A Profile of Unaccompanied Children in Maryland & Virginia
Mariglynn Edlins, Ph.D., is an Assistant Professor of Human Services Administration at the University of Baltimore. Her research is focused on the interactions that occur between individuals and the public servants who implement public policy. She is particularly interested in interactions that involve children, specifically how these interactions with public servants are different for children than for adults.

Jennica Larrison, Ph.D., is an Assistant Professor in the School of Public and International Affairs at the University of Baltimore. Her research examines the distinctions between how migration is experienced, portrayed and legislated.

Ashley Gavin is a doctoral candidate of Public Administration in the School of Public and International Affairs at the University of Baltimore.

Lutheran Immigration and Refugee Service (LIRS) is a non-profit organization that stands with and advocates for migrants and refugees, transforming communities through ministries of service and justice.

The College of Public Affairs at the University of Baltimore is a community of students, faculty, staff, and alumni who are all dedicated to improving the lives of others.

Cover photo: U.S. Customs and Border Patrol, Eddie Perez
Between 2014 and 2016, 18,858 unaccompanied children resettled in Maryland and Virginia from Guatemala, Honduras, and El Salvador. This report examines a subset of these youth who receive post-release services through Lutheran Immigration and Refugee Service. By building a profile of these youth, the report seeks to better understand the characteristics and experiences of unaccompanied children in the region in an aim to ensure the alignment of needs to services provided.
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In 2014, there was a significant change in the number of unaccompanied children (UC) who crossed the U.S.-Mexico border. As seen in Figure 1, the federal Fiscal Year of 2014 (FY 2014) saw a 149% increase in the number of UCs crossing the border from FY 2013. The most significant increase was in the number of children who came from Guatemala, Honduras, and El Salvador, with 51,705 arrivals hailing from these three countries. The number of UCs from El Salvador increased at the highest rate (173%), followed by Honduras (170%) and Guatemala (111%). Deteriorating conditions in these UCs’ countries of origins, including increasing rates of violent crime, poverty, and the presence of transnational gangs, have been demonstrated as contributing factors in their decision to leave. Another speculated factor was the perception that U.S. immigration policy would offer them refuge. Upon crossing the U.S. border, many of these UCs turned themselves in to authorities.

Once in the United States, UCs were relocated across the country depending
on where available sponsors were located. In FY 2014, 7,771 (15%) of UCs were released to sponsors in Maryland and Virginia, making these states the fifth and sixth most-popular destinations for UCs in the country. This popularity continued throughout FY 2015 and FY 2016 (Figure 2).

Services were required at multiple levels to address the needs of these children. Those determined to have particular risk factors receive post-release services for six months or longer.

This report begins by describing the process UCs must follow once they cross into the United States. The report then builds a profile of UCs who live in Maryland and Virginia and receive post-release services (PRS) through Lutheran Immigration Refugee Service (LIRS). To build this profile, the report aims to describe the overall characteristics of UCs receiving PRS in Maryland and Virginia and their experiences throughout their journey.
Once in the United States, the experiences of unaccompanied children are guided by U.S. immigration policy that outlines their treatment, as well as the process they follow as a result of that policy.

**Policy that Guides Treatment**
There are two areas of public policy, one legal settlement and two statutes, that guide the treatment and care of UCs once in the United States. The first was the Flores Settlement in 1997, which responded to a series of lawsuits in the 1980s regarding the care of UCs. At the time, Immigration and Naturalization Service (INS), and more specifically Immigration and Customs Enforcement (ICE), were responsible for the care of UCs. The Flores Settlement in 1997 concluded these lawsuits and instituted national standards governing the detention, release, and custody of UCs. These standards included provisions for food, water, shelter, supervision, and protection.

The first statute was the Homeland Security Act of 2002, which removed the care of UCs from ICE and divided it between the Departments of Homeland Security (DHS) and Health and Human Services (HHS). DHS became responsible for the capture, transfer, and repatriation of UCs. HHS became responsible for the provision and coordination of care while in custody, including family
reunification. This division moved the care and custody of UCs to a child welfare-based model, rather than the adult detention model operated by ICE. Within HHS, which is housed in the Administration for Children and Families, the Office of Refugee Resettlement (ORR) assumed the department’s responsibilities regarding UCs. ORR's legal basis derives from the Refugee Act of 1980. Since its conception, ORR has collaborated with other federal agencies, state partners, voluntary agencies, and mutual assistance associations in order to assist UCs during release into sponsors' care and post-release as necessary.

The second statute, the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), required federal agencies to specify the methods by which children would be safely returned home, and established rules for processing children from contiguous neighbors, Mexico and Canada, versus noncontiguous. The TVPRA also required HHS to swiftly place UCs in the least restrictive setting that reflects the UCs' best interests.

Together, the Flores Settlement of 1997, the Homeland Security Act of 2002, and the William Wilberforce Victims of Trafficking and Violence Protection Act of 2008:

- outline national standards for the care and treatment of UCs;
- specify individual agencies, which are separately responsible for care versus capture, transfer, and removal;
- determine how to oversee the placement of UCs with sponsors within the United States;
- and establish rules for the process that must be followed
to consider protection from trafficking and a child's right to apply for asylum.

**PROCESS THAT UNACCOMPANIED CHILDREN FOLLOW**

While the process that UCs navigate once in the U.S. is prescribed, in 2014-2015 the process was altered to accommodate the large number of UCs crossing the border. This process can be seen in Appendix A and is described below. When UCs cross the border into the U.S., Customs and Border Protection (CBP) agents apprehend them, or accept their surrender. In cases where UCs cross the border in the U.S. interior, ICE agents play this role. Usually it is an ICE agent that transports the UCs to a CBP processing center. UCs are sheltered while they experience a number of screenings. With the increase in UC arrivals in FY 2014, the usual shelter options were at capacity, temporary facilities had to operate, and the Coast Guard had to loan transportation equipment to help cope with the increased need.

Youth were screened at the processing center to determine their legal status as unaccompanied and for health issues such as vaccinations and contagions. Agents also ascertain the children’s country of origin, and within 24 hours, screen for trafficking, fear of trafficking, persecution, and/or fear of returning home claims. During FY 2014, arrivals interacted with public administrators from additional agencies helping to manage the influx of UCs, including the U.S. Public Health Service Commissioned
Corps, the Office of Emergency Management, and the National Disaster Medical System.\textsuperscript{11}

Removal proceedings begin at the processing centers when a public administrator files a charging notice, the Notice to Appear, with the Executive Office for Immigration Review’s (EOIR) immigration courts. The child receives a copy of the Notice to Appear, which charges them with violating immigration law under the Immigration and Nationality Act, and will be removed from the U.S. unless granted relief and allowed to stay.\textsuperscript{12} The charges require the UCs to present in front of an immigration judge, before which they have the right to an attorney at no expense to the U.S. government.\textsuperscript{13}

Children with a credible fear of returning home may claim asylum; in these cases, the United States Citizenship and Immigration Services (USCIS) agents have “initial jurisdiction” and children undergo further screening for special mental, emotional, developmental needs.\textsuperscript{14} For children determined to be unaccompanied, this status follows them during USCIS proceedings. USCIS agents conduct age-appropriate interviews.\textsuperscript{15} To be granted asylum, the children must have fear of persecution based on race, religion, nationality, membership in a particular social group, or political opinion.\textsuperscript{16} If denied asylum at this point in the process, removal proceedings continue, though the UCs may claim asylum or other type of relief later.
The process described thus far happens quickly—within 48 to 72 hours—per statutory language in the TVPRA for UCs. DHS then transfers the children’s custody to HHS. The surge of arrivals overflowed HHS’s temporary shelters, forcing some children to stay with DHS past 72 hours until space opened up. The Department of Defense opened three military bases as temporary shelters. Others stayed in shelters provided by not-for-profit organizations granted funding by the state until ORR found acceptable placements. UCs experience more screenings while in ORR custody: for child abuse, abandonment, neglect, trafficking, or serious mental health issues. While in ORR custody, public administrators work to connect UCs with sponsors able to care for them during the removal proceedings process.

ORR screens potential sponsors for suitability, a process defined by TVPRA. Public administrators document the UCs’ relationships, past and present, with potential sponsors whether they are relatives or not. This document includes sponsor identity verification, motivation to be a sponsor, risk factors and background checks. Ninety-five percent of UCs in FY 2014 went to live with a family member or non-relative sponsor. Long-term foster care or other state-approved care facilities house the other 5% of UCs.

**Post-Release Services**

The TVPRA requires ORR to conduct a home study if ORR staff’s risk assessment of a child detects risk factors, special needs, or concerns about their sponsor. When ORR releases children to their sponsor’s custody, home study and/or risk assessment results can trigger the provision of post-release services.
services (PRS). While the percentage of children who receive PRS varies and is subject to funding, it is estimated that less than 15% of UCs ultimately receive services. Some research suggests that more children may need follow-up services, however, children recently experiencing trauma and detention are less likely to reveal information that may qualify them for PRS.

ORR requires that organizations providing PRS do so within five mandatory domains: 1) placement safety; 2) legal services referrals; 3) school enrollment and engagement assistance; 4) medical services linkage; and 5) mental health services linkage. ORR offers organizations considerable flexibility to provide PRS, as long as they promote the child’s safety and well-being. Each child’s unique needs require an individualized service combination in the areas of legal, education, health, and mental health; examples include progress monitoring, assistance locating places of worship, health insurance, and clinics, transportation to appointments, coordination with juvenile justice, and others. Other required service areas are placement stability and safety, guardianship, medical services, family stabilization/counseling, and substance abuse.

In a 2016 Funding Opportunity Announcement (FOA) for the provision of PRS, ORR divided PRS into two levels of services. Agencies must provide all minimally required service areas within this two-level service provision framework. Level one
provides UCs and their sponsors help connecting to community resources, including those for mental health or other needs identified by the providing agency. Caseworkers should limit their home visits, conduct monthly follow-ups, and complete reports containing concerns and case closures as necessary. Cases referred to level two require more intensive case management with the recognition that a greater degree of engagement between the UC, sponsor, and caseworker are necessary to achieve the goals of safety, permanency, and well-being. Caseworkers should visit the UC’s home monthly at least, regularly assess the UC’s needs, and provide comprehensive case management and referrals to therapeutic supports, in addition to their normal reporting duties.25

ORR contracts with non-profit agencies to act on the behalf of the government and interact directly with unaccompanied migrant children to offer eligible UCs PRS. Each agency must be able to provide all required PRS with culturally and linguistically appropriate methods. ORR’s Funding Opportunity outlines the level of the PRS provider expertise, staff training, and records management with which awarded organizations must comply. They also provide an overview of PRS services and required service areas.26 ORR awards organizations a great deal of flexibility in PRS provision. This flexibility is necessary given the unique circumstances of each child, family, and community. Awarded organizations develop a more specific service delivery model, which then varies across PRS-providing organizations.
REPORT METHODS

The purpose of this study is to more deeply understand who the UCs receiving PRS in the Maryland and Virginia area are, and what their experiences were along their journey to the U.S. border and as they navigated the bureaucracy of U.S. immigration policy. We partnered with Lutheran Immigration and Refugee Service (LIRS), which provides post-release services in the Washington, D.C., metropolitan area, and throughout Maryland. Through its Family Reunification program, LIRS partners with child welfare agencies across the country to provide post-release services for UCs. These services include home visits and case management for UCs and their sponsors, as well as support for UCs and sponsors to access services. Pragmatically, the better information we have about these children, the better tailored the LIRS PRS delivery model can be to serve their needs effectively. More broadly, we add to the body of knowledge on this issue that informs wider immigration policy.

Methodology

This report is based on data collected through the Children’s Services Case Management System, which houses all PRS evaluations for programs contracted by Lutheran Immigration and Refugee Service. Three programs in Maryland and Virginia provided post-release services to UCs in FY 2014 and FY 2015. These included Bethany Christian Services of Maryland, Bethany Christian Services of Virginia, and Northern Virginia Family Services.

The case file database was narrowed to individuals who were unaccompanied alien children, and arrived in 2014 or 2015. File commonalities between cases were determined in order to analyze the data, with the majority of cases having two
forms: an Unaccompanied Alien Child form and a 14-day-visit form. The first form is a mandated form acknowledging the child as a UC and detailing their situation, as relayed to a caseworker. The second form is a caseworker’s report from their first visit to the child’s home once placed with a sponsor.

Using the qualitative software Nvivo, individual data points were identified through the records that might contribute to an overall profile of UCs and their experiences. All UCs’ answers were then aggregated for each of these data points to make comparisons. There are inevitably some limitations given that all data are generated from two forms that limit responses. Additionally, these forms capture only self-reported information. This information is captured by a caseworker, so the amount and quality of information depends on that caseworker.

**TABLE 1. Number & percentage of referrals per reason, youth**

<table>
<thead>
<tr>
<th>Reason</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma history— threats from gangs</td>
<td>85</td>
<td>52</td>
</tr>
<tr>
<td>Abuse history</td>
<td>64</td>
<td>39</td>
</tr>
<tr>
<td>Other</td>
<td>60</td>
<td>37</td>
</tr>
<tr>
<td>Mental health</td>
<td>59</td>
<td>36</td>
</tr>
<tr>
<td>Lack of prior relationship with sponsor</td>
<td>57</td>
<td>35</td>
</tr>
<tr>
<td>Suicidal—self harming behaviors</td>
<td>26</td>
<td>16</td>
</tr>
<tr>
<td>Lack of formal education</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Medical condition</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Behavioral problems</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Cognitive—developmental delays</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Pregnant or parenting teen</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Gang involvement</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Trafficking concerns</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Criminal history</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Physically abused in home country</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Verbal abuse history</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Disability</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**SAMPLE**

A dataset of 163 cases was created for analysis. This sample represents the unaccompanied migrant children living in Virginia and Maryland who receive PRS. In FY 2014/2015, 11,259 UCs were relocated in Virginia and Maryland. Assuming that 15% of UCs receive PRS, our sample accounts for 10% of this population. While these youth may not necessarily reflect the number of youth who need...
post-release services, these youth are unique in their needs for services. Tables 1 and 2 reflect the reasons that youth and their sponsors were referred for PRS.

Referrals could be made for more than one reason. Table 1 shows how many youth were referred for a particular reason. Trauma history from gang threats was the most common referral, with 52% of youth being referred to post-release services due to a history of trauma and/or gang threats. Thirty-nine percent of youth were referred due to abuse history, and 36% were referred due to concerns of mental health. On average, each youth was referred for 2.8 reasons.

Eighty-five percent of sponsors received PRS referrals because of lack of knowledge about available resources (Table 2). The second most common referral reason was other (53%), followed by domestic violence (10%). Sponsors, on average, were referred for 1.6 reasons.

Caseworkers gave “undocumented” as an explanation for 61% of the “other” referral reasons. Other explanations for “other” include lack of prior relationship, or prolonged separation from, the minor (24%), sponsor illiteracy (4%), immigration problems (violation of voluntary departure and removal orders) (4%), unintended

| Table 2. Number & percentage of referrals per reason, sponsor |
|------------------|-----|-----|
| Reason                              | #   | %   |
| Lack of knowledge about resources    | 138 | 85  |
| Other                               | 86  | 53  |
| Domestic violence                    | 17  | 10  |
| Housing concerns                     | 8   | 5   |
| Criminal history                     | 5   | 3   |
| Child mistreatment allegations       | 1   | 1   |
| Previous lack of supervision in home | 0   | 0   |
| Questionable motive for sponsoring child | 0   | 0   |
| Significant medical-mental health concern | 0   | 0   |
sponsorship (3%), pregnancy (1%), no verified familial relationship (1%), and sponsorship of multiple minors (1%).
RESULTS

**Demographics of UCs in Maryland and Virginia**

To understand who post-release services reached in Maryland and Virginia in 2014-15, the report creates a profile of recipients. This section examines the age, gender, nationality, and criminal history of PRS recipients.

*Age*

UCs arriving from 2014 to 2015 in this sample range in age from 1 to 17. For the purposes of this study we considered “children” to be arrivals under the age of 14, and adolescents to be arrivals between 14 and 17. Though most in the sample are adolescents, 23% are younger (Figure 3).

*Gender*

Fifty-one percent of arrivals were male and 49% were female. Figure 4 contains gender broken down by children and adolescent groups. There were slightly more boys in the

![Figure 3. Age Distribution](chart.png)
under age 13 group traveling than girls. Girls appear to journey at slightly older ages, with more girls than boys aged 14-17 having arrived to the region during this period. This is consistent with findings that more girls began migrating alone than in the past.

*Nationality*

Arrivals represent three Central American nations: El Salvador (59%), Honduras (25%), and Guatemala (15%), and Mexico (1%). These numbers are reflective of the population in the metropolitan D.C. area, as 2.5 times more Salvadorans (171,000) reside in the area than Hondurans (33,000) and Guatemalans (41,000) combined (U.S. Census Bureau, n.d.). One-quarter of arrivals from El Salvador were
children, a far higher percentage compared to the other countries of origin (Figure 5). Within this sample, youth in El Salvador were therefore leaving at an earlier age than their counterparts from Honduras and Guatemala.

**Education**

Most of the arrivals aged 14 to 17 had at least a sixth-grade education. Over one-third of the UCs reported having left school by age 14. Figures 6 and 7 demonstrate the highest level of education for 16- and 17-year-olds, respectively.

Sixteen and 17-year-olds would be expected to have completed ninth or tenth grade prior to departing their country of origin. However, on average, the level of education for 16-year-olds peaked around sixth or seventh grade, while 17-year-olds in our
sample had levels of education ranging from sixth to ninth grade.

Criminal History
Virtually no UCs reported having a criminal history (99%); however, minors may have hesitated to be forthcoming in this self-report in case their answer reached immigration officials.

General Health
Of the 23% that reported having some medical issue, expected childhood illness such as varicella (chicken pox) or measles were most common (Figure 8). A significant percentage either were, or had experienced, a pregnancy (11%), which is considered a high-risk condition for a minor with implications to their health and the health of their children, if any (4% reported having children currently). Eight percent reported a history of asthma, which is another potentially high-risk condition that could be exacerbated by the journey to the U.S. border.

While Figure 8 provides a snapshot to better understand conditions that might have required special medical attention upon arrival, all

Figure 8. Medical History by Condition
minors undoubtedly faced innumerable traumatic events during their journey (71% of whom reported up to a month-long trip). When asked if they had ever been taken to a hospital or emergency room because they were hurt, only 9% responded affirmatively.

When asked about substance abuse, 80% of UCs responded negatively; affirmative answers ranging from most to least common were alcohol, marijuana, and nicotine. There are several reasons for which respondents may have been less than forthright. Perhaps they feared admittance of health issues would negatively impact their immigration status. If their sponsor was present during the case manager’s inquiries, the minor may not have desired their sponsor to know about potential health issues.

**Mental health**

While 39% of youth were referred to post-release services due to abuse history and 36% were referred due to mental health concerns, the vast majority of minors did not respond affirmatively to questions regarding presence of mental health risk factors (Table 3). It is difficult to ascertain from the available documentation the extent to which the minors understood the prompts well enough to respond accordingly.

<table>
<thead>
<tr>
<th>Prompt</th>
<th>Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever talked about an emotional problem with a psychologist, social worker, or therapist</td>
<td>16</td>
</tr>
<tr>
<td>Ever felt you needed help with emotional problems</td>
<td>14</td>
</tr>
<tr>
<td>Have ever been hurt by someone taking care of you</td>
<td>15</td>
</tr>
<tr>
<td>Been depressed for weeks at a time</td>
<td>15</td>
</tr>
<tr>
<td>Have you ever tried to kill yourself</td>
<td>6</td>
</tr>
</tbody>
</table>

**Table 3. Responses to Mental Health Risk Factors**
and/or if the minors were willing to share honest responses. Minors in their late teens are likely more familiar with concepts such as depression and emotional problems than minors in their early teens, or younger. Without knowing the phrasing case managers used to inquire about these risk factors, we cannot know the degree to which the inquiry was age-, culturally, or linguistically appropriate.

Female UCs were slightly more likely than male UCs (54%/46%) to talk about an emotional problem with a professional. Eight out of the nine UCs who attempted to kill themselves were female, which is a significant finding especially considering the gender ratio is nearly equal. Also of note is that 10% of all Honduran minors attempted suicide; a particularly high rate, compared to 2% of Salvadoran arrivals. Hondurans also had the lowest rate of ever having talked to a therapist (10%), compared to Guatemalans (13%) or Salvadorans (18%).

**Life Before Travel**

This section explores the day-to-day life of UCs prior to migrating to the United States, and examines their reasons for leaving home for the United States.

*Life in the Home Country*

It is unclear from the study sample’s responses what the majority did to fill their time on a daily basis. One in four arrivals reported attending school prior to journeying to the U.S. Slightly less than one in four reported performing some kind of work back in their home country. Moreover, a little over one-third of arrivals reported helping with household
chores. Only about 8% described day-to-day life in their home country as dangerous. However, when asked whether they or their family had received any threats, about one-quarter of Guatemalan (25%) and Salvadoran (26%) UCs said yes, while over one-third (37%) of Hondurans replied affirmatively.

All UCs reported living with family in their country of origin. Thirty-eight percent of the UCs were living with a biological parent, 27% with an aunt or uncle, and the rest with grandparents or other relatives.

*Reason for Travel*

UCs gave a range of reasons for making the journey north (Table 4). Forty-eight percent reported reunification. Stories of reunification largely centered around joining a parent or close relative who already resides in the United States, but has been estranged from the minor for some time. All but one UC had a family member living in the U.S., with over half having more than two relatives in the U.S. Overwhelmingly respondents planned to live with a family member in the U.S.; a parent (65%) or other family (21%) was most common, though some planned to live with a sibling (10%).

Thirty-seven percent reported escape from danger. Danger frequently included accounts of murdered family members and friends, gang threats, and extortion. In fact, 52% of our sample were referred to post-release services due to trauma history or gang threats. While it was presumed at the time that U.S. immigration policy may be affecting UCs’ choice to migrate, few respondents overall said that U.S. policy was a motivation to take the journey.
While only 5% noted health as a reason for travel, it is interesting to note that whose health was being addressed varied. Of those who reported health as a reason for travel, half of respondents discussed the reason for travel being the health of their caregiver in their country of origin; while the other half discussed personal health concerns that they believed could be better addressed in the U.S.

At least a quarter or more of arrivals of each nationality reported a threat against themselves or their family. This appears to be substantiated in the reasons for travel with family reunification and danger being the main reasons for travel for Guatemalans, Hondurans, and Salvadorans. Education also was cited as a significant motivator for Honduran and Salvadoran arrivals, however, education was
not as high a priority for Guatemalan or Mexican arrivals.

**Journey to the United States**

The journey to the United States has multiple moving parts, from planning and financing their journey to when UCs decided to leave, the length of the trip, whom they traveled with, and their experiences upon arrival. Each of these is explored in this section to better understand the UCs' experiences.

*Planning and Financing the Journey*

Overwhelmingly, respondents said that a parent or other family member planned (85%), and paid (78%) for their trip north. Nearly all respondents reported not incurring debt for the trip (99%). Of the respondents whose family paid for the trip, the majority (75%) were aware of the arrangements before undertaking the journey. The reported amount that families paid ranged from USD 500 to 10,000, but on average families paid approximately USD 4,100. About 12% of arrivals reported that their families owed someone money because of these arrangements; about half owed to other family members, the other half to lenders. In most cases, family, particularly parents, were expected to pay this money back, but in over one-third of...
cases (35%) the UCs were expected to pay.

When Left Home Country

In 2014 there was a spike in departures from this sample during July, followed by a fairly steep decline the rest of the year (Figure 9). March and June brought two lesser spikes of departures in 2015, and a sharp increase between August and October that year.

There were different trends in departure month by country of origin. Hondurans appear to have left in steady numbers throughout the year, with a sharp drop off from November to December (Figure 10). Departures from Guatemala were concentrated in May to July, and then again in October. Salvadorans had sustained departures in the months of June to October.

Length of Trip

The length of the minors’ travel experiences varied, though most experienced a two- to four-week trip (Figure 11). Those experiencing a trip of less than two weeks...
commonly reported traveling with a guide and using several buses. UCs experiencing a longer trip were less likely to use guides and more likely to report incidents of kidnapping or extortion along the route.

**Traveling Companions**

When asked with whom they traveled, the UCs’ experiences varied, though most traveled with a guide/coyote (35%), relative (30%), or group (25%). Very few UCs traveled alone or solely with a friend. Table 5 demonstrates the overall choice of travel companion, as well as choice by nationality. No matter the country of origin, traveling with a friend or alone were by far the least popular options for traveling to the U.S. (Table 5).

**Arrival in the United States**

The majority of UCs were apprehended in Texas (Figure 12); 56% of all UCs were apprehended in Hidalgo, Texas — one-third of whom had crossed a river soon before their apprehension. Four UCs were apprehended in Arizona (Douglas and San Luis), and three in

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**Table 5. Travel Companion in Percentage by Nationality**

<table>
<thead>
<tr>
<th></th>
<th>Guatemala (n=24)</th>
<th>Honduras (n=41)</th>
<th>El Salvador (n=96)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALONE</strong></td>
<td>1%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>FRIEND</strong></td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>GROUP</strong></td>
<td>2%</td>
<td>6%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>GUIDE/Coyote</strong></td>
<td>6%</td>
<td>8%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>RELATIVE</strong></td>
<td>4%</td>
<td>7%</td>
<td>17%</td>
</tr>
</tbody>
</table>
California (Calexico and San Ysidro).

Most UCs (about 75%) reported taking a series of buses to the U.S.-Mexico border, crossing a river, and being spotted by U.S. Border Patrol within the hour. A handful of minors arrived on foot in the desert. UCs who did not report arriving to the border by bus said they could not remember, or arrived after taking a combination of cars, walking, and buses.

**Indicators of Trafficking**

Youth were asked a number of questions to determine whether they may have been victims of trafficking. Overall, 14% reported having experienced physical harm, while 28% experienced threats personally or toward their family. Nine percent of respondents reported performing work or providing services, while 1% reported performing sexual acts (Table 6). Guatemalans (29%) reported having been

<table>
<thead>
<tr>
<th><strong>Prompt</strong></th>
<th><strong>YES (%)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Did anyone threaten you or your family over payment of work related to journey</td>
<td>28</td>
</tr>
<tr>
<td>Ever physically, mentally, or emotionally harmed by caregiver</td>
<td>15</td>
</tr>
<tr>
<td>Anyone harmed around you</td>
<td>9</td>
</tr>
<tr>
<td>Perform any work/provide services</td>
<td>9</td>
</tr>
<tr>
<td>Held against will</td>
<td>7</td>
</tr>
<tr>
<td>Worried anyone might be trying to find you</td>
<td>7</td>
</tr>
<tr>
<td>Commercial sex indicators</td>
<td>1</td>
</tr>
</tbody>
</table>
physically, mentally, or emotionally harmed by a caregiver at significantly higher rates than Hondurans (15%) or Salvadorans (13%). Each of these responses indicates possible coercion, and aligns with motivations for leaving their country of birth. Concerns about underreporting of incidences remain for reasons similar to those mentioned above.

LIFE IN THE UNITED STATES
Once in the United States, unaccompanied migrant children are placed with a sponsor and some are provided post-release services. Thirty-five percent of our sample were referred to post-release services, at least in part, due to the lack of relationship between the youth and sponsor. This section describes these youth’s placement with their sponsors and information related to their post-release services.

Ninety-nine percent of youth reported that they had family in the U.S. and 64% reported they had a parent living the United States. While some youth had plans to live with a sibling, other family, and very few with a friend or other person, most planned to live with a parent. Virtually all of the youth’s sponsors were biological relatives; most were the minor’s biological mother (57%), while others were the biological father (17%), aunt or uncle (12%), cousin (5%) or sibling (5%), a grandparent (1%), and 3% were described as a family friend.

Less than 5% of sponsors had a criminal history; less than 2% reported any relationship issues between them and the minor they sponsored. Only two sponsors reported having
order of removal. The vast majority of sponsors had not sponsored other minors in the past. There were few reports of child abuse/neglect (one reported) or concerns about trafficking (five reported).

When asked whether they had financial needs, approximately 9% of sponsors reported they had financial needs. Most sponsors (69%) reported having adequate housing. Thirteen percent of sponsors said there would be significant changes in their household composition in the near future, but few (8%) said it would affect their ability to care for the minor.

**Education**
Most UCs reported already attending school (27%), or planning to enroll in school as soon as possible (65%). Less than 10% reported no plans to enroll; these UCs were over 18, and had plans to work or seek out English-as-a-second-language classes. By far, the biggest barrier to school enrollment explicitly stated was strict county requirements to obtain official records from their country of origin, including birth, school, and immunization records. Twenty-five percent of UCs not yet enrolled in school either still had not requested records, or were currently waiting for them; some UCs had been waiting months for these records to arrive since living with their sponsor, others reported difficulties ordering them at all. About 8% of UCs had not yet enrolled in classes because they lacked immunization records, or were waiting to receive required vaccines. Two minors reported difficulty enrolling due to a pregnancy; one UC reported being unable to receive required vaccines due to her pregnancy. The other pregnant UC’s sponsor reported,
“his first attempt to enroll [minor] in school was problematic. He reported encountering a representative that was very judgmental toward [minor’s] pregnancy until he resorted to telling her that the pregnancy [was] a result of rape.”

There was often a one- to three-year gap between a UC’s most recent school grade in their country of origin, and their planned enrollment grade in the U.S. Forty-three percent of the 21 UCs with data on both current/planned grade level, and previous grade level, were in grade levels one to three years higher than their previous grade. Thirty-three percent were in the same level, and 10% were placed in one or two levels below. An additional 12 UCs were not attending any school prior to their journey north. This educational gap presents significant challenges for the UCs in their transition to U.S. life. Some UCs had ceased attending school a year or more prior to journeying to the U.S.; others had attended until they left, but all missed months, if not years, of formal school because of their journey, detention, and wait for official educational records. The data show that most UCs planned to enroll in the grade level most appropriate for their age, regardless of actual ability level. It was common for UCs who last attended, for example, 6th grade in their home country to enroll in 9th grade in their county school.

Health
A little over 70% experienced significant trauma in their home country, ranging from self-harming behaviors,
experiencing domestic violence, gang violence and threats, or witnessing murders. Only about 8% of these minors reported receiving treatment for trauma by the last case notes date. Reasons for not seeking treatment included the cost, long wait times for first appointments, and denial of feelings of sadness, depression or impulses to self-harm to the caseworker. The general mentality of most sponsors and minors appeared to be that they would seek treatment if and when needed; that, because no visible symptoms currently surfaced, treatment was unnecessary. For example, one caseworker wrote that “minor stated that she does not need therapy at this time because she is feeling well.” The minors not yet seeking treatment appeared to be focused on trying to adjust—enroll in school in a new language, adjust to new family—which may mask symptoms of trauma likely to come out later. For those receiving treatment, each minor’s expression of mental health conditions was unique. The few minors receiving treatment at the time had either shown symptoms, such as self-harm or hearing voices, since arriving at their sponsor’s home, or been diagnosed with a condition in the HHS-run shelter.
Between FY2014 and FY2016, 18,858 unaccompanied migrant youth relocated in Maryland and Virginia. This study examined a subset of these youth, those who arrived in 2014 and 2015 and received post-release services. Overall, the findings aid in our understanding of the characteristics of these unaccompanied migrant children. The report specifically examines the demographics of these youth, their health, and their experiences before traveling to the United States, during their journey, and upon arrival in the U.S. Several concerns emerge from the data with regard to how to best serve these youth. These include how youth are chosen for post-release services, as well as the implications for youth regarding the process of education placement and access to mental health services.

Youth are assigned post-release services for a variety of reasons from traumatic events prior to arriving in the United States to concerns regarding placement with their sponsor. As previously stated, a small proportion of unaccompanied youth actually receive post-release services. While many youth experience traumatic events before leaving or during their journey, the process of traveling alone to the U.S. and relocating can in itself be considered traumatic. This highlights the need for greater services for UCs, as it is unclear from this data how significantly different the experiences of these youth are from those that are excluded from post-release services.

The data demonstrate a clear disconnect between services available and youth needs in the United States. The majority of youth in the sample are undereducated, having received less education than would be assumed for their age. This
often creates a gap between their last level of education and their planned entry point in school in the United States. Youth are expected to enroll in school, however are likely academically unprepared for the curriculum and language challenges. For example, if youth are between the ages of 14 and 17 and have not completed the 9th grade, they are automatically enrolled in 9th grade in a language they do not typically speak. This creates significant concerns for the ability of youth to acclimate to their new home and be successful in the school environment. This also has significant implications for the provision of education services to ensure that youth are successfully integrated into the school community.

Similarly, mental health concerns are paramount for UCs as they adjust to a new environment. The data demonstrates that youth often have experienced significant trauma and have challenges in adjusting to a new home in a new country. Information about and access to mental health services and community engagement activities are key for youth inclusion within their new community and home.

**There are clear disconnects between the services available and youth needs in the U.S.**

A clear understanding of the characteristics of youth currently residing in the region and their past experiences can aid in ensuring they receive the support required to ensure their success in their new communities.
Understanding these needs can also aid in reinforcing the systems that are designed to support these youth, and the sponsors who care for them.
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