5-2022

# PRE-MIGRATION TO POST-MIGRATION – MENTAL HEALTH PROBLEMS IN UNACCOMPANIED MIGRANT CHILDREN FROM THE NORTHERN TRIANGLE OF CENTRAL AMERICA

Paola Zuniga
*California State University - San Bernardino*

# PRE-MIGRATION TO POST-MIGRATION – MENTAL HEALTH PROBLEMS IN UNACCOMPANIED MIGRANT CHILDREN FROM THE NORTHERN TRIANGLE OF CENTRAL AMERICA

---

A Thesis

Presented to the

Faculty of

California State University,

San Bernardino

---

In Partial Fulfillment

of the Requirements for the Degree

Master of Public Health

---

by

Paola Zuniga

May 2022

# PRE-MIGRATION TO POST-MIGRATION – MENTAL HEALTH PROBLEMS IN UNACCOMPANIED MIGRANT CHILDREN FROM THE NORTHERN TRIANGLE OF CENTRAL AMERICA

---

A Thesis

Presented to the

Faculty of

California State University,

San Bernardino

---

by

Paola Zuniga

May 2022

Approved by:

Angie Otiniano Verissimo, Committee Chair, Health Science and Human Ecology

Kassandra Harding, Committee Member, Health Science and Human Ecology

Liliana Conlisk-Gallegos, Committee Member, Communication Studies

ABSTRACT

**Background -** The number of unaccompanied migrant children arriving at the U.S. southern border has significantly increased. Each year, children are forced to flee from their native countries of Guatemala, Honduras, and El Salvador. These countries form the Northern Triangle region of Central America, which is recognized as “one of the most dangerous places on earth” according to the United Nations High Commissioner for Refugees (UNHCR). Children from this region, experience significant trauma during their pre-migration, in-transit, and post-migration journey. This raises significant concerns about potential mental health problems. For this reason, access to mental health services for UMCs is critical (Alvarez & Alegria, 2016).

**Objective -** The purpose of this study is to examine the traumatic experiences UMCs face during their pre-migration, in-transit, and post-migration journey to the U.S. as well as its impact on mental health. Since UMCs are at a higher risk for mental health problems, it is critical to discuss how their mental health needs are being addressed.

**Study Design -** This is a qualitative research study that used semi-structured in-depth interviews for data collection. All interviews were conducted individually. The study employed an inductive thematic approach and utilized open coding, axial coding, and selective coding. This form of coding allowed for connections to be made among the responses provided by the participants. Themes and subthemes were further verified.

**Participants/setting -** Individuals participating in this study had extensive professional experience working with unaccompanied migrant youth. Participants were provided a set of interview questions prior to the interview. Interviews were scheduled based on the participant's availability and were conducted via Zoom or via phone call. Those who were not able to interview were provided the interview questions via email.

**Results –** Mental health services are limited for UMCs released from federal custody. These children depend on community agencies to provide these services.

**Conclusion** – UMCs are known to be extremely resilient. These children are able to recover from the trauma experienced during their pre-migration to post-migration journey north. To better support their progress, UMCs need to have access to mental health services.

# ACKNOWLEDGEMENTS

I would like to thank, my thesis advisor, Dr.Angie Otiniano Verissimo, for their unwavering support. Thank you so much to Dr. Kassandra Harding and Dr. Liliana Conlisk-Gallegos as well for their willingness to serve on my MPH thesis committee. Words cannot express how grateful I am for having such amazing committee members by my side throughout this entire process.

TABLE OF CONTENTS

LIST OF TABLES

# CHAPTER ONE

# INTRODUCTION

## Problem Statement

Each year hundreds of thousands of individuals migrate to the United States in search of a better life. As of 2012, the number of individuals migrating to the U.S from Central American countries increased significantly. Among them are adults and families as well as children and adolescents who undergo this journey alone (Huber, 2020). These unaccompanied youth are defined by the Office of Refugee Resettlement (ORR) to include those who are under the age of 18, do not have current immigration status in the U.S., do not have a parent or legal guardian in the U.S., or a parent or legal guardian in the U.S. that is able to care for them (Health and Human Services, 2021). Most unaccompanied migrant children (UMC) are forced to flee from their native countries of Guatemala, Honduras, and El Salvador. These countries, form the Northern Triangle region of Central America which, is recognized as “one of the most dangerous places on earth” according to the United Nations High Commissioner for Refugees (UNHCR). This region experiences high rates of gang violence, gang recruitment, violent crime, sexual violence, and severe economic insecurity (UNHCR, 2021). Therefore, parents make the difficult decision to send their children to the U.S alone.

These UMCs also encounter additional hardships during their migration to the U.S-Mexico border and after entering the U.S. During migration, for example,

UMCs may experience abuse by adults, kidnapping, sexual violence, harassment, and bribery from local authorities as well as hunger, thirst, and exhaustion. These traumatic experiences continue once these children arrive to the U.S. UMCs must then confront an immigration and asylum system that they are unfamiliar with. UMCs will also face other challenges associated with the reunification and foster placement process (The National Child Traumatic Stress Network, 2014). The traumatic experiences these young children face during their pre-migration, in-transit, and post-migration journey raise significant concerns about potential mental health problems.

According to the American Psychological Association, UMCs are more susceptible to mental health problems due to the constant stressors experienced. UMCs, for example, are more likely to suffer from anxiety, depression, post-traumatic stress disorder, and behavioral problems. These stressors are intensified post-migration because of the length of stay in certain facilities, the uncertainty of deportation, and exposure to cultural barriers. These mental health problems may become more severe over time. For this reason, access to mental health services for UMCs is critical (Alvarez & Alegria, 2016).

## Purpose of Study

The purpose of this study is to examine the traumatic experiences UMCs face during their pre-migration, in-transit, and post-migration journey to the U.S. as well as its impact on mental health. Since UMCs are at a higher risk for mental health problems, it is critical to discuss how their mental health needs are being

addressed. According to the ORR, UMCs receive medical and mental health care while in their custody. However, not all children released from ORR custody receive post-release services. These services are provided to less than 10% of UMCs. These limited mental health services can have a significant impact on UMCs mental health (Cardoso et al., 2017).

Research Questions

1) What are some mental and behavioral health challenges UMCs face?

2) What mental and behavioral health services are provided to UMCs?

3) How do professionals (mental health clinicians, social workers, legal advocates, etc.) collaborate with one another to meet the needs of UMCs?

## Significance to Public Health

In order to help improve the mental health of UMCs, health inequities such as limited access to high-quality health care, must be addressed. As public health professionals, it is crucial to understand the various factors that limit access to mental health services for this population. Some of these factors may include lack or limited health insurance coverage, lack of cultural and linguistic competency among mental health service providers, variations in available mental health services across the U.S, among others (Magarik Haro et al.). By being aware of these restrictions, public health practitioners may be better able to address these issues through interventions and policy recommendations.

This study will focus on the following MPH competencies (Master of Public Health Program Outcomes, n.d.):

- Select qualitative data collection methods appropriate for a given public health context.
- Assess the populations needs, assets and capacities that affect communities' health.
- Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.
- Describe the importance of cultural competence in communicating public health content.

The MPH competencies will be achieved by:

- Interviewing mental health professionals and legal advocates that work directly with this population.
- Understanding that lack or limited health insurance coverage, lack of cultural and linguistic competency among mental health providers, variations in available mental health services across the U.S, among others have a significant impact on this population's needs.
- Understanding the context and history of UMCs for the implementation of appropriate interventions.
- Explaining how it is critical to understand all aspects of this population in order to improve health outcomes.

# CHAPTER TWO

## LITERATURE REVIEW

In the past decade, the demographic composition of those migrating to the U.S. southern border has drastically changed. This migrating population, which was predominantly from Mexico, has encountered an increase of migrants from other countries like El Salvador, Honduras, and Guatemala. A population which was largely composed of single adults and family units, now includes unaccompanied children as well. The number of unaccompanied migrant children (UMC) and youth from these Northern Triangle countries has increased substantially. In 2014, for example, U.S. Customs and Border Protection (CBP) apprehended a total of 68,541 unaccompanied minors which was more than in previous years. Of the children and youth that were apprehended, 51,705 were from Central American countries (Stinchcomb & Hershberg, 2014). The number of UMC apprehensions reached another all-time high in 2019 with a record of 76,020 and in 2021 with a record of 144,834. For both years, UMCs from El Salvador, Honduras, and Guatemala accounted for 80 percent of these apprehensions (U.S. Customs and Border Protection, 2021). The following tables display demographic data from U.S. Border Patrol. Table 1 represents the number of UMCs encountered by CBP from 2013-2016. Table 2 represents the number of UMCs encountered by CBP from 2019-2022.

Table 1:

United States Border Patrol Southwest Family Unit Subject and Unaccompanied Alien Children Apprehensions Fiscal Year 2016

| | FY 13 | FY14 | FY15 | FY16 |
|---|---|---|---|---|
| Unaccompanied children | 38,759 | 68,541 | 39,970 | 59,692 |
| Family units | 14,855 | 68,445 | 39,838 | 77,674 |
| Individuals | 360,783 | 342,385 | 251,525 | 271,504 |
| **Totals** | **414,397** | **479,371** | **331,333** | **408,870** |

Table 2:

FY Southwest Land Border Encounters by Month

| | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022 (FYTD) | 12,618 | 13,748 | 11,710 | 8,617 | 11,810 | | | | | | | | 58,503 |
| 2021 | 4,687 | 4,475 | 4,852 | 5,688 | 9,263 | 18,716 | 16,900 | 13,878 | 15,022 | 18,681 | 18,492 | 14,180 | 144,834 |
| 2020 | 2,841 | 3,308 | 3,223 | 2,680 | 3,070 | 2,974 | 712 | 966 | 1,603 | 2,426 | 2,998 | 3,756 | 30,557 |
| 2019 | 4,964 | 5,257 | 4,753 | 5,105 | 6,817 | 8,956 | 8,880 | 11,475 | 7,372 | 5,554 | 3,722 | 3,165 | 76,020 |

The significant increase in UMCs migrating to the U.S. is often attributed to the life-threatening circumstances these children experience in their home countries. To better understand the complexity of their situation, the push factors motivating UMCs to undergo such a dangerous journey north must be examined. These push factors consist of societal challenges, familial circumstances, and historical circumstances. Historically, socioeconomic instability and political

unrest have threatened the Northern Triangle region, which has gravely affected its economies and governments. As a result, these countries continue to face high rates of poverty. For generations, this has been a driving force for those migrating to the U.S. (Paris et al., 2018). Other push factors like societal challenges involve gang violence, sexual assault, social exclusion, as well as lack of educational opportunities and employment. For many years, the northern triangle countries have experienced high levels of violence and crime. This is largely due to the presence of gangs like the Mara Salvatrucha (MS-13) or the 18th Street gang (M-18). The fear these powerful gangs have instilled in their communities are a common push factor in UMC migration. Youth are often forcibly recruited into gangs or become members of a gang as an opportunity to obtain income and protection for their families. Adolescent girls often become victims of sexual assault or sexual exploitation by local gangs, and some may even become victims of femicide. In addition, violence in the home is another common push factor (Paris et al., 2018). These familial circumstances involve fleeing an abusive household or having an absent caregiver. Children may experience abuse from parents, relatives, or non-relatives. Those who remain in their country of origin while parents migrate to the U.S. are at an increased risk of being abused or exploited compared to children who remain with both parents (Paris et al., 2018).

The cruel experiences these children encounter continue throughout their migration journey north. UMCs are subject to victimization by criminals,

traffickers, and smugglers. Transnational gangs as well as drug cartels from the Northern Triangle region and Mexico have now taken an active role in the migration process. These violent individuals monitor several of the routes used for migration in order to extort money from those travelling north. UMCs are often kidnapped for ransom or are forced to become drug mules. These children are more likely to be victims of physical or sexual abuse and are forced into trafficking. UMCs also encounter inhumane conditions by human smugglers better known as *coyotes.* Children along with many other migrants are transported in small spaces that lack ventilation. In certain situations, coyotes may abandon children en-route who then must try to survive on their own. Other children who travel without the help of a coyote, oftentimes ride on the top or underside of freight trains. Individuals who ride these trains, like the popular *La Bestia*, experience personal injury or even death (Paris et al., 2018). Despite all that they endure, UMCs are subject to further victimization at the U.S.-Mexico border.

The trauma and stress endured by migrant children could severely impact their psychological health. The Centers for Disease Control and Prevention (CDC), for example, describes adverse childhood experiences (ACEs) to include environmental factors that threaten a child's safety, stability, and form of bonding (CDC, 2020). The constant stress experienced by children can also alter brain development. Children may then have a difficult time paying attention, learning, and making decisions (CDC, 2020). Dr. Paul Spiegel, the director of the Center

for Humanitarian Health at John Hopkins School of Public Health, recognizes the trauma children face and the negative effects that follow. Many of these children have encountered several traumatic events emerging from their place of origin and from their journey to the U.S. This persistent trauma can alter brain development and can result in observable consequences (Spiegel, 2018). The Immigration Initiative at Harvard further supports these claims. Dr. Jack Shonkoff, of the Center on the Developing Child at Harvard University, explains that toxic stress resulting from ACEs can create problems for children's health and development. High stress hormone levels interrupt brain development, which make it difficult for a child to focus or manage their own behavior (Shonkoff, 2019). According to the American Psychological Association, rates of depression, anxiety, behavioral problems, and post-traumatic stress disorder (PTSD) were higher in UMCs (Alvarez & Alegría, 2016). Among these youth, girls were also found to be at a higher risk for developing PTSD when compared to boys (Alvarez & Alegría, 2016).

These mental health challenges are also exacerbated post-migration. UMCs encounter another set of stressors that include being placed in ORR custody, adapting to a new community with their sponsor, and dealing with an immigration system that they are unfamiliar with. Children transitioning into a new community may face discrimination, isolation, or exclusion (Paris et al., 2018). Other children may live in an area where they are once again exposed to community violence and economic hardships. This can make social integration

difficult for the child (Alvarez & Alegría, 2016). Moreover, unaccompanied minors navigating the legal system may feel overwhelmed and powerless. Not knowing if they will remain in the U.S. legally or face deportation can exacerbate these children's mental health problems, especially PTSD (Song, 2021). In order to overcome these difficult situations, UMCs need access to mental health services after being released from ORR custody. However, post-release services are often provided to a small number of children who are identified as victims of trafficking, sexual abuse, or physical abuse. Special needs children may receive post-release services as well. Those who do not meet these criteria rely on services provided in their community. These children and their sponsors may not have access to such services due to certain barriers such as language, cultural competency, financial hardship, or lack of insurance (Zuroweste et al., 2016).

UMCs deserve to be protected, cared for, and supported. These children flee a country of violence and migrate 1500 miles north to reach a place of hope. Regardless of their immigration status, it is important to remember that "a child is a child, no matter why she leaves home, where she comes from, where she is, or how she got here" (UNICEF, n.d.). Therefore, the mental health needs of these children must be addressed to ensure that they are able to succeed in the U.S.

# CHAPTER THREE

# METHODS

## Study Design

This is a qualitative research study that used semi-structured in-depth interviews for data collection. All of these were one-on-one interviews.

## Data Source and Collection

Individuals participating in this study had professional experience working with unaccompanied migrant youth. The participants included licensed clinical social workers, clinical psychologists, legal advocates, and researchers who work with UMCs. Participants were recruited via email and by word of mouth. Those willing to participate were categorized into two groups: mental health advocates or legal advocates. These individuals were provided the interview questions and the informed consent form prior to the interview. The participant provided a signed copy of the consent form and verbal consent prior to the start of the interview as well. Interviews were scheduled based on the participant's availability. These interviews were held via zoom or via phone call.

During the interview, mental health advocates were presented with a total of 10 questions and legal advocates were presented with a total of 5 questions. Participants were reminded that these questions were based on their collective experiences working with unaccompanied migrant children rather than on specific cases. The participant was asked to respond to each question to the best

of their ability. To better understand a specific topic, participants were further asked probing questions. These Interviews lasted 30-45 minutes. With the participant's permission, these interviews were audio recorded or video recorded. If participants did not agree to be recorded, detailed notes were used as an alternative.

## Measures

Semi-structured interview questions were developed to further investigate the following: 1) the mental and behavioral health challenges UMCs face, 2) the mental and behavioral health services provided to UMCs, and 3) how professionals (mental health clinicians, social workers, legal advocates, etc.) collaborate with one another to meet the needs of these children. In order to obtain the necessary information, each question developed related to the research questions. Both sets of questions, for mental and legal advocates, were revised by the committee chair.

## Data Analysis

The data was transcribed and organized by using Microsoft Word and Otter.ai. To become familiar with the data, each transcribed interview was edited for clarity and accuracy. Responses relevant to the research questions were pasted onto a word document. Similar concepts that appeared were highlighted. To further analyze and organize the data, Delve software was used.

For this study, an inductive thematic approach was selected. Several methods of coding were implemented during data analysis. These methods included open coding, axial coding, and selective coding. Together, these methods allowed for connections to be made between the research questions and the responses provided by the participants.

## Ethics

This study was approved by the California State University – San Bernardino Institutional Review Board. The application approval number is IRB-FY2022-135.

# CHAPTER FOUR

# RESULTS

Professional individuals, who have extensive experience working with unaccompanied migrant youth, responded to a set of questions that provided further insight on the mental health needs of this population. Only those responses relevant to the research questions were thoroughly examined. By using open coding and axial coding, 12 potential categories resulted. These categories then led to the development of the following themes: 1) Root causes of trauma and its consequences, 2) Restoring and healing UMCs, 3) Continued community support, and 4) Hindering UMCs progress (things to consider). Together, these themes aim to provide an understanding of those factors that play a critical role in accessing mental health services for UMCs.

## RQ1 Theme – Root causes of trauma and its consequences

The traumatic experiences UMCs encounter pre-migration, peri-migration, and post-migration have been well-documented in previous studies. These traumatic events are the result of gang violence, gang recruitment, violent crime, sexual violence, and severe economic insecurity in their country of origin. Due to these circumstances, parents are oftentimes forced to send their children to the U.S alone. During their migration north, UMCs may be subjected to inhuman conditions, abuse, and exploitation. Once in the U.S., UMCs may encounter another set of stressors that include being placed in ORR custody, transitioning

into a new community, and dealing with unfamiliar systems. The complex trauma experienced by these children is further highlighted in the responses given by the professionals interviewed:

*“There were others who were fleeing terrible environment back home dangerous environment back home and that the parents felt this was the only option that they had. There were some kids who the only trauma they experienced was literally on route by the inappropriate adults that they managed to come across.”*

*“I think children that not only have had traumas in their family and then their country of origin, then often the trip to the United States, combined with what has possibly occurred once they arrived and while they are here, in this emergency site, we find that a lot of the children are experiencing similar things related to trauma.”*

*“I think it's trauma that they had to leave their country, and having to leave their family, and just how much they missed the family, oftentimes, that they left in their home countries. Because a lot of times, it seemed like, you know, that the families wanted to send them away, because they felt they were in danger, and the kid might not have realized how much danger they were in so, it's just a very, very complicated situation for a young person.”*

*“Many of them experienced abuse that they fled from in their home countries, and then the trauma of their journey here, and then often the trauma*

*that happens after arriving and being in facilities that many of them have been in."*

*"We see a lot of complex trauma whether the children are fleeing violence in their home countries, or they maybe were living in extreme poverty in their countries of origin and so they decided to make the journey here."*

*"So, it's, I think, a lot of the dissonance of what they were expecting and the reality and therefore all the other social factors that come into play once they're here."*

It is important to recognize that each child experiences trauma differently and therefore their reactions to trauma will vary. Some of these children may or may not display any trauma-related symptoms. For UMCs in ORR custody, for example, it is often difficult to diagnose mental health illnesses, especially for children in facilities short-term. Professional individuals, who worked closely with this population during their time in ORR custody, stated that some of the more common disorders are depression, PTSD, and anxiety. These disorders may sometimes be masked by externalizing behaviors such as aggression. Externalized behaviors are not always due to mental health conditions but are the result of underlying factors present. UMCs may feel overwhelmed, confused, or frustrated about being in federal custody, which can be perceived as problem behavior. These underlying factors should be considered before a diagnosis is made. It is also crucial to acknowledge the resiliency of UMCs. Due to their

circumstances, UMCs are forced to mature sooner than other children. Many of them do not view themselves as children and so assume the responsibility of adults. This can become problematic when the child in custody is treated their age. The independent behavior displayed by UMCs can be interpreted as a problem behavior. All these factors were discussed by the professional individuals working with UMCs in this setting:

*"It is not fair to lay one blanket upon all of them. All of their experiences are so different…. But it could be anything from anxiety, depression, PTSD, missing their family, behavioral… In children, sometimes depression and anxiety display as aggression, so they'll say this, you know, this child is acting very angry or they're hitting or fighting, that child very well will be depressed…And then again, there's some kids that are not going to have any problems…"*

*"I think, you know, a trauma, the experience of trauma is very individualized. And then there's different ways in which you can experience those symptoms."*

*"And so, a lot of times when we see kids like having behavioral reports while they're in custody can be from frustration, of not understanding why they can't just be with the person they came to be with, from feeling like overwhelmed by the amount of time they've spent in custody, feeling like they're not getting the updates thing need the information they need. And maybe don't like have the space to express that."*

*“I think that the boys who were older, I saw them, you know, just struggle a lot, because they felt like, they wanted to understand the whole situation. But maybe they didn't have all the information and they just felt so terrible to have left their homes.”*

*“They come into our setting where we treat a 15-year-old like a 15-year-old. And so, then there's a little like, hey you know, what do you mean I have a bedtime? I had a job, I had to worry. Why are you treating me like a child? I'm an adult.”*

*“So, a lot of the challenges around you know, fending for themselves and being very independent and having to make very adult decisions, but then placed in a site that then turns around and says, Okay, well, you're only this child… So, if they don't want to eat when you want them to eat, and they don't want to go to sleep, when you want them to go to sleep, you know, don't pathologize that.”*

Other mental and behavioral health challenges were also mentioned. Professionals from community organizations, who work closely with UMCs transitioning into their new communities, emphasized the importance of creating and nurturing the relationship between these children and their long-term sponsor. UMCs forced to leave their families back home, often have trouble building healthy relationships. Another component unique to UMCs is their sense of perfectionism. These children are constantly alert and try to do everything to the best of their ability. To them, not doing so, could result in dire consequences

for themselves and their family. There was also mention of other internalizing and externalizing behaviors among younger UMCs and adolescent UMCs. The following responses highlight the mental and behavioral health outcomes once UMCs are released from ORR custody:

*"The troubles that we mostly focused on are more the attachment and relationship-based troubles that happen as a result of traumatic separation…I think as you go up in development, adolescence, in my consultation, I have seen that people usually ask about substance use or maybe more concerning or risk behaviors and acting out, running away. And, you know, looks a little bit differently as they get older."*

*"So, there's a lot we see a lot of disrupted attachment, complex trauma, right, that that might be a result of community violence or direct violence…So we see things, high levels of anxiety, depression, suicidality, a lot of that disrupted attachment style, so difficulty trusting others, the pressures of, of coming to the US and learning an entire new system and language."*

*"The biggest challenge, I see with unaccompanied immigrant youth is actually a sense of kind of perfectionism, a sense of hyper vigilance so constantly kind of scanning their environment for danger being so on all the time, having to be strong all the time, having to do everything perfectly all the time…Another big challenge that I see also is kind of a sense of like dissociation, what we call kind of feeling disconnected from the here and now, like very disconnected to time*

*and sort of space… like when you ask them like, oh, how are you? Pues bien. Todo bien."*

*"Sometimes next to depression and anxiety, acculturation difficulty, complex trauma, PTSD and attachment issues."*

## RQ2 Theme – Restoring and Healing UMCs

Mental health services for UMCs in ORR custody are dependent on the placement type. The mental health services that will be discussed are those provided at an emergency intake site (EIS). These sites opened during the surge of UMCs in 2021 to provide emergency shelter and services to these children while their permanent placement was being determined. Children placed at these sites were assessed by a licensed bilingual therapist within the first 3 days. Follow-up appointments were scheduled based on the results of this initial assessment. Children who displayed common symptomology were seen on a weekly basis while those who displayed higher symptomology were seen more often during the week. UMCs were provided with coping mechanisms to help mitigate internalizing and externalizing behaviors. These coping mechanisms included deep breathing techniques, stress reducers, and anger management techniques. The mental health services at this site aimed to deal with the immediate mental health crisis of UMCs and not with long-term trauma due to the short amount of time a child remained in ORR care. The following responses were provided by professionals who worked directly with UMCs in ORR custody and at this site:

*“So, depending on the level of placement, their clinical, what they receive, clinically might look very different. But they are required to receive to meet with their clinician, I believe on a weekly basis.”*

*“Within the first three days, they met with a therapist, all of the therapists on site were licensed and bilingual…. So, we would do our initial assessment and then if we needed to do any other follow ups, we would do it based upon whatever was displayed at our first assessment. So, for some, it might be coping skills. It might be something to help with reducing anxiety…. But we did a lot of deep breathing techniques, stress reducers, anything from writing and coloring to deep breathing, meditation, that sort of thing.”*

*“We provided consultations, we provided brief interventions, and we provided mental health crisis services. So, we were able to assess for, if we needed to look at involuntary hospitalization or other types of off-site emergency services. And then we were trying to and making sure that we had staff that were bilingual Spanish speaking because that was also one of the needs that came up is that you need to provide services to individuals in their preferred language.”*

*“So, it's really that the screening, the mental health screening was really to assess if there's a crisis and immediate mental health crisis that is going on, to identify that and help deal with that, but not to deal with their longer-term trauma….to give them coping mechanisms and as much orientation to what's* happening to their lives, so that they feel like they have more understanding and maybe a little bit more control.”

Once UMCs are released to their sponsor, these children may or may not receive post-release services. According to the U.S Department of Health and Human Services (HHS), ongoing services are only provided to some of these children. UMCs who do receive post-release services often meet the following criteria: 1) received a home study, 2) are released to a non-relative sponsor, or 3) have a mental health need that would require ongoing care (HHS, 2021). Those who do not meet these criteria depend on agencies in their community for support. Although these agencies help to support the mental health of these children, the length of time these services are provided is limited. Other community organizations may be able to provide services indefinitely.

The community agency interviewed, for example, did not have restrictions on the length of treatment for UMCs and their sponsor. This organization offered Child-Parent psychotherapy, which is a treatment for younger children and their parents (or sponsors). The treatment offered serves immigrant youth including UMCs and their families. It helps children process the impact that trauma has on various aspects of their life, while also strengthening the relationship between caregiver and child. This multifaceted organization also provided services for adolescent UMCs called Opportunities for Youth (OFY). The program approaches mental health differently by providing youth with the necessary tools to navigate the complex system being faced. The services being offered by this organization have proved to be of great help to this population. However, not all

community organizations are able to provide services long-term. The following responses further support this:

*“Because at that point, the federal government is no longer the "legal guardian" of a child. And so when a person responsible or the entity responsible for that child changes, then what does that change about the services that they can access?”*

*“It's not like once the youth are released, it's not like the services follow them. Now, they're here, they have to reach out to agencies like us to for support.”*

*“The treatment lasts for as long as they need it. We're funded by research, so we don't need to bill insurance… we would continue with treatment, as long as we have a caregiver that can continue bringing the child and participate in it.”*

*“For my work that I'm doing currently, it can last anywhere from six months to a year, two years. It really sort of depends on what the young person sort of wants and sort of needs and the plan that we come up with together of how to best serve them and help them sort of heal from all of the things that they've gone through… Really what determines how long treatment lasts is the agency that you're working with and if they have funding, and if they allow you to kind of just continue with treatment for as long as the youth sort of needs it.”*

*“Providing psychotherapy to, I mean, not all of my clients are unaccompanied immigrant children, but throughout my training, and in my role, I do see them a lot in therapy, so working with them, with either their caregivers*

*that they might have been reunited with, or with whoever is sort of caring for them in the US, and helping them process their trauma history and how it impacts them in the present moment, and in their current relationships."*

*"Our treatment is really to foster and strengthen the relationship with the caregiver… So, our focus is on restoring and healing the parent child relationship, like restoring a sense of trust..."*

*"The opportunities for youth is a project and a program we started last year, and it's to support a cohort of unaccompanied minors working to achieve their personal and professional goals. We provide direct services to the youth that are participating, we prioritize relationship building with their sponsors, navigating the complex and often unjust systems, in helping them build networks of support here in the new community."*

### RQ3 Theme – Continued Community Support

Individuals from different professions are needed to address the specific needs related to UMCs. These needs may require support from social services, mental health clinicians, attorneys, volunteer child advocates, among others. Oftentimes, interprofessional collaboration is necessary to best serve this population. The following examples describe collaborative efforts that occur after UMCs are released to a sponsor. Mental health clinicians, for example, may provide trainings, clinical supervision, and consultations to other agencies that offer services to Latinx immigrant families which include UMCs. Professionals such as case managers, legal advocates, and therapists often seek these

consultations. Mental health clinicians also serve as evaluators to help bolster a UMCs immigration application. These evaluations aim to assess the impact trauma has on the child's emotional and psychological wellbeing. The results of the evaluation do not always support the case that is being made by the attorney and so the report might not be used. Mental health clinicians may provide additional support to attorneys by obtaining a declaration from the child. In these situations, UMCs must tell their story in very acute detail, which can lead to re-traumatization. In order to minimize re-traumatizing a child, mental health clinicians can create conditions that are more trauma informed. Below are some of the responses given by mental health clinicians and legal advocates that collaborate with one another to meet the needs of UMCs:

*"I also coordinate the training program and so I supervise people that offer mental health services to families, including unaccompanied minors. And then I also consult with community partner agencies that primarily focus on supporting immigrant families. So sometimes, case managers, legal advocates or therapists would seek consultation in those groups that I provide."*

*"There's a lot of ways that psychologists and you know, legal teams work together. At least even now, I collaborate with a lot of lawyers, not even just for the evals, but also to help them consulting with them about their cases. And again, how to support with not re-traumatizing, and how to create conditions that are trauma informed, right?"*

*“I'm the evaluator that their lawyer hires, to assess them to find out how have they been impacted emotionally, psychologically, relationally, by the things they went through in their home country that caused them to flee. When I interview them, I write up a big report, and I give it to their lawyer. And they can use that to help them with their asylum cases, right? Or they also do them for U-visas and other things like that.”*

*“Oftentimes, my team collaborate with mental health professionals, by way of requesting assessments from them, certainly written assessments to bolster a claim or bolster an immigration related application.”*

Emergent Theme – Hindering UMCs Progress (things to consider)

Respondents identified several challenges that may further discourage UMCs and their sponsors from seeking mental health services. Professionals who worked closely with UMCs in ORR custody often stated that the child’s experience with mental health is critically important. Children who have a negative experience with mental health may be less likely to seek services in the future. Another more complex challenge that was identified by professionals focused on the relationship between the unmet basic needs of the population and its influence on treatment. It was stated that unmet basic needs of UMCs and their families made it difficult for these individuals to fully engage in any sort of treatment. These unmet needs were attributed to various systemic barriers.

While these basic needs are not met, the emotional needs of UMCs will continue to be exacerbated.

*“This may be their first experience with mental health, let's make it be a good one. So then that way, we can start chipping away at that stigma. And if in the future, they need services, they'll seek it out based upon, there was that therapist I met with when I first got here, and, you know, he or she was wonderful, so yeah, let's do this again. If it's a negative experience, and then later on, they're having problems, they may not be so quick.”*

*“If their perception was that you don't go talking to somebody about those types of things. But they had a good experience with us, even at a very light surface level. That's the first step in their path to reaching out for services in the future.”*

*“They don't have their basic needs met, they don't have adequate housing, they don't have adequate access to medical care and all those things kind of sometimes take priority as they should. But at the same time, the emotional needs are always kind of there and are being exacerbated as long as those other concrete kind of basic needs aren't met.”*

*“I think the hardest thing to achieve this success is often obstacles like concrete obstacles that get in the way of families really connecting with the treatment, either because of multiple systemic stressors, fear of systems, those are the most common obstacles, or needing to work three jobs to sustain themselves in such an expensive part of the world.”*

“It is also a little bit challenging when the youth continue to face so many systemic injustices and systemic stressors. And they're like navigating the legal system, the educational system, every of these different systems here. In some ways, it's like really difficult, because in this constant stress, so that is definitely a challenge as well.”

# CHAPTER FIVE

# DISCUSSION

Unaccompanied migrant children from the Northern Triangle of Central America often embark on a perilous journey north due to the desperate conditions in their home country. These threats continue throughout their journey northward and after arriving in the U.S. The trauma these children experience pre, peri, and post-migration can have a significant impact on the mental health of UMCs. This study further examines the traumatic experiences UMCs face as well as its impact on mental health. It also discusses how their mental health needs are being addressed. This part of the study identifies the mental health services provided to UMCs during custody and following placement with a sponsor.

The traumatic experiences UMCs encounter and their impact on mental health have been well documented in previous studies. The provision of services every child shall receive while in ORR custody are also defined. Once the child is placed with a sponsor, however, mental health services may be quite limited. There are not many studies that have explored this topic. Until recently, the American Academy of Pediatrics (AAP) and the Migration Policy Institute (MPI) initiated a joint project to further investigate the mental health services available to UMCs after leaving ORR custody.

Limited access to mental health services was not the only issue surrounding UMCs and their sponsors. Throughout the study, participants

emphasized that UMCs and those caring for them sometimes do not seek the services available to them. This may be due to the stigma associated with mental health, a negative first experience with mental health, or because of other more concrete obstacles. Both components to mental health services should be considered to fully meet the needs of UMCs and their families.

## Strengths and Limitations

Strengths – Those who participated in the study were all professional individuals who had extensive experience working with unaccompanied migrant children. These individuals were so passionate about the topic and therefore provided in-depth responses to the interview questions. Many of these individuals gave insight to other potential topics related to UMCs.

Limitations – There may be a risk of bias in this study due to the small sample size. Although these individuals had extensive experience working with UMCs, there was not enough professional diversity. Most of the participants were mental health clinicians compared to social workers and legal advocates. Several of these individuals also worked for the same organization, which could result in bias as well. Overall, the sample size and the representation of participants was limited.

## Recommendations for Research and Practice

Research Recommendations – The impact of trauma on mental health has been well-documented by previous studies. However, research regarding

mental health services for UMCs is limited. There is a need to further understand the services available to UMCs after their released from federal custody. Being able to recognize and understand additional barriers to accessing mental health services will allow professionals to better serve this population.

Practice Recommendations – In order to support this resilient population, barriers to accessing mental health services must be addressed. The individuals who participated in this study emphasized that this is a multilayered issue. According to these professionals, addressing the concrete needs of this population would be a practical approach to this issue. A more aspirational approach would be tackling the systemic barriers that continue to hinder UMCs progress.

## Conclusion

Oftentimes, UMCs are described as being extremely resilient. These children are able to recover from the trauma experienced during their pre-migration to post-migration journey. Throughout their recovery process, UMCs may need support. To fully address their mental health needs, these children must have access to mental health services.

# APPENDIX A

# INTERVIEW QUESTIONS

1. Describe your role and responsibilities in supporting the needs of unaccompanied migrant children?

2. What are some mental and behavioral health challenges these children face?

3. How are mental health assessments conducted?

4. What mental and behavioral health services are provided?

5. How long does treatment last?

6. If a child is released to a sponsor, will the child continue to receive treatment?

7. If not or treatment is limited, what additional mental or behavioral issues can these children face as they get older?

8. What are some of the successes in providing mental health services?

9. What are some of the challenges in addressing the mental health needs of these children (ex. Cultural barriers)?

10. What would you recommend to address these challenges?

1. Describe your role and responsibilities in supporting the needs of unaccompanied migrant children?

2. How do legal advocates collaborate with mental health clinicians?

3. How do unaccompanied migrant children qualify for asylum status?

4. What happens if their asylum application is rejected?

5. What mental health implications do you think this can have?

Survey created by Paola Zuniga.

# APPENDIX B

# CONSENT FORM

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

Department of Health Science and Human Ecology

**RESEARCH INFORMED CONSENT**

The study in which you are being asked to participate is designed to investigate mental health problems in unaccompanied migrant children (UACs) from Central America. This study is being conducted by Paola Zuniga under the supervision of Dr. Angie Otiniano Verissimo, Associate Professor of Health Science and Human Ecology, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** The study will examine the traumatic events unaccompanied migrant children (UACs) experience during pre-migration, en route, and post-migration. The study will also briefly examine the immigration and asylum system to further understand its effects on the mental health of UACs. By analyzing these events, the study intends to increase awareness of mental health problems in these children. It also aims to reduce the stigma associated with the migration of unaccompanied migrant children to the U.S. Overall, the study hopes to provide an in-depth analysis on the humanitarian crisis occurring at the U.S-Mexico border.

**DESCRIPTION:** Participants will be asked a total of 10 questions during a 45-minute interview. Participants who are not able to commit to ta 45-minute interview, will be provided with a condensed set of questions. Participants who cannot interview, will receive these questions via email.

909.537.5339
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

Department of Health Science and Human Ecology

**PARTICIPATION:** Your participation is completely voluntary. You can decide to not answer all or parts of the surveys and questionnaires associated with this study or the questions in the interview, even if you have signed this letter of consent. While participants are accustomed to working with unaccompanied migrant children on a regular basis, there may be some discomfort answering the questions. You may stop the interview at any time if these feelings arise. Your decision to not participate in this study's activities will have no penalty of any kind.

**CONFIDENTIAL:** To maintain confidentiality of participants, data collected will be stored in a password protected computer. All identifying characteristics will be removed from video recordings, audio recordings, and detailed notes. Files containing this information will be encrypted immediately. All video recordings, audio recordings, and detailed notes will be deleted after April 18, 2021.

**DURATION:** Participants will be interviewed for 45 minutes. Participants who are not able to commit to this 45-minute interview, will be provided with a condensed set of questions. For participants who do not agree to being recorded, detailed notes will be documented instead. For those individuals who are not available for an interview, but would still like to participate, an email will be sent with the interview questions.

909.537.5339
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

**RISKS:** You may find some of the questions asked to be upsetting or stressful. If so, we can stop the interview at any time. In addition, you can contact the following people or agencies to help address any of these feelings:

1) Los Angeles County Department of Mental Health 24/7 Help Line at (800) 854-7771

OR

2) National Alliance on Mental Illness Help Line at 1-800-950-6264

Monday-Friday from 7 a.m. – 7 p.m.

**BENEFITS:** Participants will acquire an in-depth understanding of the humanitarian crisis involving unaccompanied migrant children from Central America.

**VIDEO/AUDIO/PHOTOGRAPH:** I understand this research will be Video Recorded Initials ____ and/or I understand that this research will be audio recorded Initials _____.

**CONTACT:** For questions about the research and research subjects' rights, please contact:

Dr. Angie Otiniano Verissimo

Associate Professor

California State University, San Bernardino

AOtinianoVerissimo@csusb.edu

**RESULTS:** (Include an explanation as to where the results can be obtained after you have completed your study and disseminate the results for publishing. This should not include your name or phone number, but a place and exact location (*Office and Address*) where the results can be obtained).

**CONFIRMATION STATEMENT:**

I have read and understand the consent document and agree to participate in your study.

**SIGNATURE**

Signature: _____ Date: _____

# APPENDIX C

## COLLABORATIVE INSTITUTIONAL TRAINING INTIATIVE

## TRAINING CERTIFICATE

# COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

## COMPLETION REPORT - PART 1 OF 2
## COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Paola Zuniga (ID: 10563799)
- **Institution Affiliation:** California State University, San Bernardino (ID: 692)
- **Institution Email:** Paola.Zuniga@csusb.edu

- **Curriculum Group:** Human Research
- **Course Learner Group:** Biomedical Research Investigators and Key Personnel
- **Stage:** Stage 1 - Basic Course
- **Description:** Biomedical Research Investigators and Key Personnel

- **Record ID:** 45368965
- **Completion Date:** 30-Sep-2021
- **Expiration Date:** 29-Sep-2026
- **Minimum Passing:** 100
- **Reported Score*:** 100

| REQUIRED AND ELECTIVE MODULES ONLY | DATE COMPLETED | SCORE |
|---|---|---|
| History and Ethics of Human Subjects Research (ID: 498) | 28-Sep-2021 | 5/5 (100%) |
| Informed Consent (ID: 3) | 29-Sep-2021 | 5/5 (100%) |
| Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4) | 30-Sep-2021 | 4/4 (100%) |
| Records-Based Research (ID: 5) | 30-Sep-2021 | 3/3 (100%) |
| Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680) | 30-Sep-2021 | 5/5 (100%) |
| Research Involving Prisoners (ID: 8) | 30-Sep-2021 | 4/4 (100%) |
| Research Involving Children (ID: 9) | 30-Sep-2021 | 3/3 (100%) |
| Research Involving Pregnant Women, Fetuses, and Neonates (ID: 10) | 30-Sep-2021 | 5/5 (100%) |
| Avoiding Group Harms - U.S. Research Perspectives (ID: 14080) | 30-Sep-2021 | 3/3 (100%) |
| Avoiding Group Harms - International Research Perspectives (ID: 14081) | 30-Sep-2021 | 3/3 (100%) |
| Research and HIPAA Privacy Protections (ID: 14) | 30-Sep-2021 | 5/5 (100%) |
| Conflicts of Interest in Human Subjects Research (ID: 17464) | 30-Sep-2021 | 5/5 (100%) |
| Students in Research (ID: 1321) | 30-Sep-2021 | 5/5 (100%) |
| California State University, San Bernardino (ID: 1039) | 30-Sep-2021 | No Quiz |

**For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.**

**Verify at**: www.citiprogram.org/verify/?k1a8e0691-45ac-4a85-b45a-115df8440ab9-45368965

**Collaborative Institutional Training Initiative (CITI Program)**
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

# COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

## COMPLETION REPORT - PART 2 OF 2
## COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Paola Zuniga (ID: 10563799)
- **Institution Affiliation:** California State University, San Bernardino (ID: 692)
- **Institution Email:** Paola.Zuniga@csusb.edu

- **Curriculum Group:** Human Research
- **Course Learner Group:** Biomedical Research Investigators and Key Personnel
- **Stage:** Stage 1 - Basic Course
- **Description:** Biomedical Research Investigators and Key Personnel

- **Record ID:** 45368965
- **Report Date:** 30-Sep-2021
- **Current Score**:** 100

| REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES | MOST RECENT | SCORE |
|---|---|---|
| Students in Research (ID: 1321) | 30-Sep-2021 | 5/5 (100%) |
| Informed Consent (ID: 3) | 29-Sep-2021 | 5/5 (100%) |
| Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4) | 30-Sep-2021 | 4/4 (100%) |
| Records-Based Research (ID: 5) | 30-Sep-2021 | 3/3 (100%) |
| California State University, San Bernardino (ID: 1039) | 30-Sep-2021 | No Quiz |
| Research Involving Prisoners (ID: 8) | 30-Sep-2021 | 4/4 (100%) |
| Research Involving Children (ID: 9) | 30-Sep-2021 | 3/3 (100%) |
| Research Involving Pregnant Women, Fetuses, and Neonates (ID: 10) | 30-Sep-2021 | 5/5 (100%) |
| Research and HIPAA Privacy Protections (ID: 14) | 30-Sep-2021 | 5/5 (100%) |
| History and Ethics of Human Subjects Research (ID: 498) | 28-Sep-2021 | 5/5 (100%) |
| Avoiding Group Harms - U.S. Research Perspectives (ID: 14080) | 30-Sep-2021 | 3/3 (100%) |
| Avoiding Group Harms - International Research Perspectives (ID: 14081) | 30-Sep-2021 | 3/3 (100%) |
| Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680) | 30-Sep-2021 | 5/5 (100%) |
| Conflicts of Interest in Human Subjects Research (ID: 17464) | 30-Sep-2021 | 5/5 (100%) |

**For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.**

**Verify at**: www.citiprogram.org/verify/?k1a8e0691-45ac-4a85-b45a-115df8440ab9-45368965

**Collaborative Institutional Training Initiative (CITI Program)**
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

# APPENDIX D

# INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

December 1, 2021

**CSUSB INSTITUTIONAL REVIEW BOARD**
Expedited Review
IRB-FY2022-135
Status: Approved

Prof. Angie Otiniano Verissimo and Paola Zuniga
CNS - Health Science
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Prof. Angie Otiniano Verissimo and Paola Zuniga:

Your application to use human subjects, titled "Pre-Migration to Post-Migration – Mental Health Problems in Unaccompanied Migrant Children from the Northern Triangle of Central America" has been reviewed and approved by the Institutional Review Board (IRB) of CSU, San Bernardino. The CSUSB IRB has weighed the risk and benefits of the study to ensure the protection of human participants. The study is approved as of December 1, 2021. The study will require an annual administrative check-in (annual report) on the current status of the study on December 1, 2022. Please use the renewal form to complete the annual report.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

If your study is closed to enrollment, the data has been de-identified, and you're only analyzing the data - you may close the study by submitting the Closure Application Form through the Cayuse Human Ethics (IRB) system. The Cayuse system automatically reminders you at 90, 60, and 30 days before the study is due for renewal or submission of your annual report (administrative check-in). The modification, renewal, study closure, and unanticipated/adverse event forms are located in the Cayuse system with instructions provided on the IRB Applications, Forms, and Submission Webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. Please note a lapse in your approval may result in your not being able to use the data collected during the lapse in the application's approval period.

If your study is closed to enrollment, the data has been de-identified, and you're only analyzing the data - you may close the study by submitting the Closure Application Form through the Cayuse Human Ethics (IRB) system. The Cayuse system automatically reminders you at 90, 60, and 30 days before the study is due for renewal or submission of your annual report (administrative check-in). The modification, renewal, study closure, and unanticipated/adverse event forms are located in the Cayuse system with instructions provided on the IRB Applications, Forms, and Submission Webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. Please note a lapse in your approval may result in your not being able to use the data collected during the lapse in the application's approval period.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risks and benefits to the human participants in your IRB application. If you have any questions about the IRBs decision please contact Michael Gillespie, the IRB Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-135 in all correspondence. Any complaints you receive regarding your research from participants or others should be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

*Nicole Dabbs*

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

REFERENCES

Alvarez, K., & Alegría, M. (2016, June). *Understanding and addressing the needs of unaccompanied immigrant minors*. American Psychological Association. Retrieved February 12, 2022, from https://www.apa.org/pi/families/resources/newsletter/2016/06/immigrant-minors

Cardoso, J. B., Brabeck, K., Stinchcomb, D., Heidbrink, L., Price, O. A., Gil-García, Ó. F., Crea, T. M., & Zayas, L. H. (2017, December 20). *Integration of Unaccompanied Migrant Youth in the United States: A call for research*. Journal of ethnic and migration studies. Retrieved February 16, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6370325/

CDC. (2022, April 6). *Fast facts: Preventing adverse childhood experiences*. Centers for Disease Control and Prevention. Retrieved January 20, 2022, from https://www.cdc.gov/violenceprevention/aces/fastfact.html

Health and Human Services. (2021, November). FACT SHEET - *Unaccompanied Children (UC) Program*. U.S. Department of Health & Human Services. Retrieved February 10, 2022, from https://www.hhs.gov/sites/default/files/uac-program-fact-sheet.pdf

Health and Human Services. (2021, December 13). *Children entering the United States unaccompanied: Section 6.* The Administration for Children and Families. Retrieved April 2, 2022, from https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-6.

Huber, C. (2020, June 4). *Central America Migration: Facts, faqs, and how to help.* World Vision. Retrieved February 5, 2022, from https://www.worldvision.org/refugees-news-stories/central-america-migration-facts#:~:text=There%20is%20no%20clear%20count%20of%20how%20many,them%20are%20from%20Guatemala%2C%20El%20Salvador%2C%20and%20Honduras.

Magarik Haro, T., Curtis, M., Workie, E., & Heredia, S. (n.d.). *Strengthening Medical and Mental Health Services for Unaccompanied Children in U.S. Communities A Joint Project of the American Academy of Pediatrics and the Migration Policy Institute.* Retrieved February 15, 2022, from https://downloads.aap.org/DOFA/Strengthening%20Medical%20and%20MH%20Services%20for%20UC%20in%20US%20Communities%20-%20MPI%20and%20AAP%202021.pdf

Master of Public Health Program Outcomes. Bay Path University. (n.d.). Retrieved February 16, 2022, from https://www.baypath.edu/academics/graduate-programs/public-health-mph/learning-outcomes/#:~:text=Master%20of%20Public%20Health%20Program%20Outcomes%20Education%3A%20to,discovery%20and%20application%20of%20knowledge%20in%20public%20health

Paris, M., Antuna , C., Bailey, C., Hass, G. A., Muniz de la Pena , C., Silva, M. A., & Srinivas, T. (2018). *VULNERABLE BUT NOT BROKEN*. American Psychological Association. Retrieved March 2, 2022, from https://www.apa.org/advocacy/immigration/vulnerable.pdf

Shonkoff, J. (2019, October). *Toxic Stress: Issue Brief on Family Separation and Child Detention.* Immigration Initiative at Harvard. Retrieved January 2, 2021, from https://immigrationinitiative.harvard.edu/files/hii/files/shonkoff_final_9.25.pdf

Song, S. J. (2021, November 2). *Mental health of unaccompanied children: Effects of U.S. immigration policies*. BJPsych open. Retrieved March 4, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8570101/

Spiegel, P. (2018, June 21). *The mental health impact of separating immigrant children from their parents*. The Hub. Retrieved January 20, 2021, from https://hub.jhu.edu/2018/06/21/child-separation-immigration-policy-spiegel/

Stinchcomb, D., & Hershberg, E. (2014, December 8). *Unaccompanied migrant children from Central America: Context, causes, and responses*. SSRN. Retrieved March 1, 2022, from https://deliverypdf.ssrn.com/delivery.php?ID=564097067103024123099119086096008066055084000087056003103003085014073100098097116124007057116106052004021004064023013095083103103052022029022

0050191260941260940910060900600860211220650800930870910121130860000720780661201141160660031051230680101200311 10&EXT=pdf&INDEX=TRUE

The National Child Traumatic Stress Network. (2014, December). *Unaccompanied Migrant Children*. NCTSN. Retrieved February 10, 2022, from https://www.nctsn.org/sites/default/files/resources//unaccompanied_migrant_children.pdf

UNICEF. (n.d.). *Migrant and displaced children*. UNICEF. Retrieved March 5, 2022, from https://www.unicef.org/migrant-refugee-internally-displaced-children

U.S. Customs and Border Protection. (2015, November 24). *Southwest Border Unaccompanied Alien Children FY 2014*. U.S. Customs and Border Protection. Retrieved March 1, 2022, from https://www.cbp.gov/newsroom/stats/southwest-border-unaccompanied-children/fy-2014

U.S. Customs and Border Protection. (2021). *U.S. border patrol southwest border apprehensions by sector.* U.S. Customs and Border Protection. Retrieved March 1, 2022, from https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters/usbp-sw-border-apprehensions

Zuroweste, E., Garcia, D., & Seda, C. H. S. H. (2016, November). *Behavioral Health of Unaccompanied Migrant Youth: An unmet need*. American Psychological Association. Retrieved March 5, 2022, from https://www.apa.org/pi/families/resources/newsletter/2016/11/unaccompanied-migrant-health