

Trauma and Mental Health Needs of Immigrant Minors, Part One

Sponsored by the Culture Consortium

This is the first of two articles on special considerations in the delivery of trauma-informed services to immigrant children who cross the border into the United States unaccompanied by parents or protective adults. Part Two will address the mental health needs of these children during their resettlement process and integration into American schools.

An unprecedented number of unaccompanied minors – nearly 60,000 – crossed the southern border into the United States during the summer of 2014.

“We live on the border, and we are used to immigrants coming across, but not in these numbers,” said Susana Rivera, PhD, a Program Director for Serving Children and Adults in Need Inc. (SCAN), in Laredo, TX. “We weren’t expecting it.” Nevertheless, the community responded quickly, setting up a makeshift shelter close to the border bridge crossing, in Laredo’s downtown area. Volunteers including many faith-based organizations were in triage mode as they helped the children and families obtain food and clothing, and a shower and rest.

Heartbreaking stories began to unfold. Rivera recalled that some children who had traveled alone had the phone numbers of their US relatives written on their bodies. It was... “difficult,” she said, to imagine what the children had been through. According to the Migration Policy Institute, an independent research group, increasingly volatile conditions in Central America have been the principal drivers of the new influx of immigrants. Children are fleeing their homes in Honduras, Guatemala, and El Salvador to escape violence, abuse, persecution, trafficking, and economic deprivation. Research conducted in El Salvador by Elizabeth Kennedy, MSc in Refugee and Forced Migration Studies, showed that 20-25% of the migrant children had experienced domestic abuse; and that rising gang violence has left many families with no choice but to allow their children to flee.

Addressing Trauma

In response to the surge, members of the NCTSN’s Culture Consortium, Terrorism and Disaster Committee, and Policy Taskforce partnered to assess and respond to the needs of

the unaccompanied immigrant minors. They used Network-wide survey results to inform the first-ever Virtual Town Hall meeting conducted to address the children’s needs from a trauma-informed perspective. “Many of these children are coming from very stressed environments and have experienced trauma in their home countries as well as along the way,” said Alisa Miller, PhD, a Research Associate at the Refugee Trauma and Resilience Center at Boston Children’s Hospital. “When we’re face-to-face with

children, how do we sensitively ask about trauma?” The center has prepared a fact sheet for community responders serving the immigrant children. It gives them an overview of what the children may have experienced, and some direct steps to enhance their cultural and clinical competence as they provide services. Visit www.nctsn.org/sites/default/files/assets/pdfs/um_children.pdf.



A Continuum of Traumatic Stressors

Speaking at the Virtual Town Hall, Carmen Rosa Noroña, MSW, MEd, CEIS, Boston Site ETTN Associate Director of the Child Witness to Violence Project, Boston Medical Center, said, “Immigration involves separation, losses and changes,” Noroña said. “It is a process that challenges your identity and your past ways of making meaning. In the case of unaccompanied immigrant children, it can embody sustained and multiple traumatic experiences.” These children may be exploited, abandoned, or abused on more than one occasion, from pre-migration throughout the journey north. The accumulation of traumatic stressors can extend to their postmigration lives here, where they may face substandard living conditions, social isolation, discrimination, and complicated reunification with family members who are known to them only virtually. “Children are more vulnerable to these traumatic stressors and to situations of displacement, especially if the experiences happen in the absence of protective and familiar adult figures who can act as buffers,” Noroña continued. “These multiple traumas and particularly the disruption of attachments can place the children at risk for developmental and mental health difficulties.”

Barriers to Services

DePelchin Children's Center in Houston, TX, has contracted with the federal Office of Refugee Resettlement/Division of Unaccompanied Children's Services to provide trauma-informed assessments for minors age 12 and up in Houston area shelters, to aid in treatment planning and placement decisions. The process is often fraught with barriers, said Megan Mooney, PhD, Staff Psychologist Supervisor for the Trauma Clinic at DePelchin. Basic information on potential referrals is often missing. There is a dearth of valid standardized screening and assessment instruments in Spanish, which limits the ability of clinicians to evaluate the children. "In addition, these youth frequently attempt to present themselves in an overly positive manner," Mooney noted. "As a result, trauma symptoms remain undetected." Mooney believes the positive presentation relates to the children's hope of being reunified with family members, as opposed to their temporary placements. When it's known that a youth will be reunited here with primarily Spanish-speaking relatives, Mooney said, "we write an additional brief letter summarizing key findings and recommendations in Spanish. This becomes particularly important when we are the first providers to diagnose a child with an intellectual or developmental disability."

In Laredo, many of SCAN's staff members volunteered at the downtown shelter on their own time last summer. Rivera said she often had to remind her staff members to replenish their own reserves. Miller emphasized how easy it is for providers to feel overwhelmed during such situations. "I think providers want to fix as much as they can, and it can be easy to get lost in the complexities. But simply keeping focused on key interventions – such as making sure a child is eating, which can impact his or her learning – and approaching this work with a sense of humility, can have a powerful ripple effect."

Rivera said that agencies would do well to prepare themselves for additional immigration events. "We know what we are going to do in the event of a hurricane or a terrorist attack; there are plans in place. I would like to see something like that happen in regards to immigration." In Noroña's view, the events of last summer "forced community organizations and providers to really think outside the box, or, in our case, to begin communicating with others and establishing collaborations."

The NCCTS extends a special thank you to members of the NCTSN Culture Consortium for their conceptualization of the Spotlight on Culture series. For additional NCTSN resources, visit www.nctsnet.org/content/workingunaccompanied-and-immigrant-minors