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A Review of Needs and Challenges Facing Unaccompanied Alien Children (UAC) Released into U.S. Communities

Dorothy McLeod, MA

Immigrant children (<18 years) who enter the United States alone and without legal status are defined as unaccompanied alien children (UAC), according to United States law. Between 2013 and 2015, the number of unaccompanied immigrant children arriving at the United States-Mexico border increased dramatically, reaching a peak of over 55,000 in FY 2014.¹ This recent increase in arrivals is due to a mass migration of children fleeing pervasive violence and poverty in Guatemala, Honduras, and El Salvador, a group of countries in Central America dubbed the “Northern Triangle.” In FY 2015, the number of children received by the Office of Refugee Resettlement of the Department of Homeland Security was 33,726.¹ These 2015 statistics represent an increase in UAC arriving from Guatemala and a decrease in UAC arriving from Honduras compared to FY 2014.¹ In FY 2015, 68% of these individuals were male and 32% were female, a more balanced gender ratio than in previous years.¹ In addition, 31% of these UAC were less than 14 years old, a percentage second only to FY 2014, in which 37% of individuals were less than 14.¹

Once these UAC arrive in the United States, they are processed by various governmental agencies. For additional explanation of their journey through government bodies, see the

flowchart on page nine of the Vera report entitled *The Flow of Unaccompanied Children Through the Immigration System*.² In short, if the youth is not immediately returned to the home country (which might occur if the youth is over 18 or coming from Mexico or Canada), he/she is transferred into the custody of the Office of Refugee Resettlement (ORR) for a period of time averaging 61 days.² Following processing and after identification of an appropriate sponsor, ORR releases the youth to the sponsor. This release procedure is called reunification (even if the youth did not previously live with the sponsor).²

Following reunification, youth who are deemed vulnerable to or who are already victims of trafficking, child abuse and neglect, or those with a disability, are eligible to receive post-release services (PRS), namely, the assignment of a social worker for personalized case management.³ The process of screening for PRS eligibility is legally required by the Trafficking Victims Protection Reauthorization Act (TVPRA), but the act does not mandate that all children be provided with PRS. A report on PRS notes, “Not all children released from federal custody receive post-release services. The percentage of released children who receive post-release services fluctuates and is subject to allocation of funding.”⁴ In total during FY 2015,

¹ Office of Refugee Resettlement. (2016). Facts and data. Washington, D.C. Available at <http://www.acf.hhs.gov/programs/orr/about/ucs/facts-and-data>

² Byrne, O. & Miller, E. (2012). The flow of unaccompanied children through the immigration system. Vera Institute: Washington, D.C. Available at <http://www.vera.org/sites/default/files/resources/downloads/the-flow-of-unaccompanied-children-through-the-immigration-system.pdf>

³ Lutheran Immigration and Refugee Service. (2015). Unaccompanied children reunified with family: Court appearance, fair proceedings, and protecting children’s safety. Baltimore, MD. Available at <http://lirs.org/wp-content/uploads/2015/07/Kids-Post-Release-Court-and-Services-FINAL.pdf>

⁴ Lutheran Immigration and Refugee Service & USCCB Migration and Refugee Services. (2013). Post-release services: Family preservation services for immigrant children released from federal custody. Washington, D.C. Available at <http://www.rcusa.org/uploads/pdfs/LIRS-and-USCCB-Post-Release-Services-FAQs-Final.pdf>

ORR released 27,520 UAC to communities throughout the United States,⁵ while 3,300 children, or 12% of the potentially eligible UAC, received post-release services.³

While a number of research and policy documents detail the movement of youth through the immigration system, little is known about this population after their release to sponsors in the U.S. The current research brief synthesizes the existing research using a multi-disciplinary approach. We have chosen to prioritize

peer-reviewed research, but have also included information from governmental and NGO reports. Each of the following sections summarizes the research on a different aspect of youth's post-release adjustment to life in the United States. We conclude the report with a list of unanswered research questions.

⁵ Office of Refugee Resettlement. (2016). Unaccompanied children released to sponsors by state. Washington, D.C. Available at <http://www.acf.hhs.gov/programs/orr/programs/ucs/state-by-state-uc-placed-sponsors>

A. LEGAL ISSUES

The surge in unaccompanied migrant children described above has acted as a strain upon the already overwhelmed US immigration court system. In order to handle the sudden rise in UACs, the Department of Justice has issued a protocol to prioritize the cases of deportation of UAC over other immigration cases, ideally holding a first hearing within 21 days of a minor being charged as unauthorized.³ However, despite this action, many UACs remain in the United States in this unauthorized state. A report by the Migration Policy Institute argues that this ineffectiveness is driven by the fact that the prioritization only impacts the initial master calendar hearing, which represents only a small portion of the overall hearing process.⁶

Despite reports to the contrary, the majority of these children—approximately four out of five—do appear in court. However, not all UAC receive legal aid: while the Department of Health and Human Services is required to arrange for legal representation, there is no obligation for the government to provide paid counsel.⁷ In fact, only about one-third of UACs are represented by an attorney.⁸ Unfortunately, whether or not these children are afforded an attorney has a strong impact on the case outcome: of those children who are not represented by an attorney,

the majority fail to appear for their hearings and largely face deportation as the outcome of their case—in fact, 90% of unrepresented children are ordered deported, versus only 18% of represented children.⁶ This demonstrates the paramount importance of representation in the outcome of the minor's court cases.

In addition, even with the benefits of representation and upon escaping the sentence of deportation, UACs' post-hearing futures are not at all certain. One might expect that the majority of cases that do not end in deportation would instead end in a form of "formal relief," such as a grant of immigration status. However, this is not the reality: most cases instead end with a grant of "informal relief," meaning that the case is administratively closed, but has not received a grant of immigration status.⁶

Given the outcomes of the immigration court hearings discussed above, it is clear that many UACs are likely to remain in the United States in unauthorized status. This state of existence occurs in conjunction with an unaccompanied minor being released from ORR custody to an eligible sponsor. This status prevents these children and any affected family members from several forms of federal aid, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid, the

⁶ Pierce, S. (2015). Unaccompanied migrants in US communities, immigration court, and schools. Migration Policy Institute: Washington, D.C. Available at <http://www.migrationpolicy.org/research/unaccompanied-child-migrants-us-communities-immigration-court-and-schools>

⁷ Office of Refugee Resettlement. (2016). Services provided. Washington, D.C. Available at <http://www.acf.hhs.gov/programs/orr/about/ucs/services-provided>

⁸ Transactional Records Access Clearinghouse. (2014). Representation for unaccompanied children in immigration court. Syracuse, NY. Available at <http://trac.syr.edu/immigration/reports/371/>

Children's Health Insurance Program (CHIP), the Child Care and Development Fund, and direct services from the Developmental Disabilities Councils.⁹ However, the needs of these UACs are extensive: in addition to the trauma, malnutrition, and instability experienced prior to arriving in the US, these youth must adapt to a new culture and adjust to living with new sets of relatives or entering into the foster care system. These add to youth's need for access to mental health, educational, medical, and housing/employment supports. The need and current provision of these services is discussed in the following sections.

B. PSYCHOSOCIAL ISSUES

In addition to and on top of the legal issues faced by UACs, their mental health is almost certainly at risk. Examining the more general population of refugees, research has indicated that refugee children suffer from a host of mental health issues, including anxiety, depression, and post-traumatic stress disorder. The incidence of anxiety disorders is approximately 21% in some populations, while a systematic review of the empirical research

demonstrated that up to 30% of refugee children suffer from clinical depression, and up to 54% suffer from post-traumatic stress disorder.¹⁰ For the more specific population of UACs, research is more lacking. However, it is well-established that UACs are exposed to stressors similar to those experienced by refugee children prior to migration, including being targeted by violent perpetrators of organized crime.¹¹ Pre-migration exposure to violence is consistently linked to worse mental health outcomes in the new country, whereas the ability to integrate into the new society while maintaining connections to the home culture is thought to be protective.¹²

Even beyond the difficulty faced by refugee children, *unaccompanied* migrant children's difficulties are compounded by the fact that they are often without family members. Research indicates that rates of emotional and behavioral problems are typically very high among UACs, with up to a third of UACs struggling with these challenges.¹³ Risk factors for mental health problems that are specific to UACs include the loss of one or both parents, as well as the loss of contact with other family members.¹⁴

⁹ Federal Register. (1998). Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of "federal public benefit." Volume 63:14; pg. 41658. Washington: DC: US Government Publishing Office. Available at <https://www.gpo.gov/fdsys/pkg/FR-1998-08-04/html/98-20491.htm>

¹⁰ Bronstein, I., & Montgomery, P. (2011). Psychological distress in refugee children: a systematic review. *Clin Child Fam Psychol Rev*, 14(1): 44-56. <http://doi.org/10.1007/s10567-010-0081-0>

¹¹ United Nations High Commissioner for Refugees. (2012). Children on the run: Unaccompanied children leaving Central America and Mexico and the need for international protection. Washington, D.C. Available at <http://www.unhcr.org/56fc266f4.html>

¹² Fazel, M., Reed, R. B., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet*: 379(9812): 266-282. [http://dx.doi.org/10.1016/S0140-6736\(11\)60051-2](http://dx.doi.org/10.1016/S0140-6736(11)60051-2)

¹³ Bronstein, I. & Montgomery, P. (2013). Emotional and behavioural problems amongst Afghan unaccompanied asylum-seeking children: results from a large-scale cross-sectional study. *Eur Child Adolesc Psychiatry*: 22(5): 285-294. <http://doi.org/10.1007/s00787-012-0344-z>

¹⁴ Carlson, B. E., Cacciatore, J., & Klimek, B. (2012). A risk and resilience perspective on unaccompanied refugee minors. *Social Work*: 57(3): 259-269. <http://doi.org/10.1093/sw/sws003>

In addition to stressors related to migration and separation from their family, UACs are also often subject to discrimination or stereotyping, and struggle with questions of their identity. Many UACs report feeling as though they are categorized and judged based on their immigration status, rather than as individuals.¹⁵ In addition, they report feeling as though they are discriminated against or have experienced prejudice as a result of their ethnicity, language, or appearance.¹⁵

Finally, unlike refugee children, UACs' legal status is not automatically granted and the lack thereof may prevent them from accessing the necessary services to address these myriad mental health issues. Experts have highlighted many key differences between the "legal" and "psychological" approaches to UACs, including the political pressure to classify UACs as "migrants" rather than "children."¹⁶ This discrepancy also interferes with providing UACs with the psychological help that so many require. Case managers for those youth that are lucky enough to receive post-release services may have difficulty connecting with bilingual mental health providers who will accept the youth without insurance.¹⁷ For youth who are not recipients of post-release services, finding these connections is even more difficult. Particularly in areas of low population density, such as suburban or rural settings, there is simply a dearth of qualified mental health providers—a theme that

echoes throughout the remaining sections as it also applies to medical and housing issues.

C. EDUCATIONAL ISSUES

Compounding the psychosocial issues that UACs face at home, school attendance can be another area of challenge. Although Federal law dictates that all young people, even those without legal status, have a right to K-12 education,¹⁸ schools in some states continue to resist accepting UACs.¹⁵ In one case, a school required a legal document to be signed stating that the UAC's sponsors (an aunt and uncle) were her legal guardians, which the original sponsor (also an uncle) refused to sign. In that instance, a case manager assigned through post-release services was able to attain the signature,¹⁷ which highlights once more the benefits of PRS, and the detriment that must be suffered by those UACs not provided them.

Even when schools do agree to accept UACs as enrollees, there are still many obstacles to their integration. First, many UACs do not speak English as their first language, and require English as a Second Language (ESL) or English Language Learners (ELL) classes.¹⁵ In addition, these children often struggle with adjustment to the school based on many of the same psychosocial and identity issues described above. Students may feel as though they are unwelcome in the school

¹⁵ Simich, L., & Mallozzi, K. (2016). *Struggle for identity and inclusion: Unaccompanied immigrant youth in New York City*. Vera Institute: Washington, D.C. Available at <https://www.vera.org/publications/struggle-for-identity-and-inclusion-unaccompanied-immigrant-youth-in-new-york-city>

¹⁶ Derluyn, I., & Broekaert, E. (2008). Unaccompanied refugee children and adolescents: the glaring contrast between a legal and a psychological perspective. *Int J Law Psychiatry*, 31(4): 319-330. <http://doi.org/10.1016/j.ijlp.2008.06.006>

¹⁷ Roth, B. J., & Grace, B. L. (2015). Falling through the cracks: The paradox of post-release services for unaccompanied child migrants. *Child Youth Serv Review*, 58: 244-252. <http://doi.org/10.1016/j.childyouth.2015.10.007>

environment, particularly given the difficulty that many students have with enrolling.¹⁷ However, schools may provide some of the most accessible and valuable opportunities that a UAC may receive, particularly without the help of PRS: one study found that UACs were more likely to seek and prefer mental health treatment at a school-based than at a community-based center.¹⁹ These findings indicate that, while schools may present another area of difficulty for UACs, they may also be positioned to be a source of some of the greatest help.

D. MEDICAL ISSUES

Another way in which adjustment to life in the United States is made difficult for UACs is difficulty in accessing medical care. While UACs are provided healthcare while in governmental custody, only a minority of states provide eligibility for undocumented children to access medical care after their release.²⁰ Interviews with refugee families and children, a population that share many burdens with UACs, reveal that identifying providers, maintaining Medicaid eligibility, and

finding adequate translation are all issues that prevent access to care.²¹ These issues are likely multiplied for UACs due to their lower likelihood of having an advocate, be that a parent or a case manager assigned through PRS. In addition, youth in rural or less densely populated areas are particularly unlikely to find access to providers that both accept Medicaid (or no insurance at all) and provide language-accessible services.

Though experts have argued that comprehensive healthcare for children, regardless of immigration status, is a right, the provision of healthcare to these individuals is also a public health concern.²² The lack of access to care is particularly problematic for UACs, particularly those who have arrived recently, as they often have specific, urgent health care needs. Immediate needs may include growth, nutrition, and vaccine catch-up, whereas intermediate needs include psychosocial care (including mental health care).²³ Long-term needs may include screening and care for physical illnesses (including cardiac, respiratory, digestive, and nervous problems) associated with traumatic stress.²⁴ For an in-depth review of special medical considerations

¹⁸ Lowery, L. M. (2013). Fact sheet: Children and unaccompanied youth experiencing homelessness and the McKinney-Vento Act. Maryland State Department of Education: Baltimore, MD. Available at http://www.marylandpublicschools.org/msde/divisions/studentschoolsvcs/docs/MVHomelessEducationUnaccompaniedYouthFAQ_2014.pdf

¹⁹ Chiumento, A., Nelki, J., Dutton, C., & Hughes, G. (2011). School-based mental health service for refugee and asylum seeking children: multi-agency working, lessons for good practice. *J Public Ment Health*, 10(3): 164-177. <http://dx.doi.org/10.1108/17465721111175047>

²⁰ Polk, S., Page, K., DeCamp, L. R. (2014). Unaccompanied immigrant children need access to mental health professionals. *The Baltimore Sun*: Baltimore, MD. Available at <http://www.baltimoresun.com/news/opinion/oped/bs-ed-immigrant-mental-health-20140928-story.html>

²¹ Vermette, D., Shetgiri, R., Al-Zuheiri, H., & Flores, G. (2015). Healthcare access for Iraqi refugee children in Texas: Persistent barriers, potential solutions, and policy implications. *J Immigr Minor Health*, 17(5): 1526-36. <http://doi.org/10.1007/s10903-014-0110-z>

²² Ruiz-Casares, M., Rousseau, C., Derluyn, I., Watters, C., & Crepeau, F. (2010). Right and access to healthcare for undocumented children: Addressing the gap between international conventions and disparate implementations in North American and Europe. *Soc Sci and Med*, 70(2): 329-336. <http://doi.org/10.1016/j.socscimed.2009.10.013>

²³ Shah, S., Siddharth, M., & Yun, K. (2014). Health issues in refugee children. In Annamalai, A. (Ed.), *Refugee health care: an essential medical guide* (215-234). New York, NY: Springer.

associated with working with a UAC population, see the medical review, *Unaccompanied Migrant Children: Where to Begin*.²⁵

E. HOUSING ISSUES

Even the most basic of needs, such as housing, may pose a problem for some UACs. Youth are kept in ORR custody awaiting release to a sponsor for varying amounts of time: some youth may remain in the care of ORR through foster care programs and ORR-sponsored group homes for years, while others may be released to a sponsor relatively quickly.²⁶ A more detailed summary of the process for housing UACs, in addition to that provided above, may be found in *The Flow of Unaccompanied Children Through the Immigration System*, cited above.² For even more information, readers may also see the official governmental document, *Children Entering the States Unaccompanied*, which provides detailed information on housing processes for UACs.²⁷

Following ORR custody, the US government is obligated to place each youth with a suitable

sponsor. However, for some, this may mean living with a distant relative or even a stranger. Recent reports have found that release to individuals not related to the UAC may be very dangerous: reports of trafficking of released UACs have arisen and hopefully will serve to spur further screening of the proposed sponsors.²⁸ In addition, a qualitative study of UACs' well-being found that the sudden arrival of UACs often has a detrimental effect on familial relationships, sometimes ending with the youth being thrown out of the home.¹⁵ Some cities and states may have systems in place to accept and house these newly-homeless UACs, while others may not—yet another example of the geographic variability in the types of care available to UACs.

F. EMPLOYMENT ISSUES

Finally, and related to all of the issues discussed so far, UACs face financial and employment difficulties. A Swedish study of UACs found that more male than female UACs tended to be employed. They furthermore determined that, among

²⁴ Muhtz, C., Godemann, K., von Alm, C., Wittekind, C., Goemann, C., Wiedemann, K., Yassouridis, A., & Kellner, M. (2011). Effects of chronic posttraumatic stress disorder on metabolic risk, quality of life, and stress hormones in aging former refugee children. *J Ner Ment Dis*: 199(9): 646-652. <http://doi.org/10.1097/NMD.0b013e318229cfba>

²⁵ Ciaccia, K. A., & John, R. M. (2016). Unaccompanied immigrant minors: Where to begin. *J Ped Health Care*: 30(3): 231-240. <http://doi.org/10.1016/j.pedhc.2015.12.009>

²⁶ USCCB Migration and Refugee Services. (2012). The changing face of the unaccompanied alien child: A portrait of foreign-born children in federal foster care and how to best meet their needs. Washington, D.C. Available at http://www.usccb.org/about/children-and-migration/unaccompanied-refugee-minor-program/upload/A-Portrait-of-Foreign-Born-Children-in-Federal-Foster-Care-and-How-to-Best-Meet-Their-Needs_USCCB-December-2012.pdf

²⁷ Office of Refugee Resettlement. (2015). Children entering the United States unaccompanied. Washington, D.C. Available at <http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied>

²⁸ Permanent Subcommittee on Investigations. (2016). Adequacy of the Department of Health and Human Services' efforts to protect unaccompanied alien children from human trafficking. US Department of Homeland Security and Governmental Affairs: Washington, D.C. Available at <http://www.hsgac.senate.gov/subcommittees/investigations/hearings/adequacy-of-the-department-of-health-and-human-services-efforts-to-protect-unaccompanied-alien-children-from-human-trafficking>

those who were employed, the most common jobs obtained were those that typically require little skill, including construction, sales, farming/gardening, and machine operator work.²⁹ Moving to the experience of UACs in the United States, a qualitative study of UACs' well-being found that many youth feel the need to work while attending school in order to provide themselves or their family with additional financial support. Unfortunately, on the other hand, youth reported difficulty with finding legal work due to their

immigration status. These youth stated that these difficulties forced them to obtain "off the books" work.¹⁵ Here as with other psychosocial and access issues, it is clear that UACs who have access to case managers and other individual who can help them navigate the employment system would fare better than those who are forced to do so alone. This again highlights the unfortunate nature of the limited PRS currently provided to UACs in the United States.

²⁹ Çelikaksoy, A., & Wadensjö, E. (2015). Unaccompanied minors and separated refugee children in Sweden: An outlook on demography, education, and employment. Institute for the Study of Labor: Bonn, SZ. Available at <http://ftp.iza.org/dp8963.pdf>

Throughout this paper, we have summarized the existing research on UACs' experiences, largely in the US, through a multidisciplinary lens. However, it is clear that this research is limited, and that which does exist often does not apply specifically to UACs immigrating to the US from the Northern Triangle. While it is relatively simple to find documents detailing the "process" that UACs are meant to undergo at a governmental level, it is considerably more difficult to find studies of actual outcomes or experiences. Continued evaluation of the outcomes of the government programs is one necessary step to ensure transparency and efficacy of programs. A much larger cohort of UACs fall outside of these government post-release programs, and little is known about their service needs and integration into families and

communities in the United States. In addition, very few studies have examined this process by including those who actually experience it—the UACs themselves. One notable exception is the qualitative study discussed above regarding multiple challenges to UACs' well-being conducted by the Vera Institute of Justice.¹⁵ Future studies like this one that involve the UACs in the research process are needed to determine the generalizability of the results from this study, since it only followed a small sample of UACs in New York state. Without taking time to broadly track the outcomes of UACs, and without asking the UACs themselves how they may be faring, the potential to improve on these processes and further protect the lives of vulnerable children is lost.