

# G i r a s o l

Apoyo para el bienestar de los inmigrantes  
Supporting the Wellbeing of Immigrants



SOCIAL WORK  
DETENTION RESPONSE

## ADVOCATE GUIDE

## TRAUMA-INFORMED CARE FOR UNACCOMPANIED MINORS



The University of Texas at Austin  
Texas Institute for  
Child & Family Wellbeing  
*Steve Hicks School of Social Work*

# TRAUMA-INFORMED WORK WITH UNACCOMPANIED MINORS

Providing culturally-responsive services and support for migrant children and youth to support their mental health and wellbeing.



## OBJECTIVES

1. Provide information about the history and experiences of unaccompanied minors migrating to the U.S.
2. Share concepts and tools for trauma-informed and culturally-responsive work with unaccompanied minors
3. Prepare providers and advocates to meet the unique needs of unaccompanied immigrant minors

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# KEY RECOMMENDATIONS

Below are 6 key guidelines for your work with unaccompanied minors. The rest of this advocate guide will expand further on these concepts.

## 1. Clarify your role.

Ensure that you understand your purpose, the services you provide, and limitations to what you can offer for unaccompanied minors. When systems are overcapacity, you might feel pulled to go beyond your role to help. It is helpful to remember to:

- Always introduce yourself and explain your role (what you can provide and limitations)
- Don't make promises to the children and youth

## 2. Manage expectations and have a clear purpose.

Your work, while important and so needed, is not going to create immediate changes in the systemic issues. Examine your purpose or why you're doing the work. Initially, a first step is to ask yourself "How can I make children and youth less scared in the next few seconds or minutes?" Then, within your role, you can determine what is feasible to accomplish in the time that you have to work with that child.

## 3. Establish boundaries (guidelines for interactions).

Establish a clear relationship and remember that it will be short-term. Unaccompanied minors have often experienced sudden loss of connections and relationships. Setting up expectations of the interaction (and its longevity) up front can help your working relationship be one of repair, rather than rupture.

## 4. Be aware of trauma and stress.

Asylum-seeking children and youth have experienced trauma before immigration, during immigration, and will experience trauma afterwards. The asylum-seeking process is never ending until they have legal stability. The traumatic experience didn't just start in the facility. Avoid asking about immigration or trauma if you don't need to. Find other ways to connect, including games and stories.

## 5. Provide culturally-responsive care.

Be aware of any assumptions you may have based on past experiences. Bring in what you know, but be aware that everyone's experience is unique. It is impossible to have a clear understanding of all of the different countries, cultures, values, religions, languages, political and economic realities and reasons for leaving. Sometimes an individual may associate cultural traditions and cultural reminders with trauma experienced in their country, and so it is important to consider the unique circumstances of each youth.

## 6. Remember that youth are MORE than migrants/asylum seekers.

Immigrant children and youth are not ONLY bodies who have suffered. They're survivors and are strong and capable, with so many positive identities beyond being asylum-seekers. If you find yourself feeling frustrated, hopeless, or distressed in the work, stop to intentionally identify and name the strengths and positive qualities of the children and youth you are supporting.

## BACKGROUND

Unaccompanied minors are youth under the age of 18 who arrive in another country not accompanied by an adult responsible for them. There are many varied reasons that youth migrating to a new country may be unaccompanied - ranging from separation, to death, to the high cost of migration. The recent increase in migrating unaccompanied minors garnered attention in the United States in particular during the summer of 2014. Although children crossing the border on their own is not a new phenomenon, in recent years there has been an increase in media and social attention on this issue.

Whether migrant children are traveling alone or with a family member, they are vulnerable to experiencing violence on their journey. When immigrant youth arrive at the border, they often lack basic necessities, have medical concerns that are overlooked, have been expected to withstand the same journey as adults, can be treated as having little to no agency, and may be given little space to show their emotions. They are also susceptible to exploitation by coyotes (individuals who are paid by immigrants to bring them to the United States) and gang members.

A report conducted by the United Nations High Commissioner for Refugees (UNHCR, 2014) found that many unaccompanied youth flee their countries because of violence and to seek family members and new opportunities in the United States. Unaccompanied youth often face challenges in meeting their basic needs in their home countries due to systemic issues of poverty and violence and are forced to flee because of the imminent danger of harm and even death.

Once in the United States, these stressors may continue because many unaccompanied youth are not given any form of authorized status and therefore are not eligible for public services aside from public education and emergency health services (Pierce 2015, p. 2). Even within public services such as schools, clinics, and libraries, there are limited resources for unaccompanied youth, particularly services that incorporate trauma-informed and culturally-responsive approaches. As research on immigration patterns and experiences has grown, so has our knowledge on why migration occurs and the specific reasons that people choose to settle in the United States (UN-HDR, 2009 Ch.1).

### (Some) Reasons Children and Families Migrate

Poverty/limited resources  
Economic opportunities  
Political instability  
Gang presence  
Environmental concerns  
Family reunification  
Educational opportunities

Violence/Abuse

- Interpersonal
- Emotional
- Cultural
- Financial
- Psychological
- Spiritual

- Sexual
- Gender-based
- Neglect
- Spiritual
- Ethnic
- Physical

# TRAUMA-INFORMED CARE

## KEY QUESTIONS

1. What is trauma?
2. What can cause trauma?
3. What are common responses to trauma?
4. What is trauma-informed care and how can you implement it?

## What is Trauma?

Trauma is the way in which our brains and bodies experience an event or circumstance that overwhelms our normal coping mechanisms.

Trauma is not an event itself, but our reaction to it. When we talk about trauma, we often think of Post-Traumatic Stress Disorder (PTSD). However, trauma may show up in many different ways. Take, for example, the difference between PTSD, developmental trauma, and complex trauma.

PTSD: This type of trauma response is generally defined as occurring after a major event (e.g., a car accident, being a victim of a violent act, witnessing a violent act, etc.).

Developmental trauma: This type of trauma response generally occurs as a result of regularly feeling overwhelmed by threat throughout childhood (e.g., housing instability, lack of food, regular abuse or neglect, consistent gang presence, etc.).

Complex trauma: Multiple traumatic incidents that occur over time, which may layer and intertwine in an individual's trauma response and symptoms.

### A traumatic event generally...

- Is unexpected
- Is unpredictable
- Is not preventable
- Involves a power imbalance
- Overwhelms an individual's defenses

### Common causes of trauma include...

- Childhood abuse/neglect
- Experiencing or witnessing violence
- Interpersonal violence
- Environmental disasters
- Poverty

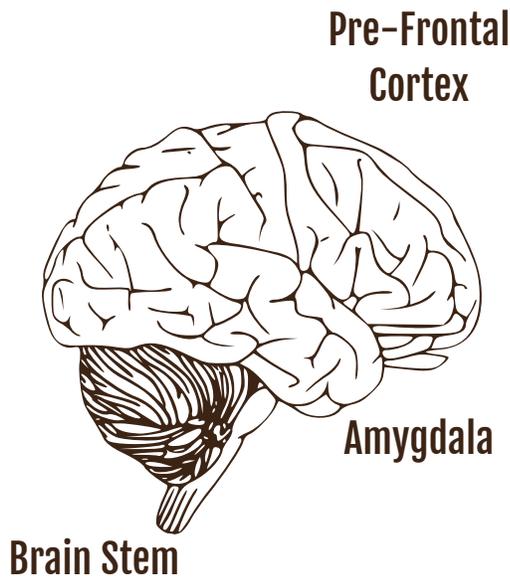


**Compare the reasons that children and families migrate with the common experiences of traumatic events – do you notice any similarities?**

# TRAUMA-INFORMED CARE

## Neurobiology of Trauma

So what happens when the mind and body become overwhelmed by this type of event?



The brain processes information from the bottom to the top. This means that the brain stem, or the part of the brain that has the “fight, flight, freeze, appease” response, is the first to respond to threatening information. Information then has to pass up through the amygdala in the middle part of the brain that manages emotions before reaching the pre-frontal cortex, or logic-centered, part of the brain. If the brain stem receives information that is threatening enough and responds with “fight, flight, or freeze,” the brain’s logical processing will not engage (Supin, 2016).

Trauma can affect how people perceive the world around them. People who have experienced trauma may be more alert to “triggers” in their environment that would not be threatening to others, but which may send them into “fight, flight, freeze” or “appease” mode. Triggers can include sights, sounds, smells, and other reminders of traumatic events.

All four of these responses work to keep people alive, but they don’t always serve the same function when someone’s context and/or environment changes. For example, when someone is triggered by a trauma even after transitioning into a more supportive environment, they may still feel as if they are reliving the traumatic event when in fact they are presently in a safer circumstance.

## Appease / Fawn Response

Children in particular may be more likely to demonstrate the “appease” response. This is often a protective method of trying to please authoritative figures, including abusers, to prevent facing further harm. A similar reaction may also be seen in adults experiencing abusive relationships of power and control.

Appease responses, sometimes call the “fawn” response, can include automatically agreeing, anticipating others’ needs, and diminishing one’s own feelings or desires. In this future, this can create challenges in saying no, setting boundaries, feeling self-blame or guilt, and avoiding conflict.

# TRAUMA-INFORMED CARE

## Common Responses to Trauma

As discussed above, the brain and body often react instinctively to threats as a form of survival. Understanding trauma responses in this way can help to normalize these experiences as a natural response to a potentially life-threatening situation. Particularly with trauma sustained over time, such as developmental trauma or ongoing domestic violence, these strategies for survival may become a part of daily life. Additionally, after the traumatic event(s) individuals may have disorganized or fragmented memory recall and feel physically or emotionally as if they are reliving the traumatic event when triggered.

### Some common symptoms of, or responses to, trauma include:

Nightmares	Intrusive thoughts
Flashbacks	Insomnia
Hyper-vigilance	Hopelessness
Loss of pleasure	Numbing
Emotional detachment	Mistrust
Lack of concentration	Anxious thoughts
Exhaustion	Physical symptoms (i.e. stomach ache, headache)



### Children in particular may also experience:



- Nightmares and flashbacks
- Repetitive play consistent with the traumatic experience
- Attachment challenges with caregivers
- Return to previous stages of development (i.e. pre-potty training)

### Factors that can affect a child's trauma response include:

- The child's age and developmental stage
- Prior trauma history
- Adversity or support following the trauma
- Availability of adults who can help and offer reassurance



# TRAUMA-INFORMED CARE

## Trauma-Informed Care

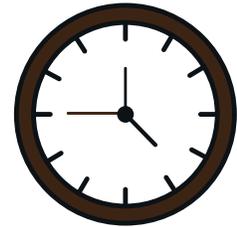
SAMHSA's Trauma and Justice Strategic Initiative (2014) defines a trauma-informed program, organization, or system as one that:

- 1 Realizes the widespread impact of trauma
- 2 Recognizes the signs and symptoms of trauma
- 3 Understands potential paths for recovery
- 4 Responds by fully integrating knowledge about trauma into policies, procedures, and practices

## Implementing Dr. Bruce Perry's 6 R's of Trauma Work

### Repetitive

Patterned, predictable interactions, such as meeting when you say you will and always starting and ending with the same rituals.



### Relational

Promoting connection, wellbeing and safety.

### Rhythmic

Soothing; consider activities such as throwing a ball back-and-forth or coloring.



### Relevant

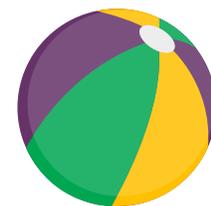
Developmentally and culturally matched to the individual.

### Rewarding

Promoting connection, wellbeing and safety.

### Respectful

Of the individual, family, culture, as well as of boundaries, beliefs, and opinions.



# TRAUMA-INFORMED CARE

## Trauma-Informed Care in Practice

Orient - inform them of their basic rights, as well as what stage they are at in the shelter system and legal processes

Be transparent - don't make promises or lead them to believe that you can do specific favors for them, share accurate schedules for eating, showering, and physical activity

Give space - children sometimes need time and room to get to know you and build trust

Create connection - ensure the child has appropriate support, particularly of family members, caregivers, friends, and resources in the community, including locating family members they have been separated from so they know they are safe



## Helpful Phrases in English and Spanish

It's normal to be mad.

Es normal sentirte enojado.

It's normal to be sad.

Es normal sentirte triste.

It's normal to feel happy or relieved.

Es normal sentirte feliz o aliviado.

It's ok if you don't feel the same as the other children here.

Está bien si no te sientes como los otros niños aquí.

Crying can help us feel better.

Llorar puede ayudarnos a sentir mejor.

It's not your fault.

No es tu culpa.

Our goal is to get you to your family.

Estamos aquí para reunirte con tu familia.

I don't know the answer to that, but I will try to find out.

No sé esa información, pero lo voy a encontrar.

We are going to make sure you have food, water, and medical care.

Nos vamos a asegurar que tengas comida, agua, y cuidado médico.

# TRAUMA-INFORMED CARE

## TAKE-AWAYS

1. Do not assume someone automatically has trauma because they have experienced a violent event.
2. Consider the many forms of or reactions to experiencing trauma and leave room for curiosity rather than assumptions.
3. You can play an important role by normalizing individuals' trauma responses so they know that their brain is working to protect them from threats. It can be helpful to remind them that they are not going crazy, healing is possible, and their unique response to trauma has been working to keep them alive.
4. You can also use the information you learned in this guide to help explain child trauma responses to parents, particularly those who have been separated from their children.
5. Remember the 6 R's of trauma (repetitive, relational, rhythmic, relevant, rewarding, and respectful) as a guide to implementing trauma-informed care in your work.

## ADDITIONAL RESOURCES

The ChildTrauma Academy <https://www.childtrauma.org/>

The National Child Traumatic Stress Network <https://www.nctsn.org/>

Neurosequential Network <https://www.neurosequential.com/nmt>

Attachment Theory <https://www.verywellmind.com/what-is-attachment-theory-2795337>

Sanctuary Model of Support <https://www.nctsn.org/interventions/sanctuary-model>

# CULTURALLY-RESPONSIVE CARE

## KEY QUESTIONS

1. What does “culturally responsive” work mean?
2. What are some cultural differences in understanding and responding to trauma?
3. What other cultural considerations should be taken into account when working with immigrant families?
4. What is implicit bias and how does it impact our work?
5. How can we work to become more aware of our own biases?

## What does it mean to be culturally responsive?

Culturally responsive work involves learning about the culture and identities of the individuals that you are working with, as well as what you have been taught to believe about others, whether it was through family, school, media, or society at large. This also includes being aware of your own culture and identity and how it influences your work.

The sections below will discuss some important concepts to keep in mind about cultural differences and the experiences of many unaccompanied minors, but we encourage you to always ask if you are unsure. It is best to never assume you know or understand someone's background simply because of the country or community they are from.

## NCTSN Approach

The National Child Traumatic Stress Network (NCTSN) has created helpful resources for working with families and children of different cultural backgrounds. Although the organization emphasized their work with mothers from Latin America, the NCTSN Culture Consortium invites those who work with immigrant youth and families to consider the adjustment to new cultural frames of reference and norms experienced when someone arrives in the United States (Bucio, 2011). Such changes in environment can be disorienting, which can in turn affect an individual's mental health. With that in mind, it is helpful to support families while they gain their bearings by orienting them to their new neighborhoods, cities, and service networks, which can be an effective and helpful strategy towards achieving a successful adjustment.

Additionally, NCTSN invites us to view trauma in the context of culture as a subjective, or social, experience. They emphasize the variation in cultural backgrounds and practices, meaning that reactions to traumatic experiences may differ accordingly. Therefore, it is important to view reactions to trauma outside of Eurocentric understandings. These reactions may very well be normal cultural responses to having undergone extremely distressing experiences, rather than our Western notion of “problems” or “disorders” (Culture Consortium, 2012).

# CULTURALLY-RESPONSIVE CARE

Migration has occurred for thousands of years—long before there were laws and policies in place to control entrance into other countries. As we continue to delve into these topics, we cannot forget that migration is a natural phenomenon that is often deterred or criminalized. Despite this, there is broad international consensus that migration is a human right and that people do have a right to seek refuge and asylum when they feel like their life and wellbeing are at stake in their country of origin (UNHR, 2018).

Although migration can be a liberating experience for many individuals and families, there are a variety of factors that can bring harm to immigrant children—either during their journey or once they arrive to their final destination (UNHR, 2018). As advocates, we often have to make an effort to ensure that the rights of unaccompanied minors are respected and protected in a political climate that does not provide space for it.

Another way in which we can work to incorporate cultural considerations is to confront the false narratives that often exist around unaccompanied minors. Below are some examples of myths regarding unaccompanied minors, as well as accurate information that can serve us in our work.



## Myths

- 1** The current migration of unaccompanied minors is unprecedented.
- 2** Unaccompanied minors are all leaving their homes in Mexico.
- 3** Unaccompanied minors are in the United States illegally.
- 4** Most unaccompanied minors are carrying drugs for cartels and are in the U.S. to cause trouble.
- 5** When migrants are released, taxpayer money is used to help them and for their travel to reunify with their families.

## Facts

- 1** Unaccompanied minors migrated in higher numbers in the 1980s and 1990s.
- 2** Unaccompanied minors travel from Mexico, Central America, South America, Africa, and Asia, and Europe.
- 3** Unaccompanied minors are following U.S. law by presenting themselves at the border to seek protection.
- 4** Unaccompanied minors are primarily migrating for protection (often from gangs), opportunities, and family reunification.
- 5** The families or sponsors of unaccompanied minors are required to pay for their transportation when being released from shelters. Taxpayer money is, however, used to fund the militarization of the border, and the expansion of detention centers.

# CULTURALLY-RESPONSIVE CARE

## TAKE-AWAYS

1. Consider your own biases and assumptions before beginning your work.
2. Culturally-responsive care involves learning about cultural and historical backgrounds, self-awareness, and approaching your work with curiosity.
3. Reactions to, as well as understandings of, trauma and stressful experiences may vary according to culture background.
4. There are many myths common in the media and public discourse regarding unaccompanied minors that are false. Knowing the facts can help you provide better support to immigrant youth and become a stronger advocate for their wellbeing in your community.

# COMMUNITY CARE

## KEY QUESTIONS

1. What happens to unaccompanied minors when they are released from shelters?
2. What are some ways in which trauma, or other mental health challenges, impact unaccompanied minors in community settings?
3. How do unaccompanied minors experience the school system and how can schools provide support?
4. What are ways in which unaccompanied minors might differ from non-immigrant children their same age?

## The Trajectory of Unaccompanied Minors

Unaccompanied minors who present themselves at the U.S.-Mexico border seeking protection are transferred to the supervision of the Office of Refugee Resettlement, which contracts with nonprofit organizations to hold these youth in shelters until they can be reunified with a family member or sponsor.

Conditions in these shelters varies widely. They can include various social services and providing for basic needs, or in some cases, involve over-crowding and a lack of sufficient support for youth. Legal and social service advocates have pointed to these discrepancies, particularly within "pop-up" temporary shelters that often are highly populated and under-resourced. These conditions create the potential for youth to face additional abuse, illness, and hunger.

Once released from this shelter network, unaccompanied minors travel to their sponsoring family member or caregiver. As mentioned previously, they or their sponsor are completely responsible for these travel expenses. If they are school-age, unaccompanied minors are expected to enroll in educational programs.

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## Unique Experiences of Unaccompanied Minors

Particularly in the case of teen migrants, these youth may have lived functionally in adult roles for years before traveling to the United States. Returning to the supervision of parents or other guardians, as well as attempting to learn within the structure of the U.S. school system, can oftentimes be incongruent with their previous experiences and expectations.

# COMMUNITY CARE

## Mental Health Impacts for Unaccompanied Minors

In a rapid review of 14 peer-reviewed journal articles, Bamford and colleagues (2021) found that unaccompanied minors demonstrate high levels of PTSD (Post-Traumatic Stress Disorder), PTSS (Post-Traumatic Stress Symptoms), Depression, and Anxiety. Factors impacting mental health outcomes that the authors noted include problems accessing mental health services, discrimination, and language barriers. The papers examined additionally noted that "being unaccompanied (compared to accompanied), being female and being older are associated with poor outcomes" (p.1).

As previously discussed, immigrant children have often experienced traumatic experiences in their home country, are susceptible to additional persecution on their migration journey, and face an additional stressor of navigating the ORR shelter system and settling into a new country. While there is a need to conduct further research to gain a better understanding of the breadth of experiences of unaccompanied minors, the evidence that currently exists points to high mental health impacts for these youth who are seeking services in our communities.

## Providing Community Support

For service providers, educators, and advocates working in community settings, it is crucial to understand the distinct experiences of unaccompanied minors to better meet their needs.

School Settings - Unaccompanied minors can have a variety of different experiences navigating the educational system in the United States. While some cities provide special schools to help recently arrived immigrant students transition to the U.S. education system, others do not have such programs. Regardless, it can be challenging for immigrant youth to adjust to the language, class requirements, and new educational settings. Educators and service providers in schools should consider the impacts of trauma when working with unaccompanied minors. Orienting youth to their new surroundings, providing compassionate support, and having patience to build trust are all helpful strategies. It is also important to remember that immigrant youth bring experience and knowledge from their own communities, which can be immense strengths in the classroom.

Growing Up & Assimilation - Unaccompanied minors may have many different ideas and preconceived notions of the United States. Members of your community may also have preconceived notions about these immigrant youth. There can often be pressure to assimilate quickly. Holding space for the experiences, backgrounds, and cultural norms of these youth can help them to not feel silenced, rushed, or forced into being someone they're not.

Higher Education Access - Undocumented immigrants in the United States can attend institutions of higher education. While access to college and financial assistance can vary from state to state, it is important for unaccompanied minors to know that this is an option if they so choose.

# COMMUNITY CARE

## Additional Considerations

College access and immigrant youth organizing:

United We Dream <https://unitedwedream.org/>

College Access <https://professionals.collegeboard.org/guidance/financial-aid/undocumented-students>

Undocumented Student Resource Centers

<https://cmsi.gse.rutgers.edu/sites/default/files/USRCs.pdf>

Information about trafficking, if that is a concern:

Polaris Project <https://polarisproject.org/recognizing-human-trafficking/>

Trafficking Assessment Tool <https://humantraffickinghotline.org/material-type/assessment-tool>

National Human Trafficking Hotline <https://humantraffickinghotline.org/>

## TAKE-AWAYS

1. Unaccompanied minors are held in shelters contracted out by the Office of Refugee Resettlement and have varying standards of care and services.
2. Unaccompanied minors may have different experiences from those of peers their age in the United States. It is important to recognize this to meet them where they are at.
3. The experiences of unaccompanied minors from their home countries, along their migration journey, and once arrived at the United States often result in mental health impacts such as PTSD, Depression, and Anxiety.
4. Providing trauma-informed and culturally-relevant support for unaccompanied minors once they enter the school system is a crucial element of support.
5. Unaccompanied minors, and all undocumented youth in the United States, can access higher education and resources exist to support their process of applying and succeeding once in college.

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## About Girasol Texas

Girasol is a program at the Texas Institute for Child and Family Wellbeing in the Steve Hicks School of Social Work at the University of Texas at Austin. Girasol provides training, consultation, and resources toward the aim of creating a global community of trauma-informed professionals that can support the mental health and wellbeing of all immigrant families. Find out more at <http://www.girasoltexas.org/>

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