displaced. Most of these (45.7 million) remained in their own country, whereas 26 million were refugees, 4.2 million were asylum-seekers (i.e., persons who have applied for international protection but whose claim of being a refugee has not yet been confirmed), and 3.6 million were displaced Venezuelans⁽⁶⁷⁾
 - More than 68% of the world's refugees are fleeing conflict or persecution in Syria, Venezuela, Afghanistan, South Sudan, and Myanmar
 - The majority (85%) of refugees are hosted by countries in developing regions
 - At the end of 2019, Turkey was the country that hosted the largest number of refugees at 3.6 million. The other countries that hosted the most refugees were Colombia (1.8 million), Pakistan (1.4 million), Uganda (1.4 million), and Germany (1.1 million)
- › In 2019, children made up 40% of all forcibly displaced persons worldwide⁽⁶⁷⁾
 - From 2010 to 2019, 400,000 unaccompanied children worldwide sought asylum; Germany had the highest number of unaccompanied children during this time period (87,000), followed by Sweden (60,600), Italy (30,000), and the United Kingdom (22,000)⁽⁶⁷⁾
 - The number of unaccompanied children seeking asylum has fallen steadily since a peak in 2015. In 2019, approximately 25,000 unaccompanied children sought asylum and an additional 153,300 unaccompanied children were counted as refugees⁽⁶⁷⁾
 - The majority of unaccompanied children are adolescents.⁽³⁷⁾ Males are disproportionately represented, although the proportion of boys and girls can vary widely from country to country (e.g., in Italy, 93% of unaccompanied minors are male, compared with 58% in Greece)⁽¹²⁾
 - Available data regarding unaccompanied children are considered to underestimate their numbers and are subject to differences in definitions. There is a lack of systematic data collection on unaccompanied immigrant children⁽⁶⁷⁾

INTERNATIONAL LAWS AND TREATIES

- › Various international laws and treaties have been enacted to protect children regardless of their citizenship status^(66,68)
- › Under international law and treaties, countries have an obligation to protect the human rights of all refugees entering the country⁽³⁹⁾
 - Asylum for persons fleeing persecution or serious harm in their country of origin is a fundamental right established by the 1951 UN Convention relating to the Status of Refugees (1951 Convention) as amended by the 1967 Protocol;^(43,68) it has been noted that the 1951 Convention does not specifically refer to immigrant children^(33,39)
 - Asylum is not automatically granted when individuals enter a new country. Individuals have to apply for asylum and follow immigration procedures in the receiving country. Determination is then made by designated authorities of whether the individual has a valid claim for asylum, an often complex and lengthy process⁽⁴³⁾
 - The United Nations High Commissioner for Refugees (UNHCR) issued guidelines in 2009 clarifying the need to be child-sensitive in determining child asylum claims, taking into account that children can experience persecution related to their age and sex, including sexual exploitation, trafficking, underage recruitment as soldiers, and female genital mutilation (FGM). A child-sensitive perspective should also consider that the threshold of harm or threat of harm may be lower for children than for adults⁽⁶⁶⁾
- › Adopted in 1989, the United Nations Convention on the Rights of the Child (CRC) is an international treaty that includes principles, minimum standards, and rights that apply to all children, including unaccompanied children.^(39,70,71) The CRC applies in all situations, including armed conflicts and natural disasters.⁽⁷⁰⁾ The CRC has been ratified by every member of the United Nations except the United States⁽⁷¹⁾
 - The CRC stipulates that unaccompanied children are a category of persons “in need of special protection” for whom receiving countries are obligated to provide adequate care⁽³⁹⁾
 - Although the CRC is interpreted and implemented differently from one country to another,⁽¹⁵⁾ certain principles have been emphasized as particularly applicable to unaccompanied children:⁽⁷⁰⁾
 - **Best interests of the child.** Primary consideration must be given to the best interests of the unaccompanied child

- **Right to family.** Children have a right to a family and when separated should be promptly reunified with their parents or primary caregivers. States must reunite unaccompanied children with their families using identification, documentation, tracing, and reunification procedures whenever it is in the child’s best interests to do so
 - **Right to life, survival, and development of the child.** States must protect unaccompanied children and formulate both immediate and durable solutions for them that enable them to reach their full potential
 - **Participation and respect for the views of the child.** Children should be informed about and given developmentally appropriate input into decisions about their lives
 - **Non-discrimination.** All children are entitled to the same protection and care regardless of their race and nationality, ethnicity, sex, or immigration status
- › The trajectories of unaccompanied children in receiving countries, including the level of care and supports available to them, depend in part on determinations regarding their legal right to remain in the country and whether they are viewed primarily as refugees or as “children at risk” in need of care and protection based on their unaccompanied status⁽⁷²⁾
- › Although the asylum process varies from one country to another, in most cases asylum-seekers are allowed to stay temporarily in the receiving country while authorities investigate whether they are eligible for asylum.⁽²¹⁾ The process generally is the same for unaccompanied children as for other refugees, although countries can make certain provisions for unaccompanied children, for instance expediting court proceedings^(11,38)
- When unaccompanied children first arrive in a country in which they do not have citizenship, they may be apprehended at the border or they may enter the country undetected and later be found by authorities⁽¹¹⁾
 - Upon arrival or discovery, unaccompanied children are registered and referred to designated agencies (e.g., national child protection services)^(11,38)
 - Unaccompanied children are generally given temporary residence status during the asylum process⁽²¹⁾
 - Responsible entities then carry out a decision-making process that includes application for asylum, interviews, and obtaining best-interests assessments and determinations⁽³⁸⁾
- Best-interests assessments are holistic assessments carried out by a qualified professional based on ongoing information-gathering, including interviews and consultation with the child as well as professional assessments⁽⁶¹⁾
 - Interviews are often lengthy and not child-friendly⁽³⁸⁾
 - Elements that should be included in best-interests assessments include children’s individual characteristics, needs, and views; the potential for preserving or restoring significant relationships (including the possibility of tracing and assessing family members); children’s immediate and future safety and well-being, including health, mental health, and education; specific protection needs (e.g., victims of trafficking and trauma); and the child’s right to education and health care⁽⁶¹⁾
 - Best-interests determinations are formal procedures that lead to decisions regarding the unaccompanied child’s future. Relevant elements should be carefully evaluated and weighed, and procedural safeguards (e.g., appointment of guardian, interpreter, and legal representative, age-appropriate participation in process) should be put into place due to the potential impact of the decision on the child⁽⁶¹⁾
 - Unaccompanied children who lack documents verifying their age are subject to age-assessment procedures in many countries, although there are no methods currently available that can definitively determine a child’s age^(37,59)
 - In the United States, dental radiographs are used as a primary or exclusive approach to estimate age based on the stage of third molar development despite the American Dental Association endorsing this practice only as a means to identify abnormal development or dental problems⁽³⁵⁾
 - Inaccurate determination that misidentify minors as adults can have serious consequences for unaccompanied children, including the loss of the protection and services to which they are entitled and placement in adult detention facilities; undergoing age-assessment also prolongs asylum proceedings, resulting in children sometimes “aging out” before their case is resolved^(35,60)
 - The UNHCR recommends that age assessments be utilized only as a last resort when there are serious doubts about the unaccompanied child’s age and his/her age cannot be established by any other means⁽⁵⁹⁾
 - Unaccompanied children often have difficulty proving that they are eligible for asylum. Similar to children who have experienced other forms of trauma (e.g., child maltreatment), the impacts of pre-migration and transit traumas can interfere with unaccompanied children’s ability to provide a coherent account of their experiences, accounts that are

critical to being able to demonstrate that they have a “well-founded fear” that leads them to seek asylum.⁽⁷²⁾ Asylum interviews are often lengthy and confrontational, further inhibiting their disclosures⁽⁶⁰⁾

- In a 2020 systematic review, researchers found that social workers, guardians, and other professionals can support unaccompanied children in communicating their experiences and fears by being nonjudgmental and positive, establishing a trusting relationship, using nonverbal methods when needed to help children verbalize their experiences (e.g., drawings, lifelines), respecting the child’s agency, and using skilled interpreters (preferably the same one for all interviews)⁽⁷²⁾

- Of those unaccompanied children who apply for asylum, some are granted asylum, some may be granted residence on other grounds, and others are denied residence⁽¹¹⁾
 - When children are not granted asylum, return and reintegration procedures vary from jurisdiction to jurisdiction and are not always well coordinated. The International Social Service (ISS) can assist with assessing and planning with family to arrange for the child’s safe return to his or her country of origin⁽⁶⁴⁾

REGIONAL DIFFERENCES

› Unaccompanied children are a diverse group in terms of cultural and ethnic backgrounds, reasons for fleeing their country of origin, and experiences pre- and post-migration. The majority of research focuses on unaccompanied children in Europe and the United States. In the European Union (EU), thousands of unaccompanied children arrive each year from the Middle East, Africa, and Asia,^(43,67) whereas in the United States unaccompanied children primarily originate from Central America^(2,43,54)

EUROPE

- › In Europe, migration of unaccompanied children rose beginning in the 1990s⁽¹⁵⁾ until reaching a peak in 2015 and starting to decline⁽⁶⁷⁾
- › The impact of unaccompanied children on individual countries within the EU varies considerably⁽²⁰⁾
 - Many unaccompanied children in Europe arrive on the coasts of Italy and Greece, resulting in these countries receiving a disproportionate number of unaccompanied children; some of these children subsequently travel on to other countries⁽²⁰⁾
- › In Europe, the Common European Asylum System (CEAS) provides a legal framework and common minimum standards that apply to all persons seeking asylum in EU states; however, broad discretion is allowed and individual states differ considerably in their practices⁽¹⁹⁾
 - Under the Dublin III Regulation, an unaccompanied child’s asylum claim may be transferred to another Dublin Member State in order to facilitate reunification with family living in that country⁽³⁷⁾
- › Care for unaccompanied children varies from country to country. Initial responsibilities for screening, reception, and care of unaccompanied children may be assigned to immigration or child welfare officials⁽⁶⁴⁾
 - Children’s initial placement is often a large reception facility that may include a mixture of youth and adults.⁽¹²⁾ In some countries (e.g., Greece, Australia), unaccompanied children are subject to compulsory detention, contrary to their human rights⁽⁷³⁾
 - There are differences in the types of alternative care that are available to unaccompanied children. In some countries, family- and community-based care is widely used, whereas other countries rely more on institutional care⁽¹²⁾
 - In the United Kingdom, unaccompanied children are placed under the supervision of Children’s Services, the agency that also manages substitute care for children in the general community, and are assisted by local social service departments.⁽³⁰⁾ Unaccompanied children who are in state care are entitled to support until the age of 21 and may go to an after-care home at 18, with the opportunity to receive life-skills and vocational training⁽⁶⁴⁾
 - Iceland established a model (Barnahus) for using child-friendly settings and practices with children who have been witnesses and/or victims of violence in order to avoid causing additional trauma^(22,64)
 - In the Netherlands, foster families are specifically recruited for unaccompanied children, and approximately half of all unaccompanied children are cared for in family foster homes⁽⁶⁴⁾
 - In many EU states, unaccompanied children do not enter the child protection system and do not receive the same oversight and protection that citizen children do, leaving them at increased risk of trafficking⁽³³⁾

- In Bulgaria, the majority of unaccompanied children are detained in institutional settings along with adults until their application for asylum is processed⁽¹²⁾
- › In most countries, including the Netherlands, Sweden, and the United Kingdom, children can receive free legal representation to assist them with the asylum processes and any appeals⁽⁶⁴⁾
- › Unaccompanied children seeking asylum also have the right to have an independent representative, typically a guardian⁽⁷⁴⁾
 - In Croatia, a special guardian (usually a professional such as a social worker or social welfare employee) is appointed who is responsible for arranging for housing, health care, and other well-being needs as well as assisting the child throughout the refugee determination process⁽⁷⁴⁾
 - In England and Wales, a social worker may be assigned to serve in the role of independent representative. It has been recommended that an independent advocate or guardian (i.e., not employed by a public agency) be appointed, particularly for trafficked children, to ensure there are no conflicts of interest⁽⁵⁹⁾
 - In the Netherlands, a national guardianship system (Nidos) is appointed to serve as the guardian for unaccompanied children and assigns social workers to arrange for children’s care and to support them through the asylum process⁽⁶⁴⁾
 - In Italy, the Zampa Law (47/17) on “protection measures for unaccompanied minors” mandates that unaccompanied children be appointed a guardian within 48 hours of being reported to the judicial authority. In practice, capacity issues have resulted in delays and excessively large caseloads, diluting the support that was intended⁽³²⁾
 - Lack of available guardians is also an issue in France and Spain⁽¹²⁾
- › European countries ruled on 171,125 child asylum cases in 2019 and granted relief to 59% of these children, with 67% found to be refugees, 19% receiving subsidiary protection (i.e., protection given to persons who do not qualify as refugees but who would be at risk of harm if returned to their country), and 14% granted humanitarian status⁽⁶²⁾
 - In the United Kingdom, children who are granted refugee status are allowed to remain in the country for 5 years and are allowed to work, receive benefits, and travel (except to the country of migration). After 5 years, they can apply for indefinite leave to remain, then British citizenship⁽³⁷⁾
- › EU legislation, including the Anti-Trafficking Directive (2011), Asylum Reception Conditions Directive (2015), and Asylum Procedures Directive (2015), has increased protections for unaccompanied children who are considered “extra vulnerable” (e.g., victims of trafficking, children with disabilities or mental trauma)⁽²²⁾

UNITED STATES

- › The number of unaccompanied children apprehended at the United States–Mexicoborder increased from an average of 18,000 prior to FY2012⁽²⁷⁾ to 76,020 in FY2019⁽²⁹⁾
 - The largest proportion of unaccompanied children in the United States come from Central America, primarily from Guatemala, El Salvador, and Honduras^(2,3,54)
 - Recent increases in unaccompanied children from Central America have been attributed primarily to increasing violence (e.g., gang and/or drug cartel violence, homicide),^(40,64) as well as human trafficking,⁽⁴⁰⁾ sex-based violence,⁽⁶⁴⁾ natural disasters,⁽⁶⁴⁾ poverty,⁽⁶⁴⁾ and family reunification.⁽⁶⁴⁾ Most unaccompanied children from Central America migrate to Mexico on foot or by bus. After they are close to the Mexico/U.S. border, they cross the Rio Grande River or cross the Arizona desert, alone, with traffickers, or with hired smugglers⁽²⁷⁾
- › The U.S. framework for handling cases of unaccompanied children is shaped by several mandates:
 - The Flores Settlement Agreement of 1997 established minimum standards of care and introduced protections for unaccompanied children in immigration custody (i.e., rights to legal assistance, interpreter services, health care, mental health services, and recreation; housing in least restrictive setting and, when possible, reunification; right to privacy, freedom of expression, and religion)^(5,28)
 - The Homeland Security Act of 2002 established how federal agencies would manage their responsibilities for unaccompanied children. The Office of Refugee Resettlement (ORR) is responsible for the placement and care of unaccompanied children, as well as reunifying children with their families, identifying and screening sponsors, and providing post-release services, whereas the Department of Homeland Security (DHS) is responsible for apprehending and transferring unaccompanied children and returning them to their countries as directed^(11,28)
 - The William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA), enacted in 2000 and amended in 2008, requires that unaccompanied children be screened for potential trafficking^(5,28,43)

- › Unaccompanied children from countries contiguous to the United States (e.g., Mexico, Canada) are handled differently from unaccompanied children from non-contiguous countries (e.g., El Salvador, Guatemala)^(11,43,64)
 - Unaccompanied children from contiguous countries (i.e., Mexico or Canada) are screened by U.S. Customs and Border Protection (CBP), and unless there are indications of trafficking or fear of persecution they are returned to their country pursuant to established repatriation agreements^(11,43,64)
 - Unaccompanied children from non-contiguous countries are screened for trafficking and placed into standard removal proceedings. Youth who present at the border can be detained for up to 72 hours for screening; those who are determined to be unaccompanied children are transferred to the custody of ORR^(3,43,64)
- › Unaccompanied children are initially housed in ORR placements^(2,64)
 - In 2017, 1,975 children (primarily refugees) were provided with foster care and other services through ORR’s Unaccompanied Refugee Minors (URM) Program; an additional 40,810 unaccompanied children were provided temporary housing and other services through the Unaccompanied Alien Children (UAC) Program.⁽²⁾ ORR places children in 180 residential care centers in 21 states⁽⁶⁴⁾
 - The TVPRA requires that unaccompanied children be placed in the least restrictive setting consistent with their best interest.^(3,11) In 2017, the majority of unaccompanied children served through the UAC program were initially placed in shelters (89%), whereas 10% were placed in short-term foster care. The remaining children were placed in therapeutic care, staff-secure care (i.e., setting with increased staff capacity to manage disruptive behaviors), or secure (i.e., locked) facilities⁽²⁾
 - Unaccompanied children with prior criminal history, gang involvement, previous escapes, or violent behavior are assessed for higher levels of care using standardized tools. Continued need for secure care is reassessed at post-placement reviews⁽¹¹⁾
 - ORR is required to provide unaccompanied children with classroom education, health care, mental health services, case management, and, when appropriate, family reunification services^(3,11,64)
 - Following initial placement, release to the care of a sponsor is preferred. Of children who were released to a United States sponsor in 2017, 49% were released to a parent or legal guardian, 41% to an immediate relative, and 10% to a distant relative or unrelated adult⁽²⁾
 - ORR conducts background checks prior to releasing the unaccompanied child to a sponsor; in certain circumstances (e.g., child has significant needs), ORR may also require a home study^(5,11,64)
 - Unaccompanied children often have been separated from the parent or relative for a long time and these relationships may be strained⁽⁶⁴⁾
 - When no appropriate sponsor is identified, unaccompanied children may be placed in a long-term setting (e.g., foster homes, group homes)⁽¹¹⁾
- › Unaccompanied children can contest deportation and apply for asylum⁽²⁴⁾
 - The TVPRA specifies that unaccompanied children should have legal representation “to the greatest extent practicable”;⁽⁴³⁾ however, the government does not pay for legal representation for unaccompanied children. Legal assistance, if available, is primarily provided by pro bono counsel. Many unaccompanied children end up navigating court proceedings without legal assistance, which in a study was associated with lower chances of asylum being granted⁽¹¹⁾
 - During an 18-month period in FY2018–FY2019, there were 19,860 removal review hearings for unaccompanied minors, of which 65% resulted in removal, 22% in termination of the removal action (e.g., charging document was dismissed), 10% in voluntary departure, and 2% in asylum being granted; a small number had another outcome⁽¹¹⁾
 - Children without legal representation are significantly more likely to be deported than those with legal assistance. In the above study, 90% of unrepresented children were deported compared with 39% of children with representation
- › The United States provides different types of immigration relief for which unaccompanied children may be eligible^(24,25)
 - Asylum applies to unaccompanied children who meet grounds for international protection under the 1951 Convention⁽⁶⁸⁾
 - Special Immigrant Juvenile Status (SIJS) is a form of humanitarian relief that applies to minors who are under juvenile court jurisdiction and cannot be reunified with a parent because of abuse, neglect, or abandonment. SIJS offers a pathway for unaccompanied children to possibly remain in the United States and eventually obtain permanent residence^(10,24,51)
 - Child welfare agencies can play an important role in screening youth in their custody and assisting them to establish lawful permanent resident status.⁽²⁴⁾ Practices vary from jurisdiction to jurisdiction; some agencies (e.g., Los Angeles

County, New York City) take a systematic approach to assisting children with immigration relief, whereas others lack a systematic approach to assist immigrant children⁽²⁴⁾

–U visas apply to victims of serious crimes (e.g., domestic violence, felonious assault) who are cooperating with the investigation and/or prosecution⁽⁵¹⁾

–T visas apply to victims of severe forms of human trafficking who are able to demonstrate that removal from the United States would cause extreme hardship or harm⁽⁵¹⁾

• Unaccompanied children who are not granted asylum or other relief may request voluntary departure or may receive a final order of removal. ORR initiates a repatriation process in conjunction with the consulate in the child’s country of origin and arranges for the child’s return⁽¹¹⁾

› Undocumented youth are not eligible for financial supports (e.g., John H. Chafee Foster Care Independence Program, Educational and Training Voucher Program) that are offered to support youth in transitioning out of foster care⁽¹⁰⁾

› Although the focus of this Evidence-Based Care Sheet is children who cross borders NOT accompanied by a parent, it is noteworthy that a “zero tolerance” policy enacted in April 2018 resulted in approximately 2,737 children being separated from their parents or caregivers after entering the United States. Under the zero tolerance policy, families who entered the United States seeking asylum were separated, with adults being detained and prosecuted. Children entering with these adults were reclassified as unaccompanied children and placed in the custody of ORR. Although President Trump subsequently wrote an executive order ending this policy in June 2018, the order did not address how to reunite the previous separated minors, and many remain separated from their families⁽⁵⁸⁾

› Another recent development involves COVID-19 and the closing of the southern border of the United States in March 2020,⁽⁴⁴⁾ which resulted in approximately 8,800 unaccompanied children being turned away and expelled from the country before the practice was halted by a federal judge in November 2020⁽⁶⁴⁾

RISK FACTORS

› The ecological model conceptualizes that individuals develop in the context of nested, interacting systems in their environment (e.g., families, schools, neighborhoods, societies, economies) and that these systems influence individual risk and protective factors. Children are viewed as belonging to various micro-level communities (e.g., family, schools, peer groups) that interact with each other, as well as with meso-, exo-, and macro-levels (e.g., organizations, communities, economic and political realms). Unaccompanied children undergo significant changes at each level as they settle in new environments⁽⁷⁾

› Unaccompanied children are a highly vulnerable population at increased risk for an array of adverse outcomes, including abuse, exploitation, trafficking, recruitment by gangs or armed forces, detention, homelessness, child marriage, and illegal adoption.⁽⁷⁰⁾ Their status both as children and as immigrants contributes to their vulnerability, as does lacking the protection and support of a parent or guardian^(70,71)

› Unaccompanied children are at risk for an array of psychosocial issues stemming from pre-migration experiences, as well as adversities faced in transit and post-migration^(52,71)

• **Pre-migration risk factors.** Unaccompanied children often have been exposed to extreme and multiple adverse experiences prior to migration^(26,37,43,51)

–Pre-migration traumas common among unaccompanied children include exposure to conflict, war, and/or persecution,^(37,51,54) being separated from their families, witnessing the death or disappearance of family and/or community members, and being threatened, physically and/or sexually abused,⁽⁹⁾ kidnapped and held captive,⁽⁹⁾ tortured, and/or forced to witness or participate in violence^(26,37,51,54)

- Researchers in a study of unaccompanied minors from Central America noted that two-thirds of the children had witnessed violence, serious injury, or death, and that one-third had witnessed domestic violence or had been physically abused themselves^(#)

- Researchers indicate that exposure to war-related events before migration and family instability predict psychological and traumatic stress for unaccompanied children⁽¹⁶⁾

–Unaccompanied children often have experienced severe poverty and deprivation (e.g., malnutrition, exposure to disease, lack of medical/dental care) before migrating^(9,36)

- **In transit.** Experiences in transit can also be traumatic. Unaccompanied children often are forced to travel under harsh circumstances for weeks or even months before reaching the receiving country.^(43,46,51) They may experience hardship, deprivation, starvation,⁽⁵¹⁾ mistreatment by smugglers and/or police,⁽³⁶⁾ exploitation,⁽⁵¹⁾ and trafficking^(37,52)
- **Post-migration.** Although unaccompanied children may initially feel relief upon arriving in a new country, there are distinct stressors that can emerge after migration, including missing family and friends,^(14,46,59,71) language barriers,⁽⁴⁶⁾ disrupted education,^(46,71) having to navigate different laws, customs, and cultural norms,^(46,71) prolonged uncertainty about the future (e.g., whether they will be granted asylum),^(59,69) unsafe, overcrowded living arrangements,⁽⁶³⁾ homelessness,⁽¹⁴⁾ and financial hardship⁽³⁶⁾
 - The immigration/determination process involves a number of potential stressors for unaccompanied children, including lengthy and confrontational interviews⁽³⁸⁾ and placement in reception centers or detention⁽²³⁾
 - Researchers have found an association between the length of a child’s stay in an immigration detention center and the negative impacts they experience, such as PTSD, hopelessness, and despair. Furthermore, once the children are released, a significant number experience continued negative emotional impact⁽¹⁷⁾
 - Unaccompanied children also are more vulnerable to harm as a result of not having the care and protection of a parent or guardian.⁽³⁸⁾ Many unaccompanied children are unable to be located after arrival in a new country. Although some may have gone on their own to another country or left care of fear of being detained or deported, others are victims of kidnapping, trafficking, or exploitation^(20,26)
 - Around 30,000 unaccompanied children were reported missing in the EU from 2014 to 2017. Although some may have moved on voluntarily, many are feared to be trafficked⁽²¹⁾

IMPACTS

- › Unaccompanied children are at increased risk for an array of psychosocial impacts, including acute and chronic health problems, mental health problems, and loss of education⁽⁷¹⁾
- › Younger unaccompanied children, females, children who have experienced sexual and gender-based violence, and children with medical problems, disabilities, and/or mental health problems are at increased risk of adverse impacts⁽⁶³⁾
- › Unaccompanied children may have health problems resulting from prolonged deprivation and adversity. They may suffer from malnutrition, acute and infectious disease, chronic health conditions, and dental problems.^(9,36,71) Children who experience physical and/or sexual victimization may have injuries, sexually transmitted infections, and/or pregnancy.⁽⁷¹⁾ Exposure to adversity during childhood has also been associated with poor health outcomes in adulthood⁽⁷¹⁾
- › Unaccompanied children are at increased risk of mental health problems⁽³⁸⁾
 - A body of research has found higher rates of anxiety,^(14,36,69) depression,^(14,36,69) and PTSD^(14,36,37,57,69) in unaccompanied children. They are also at increased risk of sleep disturbances,^(38,60) nightmares,⁽⁶⁰⁾ grief, “survivor’s guilt,”⁽⁶⁰⁾ suicidal ideation,⁽³⁸⁾ violent behavior, psychosis,^(14,37) and substance abuse.⁽⁷¹⁾ Cumulative adversity experienced by unaccompanied children is associated with increased risk for mental health issues extending into adulthood⁽⁵¹⁾
 - Mental health disorders affect as many as 41%–69% of unaccompanied children⁽³⁸⁾
 - In a 2017 study of 52 unaccompanied youth in Germany, over half of the children had clinically relevant stress symptoms. The children with the highest levels were the youngest unaccompanied minors in the group study⁽⁵⁵⁾
 - In a 2018 study of 30 unaccompanied youth from Mexico and Central America, researchers found that youth had an average of 8 different trauma experiences (e.g., severe maltreatment by relative caregivers, violence by gangs and/or police), and more than half had clinical levels of PTSD. Suicidal ideation and depression were also prevalent in this sample⁽⁹⁾
 - Researchers in Sweden found that the suicide rate among unaccompanied youth aged 10–21 years was 51.2 per 100,000, compared with 6.1 per 100,000 peers in the general population⁽⁴⁵⁾
 - In a 2020 Swedish study, researchers found that the overall rate of PTSD in refugee minors from three different countries was 42%; PTSD was most prevalent in children from Afghanistan (56.9%) compared with children from Iraq (36.8%) and Syria (33.4%)⁽⁵⁷⁾

- Investigators in Norway conducted a longitudinal study of mental health in unaccompanied children. They found little change in symptoms at 6-month and 2-year follow-ups, but noted that 5 years after arrival depressive symptoms had decreased significantly. Levels of anxiety, PTSD, and externalizing symptoms showed little change. Current mental health problems were associated with higher levels of daily hassles and lower social support⁽³⁴⁾
- In a 2019 study in Germany that compared mental health problems in unaccompanied and accompanied immigrant children, researchers found that unaccompanied children experienced more trauma than other asylum-seeking children and had higher rates of psychological distress (64.7% vs. 36.7%), depression (42.6% vs. 30.0%), and anxiety (38.2% vs. 23.3%)⁽⁴⁷⁾
- › Impacts of pre-migration, in-transit, and post-migration experiences are mediated by a variety of factors, including the nature and extent of trauma, the child’s developmental stage, previous life experiences, level of support, and daily stressors (e.g., discrimination, racism, social exclusion, isolation, poverty)⁽³⁷⁾
 - Unaccompanied children experience multiple losses, including loss of their homes, parents, siblings, friends, schools, belongings, culture, social status, and way of life^(59,71)
 - Many unaccompanied children experience social isolation and loneliness^(14,46,71)
 - Prolonged pre-migration instability and educational disruption has been associated with lower resilience⁽²⁶⁾
 - In a study in Ireland that examined how unaccompanied children cope with adjusting to a new country, investigators identified several strategies that were associated with resilience:^(#)
 - Maintaining continuity despite differences in context; for instance, continuing to enjoy familiar foods, rituals, and religious practices and to maintain contact with persons from their country of origin
 - Actively adapting to their new environment, engaging in activities, learning new customs, accepting change
 - Maintaining a positive outlook about their situation and placing current adversities in context of greater adversities they experienced where they came from, as well as perceiving opportunities to create a better future
 - Maintaining independence and self-efficacy
 - Limiting trust in others to minimize emotional risks, a stance that was perceived as functional, at least in the context of their current adversity

INTERVENTION

- › Establishing safety (legal, practical, and psychological); addressing the unaccompanied child’s physical, emotional, educational, and social well-being needs; and building on protective factors are important to improved long-term adjustment⁽³⁷⁾
 - Given the high level of trauma experienced by unaccompanied children, a trauma-informed approach that supports psychological safety is critical⁽¹⁴⁾
- › The needs of refugee children vary considerably from child to child. Service needs often include safe, appropriate living arrangements, health care, educational services, mental health services, interpreter services, and legal representation in deportation proceedings.⁽⁴⁶⁾ Case management can be important to assist unaccompanied children to coordinate multiple service needs⁽⁶⁴⁾
 - **Living situation.** Unaccompanied children should be placed in safe, stable settings that meet their developmental needs,^(37,46) including the need for emotional support⁽²³⁾
 - Unaccompanied children who are placed in settings where they receive higher support and lower restrictions (e.g., foster homes) have been shown to have lower rates of PTSD and depression than children placed in semi-independent living situations⁽⁴⁶⁾
 - Children’s well-being is supported by placement in families that are knowledgeable of common issues and how to address them (e.g., sleep hygiene, impacts of trauma on behavior)⁽³⁷⁾
 - Researchers have found that it is helpful for unaccompanied children to be placed with foster parents or youth from the same ethnic background⁽²³⁾
 - Placement stability is also important; moves should be minimized in order to avoid disrupting child’s education and peer relationships⁽³⁶⁾
 - **Physical health needs.** Unaccompanied children may have a variety of health issues, including difficulty sleeping, stomachaches, or headaches. They should receive health screening assessments to determine their acute or chronic health issues and ensure that they have current vaccinations and preventive care^(36,38)

- **Education.** Engagement in educational settings is important for unaccompanied children⁽⁴⁾
 - The CRC affirms that children have a right to education⁽²²⁾
 - School has a number of benefits for children, including providing a safe, normalizing setting in which they can be and learn, which may in turn enhance their sense of security and confidence. Schools can also support children’s social needs, affording them opportunities to make friends and integrate into their new communities⁽⁵³⁾
 - Schools can enhance the well-being of unaccompanied children by providing tutoring to support language development, challenging racism and bullying, and being sensitive to occasions such as Mother’s Day that may evoke sadness and loss⁽³⁷⁾
 - Many unaccompanied children fare better educationally than same-aged children in foster care, although not as well as children in the general population⁽⁵³⁾
 - In a 2018 study, researchers found that immigrant children generally showed strong motivation to do well in school, had fewer behavior problems, and had greater placement stability than other children in foster care⁽⁵³⁾
 - Unaccompanied children also may have some academic challenges. Some unaccompanied youth have experienced significant pre-migration educational disruption and may enter school behind their classmates. Trauma also can have adverse impacts on academic functioning, including memory deficits and difficulties with attention and concentration⁽³⁷⁾
- **Mental health.** The mental health needs of unaccompanied children should be assessed and therapeutic services established when indicated^(14,42,46,47,69)
 - Unaccompanied children have low rates of utilizing mental health treatment^(14,42,46,47,69) and face significant barriers in accessing mental health services, including^(14,42,46,69)
 - fear and distrust of adults due to traumatic experiences⁽¹⁴⁾
 - lack of familiarity with concepts regarding mental health disorders and treatment⁽¹⁴⁾
 - individual and cultural beliefs regarding the causes and implications of mental health problems ^(14,42,69)
 - Cultural norms may encourage forgetting traumatic events rather than recalling and discussing them⁽¹⁴⁾
 - fear of repercussions of disclosing mental health problems on their asylum status^(14,37)
 - Multiple stigmas of being refugees, separated from their families and/or in care, and having mental health problems^(42,69)
 - Contextual-structural barriers such as lack of health coverage,⁽⁶⁹⁾ lack of access to services,⁽⁴⁶⁾ and lack of clinicians who are of the same ethnic/cultural background, speak the client’s native language, and/or who are trained to work with racial/ethnic minority persons⁽⁶⁹⁾
 - As of January 2020, only six states (New York, California, Washington, Massachusetts, Illinois, and Oregon) and the District of Columbia offer eligibility for public health care coverage regardless of immigration status in the United States⁽⁵⁰⁾
 - Providing outreach and services in the child’s community can be helpful in reducing barriers. It is also recommended that practitioners openly discuss the barriers in initial sessions, start with issues the child identifies as priorities, and use trained interpreters when needed⁽³⁷⁾
 - When possible, social workers should utilize mental health measures that have reliability and validity for the individual and are available in his or her language⁽³⁷⁾
 - Instruments that can be used to screen for mental health issues in unaccompanied immigrant children include the CORE Young People (CORE-YP) and the Refugee Health Screener-15 (RHS-15)
 - Instruments that can be used to screen for PTSD include Child Revised Impact of Events Scale (CRIES); Child Trauma Screening Questionnaire (CTSQ); Child and Adolescent Trauma Screen (CATS); and Child PTSD Symptoms Scale (CPSS-5)
 - Scholars recommend a phased, holistic approach when providing interventions for unaccompanied children⁽³⁷⁾
 - Initial intervention should focus on biopsychosocial support and stabilization, including physical health, nutrition, sleep problems, psychosocial support with the asylum process, addressing post-migration stressors (e.g., discrimination, social isolation), psychoeducation, and managing distress
 - In the second phase, interventions are focused on the individual’s presenting concerns, which often include trauma-related issues and/or other mental health conditions

- The final phase focuses on one's future goals and integration
- Clinical issues for unaccompanied children include establishing a sense of safety, therapeutic alliance, grief and loss, identity and self-concept, anxiety, depression, and trauma^(14,42,46,47,69)
- Establishing a therapeutic alliance may first entail resolving issues that interfere with trust and communication. Providing outreach and services in the child's community can be helpful. It is also recommended that practitioners openly discuss the barriers in initial sessions and prioritize those issues that the client identifies as important. Trained interpreters should be used when needed to support effective communication; ideally, one interpreter can be used over time⁽³⁷⁾
- It is important to recognize strengths and build protective factors. Building the youth's capacity to recognize, process, and cope with traumatic memories can support ongoing recovery. Social support is vital; it is ideal when children can form friendships with peers from the host country as well as from their country of origin. Affiliation with community groups can help youth maintain connections with their culture⁽³⁷⁾
- There is little research regarding the efficacy of specific treatment approaches with unaccompanied children.^(37,46) Scholars have identified the need to adapt existing evidence-based treatments to children with various cultural backgrounds⁽³⁸⁾
- Evidence-based trauma-focused treatments should be considered for unaccompanied children who have a history of significant trauma and/or post-traumatic stress symptoms⁽³⁸⁾
- Cognitive-behavioral therapy (CBT) is the basis for many treatment modalities used with children who have experienced trauma and has been widely used in the treatment of children who have experienced war-related trauma^(14,38)
 - Trauma-focused cognitive behavioral therapy (TF-CBT) is the most recognized treatment for child trauma and is used with children aged 3–18 years who have PTSD or other emotional or behavioral problems related to trauma. TF-CBT integrates cognitive and behavioral interventions with trauma-specific interventions such as psychoeducation about trauma and common reactions, parenting skills to manage emotional and behavioral reactions, individualized stress-management techniques and coping skills for children and parents, and development of a trauma narrative. TF-CBT is ideally implemented as a collaborative treatment involving the youth's parent or primary caregiver^(14,38)
 - In a German study that evaluated TF-CBT with unaccompanied youth, researchers found that PTSD symptoms remained significantly reduced at 6 weeks and 6 months after treatment completion, and depression and behavioral symptoms also improved⁽⁶⁹⁾
 - In a study involving evaluation of a multi-tiered psychosocial intervention with Somali refugee youth in the United States, investigators implemented four phases of intervention. The first tier was open to the entire Somali refugee community and focused on community engagement and parent outreach to build community resilience. Investigators also involved a "cultural broker" from the community. Community engagement was believed to help build trust in the program. The second tier consisted of school-based groups open to the targeted risk group (i.e., students enrolled in Somali-English language classes). Tiers 3 and 4 offered trauma systems therapy (TST) to students from distressed social environments or who had difficulties with emotional regulation. Depending on level of severity, students were referred to Tier 3 for school-based skill-building psychotherapy or to Tier 4 for home-based care. Treatment targeted both emotional regulation (e.g., decreasing perceived threats and improving participants' self-control over emotions and behaviors) and social environmental stability (e.g., resource hardships). Investigators reported significant improvements in PTSD symptoms and depression in students, and noted that participants at each level demonstrated improved mental health⁽¹⁸⁾
 - Community-based group interventions also can be used to normalize experiences, foster a sense of connection and belonging, and impart information⁽⁵⁶⁾
 - In a Swedish study, researchers evaluated a group approach based on TF-CBT: Teaching Recovery Techniques (TRT). TRT involves five sessions for youth, during which youth receive psychoeducation and skills training to normalize and cope with trauma reactions. Caregivers are also provided with two sessions to learn about the effects of trauma and how to support the youth in coping. Researchers found that TRT was associated with a significant decrease in PTSD and depression in participants, although many of the youth reported experiencing ongoing stressors (e.g., awaiting resolution of the asylum process). Participants described a number of perceived benefits, including receiving emotional support, gaining tools to cope with traumatic memories, and being better able to manage their emotional reactions⁽⁵⁶⁾
 - Narrative exposure therapy (NET) has also shown promising results with refugees in both low- and high-income countries, and has been adapted for use with children (KIDNET)^(37,38)

- Systemic approaches can be utilized to support unaccompanied children's integration with peer groups or can address their relationships with teachers or social workers. Systemic approaches can be utilized to help with communication skills, coping skills, improved group dynamics, and emotional support⁽¹⁴⁾
- Transcultural therapy emphasizes rebuilding self-esteem and identity that have been negatively impacted by migration⁽¹⁴⁾
- Many practitioners use a multimodal approach in treating unaccompanied children. The multimodal approach may incorporate CBT, systematic and transcultural models, art therapy, and other interventions. Practitioners are encouraged to be flexible, adapting interventions to the client's unique needs and characteristics (e.g., sociocultural background, values, beliefs)⁽¹⁴⁾
- Models of care built around medical and legal partnerships are proving to be effective in caring for unaccompanied minors. One example is Terra Firma, which is located in South Bronx, New York. It is a community health center which provides patient- and family-centered primary care with additional focus on behavioral care and social services. Legal representation is also a part of the Terra Firma center. Noted strengths of the center include:⁽⁴⁰⁾
 - a welcoming environment for immigrants where they feel safe
 - a trauma-focused approach to mental health and acculturation needs
 - integrated co-located services, meaning that the medical and legal services are all located on site at the center
- Additional psychosocial supports can also be beneficial. In a Swedish study, researchers evaluated the impact of a resilience center for unaccompanied children. This intervention involved an array of daytime activities for unaccompanied children who were placed in foster care, including mentoring, help with homework, jobs, camp, and cultural activities. Mentors also processed with children aspects of their current situations, providing coaching, guidance, and support as needed. Researchers found that over a two-year period, participants made improvements in peer relationships, school attendance, and to some extent in the processing of traumatic experiences⁽⁷⁾
- › Return and reintegration are often inadequately coordinated, leaving children vulnerable to returning to situations of extreme poverty and violence, discrimination, and stigma⁽⁶⁴⁾
 - Maintaining and/or re-establishing family connections can be important for many youth and should be explored⁽⁷⁾
 - Some unaccompanied children maintain contact with parents or relatives in their country of origin after settling in the receiving country⁽⁷⁾
 - Other unaccompanied children have lost contact with family members and are unaware of services that can help them search for missing family members, or may find it too emotionally painful to pursue⁽⁵⁹⁾
 - The European Family Reunification Directive provides a means for unaccompanied children who have been granted refugee status to sponsor a parent to join them in the host country; however, some countries, including the United Kingdom, have opted not to participate⁽⁵⁹⁾
 - Efforts to trace unaccompanied children's parents or extended family members should be considered unless doing so would expose the child or family to danger. The possibility of family reunification can be explored once parents or relatives are located. Organizations that may assist in searching include the International Committee of the Red Cross (ICRC), International Social Service (ISS), and International Organisation for Migration (IOM)⁽⁶⁶⁾

What We Can Do

- › Become knowledgeable about unaccompanied children so you can accurately assess your client's personal characteristics and health education needs; share this information with your colleagues
- › Develop an awareness of your own cultural values, beliefs, and biases, and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of the client^(8,31,48)
- › Internationally, practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles, as well as the national code of ethics that applies in the country in which you practice. For example, in the United States, you should adhere to the NASW Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence; and become knowledgeable of the NASW ethical standards as they apply to unaccompanied children and practice accordingly⁽⁴⁹⁾
- › Learn about human rights, international law, social justice, advocacy, displacement, and citizenship, and how these issues and related laws and policies affect unaccompanied children; share this information with your colleagues

- › Learn about ethical challenges involved in serving unaccompanied children (e.g., gatekeeping aspect of age determinations, conflict of interest when immigration authorities also are appointed to serve as guardians for unaccompanied children, best-interests determinations) and advocate for immigration reform⁽¹³⁾
- › In planning for care and service delivery, focus on the well-being of unaccompanied children and prioritize their status as children in need over their immigration status⁽¹³⁾
- › Conduct a thorough biopsychosocial-spiritual assessment including gathering background information about children's migration experiences (before, during, and after), traumatic experiences; areas of vulnerability and resilience; grief, loss, anxiety, depression, suicidal ideation, and other mental health symptoms; family background and relationships; cultural and religious/spiritual beliefs, acculturation, language barriers; educational background and needs; health history and needs; immigration status; and current understanding of local and national laws and customs, immigration processes, and care and protection systems
 - If parents and/or family can be safely located, obtain information about child's early childhood (e.g., medical, developmental, social, behavioral history)
- › Assess and prioritize children's needs
 - Arrange safe and appropriate living situations
 - Ensure foster parents are adequately vetted, trained (i.e., understand children's situation and needs), and monitored
 - Ensure that structural safeguards are put in place; for example, not housing young persons of opposite sexes in unsupervised shared housing
 - Assess children's needs for social/professional supports such as interpreters and/or legal representation and assist them in obtaining needed services
 - Refer unaccompanied children for healthcare services, such as physical examinations, immunizations, vision screening, hearing screening, and dental examinations
 - Assist unaccompanied children to access educational services and provide ongoing encouragement and support
 - Assist unaccompanied children to access mental health information and services
 - Provide psychoeducation to unaccompanied children regarding the potential impact of traumatic experiences on mental health, symptoms, coping strategies, and evidence-based treatments
 - Provide/refer for evidence-based services to assist unaccompanied children in psychological recovery from traumatic experiences
 - Assist unaccompanied children to build social support networks
 - Assist with family tracing, if appropriate. Some countries have established partnerships with organizations that handle family tracing, pre-placement assessments, reunification, and monitoring (e.g., IOM and ISS)
 - Help to develop trusting relationships with supportive adults and peers^(34,37)
 - Link unaccompanied children to faith-based organizations and cultural and ethnic organizations
 - Being mindful that unaccompanied children are highly vulnerable to exploitation, screen informal supports carefully
 - Assist with obtaining necessary life skills, such as vocational/employment and money management skills⁽³⁷⁾
- › Refer to online resources for additional information and resources, including:
 - American Immigration Council, <https://americanimmigrationcouncil.org>
 - Bridging Refugee Youth and Children's Services (BRYCS), <http://www.brycs.org/>
 - Canadian Council for Refugees, <https://ccrweb.ca/>
 - The Center on Immigration and Child Welfare, <http://cimmcw.org/>
 - Coram Children's Legal Centre Migrant Children's Project (UK), http://www.childrenslegalcentre.com/index.php?page=migrant_children
 - European Asylum Support Office (EASO), <https://www.easo.europa.eu/>
 - European Migration Network (EMN), <https://emn.ie/>
 - European Network of Guardianship Institutions, <http://engi.eu/>
 - European Union Agency for Fundamental Rights (FRA), <http://fra.europa.eu/en>
 - Foundation 63, <https://www.foundation63.org/>
 - Immigrant Legal Resource Center (U.S.), <https://www.ilrc.org/>
 - International Organization for Migration (IOM), <http://www.iom.int/>
 - International Social Service, <http://www.iss-ssi.org/index.php/en/>
 - Irish Refugee Council, <http://www.irishrefugeecouncil.ie/>
 - Kids in Need of Defense, <https://supportkind.org/>

- National Human Trafficking Hotline (U.S.), [https://humantraffickinghotline.org/24-hour hotline](https://humantraffickinghotline.org/24-hour-hotline), 888-373-7888
- Refugee Council (UK), <https://www.refugeecouncil.org.uk/>
- Refugee Health Technical Assistance Center, <https://refugeehealthta.org>
- Refugees International, <http://www.refugeesinternational.org/>
- Safe Passage Project (U.S.), <http://www.safepassageproject.org/>
- Save the Children, <https://www.savethechildren.net/>
- Separated Children in Europe Programme, <https://www.separated-children-europe-programme.org/>
- Unaccompanied Children Resource Center (U.S.), <https://www.uacresources.org/>
- United Nations High Commissioner for Refugees (UNHCR), <http://www.unhcr.org/en-us/>
- U.S. Citizenship and Immigration Services, <https://www.uscis.gov/>
- U.S. Committee for Refugees and Immigrants, <http://refugees.org/>
- U.S. Department of Health & Human Services, Office of Refugee Resettlement, <http://www.acf.hhs.gov/orr>
- Young Center for Immigrant Children's Rights, <https://www.theyoungcenter.org/>

› Consult the following publications for additional information:

- *Guardianship for Children Deprived of Parental Care: A Handbook to Reinforce Guardianship Systems to Cater for the Specific Needs of Child Victims of Trafficking*, http://ec.europa.eu/dgs/home-affairs/e-library/docs/guardianship_for_children/guardianship_for_children_deprived_of_parental_care_handbook.pdf
- *Reference Document on Unaccompanied Children*, A compilation of relevant EU laws and policies, http://www.connectproject.eu/PDF/CONNECT-EU_Reference.pdf

DSM 5 Codes

› [There are no applicable DSM-5 codes]

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