



Unaccompanied migrant children in the United States: Predictors of placement stability in long term foster care



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ABSTRACT

Tens of thousands of unaccompanied children have migrated to the United States in recent years, particularly from Central America, but also from a range of other countries. These children are fleeing unprecedented levels of violence in their home countries, and often are seeking reunification with parents and family members (i.e., sponsors). Some children are not able to live with a sponsor, and these children are placed in federally funded foster care. Yet, virtually nothing is known about how these children fare during placement. Literature related to domestic child welfare has demonstrated the importance of placement stability to children's future well-being. Using an exploratory design, the purpose of this study is to examine the placement stability of unaccompanied youth while in long term foster care from 2012 to 2015, and how pre-migration, transit, and post-placement risk factors are each associated with placement changes for these children ($n = 256$). Results show that experiencing violence in home countries, and significantly acting out while in care, were associated with a higher likelihood of changing placements. Migration-related trauma was not significant, but fear of returning to home countries, and suffering trauma unrelated to migration, each was associated with a lower likelihood of changing placements. Children from Northern Triangle countries (El Salvador, Guatemala, and Honduras) were more likely to have experienced a failed family reunification prior to entering foster care. These results are discussed in light of the need to adopt a global perspective in child welfare that interprets children's behavior in the larger context of pre-migration experiences and culture.

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1. Introduction

Increasing numbers of unaccompanied children are entering the United States through the Southern border, particularly originating from the Northern Triangle countries of El Salvador, Guatemala, and Honduras (U.S. Customs and Border Protection [CBP], 2016). This increase began in 2011 (Women's Refugee Commission, 2012), with 24,403 children arriving in fiscal year (FY) 2012, and 38,759 in FY2013 (CBP, 2016). A significant surge of 68,541 children in FY2014 overwhelmed government facilities and placed the issue under increased media attention (American Immigration Council, 2015; Chishti & Hipsman, 2015). Although these numbers dropped to 39,970 in FY2015, this pattern of migration has since continued, with the numbers for FY2016 (59,692) approaching the levels of FY2014 (CBP, 2016). Most unaccompanied children are taken into custody by the Office of Refugee Resettlement (ORR) and eventually placed with an adult sponsor, usually a relative. For a small number of children and youth, ranging between 5.0% (Roth & Grace, 2015) and 35.0% (Byrne & Miller, 2012), sponsors are unavailable or deemed unsuitable for placement. In these

cases, children are placed in long term foster care (LTFC) while they await deportation and legal status hearings (Byrne & Miller, 2012).

Placement stability while in foster care is important for children's well-being. Research on domestic child welfare services has consistently demonstrated a strong association between frequent placement moves in foster care and poor outcomes for foster care children (Barth & Jonson-Reid, 2000; Newton, Litrownik, & Landsverk, 2000; Rubin, O'Reilly, Luan, & Localio, 2007). However, virtually nothing is known about placement stability for unaccompanied children in LTFC or the explanatory factors of stability. Unaccompanied children enter LTFC for reasons related largely to migration, while children in domestic systems enter foster care for reasons mostly related to maltreatment. Therefore, these two systems, and the experiences of children within each system, are likely to be very different. Existing literature suggests that many unaccompanied children may have significant risk factors such as trauma from experiencing violence prior to and during the journey to the U.S., and ambiguous legal status (Byrne & Miller, 2012), all of which may influence stability in foster care.

Using a "stages of migration" framework, Pine and Drachman (2005) outline key variables to be considered when applying child welfare practice principles to immigrant children and families (p. 544). These stages include the pre-migration or departure stage; the transit or

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intermediate stage; the resettlement stage; and the return to country of origin stage. Unaccompanied youth in LTFC find themselves in a formal social service system, yet lacking legal status that would qualify them for additional supports. Following Pine and Drachman's (2005) framework, these youth are therefore in the resettlement stage, prior to a determination of legal permanency in the US or a potential return to their country of origin.

The purpose of this study is to examine the placement stability of unaccompanied youth while in long term foster care from 2012 to 2015. Guided in part by the “stages of migration” framework (Pine & Drachman, 2005), this study examines how pre-migration and transit risk factors, and risk factors that emerge after placement, are each associated with children's likelihood of experiencing a placement change in care. Given the recent surge of migration from Central America, the study also focuses on the extent to which children's experiences differ based on whether they migrated from the Northern Triangle countries of Central America, compared to those from other countries.

2. Pre-migration and transit risk factors

Unaccompanied children come to the United States from all over the world, and have done so for decades (Roth & Grace, 2015). Increasingly, however, the majority of unaccompanied children in 2015 originated from the Northern Triangle countries of Guatemala (25%), El Salvador (24%), and Honduras (27%), where violence, homicide and poverty rates are strikingly high, as well as from Mexico (23%) (American Immigration Council, 2015). A study of unaccompanied children apprehended at the U.S.-Mexico border, conducted by the United Nations High Commissioner for Refugees (UNHCR, 2014), determined that over half of the children interviewed ($n = 404$) suffered forcible displacement because of events that warranted, or could warrant, international protection. Nearly half (48%) of the children in the study were displaced because of violence caused by drug cartels and gangs, or by government actors. Twenty-one percent of the children reported having been victims of abuse and violence in their homes. Among the 102 Mexican children interviewed (25.3% of the sample), 38% revealed they were recruited into and exploited by the criminal industry of human smuggling (UNHCR, 2014).

In addition to family maltreatment, gang violence, human trafficking, and rape experienced by many youth in their home countries (UNHCR, 2014), the migration journey itself may be a source of additional trauma (Pine & Drachman, 2005). Unaccompanied youth cross the border through various means including by bus, on the roof of trains, hiding in trucks, or on foot, often witnessing violence, rape, and death along the way (Griffin, Son, & Shapleigh, 2014). These forms of extreme adversity can lead to a multitude of mental health problems that are correlated with the number of traumatic events experienced by youth (Almqvist & Broberg, 1999; Derluyn, Mels, & Broekaert, 2009; Kirmayer et al., 2011; Sourander, 1998). Longitudinal studies have also shown a link between refugee minors' exposure to traumatic events and their long term recovery. The related psychological distress is both severe and chronic during youths' initial one-two years in the host country, such that recovery is a long process (Almqvist & Broberg, 1999; Bean, Eurelings-Bontekoe, & Spinhoven, 2007; Jensen, Skårdalsmo, & Fjermestad, 2014; Keles, Friberg, Idsøe, Sirin, & Oppedal, 2015). Given the violence and other traumatizing experiences often endured by unaccompanied children before and during their migration journey, their recovery process may be complex and difficult upon their arrival to the U.S. – and very little research or practice guidance exists in the literature pertaining to the unique needs of this population of children.

3. Placements for unaccompanied children

In the U.S., once an unaccompanied child is apprehended at the border, he or she is screened by a Customs and Border Protection (CBP)

officer to determine if he or she is eligible for temporary legal protection (American Immigration Council, 2015). Some have criticized this procedure, expressing that CBP is not the appropriate agency to assess children for signs of trauma, abuse or persecution (American Immigration Council, 2015), and children may be reticent to disclose these sensitive issues to screening officers (Roth & Grace, 2015). In addition, the proportion of younger children migrating to the U.S. has increased over time (ORR, 2016b). While the numbers of children aged 15–16 have remained fairly constant (between 36–40%), those aged 0–12 accounted for 11% of the population in FY2011 and FY2012, but doubled to 22% in FY2014. Similarly, the proportion of children aged 17 has decreased to a low of 30% in FY2015 from a high of 40% in FY2011 (ORR, 2016b).

A majority of unaccompanied children are referred by CBP to the Office of Refugee Resettlement (ORR) and most are then placed with an adult sponsor while they await Immigration Court hearings (Chishti & Hipsman, 2015; Roth & Grace, 2015). In FY2014, these numbers totaled 52,515 children; this number dropped in FY2015 to 27,840, but increased in FY2016 to 52,147 (ORR, 2016c). Children are discharged to sponsors (usually family members) across multiple states. In FY2016, the most common states included the following: California (14.2%); Texas (12.6%); Florida (10.1%); Maryland (7.4%); Virginia (7.2%); New Jersey (5.1%); Georgia (3.3%); Massachusetts (3.0%); North Carolina (2.9%); and Tennessee (2.6%) (ORR, 2016c).

Children that are not able to find a viable sponsor in the U.S. may be placed in long term foster care placements or group homes (ORR, 2015). Public data are not available related to the number and types of these placements. Whether placed with a sponsor, or placed in LTFC, children remain in the custody of ORR until a decision is made on their legal status, or until they reach age 18 at which point they face the possibility of adult detention and/or immediate deportation. These children therefore find themselves in legal limbo while in LTFC.

ORR defines LTFC as community-based foster care, where eligible children are transferred if it is determined that they will remain in ORR custody for a significant length of time (ORR, 2016a). For children in LTFC, the goal of ORR is to place unaccompanied children in the least restrictive setting, while helping them reunify with their parents or other appropriate caregivers. ORR contracts with state-licensed ORR-funded care providers (ACF, 2012) such as Lutheran Immigration Refugee Service (LIRS) and the United States Conference of Catholic Bishops (USCCB), who then subcontract with agencies that license and oversee foster placements in local jurisdictions. When possible, these youth are placed with foster families rather than group-based or institutional care (Carlson, Cacciatore, & Klimek, 2012). Studies with refugee children in other countries show better outcomes for children in foster care and have recommended foster care over group-based placements (Duerr, Posner, & Gilbert, 2003) and the same is true for children in

Table 1
Bivariate comparisons – Northern Triangle (vs. other countries of origin).

	Northern Triangle ($n = 190$) M(SD) or %	Other ($n = 66$) M(SD) or %
Age (years)*	16.24 (1.62)	15.24 (3.57)
Gender (1 = female)	26.18	19.70
Abandoned in home country	27.23	24.24
Experienced violence in home country	26.18	28.79
Failed family reunification**	34.03	13.64
Fear of returning to home country*	15.71	28.79
Trauma (not related to journey)	23.56	28.79
Trauma (related to journey)	6.81	12.12
Significant acting out	4.71	7.58

* $p < 0.05$.

** $p < 0.01$.

*** $p < 0.001$.

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