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Your Patient and My Client: Perspectives from Legal Work With Unaccompanied Children

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Your Patient and My Client: Perspectives from Legal Work With Unaccompanied Children

The young immigrant sitting across from you may be the most resilient person you will ever meet. This young person, who is your patient, is also my client. This young person has a history that may surprise or disturb you, a history whose significance the child may not yet fully appreciate. For immigrant youth seeking healthcare services, legal, political, cultural, and familial shifts may create strong crosscurrents. Possibly no other demographic in America is expected to surmount such profound challenges using so few resources. For legal and medical professionals, working with immigrant children and youth means learning continuously. As learners, inevitably we will come up short from time to time -- choosing the wrong words, overlooking a significant fact, omitting a question we should have asked. Like a newcomer learning a new language or mapping a new neighborhood, if we stay ready to take in the lessons of any missteps, insights will multiply rapidly.

This short article is not intended as an immigration law primer for pediatricians. Instead, it offers a lawyer's perspective on working with immigrant youth, with three goals in mind. The first is to outline key features of the legal landscape immigrant children navigate in the United States, in order to provide contextual information of practical value in serving the young client/patient. The second goal is to use that context as guidance for effectively serving young immigrants: for eliciting information, interpreting information, and supporting progress toward positive outcomes. The third overarching goal is the hope of developing more mechanisms for communication and collaboration across the professional disciplines serving immigrant youth. The article concludes with a short starter list of further readings and resources.

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Because this article is built on perspective, defining that perspective for the reader is important. I am a lawyer working to advance the rights of children facing possible deportation, or "removal," from the United States. My work is primarily on behalf of children who are under age 18, without lawful immigration status, and unaccompanied by a parent or guardian when they reach the U.S., primarily over the southern border. The law distinguishes these "unaccompanied children" from children who migrate with a parent -- a distinction that may also be relevant from a treatment

standpoint, in addition to supplying important context for the healthcare provider.¹ Many challenges discussed here are common to immigrant children irrespective of the manner of their arrival. Likewise, many of the issues will be relevant to children from places other than El Salvador, Guatemala, Honduras, and Mexico, the four countries accounting for the vast majority of child migrants to the U.S. in recent years.

I began working with immigrant youth about 12 years ago, initially as a pro bono lawyer at a private law firm. In contrast to the usual clientele of a large firm, child clients are most likely using legal services for the first time, without much idea of their rights and options. Yet the stakes they face are as high as in any complex litigation. New to the practice area, I found it to be a collaborative community that shared resources and joined in problem-solving. Late in 2008, I moved into the practice area full-time, joining the startup nonprofit Kids in Need of Defense (KIND). Over the next several years, I would meet with hundreds of immigrant children to assess their eligibility for protection from removal, and to educate children and their caregivers about their rights under the law. My work has also entailed training and mentoring other attorneys representing unaccompanied children, including attorneys new to the practice area. Today KIND has 10 field offices nationwide, and works to protect the rights of unaccompanied children through free legal services, social services, research, and advocacy.²

From my earliest efforts, it was clear that legal services were not enough to address children's needs. I saw that other lawyers had diverse clients but similar concerns. Some child clients were traumatized, and most had few resources for coping at their disposal. In the wake of long separations, there were children who would panic if a parent left the room, and conversely, children who couldn't stand being in the same room with their parents. There were children desperate to study, and children desperate to work off a debt. Children who showed off fluent English, and those who nodded 'yes' even when they did not understand. Children who were missing meals, who couch-surfed, who needed a dentist. Some days, it felt like the legal case was not even in the top 10.

The challenges had many dimensions. Many clients wanted to move on with their lives after being betrayed or battered by people they had trusted, but old wounds kept reopening. It was hard to find affordable, nearby therapeutic services in a child's language; moreover, therapy carried stigma in the eyes of many clients. Or a school administrator

might decide that a boy whose schooling overseas ended at sixth grade must now enroll in tenth grade, to be with his age cohort. And this might happen against the backdrop of moving in with unfamiliar relatives, or rejoining a nuclear family after a long separation. I felt indignant when a well-meaning immigration judge chided a child over the C average on his report card. Skipping grades, studying in a second or third language, and simultaneously adapting to a new curriculum and a new home life are a formidable set of challenges; I thought of Ginger Rogers doing everything backwards and in high heels.

Like other lawyers, I would look for solutions, with mixed success. On the plus side, New York is one state that offers health insurance to children up to age 19 without regard to immigration status.³ When a client insisted no tutoring was available at his public school, it sounded pretextual, but a few phone calls showed he was right, and more digging was needed. A lawyer might accompany a young person to sign up for a free counseling session, yet not succeed in getting the child to actually show up on the day of the appointment (because “that’s for *crazy people*”). Today, we still work hard to fill needs, but more doors are open, and our organization coordinates social services for the children we serve. This dynamic is largely what motivated me to write this article, in the hope that dialogue will expand collaborations and referrals across disciplines.

I. The legal landscape for children’s immigration

Taking stock of the context for children’s immigration can aid understanding of the needs and objectives of the children we serve. The diverse body of immigrants to the U.S. includes those who arrived with lawful status – for example, through the refugee resettlement program or a family petition process. This discussion, however, focuses on children lacking lawful status and particularly on unaccompanied children facing removal proceedings. This demographic is frequently described in media accounts and policy proposals, but we will focus on the practical experience of children as they move from arrival in the U.S. through the legal process, which may conclude with removal from the U.S. on the one hand, or on the other, acquisition of lawful status. We will consider three frequent and pragmatic questions: *What is a child’s path from country of birth to a community in the U.S.? How and why do children receive permission to remain in the U.S.? How do I recognize a child as needing immigration legal services?*

What is a child's path from country of birth to a community in the U.S.?

Through a number of studies, it is well-documented that violence and the threat of violence -- both inside and outside the home -- are the primary impetus for children fleeing to the U.S. from Central American countries.⁴ Violence against children and youth is perpetrated by family members, gang or cartel members, police, other authority figures, or traffickers. In some cases, violence combines with other factors -- like poverty, homelessness, or prolonged separation from family -- to spark migration.⁵ In the absence of real alternatives, a hazardous journey across borders may be a child's best option for safety in the long term. Reflecting a grim risk calculation common to many children served through KIND, one teenager said of her choice to leave El Salvador, "I knew there was a good chance that I would die on the trip."⁶

Reaching U.S. territory is not the end of the journey. Without valid entry documents, children and adults may be arrested by immigration enforcement officers from the Department of Homeland Security (DHS), who may initiate removal processes. The nature of the process used will depend on factors that are mostly beyond the scope of this discussion -- except to note that immigration law distinguishes between adults and children under age 18, and further distinguishes among children depending on whether they are under the care and custody of a parent. One common thread for both unaccompanied children and those arriving with parents is that children will generally spend some interval detained in federal custody.⁷ But the processes they are afforded will differ in important ways.

In brief, if you are serving a child who has a case in immigration court together with her parent, one possibility is that the two crossed the border together, were detained as a "family unit," and passed a specified level of screening for fear of persecution before being permitted to present an asylum claim in immigration court. This paradigm has seen recent changes. In the spring of 2018, the forcible separation of thousands of migrant children and parents by immigration officials began drawing scrutiny of the media and the public.⁸ Damaging and chaotic, those separation practices are part of the larger picture of flight in response to intractable risks to children, within families or alone.⁹

If you are serving a child who arrived as an unaccompanied child, the enforcement officials who encountered her would have issued papers calling for immigration court removal proceedings, in which the two opposing parties are the child and Immigration and Customs Enforcement (ICE). At least initially, unaccompanied children are held in one of the more than 100 federally funded shelters and facilities under contract with the Office of Refugee Resettlement of the U.S. Department of Health and Human Services (HHS). In HHS custody, children should receive medical and legal screenings and other essential services. Some unaccompanied children remain in such custody for the duration of their immigration court proceedings, until a judge determines whether the child will be permitted to remain in the U.S. or removed to the country of origin.

Most unaccompanied children, however, will be released from HHS custody after a period of weeks or months. This occurs if a parent, relative, or other suitable adult caregiver who is present in the U.S. passes certain safety checks, and the child is transferred to the caregiver's home. HHS refers to the caregiver as a "sponsor," a potentially misleading term which does not signify that the adult is "sponsoring" the child for immigration status, but rather that the adult will care for and shelter the child during the child's immigration proceedings. HHS is without authority to convey legal guardianship or legal custody of the child, a matter generally determined under state law. After release, the child's removal proceedings will be held at the immigration court nearest to the caregiver's home, usually starting with a series of preliminary appearances and culminating in a judicial determination of whether the child will be ordered removed from the U.S. or permitted to remain.

In many cases, permission to remain in the U.S. will be based on protection or status granted outside the court by U.S. Citizenship and Immigration Services (USCIS), a component of DHS.¹⁰ Depending on many factors – the volume of cases pending in the court, the child's objectives and capacities, the complexity of the legal issues, the degree of opposition by government prosecutors – the immigration court case may take a few months or several years to resolve. Significantly, despite the high stakes of immigration proceedings, the government does not appoint lawyers for those unable to afford representation, children included.

How and why do children receive permission to remain in the U.S.?

In many cases, the risks and harms that spur a child's migration will provide a basis for claims for humanitarian protection under U.S. law.¹¹

Not every type of harm will lead to citizenship or a green card, and conversely, some children may qualify for status on other bases – for example, through a parent or stepparent who is a citizen or green-card holder. But humanitarian protections are an important lifeline, and an overview of two types of relief frequently sought by children will illustrate a direct link between past harms and protective status.

What is the process for seeking protection from parental harm? Unaccompanied children in particular may seek safety in the U.S. specifically because of harm at the hands of a parent, or because they lack care due to the absence, death, or incapacity of one or both parents. For example, if one of her parents abandons the family and the other migrates in search of work, a child may be left with relatives who prove exploitative or otherwise unfit. Or, if a child lives with both parents in their country of nationality, violence or substance abuse by one parent may make life in the home untenable for the child. Such scenarios are depressingly common; around three-quarters of the children KIND matched with free legal services from 2014 through 2018 were identified as potentially eligible for “special immigrant juvenile status” (SIJS), which is designed to protect children under 21 who cannot reunify with at least one parent for reasons such as the above.

SIJS addresses not only the need for care and supervision, but also the need for lawful immigration status so that the child can remain safely in the U.S. The process entails multiple steps before two and possibly three adjudicators – a state court, USCIS, and an immigration court if the child is in removal proceedings. Typically the process begins with a request that a court or child welfare agency in the state where the child lives make provisions for the child’s care. Laws, procedures, and terminology vary by state, but examples of such arrangements include a grant of sole custody to one parent, placement in foster care, an intervention during juvenile delinquency proceedings, or appointment of a legal guardian, conservator, or other caregiver. State processes also vary in timing and complexity, but will entail evidence of abuse, neglect, abandonment, or similar circumstances in the child’s life. Regardless of the severity of those circumstances, a child may find it difficult to denounce a parent as unfit, or may struggle to build trust within a new home. In some cases, children feel divided loyalties, or concern for siblings who remain in harm’s way.

A state court order making certain determinations, including whether return to the country of origin would be in the child's best interests, is a prerequisite to petitioning USCIS for SIJ classification. Although required by law to decide that request within 180 days, in practice, USCIS frequently takes far longer, sometimes issuing interim notices to demand further evidence or question the child's eligibility. Approval of an SIJ petition is a milestone on the way to lawful permanent residency, or a green card. This entails yet another application, supported by a medical report and a fingerprint check, and the grant of lawful permanent residency is discretionary. Due to stringent annual numerical limits on the issuance of green cards, the category that includes special immigrant juveniles has become severely backlogged. For many eligible children, this means prolonging for months or years the period of instability that SIJ status is designed to help resolve. Many children remain in removal proceedings in immigration court throughout this process, weighed down by the possibility of deportation.

What is the process for seeking protection from persecution? Asylum is a protection available to certain persons who were persecuted or fear persecution in their country of nationality. If a parent is granted asylum, a child may benefit as well, or children may receive asylum in their own right. Persecution can take many forms of harm, attempted harm, or threatened harm. Young people have described being persecuted because of their actual or imputed beliefs or sexual orientation; because of gender, indigenous ethnicity, or disability; or because they resisted the gravitational pull gangs exert on beleaguered communities.¹² Other children face harm because of their association with a targeted family member – as when a brother faces retaliation because his sister spurned a gang member's advances, or when a child is attacked because of her parent's political beliefs. Harms that qualify a child for SIJ status could also support asylum, because many governments fail to offer protection against intrafamilial violence. In such scenarios and others, a child may be said to face persecution on account of protected grounds: race, religion, ethnicity, political opinion, or particular social group membership.¹³

As noted, a child may receive asylum with a parent or independently. An unaccompanied child's asylum application is first considered outside the courtroom setting, through an interview by an asylum officer. In the event the officer does not grant asylum, the request can be heard anew by an immigration judge. Preparing and presenting a

request for asylum can be grueling for anyone, no less a child. The child is asked to narrate, orally or on paper, the worst events of his or her life – death threats, kidnapping, sexual assault -- which is potentially re-traumatizing. Because the child will be scrutinized for credibility, preparation will entail dissecting events in detail and repeatedly revisiting troubling memories. In some cases this may also provoke survivor guilt if loved ones were harmed or remain in harm's way. The child may be examined by a medical doctor who can opine on whether scars, burns, or other consequences of injury are consistent with the child's account, and a mental health expert may interview the child to evaluate impact on the child's mental health. Additional supporting evidence may come from people in the child's life, who will also be asked to recall harmful events, and in some instances may place themselves at risk by offering evidence.

Timing for the processing of asylum cases varies widely. At both asylum offices and immigration courts, capacities are strained and scheduling protocols fluctuate, so it is difficult to predict whether a child's case may be scheduled almost immediately or subjected to prolonged delays. If a child must present his or her claim in court, the child is subject to cross-examination by a government lawyer and additional questioning by the judge. If asylum is granted, the child will be protected from removal and will become eligible for a green card one year later.

Asylum and SIJ status are the remedies most frequently sought by children, but there are others. For some children, a fraudulent promise of a place to live or a chance to study in the U.S. led to exploitation after arrival; other children are coerced into work or sexual acts by those transporting them to or within the U.S. In such circumstances, child victims of labor trafficking or sex trafficking may receive protection.¹⁴ Protection is also offered for spouses and children of abusive U.S. citizens or green-card holders, and for victims of certain serious crimes in the U.S. This is not an exhaustive account of protections against removal, and every child who is without lawful immigration status should receive a comprehensive consultation with an experienced immigration attorney.¹⁵

How do I recognize a child as needing immigration legal services?

Outwardly and in most important respects, there may be scant distinction between a child who is a U.S. citizen by birth, and another child who grew up in the U.S. yet has no status. In either context, a child could have limited linguistic, cultural, or familial ties to any country other than the U.S.

This commonality was highlighted by the DACA program, for which several hundred thousand young persons who arrived in the U.S. before mid-June 2007 have become eligible.¹⁶

Another factor that makes it hard to recognize when a legal referral is needed is that members of a family may differ in immigration status. For example, a U.S. citizen child and a child with DACA could be siblings, and they might have a third sibling currently applying for relief during removal proceedings, a fourth who remains in the U.S. after issuance of a removal order, and a fifth who entered on a visa but overstayed it, losing status. A parent of these children could be without status or might have, for example, Temporary Protected Status, along with work authorization. All of these family members, except the U.S. citizen, could benefit from legal advice.

If a child shows you documents in his or her name from the Executive Office for Immigration Review (e.g., a “notice of hearing”), the Department of Homeland Security (e.g., a “notice to appear”), or the Office of Refugee Resettlement, this indicates some type of engagement with the immigration system. However, the documents will probably not be easy to interpret and may readily invite misunderstanding. It would be good to ask if the child *currently* has an immigration lawyer *representing them*, with whom they are *satisfied*, or *comfortable*. Modifiers like those suggested may be helpful, as in my own experience, the question “Do you have a lawyer?” produces both false negatives and false positives.

The importance of a consultation with an experienced immigration lawyer cannot be overstated, but unless there is supportive context, a direct question about immigration status can be unwelcome. Worse, it can undermine the trust of the child or family in the health care provider’s services, or deter the family from seeking needed care if they believe it could jeopardize their situation. Asking more generally about other concerns is one approach, but it is not very precise. When I want to make a legal services referral available to a nonclient while preserving that person’s privacy, I might say that people who have concerns over their immigration history or status often choose to confer with an immigration lawyer, who can help them understand their situation or anticipate potential problems. I would then include a list of referrals with any other handouts given. Since cost is usually an obstacle, I point out that many legal services are free, and that if unsure, it is always appropriate to ask about charges. In this way, the person acquires a starting point for

seeking counsel, without having to divulge personal and possibly negative information.

II. Said and unsaid – consultations with immigrant youth

Can practical insights translate from one discipline to another? Certainly, teachings from the mental health and child welfare professions, such as adopting child-sensitive and trauma-informed approaches to interviewing, have elevated legal practice. When a lawyer refers a client for a forensic mental health evaluation, there can be benefits apart from the core evidentiary purpose; the lawyer can also gain insight on fact-finding and interviewing that goes beyond factual events to ask how the client felt or reacted. A healthcare consultation and a legal consultation differ greatly, so the parallels may be less clear-cut yet have potential. Since lawyers often have the luxury of spending significant time with their clients, following are three practical insights from the legal services perspective.

“If you ask me, I will tell you. If you don’t ask me, I won’t tell you.” I wish I knew whom to credit with this observation I once heard at an immigration law conference, but it is supposed to be the principle behind how our child clients communicate with us. Although a joking remark at lawyers’ expense, it contains a useful insight. It is a fairly common experience among lawyers working with children to hear a client reveal a significant fact at an advanced phase of the case. This sometimes occurs with facts that are especially painful to recall (a frightening or humiliating experience) or facts that the client is not proud of (an encounter with police or a misstep at home).¹⁷ Even with the assurance that lawyer-client discussions are confidential, a child may take time before entrusting the most personal information, particularly if the child’s trust has been abused in the past. And even with a trusting lawyer-client relationship, a traumatized client may open up more in response to a mental health intervention.

But there may be another factor that delays information-sharing. While a lawyer will have a detailed view of the path forward and the legal standards to be met, the unaccompanied child generally operates at the disadvantage of being new to the adversarial legal process, and lacking tools for distinguishing essential facts from white noise. In any case, children and teens have their own priorities and distractions. *(Why didn’t you tell me that the “small business” your aunt ran from your home was a*

brothel?) This caution may seem more relevant for lawyers, since a doctor's consultation is not limited to language-based tools. But sometimes the reason that information is slow to surface is just that no one asked for it.

Confirmation bias. The tendency to filter for information that confirms a pre-existing belief, and reject information inconsistent with that belief, is sometimes associated with a lack of cultural competency.¹⁸ Confirmation bias can result from inflexibly deploying a frame of reference from one culture to interpret a narrative from another. But becoming conversant in cultural norms does not automatically eliminate such misinterpretation. Instead, there can be another type of confirmation bias: an expectation that a narrative will match examples already within our knowledge base. *Another case of revenge kidnapping by the abusive ex-husband.* As discussed earlier, violence is a common denominator for too many migrant children, and from data about gang culture and family violence, patterns emerge. For professionals working with child victims of violence, repeatedly absorbing their narratives carries a risk of vicarious trauma, and of becoming desensitized. One reaction can be the fallacy of expecting a new client's case to match an earlier pattern: *This sounds typical of cases where gangs infiltrate schools; I think I know what happens next.* Clearly, understanding prevailing patterns is an important tool, but it is secondary to careful exploration of individual narratives.

Tools that are lighter in my hands. For all their resilience, unaccompanied children and their parents or other caregivers may find it difficult or unnatural to advocate for themselves. The pressures on immigrant children, discussed above, are often echoed in the lives of adults caring for them: long work hours, dependents to support, possibly their own immigration issues, concern for the well-being of family members abroad. Throughout the case, the child and family will need to address tasks, some as part of the legal case, and others indirectly related but yielding important dividends like reducing stress and improving focus. Yet adding a new problem to be solved -- such as finding contact information for an unfit parent who must be served with court papers, or sourcing therapy for the child -- can tax resources. Avoidance is an understandable initial reaction.

Families who have survived violence or other hardship may have scant evidence that investing in problem-solving yields good outcomes. They may be reluctant to ask for help, especially in stigmatized areas like

mental health or special education. One approach I've used is to first provide specific written guidelines for self-help, such as a listing of local low-cost child therapists for the caregiver to call, with questions to ask. If the family can't complete the task initially, we can work on it together at the next visit.

This approach may be useful to healthcare providers when patients have difficulty sourcing free or low-cost immigration legal services, which are scarce in some markets. Your patients may become discouraged if they are unable to secure an appointment with a nonprofit program that is over capacity. Many programs accept cases only as defined by a specific mission (for example, assisting unaccompanied minors or LGBTQ persons); nothing discourages self-help like being turned away without understanding why. For some prospective clients, it is unclear why some lawyers charge fees and others do not; they may mistakenly believe that cost correlates to quality. For persons with cases pending in immigration court, no court-appointed counsel is provided. Judges often apply time pressure to find counsel before the next court appearance, or may ask immigrants to describe their efforts to find counsel (so, memorializing search efforts is a good idea). I therefore encourage you to inform yourself about the availability of high-quality, low-cost immigration legal services in your area, and consider any steps you can take to support your patients and their caregivers in seeking comprehensive consultations at the earliest possible time.

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In KIND's work, an opportunity to collaborate with health services providers is yielding benefits in multiple ways. Over several years, KIND's Boston Office has built a valued relationship with Cambridge Health Alliance (CHA), a health system that delivers essential services in several Boston-area communities that have large immigrant populations. Twice per month, members of KIND's staff visit CHA's teen health centers. This regular on-site contact has fostered credibility and opened accessible pathways for referrals for both legal services and healthcare services. For example, a healthcare provider can personally introduce a child to KIND staff at the clinic, or KIND legal staff can recommend that a client meet them at the clinic site to connect to health services. KIND staff members have also been invited to provide healthcare providers with briefings on legal issues. And, residents in mental health disciplines have conducted

evaluations for children served by KIND. In these ways, investments in regular contact and communication are producing tangible results.

For a legal services provider, an issue of the *Journal of Applied Research on Children* devoted to the concerns of immigrant children is a thing to celebrate. With the sense that good legal outcomes, good healthcare outcomes, and other successes are mutually reinforcing in the lives of the children we serve, I hope for increasing opportunities for exchange among these disciplines. Beyond informative dialogue, we can look for concrete steps like cross-instruction, cross-referrals, or targeted projects. Ideally, with the extension and growth of collaborative models, children would have access to experts from a spectrum of professional disciplines through more cross-discipline referrals and collaboration.

III. Further reading

Resources on legal issues

UNICEF. *Broken dreams: Central American children's dangerous journey to the United States* (UNICEF Child Alert, August 2016). [https://www.unicef.org/infobycountry/files/UNICEF_Child_Alert_Central_America_2016_report_final\(1\).pdf](https://www.unicef.org/infobycountry/files/UNICEF_Child_Alert_Central_America_2016_report_final(1).pdf)

KIND. *A timeline: how the Trump administration is rolling back protections for children*. <https://supportkind.org/resources/a-timeline-how-the-trump-administration-is-rolling-back-protections-for-children/>

KIND & Human Rights Center Fray Matías de Córdoba. *Childhood Cut Short: Sexual and Gender-based Violence Against Central American Migrant and Refugee Children* (June 2017). https://supportkind.org/wp-content/uploads/2017/06/Childhood-Cut-Short-KIND-SGBV-Report_June2017.pdf

Resources on health services

Michael Winters. *Addressing medical needs of immigrant children*, American Medical Association (May 10, 2016). <https://www.ama-assn.org/delivering-care/population-care/addressing-medical-needs-immigrant-children>

Sara Berg. *Caring for child refugees: four things you need to know*, American Medical Association (October 15, 2018). <https://www.ama-assn.org/delivering-care/population-care/caring-child-refugees-4-things-you-need-know>

American Academy of Pediatrics. Immigrant Child Health Toolkit. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Immigrant-Child-Health-Toolkit/Pages/Immigrant-Child-Health-Toolkit.aspx>

American Academy of Pediatrics (District of Columbia Chapter), Committee on Immigrant Child Health. Immigrant Child Health Toolkit. <http://aapdc.org/toolkit/immigranthealth/>

Maya Health Toolkit for Medical Providers (Bridging Refugee Youth & Children's Services, U.S. Conference of Catholic Bishops). <https://brycs.org/toolkit/maya-health-toolkit-for-medical-providers/>

National Child Traumatic Stress Network. *Understanding refugee trauma: for trauma care providers*. https://www.nctsn.org/sites/default/files/resources/fact-sheet/understanding_refugee_trauma_for_primary_care_providers.pdf

Documentary film

Rebecca Cammisa. *Which Way Home*. <https://www.youtube.com/watch?v=in6nif9RSzw>

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1. “Higher rates of anxiety, depression, conduct problems and post-traumatic stress disorder (PTSD) have been found among [unaccompanied children] when compared to their accompanied immigrant counterparts.” Kiara Alvarez & Margarita Alegría, *Understanding and addressing the needs of unaccompanied immigrant minors*, American Psychological Ass’n (June 2016), <https://www.apa.org/pi/families/resources/newsletter/2016/06/immigrant-minors>.
2. Recently, KIND has also served children who were rendered unaccompanied when officials forcibly separated them from accompanying parents, with further profound implications for the children’s well-being and their legal cases. See <https://supportkind.org/our-work/>.
3. Even under restrictive rules proposed by the Department of Homeland Security in October 2018, the Children’s Health Insurance Program is among the programs expressly excluded when considering whether an immigrant is ‘likely to become a public charge.’ See <https://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet>.
4. See, e.g., Center for Gender & Refugee Studies, *Childhood and Migration in Central and North America: Causes, Policies, Practices and Challenges* ii (Feb. 2015), https://cgrs.uchastings.edu/sites/default/files/Childhood_Migration_HumanRights_English_1.pdf; United Nations High Commissioner for Refugees, *Children on the Run: Unaccompanied Children Leaving Central America and Mexico and the Need for International Protection* (2014), <https://www.unhcr.org/children-on-the-run.html>.
5. See, e.g., Muzaffar Chishti & Faye Hipsman, *Dramatic Surge in the Arrival of Unaccompanied Children Has Deep Roots and No Simple Solutions*, MPI (June 13, 2014) <https://www.migrationpolicy.org/article/dramatic-surge-arrival-unaccompanied-children-has-deep-roots-and-no-simple-solutions>.
6. See KIND, *Lilian’s Journey* (Apr. 22, 2015), <https://supportkind.org/stories/lilians-journey>. For a compelling picture of the risks children face in transit, see Sonia Nazario, *Enrique’s Journey* (Random House, 2006).
7. See, e.g., Julie Linton, Marsha Griffin, and Alan Shapiro, *Detention of Immigrant Children* (*Pediatrics* May 2017), <https://pediatrics.aappublications.org/content/139/5/e20170483>.
8. See, e.g., S. Rizzo, *The facts about Trump’s policy of separating families at the border* (Washington Post, June 19, 2018), https://www.washingtonpost.com/news/fact-checker/wp/2018/06/19/the-facts-about-trumps-policy-of-separating-families-at-the-border/?noredirect=on&utm_term=.c8f8b87d1e43

9. *Examining the Failures of the Trump Administration's Inhumane Family Separation Policy*, Before the Subcomm. on Oversight & Investigations of the H. Comm. on Energy and Commerce, 116th Cong. (Feb. 7, 2019) (statement of Julie M. Linton, MD, Fellow, American Academy of Pediatrics), <https://docs.house.gov/meetings/IF/IF02/20190207/108846/HHRG-116-IF02-Wstate-LintonJ-20190207-U1.pdf>.
10. Regarding "Reasons Children are Allowed to Stay," see TRAC Immigration, *New Data on Unaccompanied Children in Immigration Court* (TRAC Reports Inc., 2014), <https://trac.syr.edu/immigration/reports/359/>.
11. USCIS briefly describes forms of humanitarian protection at a web page titled *Humanitarian*, <https://www.uscis.gov/humanitarian> (accessed Mar. 1, 2019).
12. See, e.g., *Childhood and Migration* and *Children on the Run*, footnote 4.
13. Immigration and Nationality Act § 101(a)(42); see also USCIS Humanitarian, footnote 11.
14. See USCIS Humanitarian, footnote 11.
15. For help in locating legal services for children, check whether KIND has a field office in your area at <https://supportkind.org/contact/> or contact info@supportkind.org; or see, e.g., Unaccompanied Children Resource Center, <https://www.uacresources.org/gethelp/>; The Vera Institute, Legal Services for Unaccompanied Children, <https://www.vera.org/projects/legal-services-for-unaccompanied-children>; ACLU Immigrants' Rights Project, Immigrant Services Directory, <https://www.aclu.org/other/immigrant-services-directory-public-resource-intake-referrals>; National Immigration Project of the National Lawyers' Guild, Find an Attorney, <https://www.nationalimmigrationproject.org/find.html>.
16. See, e.g., Jin Park, *I'm a dreamer and a Rhodes scholar. Where do I belong?* (NY Times, Jan. 11, 2019), <https://www.nytimes.com/2019/01/11/opinion/dreamer-rhodes-scholar-human.html>.
17. See, e.g., *Children on the Run*, at p. 51 (Especially under stress, "children may provide answers that are simple, 'safe,' and more easily repeated . . . They may wish to avoid talking about difficult subjects, or they may not directly connect hardships or other experiences or fears with the questions they are being asked. They may provide superficial or even artificial answers about experiences or events that were harmful or traumatizing.")
18. See American Psychological Association, *Working with immigrant-origin clients* at p. 6 (2013), <https://www.apa.org/topics/immigration/immigration-report-professionals.pdf>.