Executive Summary:

Resilience in Undocumented, Unaccompanied Children: Perceptions of the Past and Future Outlook

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Background

Although immigration continues to be a topic of debate in the United States, there has been very little discussion regarding the growing number of undocumented, unaccompanied immigrant children in the U.S. According to the Pew Hispanic Center (2006), 1.8 million children (18 and under) are living in the United States as undocumented immigrants. These children represent 16% of the total undocumented population in the country, estimated at 11.5 to 12 million persons.

Undocumented, unaccompanied immigrant children are defined as those children who are traveling without a parent or primary caregiver and who do not have legal status in the country that receives them. These children often lack the resources, skills, and contacts that adults may have on their journey, therefore, making travel more challenging and dangerous.

Children will often take flight to escape abuse (physical, emotional, and/or sexual) or gang persecution. Yet, there are other children who have been abandoned and have nowhere else to go. However, the majority of the children entering the U.S. undocumented and unaccompanied often do so to reunite with family members that are living in the United States and/or attempt to locate employment and send money home to their families. Action Canada for Population and Development and the Colegio de Michoaćan (2002) monitored data from "Casa Alianza" (Mexican Covenant House) and Foro Migraciones (Mexican National Immigration Administration). They found was that most of the children migrating from Central America through Mexico to the United States indicated they did so to be reunified with family. The joint report also noted that the migration of children alone has become an alarming social issue over the last 15 years with a progressive increase of children entering the United States undocumented and unaccompanied.

According to González (2004), the former United States' Immigration and Naturalization Services reported that in 1997 there were 2,375 who were caught entering the country undocumented, with the number rising to 5,385 children in 2001.However, more recently according to statistics offered by the Office of Refugee Resettlement, Division of Unaccompanied Children's (personal communications, M. Dunn on September 18, 2009) there has been 7,211 children in custody to date in FY2008-2009. Of those in federal custody in FY 2008-2009, 3,673 were reunified with family members located in the United States, 1,968 were returned to their country of origin, and 698 were determined to be adults. On the average monthly there are approximately 1,200 children in care.

Children entering the U.S. are not only on their own, but have often been traumatized by people they met on the journey. Whatever the reasons a child may have for making the trip, they all are looking for a better life and a place where they are safe and protected.

This study is a first step in understanding the circumstances in which children leave their home country and make the arduous journey to the United States by themselves. It explores what strengths and protective factors the children have and use to leave their homes, survive the journey, and negotiate the system.

Those working with undocumented, unaccompanied immigrant children have found that their ability to deal with their immigration experiences are often connected to the environment and/or situation in their country of origin (e.g. poverty and abuse), their experience on the journey (e.g. victims of crime), and their experience in U.S. custody (e.g. strange food, customs, environment, and the unknown status of their immigration case).

Children who are caught and determined to be undocumented and unaccompanied are detained by the U.S. Department of Homeland Security's Customs and Border Patrol (CBP) and/or Immigration and Customs Enforcement (ICE). Subsequently, they are placed in the custody of the United States Health and Human Services (HHS), Office of Refugee Resettlement (ORR), Division of Unaccompanied Children (DUCS) as required by The Department of Homeland Security Act of 2002 (P.L. 107-296, Sec.462). This act states, "[The responsibility of undocumented, unaccompanied immigrant children is]… transferred to the Director of the Office of Refugee Resettlement of the Department of Health and Human Services functions under the immigration laws of the United States with respect to the care of unaccompanied alien children" (p. 2202).

The Director of ORR is responsible for "…coordinating and implementing the care and placement of unaccompanied alien children who are in federal custody by reason of their immigration status…" (p. 2203). This provision of the Homeland Security Act was meant to alleviate the potential conflict of interest for the former Immigration and Naturalization Service (INS) that served as both the custodian and the prosecutorial body responsible for the determination of a child's immigration outcome. However, the with the recent passage of the Trafficking Victims Reauthorization Act of 2008 it now requires a more active role of the Secretary of the Department of Health and Human Services in the care, custody, and repatriation of undocumented, unaccompanied children.

Presently, the DUCS program is responsible for approximately 1,200 foreign born children at any given time (HHS, 2006). The DUCS program's mission is, when possible, to reunite children with any family members who may be living in the U.S. while the child is in immigration proceedings. If a child does not have family located in the United States but may have a legitimate immigration case, then he or she may be placed in a long-term federal foster care program to await the outcome of his or her immigration proceedings. This federal foster care system is not connected to the domestic child welfare. However, those contracted to provide foster care services to undocumented, unaccompanied children must meet their respective state's

licensing and regulation requirements. The path for entering federal foster care is reversed to the domestic system. In the federal custodial system a child will enter a shelter or group setting and then when it is deemed appropriate will be moved to foster care home. In the domestic child welfare system, a child is initially placed in a foster care home and is moved to a group setting when it has been deemed necessary or appropriate.

Of those in ORR care and custody during FY 2008-2009 the majority of the children are from Honduras (N=1,981), Guatemala (N=1,845), and El Salvador (N=1,600). Of those children in federal custody, 77 percent are males and 23 percent are females with an average age of 15.9 years. An interesting statistic is that of those children in federal care in FY2008-2009, 685 children were between the ages of 0-12. The largest number of apprehensions of undocumented, unaccompanied immigrant children in FY07 occurred in the areas of Harlingen-Brownsville, TX and Phoenix, AZ. (ORR, 2008). Figure 1.0 provides an illustration of the most common points of entry (U.S. Department of Health and Human Services, ORR, 2008).

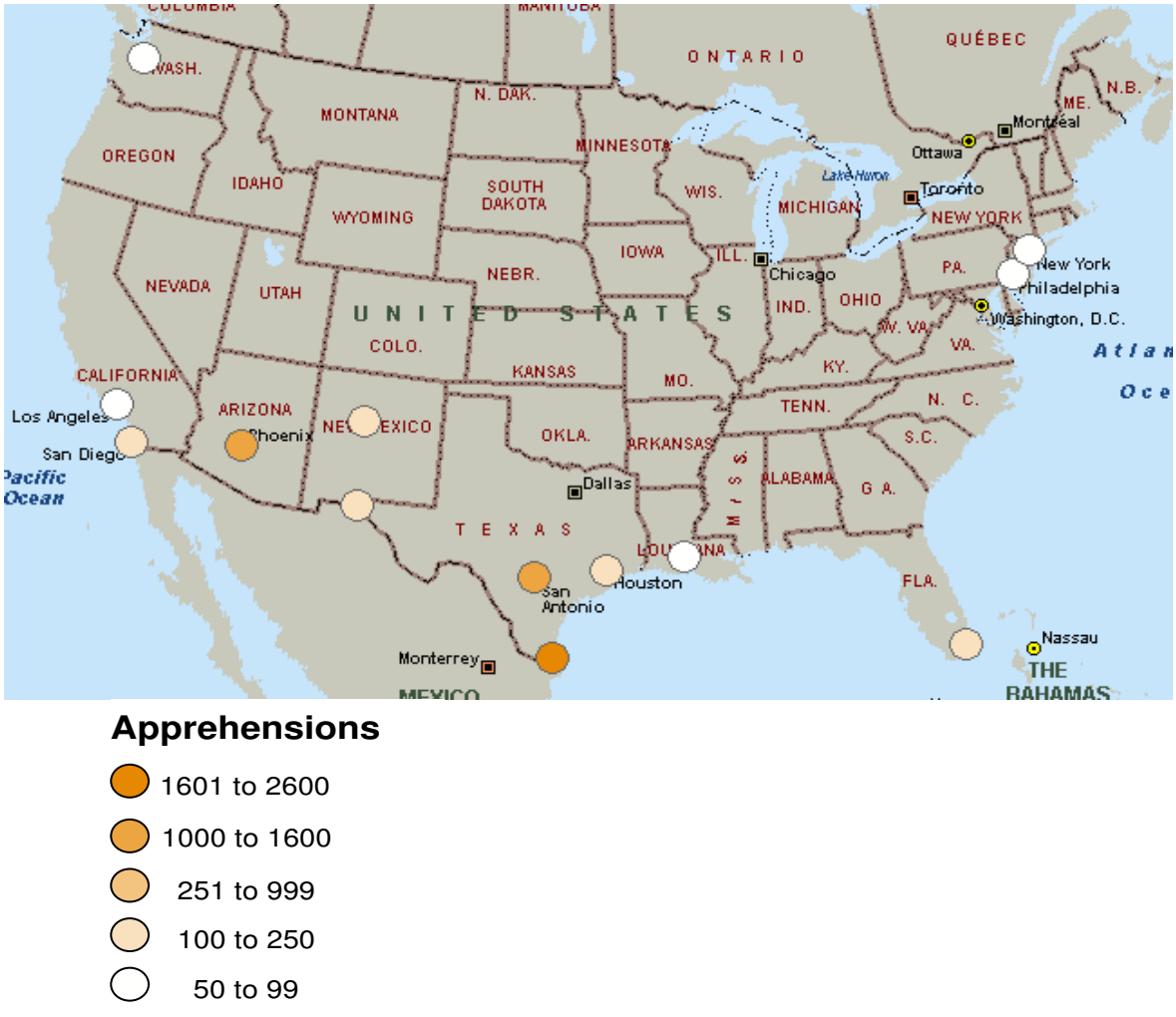


Figure 1.0 Map of Common Points of Entry

Once in federal custody a child is housed at one of the approximately 50 facilities across the United States. Facilities are located in California, Oregon, Arizona, Texas, Illinois, Indiana, Virginia, Florida, and New York. The children are placed in the first available bed and therefore, may not stay in the state where they were apprehended. DUCS currently has 1,559 beds available in shelters, foster care, staff secure, secure, and therapeutic facilities across the U.S.

Immigrating to a new country is considered a transitional period and a stressful life event that may initiate feelings of loss and negative psychological reactions resulting in poor mental health (Markovitzy & Mosek, 2005; Russell & White, 2001). In addition, this high level of stress sometimes leads to an inability to cope with the changes faced and can be particularly detrimental to migrating children. Shields and Behrman (2004) offer, "Regardless of how one might feel about our nation's immigration policies, there is no turning back the clock on [immigrant] children already living here…who these children grow up to be will have a significant impact on our nation's social and economic future".

All of these phases add to the hardship and emotional trauma, leaving children vulnerable to violence and dependent on others to meet their basic needs. The experience is stressful for a child because of the instability and unpredictably of his or her situation and the uncertainty about what is to come and whether he or she will be allowed to stay in the United States. Therefore, this anxiety may have an adverse affect on a child's physical and psychological development (Amnesty U.S.A., 2003; The National Child Traumatic Stress Network, 2003)

If the wave of undocumented, unaccompanied children is going to continue to become a part of the U.S. fabric, those working with and advocating for this vulnerable population must begin to research and obtain empirical data in order to identify their unique service needs. Thus, there is a need for empirical data to inform program stakeholders in their efforts to develop and implement a system of care that is more positive and beneficial for children while they are in Federal custody. This datum will inform an effort to prepare undocumented, unaccompanied children for what is going to happen next, whether it is settling in the U.S. or returning to their countries of origin.

Literature Review

There is a variety of research related to protective factors employed by U.S. children (Bernard, 1991, 1997; Davey, Eaker, & Walters 2003; Fraser & Galinsky, 1994; Luthar & Zigler, 1991; Luthar, Cicchetti, & Becker, 2000; Masten, Burt, Roisman, Obradovic, Long, & Tellegen, 2004; Meichenbaum, 2007; Werner & Smith, 1982, 1992; Wolen & Wolin, 1999; Zimmerman & Arunkuman, 1994; Zimmerman, Ramirez, Washineko, Walter, & Dyer 1994). Resiliency theory has become the cornerstone for building programs from a strengths perspective (Saleebey, 1996). This approach supports the concept of working with clients to identify and build upon the strengths, skills, and resources that they bring to their situation.

Though valuable for beginning to understand the strengths paradigm, the protective factors research on domestic children is not sufficient for researchers, child advocates, and policymakers wanting to understand the resiliency of undocumented, unaccompanied immigrant children.

There is a small body of work as it relates to refugee children (Ahearn & Athey, 1991; McEwen, 2007; National Child Traumatic Stress Network, 2003). Nevertheless, the findings can not be generalized to the population in this study. The majority of refugee children have left their country of origin because of special circumstances; in most cases, due to a war. Furthermore, a large number of refugee children enter the United States with their families intact or at least with someone who is considered their guardian and caregiver (Trang & Lau, 2002).

To this end, the present study addressed three distinct objectives. The first was to provide data to inform policy as it relates to undocumented, unaccompanied immigrant children. As noted above, the population selected for this study is not part of the current immigration debate. Most of the dialogue is focused on undocumented persons who are either single males who come here to work and send money home, intact families who made the journey together, or blended families with undocumented parents and children born in the U.S. The latter has been a hot topic because of the sensitive issue of sending child citizens to their parent's country of origin or requiring the parents to choose between returning to their home country or leaving their children behind to be cared for by other family members or in some cases the state child welfare system. There has been some media focus at the local level bringing attention the plight of undocumented, unaccompanied immigrant children housed in their communities, but it is brief at best (Gonzalez, 2004). In addition, the legal advocacy community has provided a qualitative review of undocumented, unaccompanied immigrant children focusing on the children's legal cases with the goal of influencing the immigration system and forms of relief available.

However, at this time there is no academic research on undocumented, unaccompanied immigrant children that provides a strength based perspective with attention to the resilience of these children. Schmidt and Bhabha (2004) acknowledge that, "our research reveals that little data exists on the impact of the U.S. immigration and asylum system on children" (p.10). Policymakers and those who support an anti-immigrant position rarely recognize the intense vulnerability of these children. Thus, there has been little thoughtful debate about how to serve these children. Schmidt and Bhabha (2004) state, "Children were forgotten when national immigration legislation was drafted. The void in U.S. immigration law remains stark. The court system, which interprets and applies immigration law, subjects children to the same proceedings and evidentiary standards as adults. Thus, children are thrust into a system that was designed for adults".

The second objective of the research was to provide needed data about risk and resiliency to those who are responsible for the care and custody of the children. As noted by The National Child Traumatic Stress Network (2003), "…conceptualizing …children's stress responses from a psychopathological perspective pathologizes the individual, potentially ignoring coping and resilience…" (p. 18). As an alternative, this study strives to explain the usefulness of a strengths perspective model as a framework for building a system of care.

The third objective was to identify opportunities for further research in order to understand the special circumstances and needs of undocumented, unaccompanied immigrant children.

Therefore, the present research focuses on how the study of resilience can assist policymakers, child advocates, and other stakeholders in understanding how undocumented, unaccompanied immigrant children function in relationship to experiencing trauma and high levels of adversity. With this knowledge, professionals may begin to develop a framework for practice strategies, program designs, and resources that address social issues and the service needs of these unique children.

Study Objectives:

- **Policy**
- **Programs**
- **Research**

The current study utilizes a resiliency model to gain a better understanding of the strengths used and difficulties faced by undocumented, unaccompanied immigrant children as they make the transition from their home country to the United States. Two key questions formed the basis for this research:

1. ***Is there a relationship between the risk factors and the protective factors reported by undocumented, unaccompanied children in Federal custody?***

2. ***Which demographic, personal, and interpersonal factors support the resilience demonstrated by these children****?*

Theoretical Framework

In contrast to the psychotherapeutic medical model sometimes used when working with clients, which focuses on deficiencies in a client requiring diagnosis and treatment Weick (1983) and Saleebey (1992; 1996; 1997; & 2006) contributed to the formulation of *"the strengths perspective"* which they theorized would allow practitioners the opportunity to better assess a client's needs and to support a concept of self determination and empowerment where the client actively participates and controls the treatment and its progress.

By using a strengths perspective the worker becomes a partner with the client. It provides the framework for identifying and recognizing a person's capabilities, competencies, resources, and possibilities. The literature illustrates the benefit of using a positive paradigm and its role in assisting a person to recognize his or her

strengths, thus, enhancing his or her resilience to overcome adversity, and providing the capacity to turn to these reserves throughout his or her lifetime (Saleebey. 1992; 1996; 1997; & 2006).

In reviewing the literature, there are a variety of ways to define what characteristics make up the concept of resiliency. However, most scholars acknowledge that resiliency is an ongoing process that adapts to whatever the current situation may be. It is not static and due to constant environmental changes, it continuously modifies a person's competencies based on the interaction between risk and protections (Saleebey, 1996).

Resiliency theory strives to understand what characteristics and attributes a person employs to survive a significant threat and/or hardship. There are several models that represent the concept of resiliency. These include Garmezy, Masten, and Tellegen's (as cited in Zimmerman & Arunkumar, 1994) *"Compensatory Model"* in which protective factors neutralize the risk and changes the outcome as well as their *"Challenge Model"*, which holds that a moderate level of risk allows a person to overcome challenges and strengthens their protective factors in preparation for the next obstacle. Based on this study's findings, the *"Challenge Model"* is the model most closely aligned with the findings of this study because it allows for a moderate level of risk which provides a child with the opportunity to overcome hardships, and as a result strengthens a child competencies and capacity. Figure 2.0 illustrates Garmezy, Masten, & Tellegen's (as cited in Zimmerman & Arunkumar, 1994) *"Challenge Model"*.

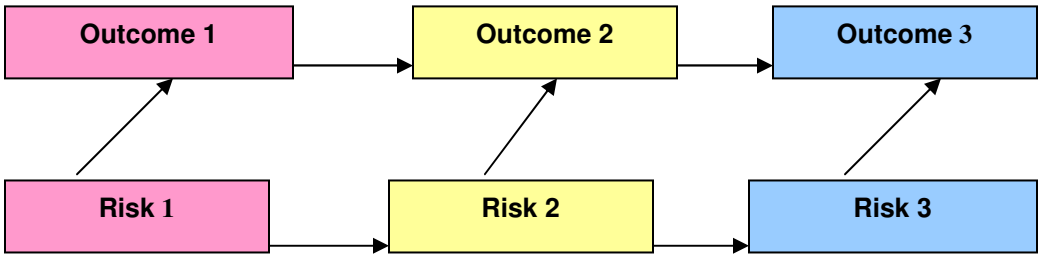


Figure 2.0 The "Challenge Model"

As the concept of a resiliency model grew over time, the Project Resilience (Wolin & Wolin, 1999) developed a resiliency model based on three developmental phases of life: childhood, adolescence, and adulthood. According to this model, children's level of resilience is unformed and intuitively motivated. Those in the adolescent stage of life become more deliberate. In adulthood, resilience becomes an enduring part of self.

The authors propose that to work from a "fix it" paradigm is detrimental not only to the child, but also to the professional working with the child. It prejudices their understanding of the child and allows for low expectations of their work as well as what a child may accomplish or achieve. It forces the professional to see a client as a victim or as a flawed child lacking in the necessary resources to succeed.

Conversely, the *"Challenge Model"* empowers youth to help themselves and to identify and build upon their resources. It solidifies the working relationship between the professional and child and redirects the negative into a positive (Wolin & Wolin, 1999). Figure 3.0 is an illustration of Wolin and Wolin's Challenge Model (1999).

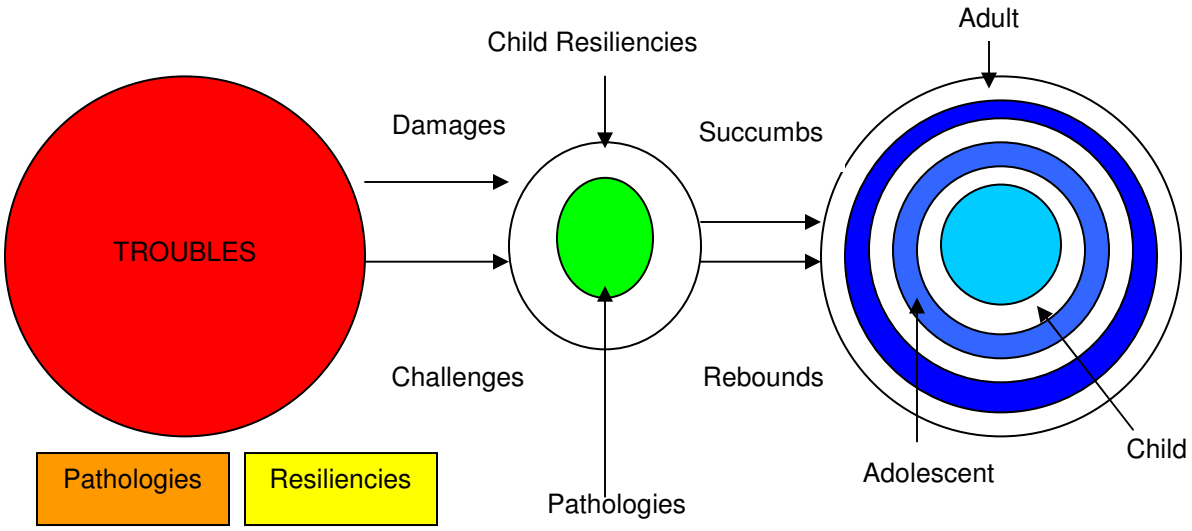


Figure 3.0 The "Challenge Model"

For Wolin and Wolin (1999) this model "... [consists of]…two forces are at work as children interact with the trouble in their lives. Troubles are seen as a danger to children and also as an opportunity. Children are vulnerable to the…influence of hardship, but they are also challenged to rebound…by experimenting, branching out, and developing their own resources. Over time, these self-protective behaviors develop into lasting strengths…resilience. (p. 1).

Previously in resiliency research there has been a focus on identifying the dimensions of risk in order to develop treatment methods that will eliminate such risk. However, in recent times the focus has shifted to identifying the domains and dimensions of protective factors that serve as the foundation of resiliency research. This study used the protective factor domains and dimensions as identified by Newman and Blackburn (2002), which are the individual level domains, (social bonding, personal competence, and social competence), familial level domains (social bonding and personal competence), and the community level domain (social competence).

For this study, in addition to understanding the history and relationships of the medical model versus the strengths perspective paradigms and resiliency theory, it was also important to identify the research related to resiliency in immigrant and refugee children. The literature makes the point that immigrating to a new country is a very stressful life event for children and this high level of stress may negatively affect a child's ability to cope in the new surroundings.

Identified changes in ethnic norms and traditions, language barriers, separation from family, educational interruption, and socioeconomic status uncertainty are tremendous stressors on newly immigrated children (Nuñez & Gary, 2004). Ahearn and Atley (1991) found that children are very vulnerable to physical, emotional, and social distress when they have experienced war, violence, persecution, deprivation, and the hardship of fleeing. Although the United States government does not consider the undocumented, unaccompanied immigrant children who participated in this study as refugees, these children all have had similar experiences such as war, natural disasters, and/or political uproar in their home countries, which could be construed as presenting the same stressors as refugee children identified by Ahearn and Atley (1991).

The challenge to study undocumented, unaccompanied immigrant children can be tremendous and the study of such a unique and vulnerable population requires consideration be given to cultural issues which may arise in the research process. This need for cultural awareness was exemplified by the International Resiliency Project (Ungar, 2005). There were a number of issues identified in a research study by Ungar and a team of international researchers who sought to explore resiliency in 10 diverse populations of children on five continents (Europe, Asia, South America, Africa, and North America). Ungar (2005) notes that through their study researchers learned that measuring for resilience has typically been implemented in the English language and therefore it is imperative to test and retest the translation of the research instruments to ensure that the meaning is relevant, reliable, and valid. Ungar also found the way the concept of resilience was operationalized across the various populations was critical for comparative analysis.

One of the greatest challenges to studying resilience in children of different cultures was in the selection of epistemology and research methodologies where tensions arose between Western culture and indigenous approaches to study. The review of the literature highlights the continued need for culturally sensitive and appropriate research methodologies and reliable instruments when exploring resiliency in children of other cultures.

Research Methodology

Due to the lack of empirical data available on undocumented, unaccompanied immigrant children, this research study used an cross sectional ex-post facto correlational design in order to explore and begin to understand this unique population of children and their perceived experiences at three points of time: their perception of their experiences in their home countries; their perception of their experiences on their journey to the United States; and their outlook for their future.

The dependent variables of this study were operationalized using Newman and Blackburn's (2002) domains of individual, familial, and community. The individual (child) factors including dimensions such as school, family, and pro social norms, self concept, self control, positive outlook, and self efficacy The family dimensions include parent-child relationships, valued social role, and parental harmony. The environmental (community) dimensions include successful school experiences, confidence, contribution and cooperation, friendship networks, and valued social roles.
The dimensions of resiliency are the foundation of this study: Social Bonding (resilience domain of family and environment), Personal Competence (resilience domain of individual) and Social Competence (resilience domain of individual, family, and environment).

The independent variables for this study include the dimensions of risk (family, peer associations, neighborhood environment, alcohol and other drug exposure and use, and self-reported risk behaviors) and background variables (age, gender, country of origin, education, and work experience). In addition, the key life experiences of the children also served as independent variables. This included items such as: with whom the children lived with in his or her country of origin; who raised them in their home country; their perspective on the treatment they received in their home country and on the journey; the children's motivation to come to the United States; and outlook for their future. Each of the variables represented a child's perspective at the three points of time (home, journey, and future outlook).

Study Population

The study sample consisted of 75 males and 43 females (N=118) ages 14 to 17. Three children were 14 years old, 19 children were 15 years old, 40 children were 16 years old, and 56 children were 17 years old. All of the children came from Central America countries (59 from Honduras, 34 from Guatemala, 23 from El Salvador, and 2 from Nicaragua). At the time of data collection all the study participants were identified as undocumented, unaccompanied immigrant children who were in federal custody, housed in federally run shelters, and in immigration proceedings.

Study Instruments

The study consisted of two parts The first part used a 21-item descriptive survey to gather demographic information including age, gender, country of origin, education levels, work experience, family composite, treatment at home and on the journey, motivation to make the trip to the United States, and outlook on the future. The second measured adolescent resiliency using the Individual Protective Factors Index (IPFI) developed by Springer and Phillips (1997). The IPFI is a 71-item scale that measures protective factors in three domains (social bonding, personal competence, and social competence) and risk factors in eight dimensions (attitudes concerning alcohol

and other drugs, exposure to alcohol and other drugs, peer alcohol and other drug use, personal risk behaviors, neighborhood environment, peer associations, family supervision, and family interaction).

The IPFI uses a likert scale that allows for four response options for the questions relating to protective factors and two to four response options for questions relating to the dimensions of risk. The reliability of the IPFI for this study was .76 for the protective factor domains and ranged from .71 to .93 for the risk dimensions.

Data Collection and Analysis

Data were collected by five interviewers located in Miami, FL, Houston, Corpus Christi, and El Paso, TX. All interviews were conducted in the children's native language of Spanish by masters level social workers or counselors. There were 134 interviews. However, 16 were not included in the study because the children did not meet the study criteria of country of origin or age.

The study was an ex post facto multivariate and bivariate correlational design which explored the significant relationships among protective and risk factors and a child's perception of the experiences in his or her country of origin, on the journey, and his or her outlook on the future. Descriptive data provided the frequencies, means, and the measures of central tendency. A paired t-test and ANOVAs were used to identify the significant differences in the protective and risk factors based on the children's reported experiences at the three points in time (home, journey, and future outlook). A bi-variate analysis was used to identify any significant relationships between the protective and risk factors. Multiple Regression Analysis provided data regarding the relationship between the protective factors and multiple independent (risk, key life experiences, and background) variables. The Statistical Package for the Social Sciences was used for data analysis with a .05 significance level.

Demographic Profile

Although there has been a marked increase in girls entering the United States as undocumented and unaccompanied. However, the majority of the children in Federal custody continue to be males. This is reflected in the gender distribution of the study participants. More specifically, 63.6 percent (n=75) were boys and 36.4 percent (n=43) were girls. All but two of the children were from El Salvador, Honduras, or Guatemala. Of the 118 study participants, the majority were 16 and 17 years old (N=96).

The majority of children (N = 111) attended school in their country of origin with 56 reporting that they had studied for periods of time ranging between four and six years while 33 studied between seven and nine years. Only five had never attended school. There were 108 children living with family prior to their journey to the United States. Of those living with family, sixty three percent (N= 74) lived with their parents. Interestingly, only seven children (10%) reported having left their home country due to suffering abuse.

Many of the children worked while living at home, which is not surprising considering the poverty of the region. As noted earlier, earning power is often a child's motivating factor to make the journey to the United States. Two-thirds, or 66.9 percent (n=79) of the children stated that they had worked in their home country with over half, or 63 of the children (53.4%) reporting that they had to work in order to assist the family.

When asked what type of work they had pursued, one-fifth of the children said they worked in agriculture (20.3%, n=24). The majority (30.5%) worked as laborers (production, mechanic, and other trades). An additional 9.3 percent of the children sold goods on the streets and markets. The fewest number of children worked as housekeepers and childcare providers, 5.1 percent and 2.5 percent respectively.

Most of the children reported that they were treated well on their journey (74.6%, N=88). The majority of the children stated they came to the United States to go to school or work (57.6%, N=68) or to be reunified with family now living in the U.S. (33.9%, N=40).

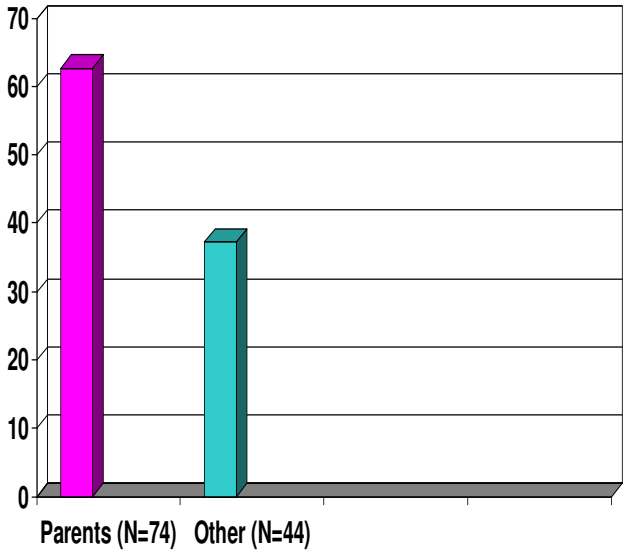
Perceptions of Home, Journey, and the Children's Future Outlook

The children were asked to provide information about their perceptions of some key formative experiences in their overall psychosocial development—experiences in their home country, on the journey, and their goals for the future.

Experience in the Home Country

To investigate the study participants' perceptions of their lives in the home country they were asked about their living situations, treatment, education and work. Table 1.0 provides an overview of the number of study participants who were living with family prior their journey to the United States.

The greatest proportion, 108 children (91.5%) was living with their family prior to making the journey to the U.S. More specifically, 62.7 percent of the children were living with their parents (n=74). Over one-third or 37.3 percent (n=44) were living with family other than their parents (i.e. grandparents, siblings, aunts and uncles, and cousins).



Those who work with children in the Federal custodial system has often made the assumption that a large portion of these children have fled due to violence and abuse suffered in their home country. However, as indicated in Table 3.0 only seven children in the current study stated they left due to emotional abuse, physical abuse, or forced work. The majority, 89.8 percent

of the children stated that they were not abused (n=106).

There was some confusion among the children when asked why they left their families in contrast to why they chose to come to the United States. Consequently, when asked why they left their family, there are a total of 52 (44.1%) missing responses. However, for those who responded, 18.7 percent (n=22) chose to leave for reasons other than abuse. That is, they were forced by their family or whom ever they were living with to leave, wanted to go to work, or to reunify with other family.

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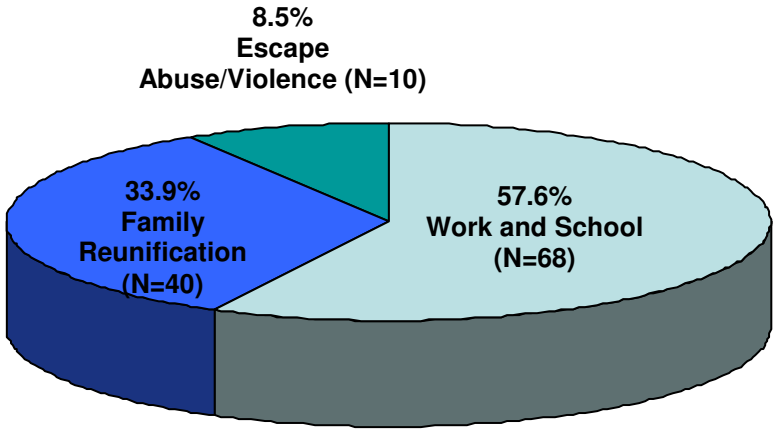
Table 1.0 Abuse Suffered in the Home Country

Type of Abuse	Frequency	%
Was Not Abused	106	89.8
Physical Abuse	2	1.8
Emotional Abuse	1	.8
Forced Labor	4	3.4
Other	1	.8
Missing	4	3.4
Total	118	100.0

When asked why they chose to come to the United States, the majority of the study participants stated that it was because they would like to go to school or to locate employment (57.6%, n=68). As presented in the figure below, forty of the children (33.9%) stated that they were hoping to be reunified with family who were living in the U.S. Contrary to the assumptions within the Federal custodial system only 8.5 percent of the children (n=10) stated they were trying to escape abuse or violence.



Experience on the Journey

Due to the dangers of traveling as an unaccompanied child, it is not surprising that over one-fifth, or 21.2 percent (n=25) of the children said they were abused on their journey to the United States (see Table 2.0).

Table 2.0 Treatment on the Journey

Treatment on the Journey	Frequency	%
Abused	25	21.2
Not Abused	88	74.6
Missing	5	4.2
Total	118	100.0

Those who reported that they were abused indicated that they were abused by either a stranger they encountered along the way (38%), by the Coyote that was paid to bring them across the border (35%), or by either the Mexican or U.S. Border Patrol (27%). However, 74.6 percent said they were not harmed on the journey.

Future Outlook

In expressing their goals for the future, over fifty percent of the children (54.2%) said that they would like to work. Over one fourth or 34 of the children (28.8%) said they would like to go to school. Seventeen percent, or 20 of the children, had other desires for the future (e.g. have a family of their own, reunify with existing family, or return to their home country). Table 3.0 presents the goals for the future as identified by the study participants.

Table 3.0 Future Goals

Future Goals	Frequency	%
Work	64	54.2
School	34	28.8
Other	20	17.0
Total	118	100.0

A review of the frequencies dispels some of the myths that the stakeholders working with these children have long held. There have been assumptions that many of the children were from broken homes or had suffered a great deal of abuse. However, the data supplied by these study participants do not support those assumptions.

Findings

The findings of this study showed that undocumented, unaccompanied immigrant

children scored in the moderate range in all three protective domains of Social Bonding, Social Competence, and Personal Competence with the latter domain significantly stronger than the other two. Garmezy, Masten, and Tellegen (1994) recognized children who score in the moderate range of risk using their *Challenge Model* have an opportunity to overcome a challenge, which subsequently strengthens resiliency and prepares the person for the next challenge ahead.

The hypothesis predicted that there would be a positive and statistically significant relationship between the selected protective factors and risk factors reported by the children. It is important to note that in a correlational analysis done on the IPFI by Springer and Phillips (1997) to identify the relationships between the protective and risk factors there were many weak relationships between the protective factors and the risk factors. The dimensions of school, family, and pro-social norms, which comprise the Social Bonding domain had the strongest relationships with the various risk factors. The strongest relationship identified by Springer and Phillips (1997) were Attitudes regarding Alcohol and Other Drugs (AOD) and School at .578. However, this still can be considered only a moderate relationship. AOD Attitudes was the risk factor with the strongest relationships to protective factors (pro-social norms, self-control, self-efficacy, and positive outlook). In addition, there was only one moderate relationship identified between personal risk behaviors and self-control.

Yet, when the correlation analysis was performed for this study, the results were quite different. It was found that there were a number of strong relationships between the protective factors and the risk factors. Where the scales developers found only six moderate relationships this study found 22 relationships in the moderate range with a significance level of $p.<.01$. (Table 4.0). This study identified eight strong relationships with a significance level of $p.<.01$. Strong correlations were found between Attitudes towards Alcohol and Other Drugs and all of the protective factor dimensions (school, family, pro-social norms, self-concept, self-control, self-efficacy, positive outlook, assertiveness, confidence, and contribution and cooperation) with the strongest relationship with self-control ($r = -.74$). The finding indicates that the stronger the self-control the more likely the children were to have negative attitudes toward alcohol and other drugs. Similar to the findings of the scale developers, there were a number of weaker yet significant relationships at $p. < .05$ level.

Additionally, the school dimension and family dimension (Social Bonding domain) had the strongest relationships with each of the dimensions of risk. Pro-social norms, self-control, confidence, and contribution/cooperation each had significant relationships with all but one dimension of risk. The hypothesis was partially supported with the strongest association being between the risk factor of Attitudes toward Alcohol and Other Drug Use (AOD) and the dimensions of Social Bonding as well as all of the dimensions of personal competence, except for self-concept, which had a moderate relationship with AOD Attitudes. The strongest association between Social Competence and AOD Attitudes was the dimension of contribution and cooperation. However, most of the risk factors had at least one association with the protective factor dimensions.

Table 4.0 Patterns of Association on the IPFI for this study

Risk Factors	**Protective Factors**									
	Social Bonding			***Personal Competence***				***Social Competence***		
	School	Family	Pro Soc Norms	Self-Concept	Self-Control	Self-Efficacy	Positive Outlook	Assertiveness	Confidence	Contribution& Cooperation
Family Support	.357**	.411**	.381**	.299**	.307**	.236*	.330**	.236*	.277**	.276**
Family Interaction	.361**	.279**	.121	.194*	.145	.208*	.190*	.180	.126	.177
Positive Peer Association	.311**	.390**	.369**	.144	.329**	.201*	.194*	.164	.192*	.262**
Peer AOD Use	-.321**	-.391**	-.443**	-.172	-.519**	-.158	-.209*	-.195*	-.216*	-.263**
Neighborhood Exposure	.343**	.532**	.433**	.361**	.526**	.385**	.364**	.330**	.416**	.446**
AOD Use Exposure	.267**	.469**	.345**	.172	.476**	.160	.285**	.116	.269**	.211*
Self Reported Risk Behavior	-.367**	-.558**	-.542**	-.368**	-.661**	-.340**	-.416**	-.297**	-.421**	-.438**
Self Reported AOD Use	-.411**	-.524**	-.459**	-.211*	-.491**	-.142	-.234*	-.091	-.310**	-.254**
AOD Attitudes	-.684**	-.622**	-.727**	-.557**	-.740**	-.608**	-.625**	-.596**	-.593**	-.729**

**Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed)

	Weak (18-39)		Moderate (40-59)		Strong (60<)

Social Bonding

Social bonding was not significantly different based on the children's perceptions of the three points of time (home, journey, and future outlook). However, there was a significant difference in social bonding based on the children's perceptions of family, peer, and environmental supports in their home country as well as based on age (15 and under scored higher). There was no significant difference in social bonding based on a child's perception of his or her journey. Children are whose future outlook was to start a family, reunify with family, or return to their home country had a stronger social bonding than those who had other goals.

In addition, there were a number of significant differences among the dimensions that make up the domains of social bonding. Children who were raised by their parents scored higher on the school and pro social norm dimensions than children who were raised by someone other than their parents. Also, children who reported having been treated well on their journey to the U.S. scored higher in the school dimension. Children who wanted to start a family, reunify with family, or return to their home country scored higher in the school dimension than children who reported wanting to either go to school or work in the future.

Age had significant connections with the family and pro social norms dimensions. Children who were 15 and under scored higher than the 16 and 17 year olds in the study. Consistent with the other findings, there were significant differences for children who wanted to have a family of their own, reunify with family, or return to home country and the family in the pro social norm dimension than children who stated that their future goal was to go to school and/or work.

Personal Competence

In the overall personal competence domains, age, treatment in the household in home country, and a child's future outlook all had a significant impact on this protective factor. Also, girls scored higher in the personal competence dimensions of self-concept, self-control, and self-efficacy than boys. Age had a significant impact on the self-control dimension of personal competence with children 15 and under scoring higher than children 16 or 17 years old. How a child perceived they were treated in the household versus the other children produced a significant difference in the self-concept dimension with children who felt they were treated worse scoring higher than children who felt they were treated the same or better in the household. Children who expressed a desire to have a family of their own, reunify with family, or return to home country scored higher in self-concept, self-control, positive outlook, and self-efficacy than children stating they would like to go to school and/or work in the future ($p.<.05$). There were a number of differences in self-efficacy based on a child's perception of his or her experiences at the three points of time: home, journey, and future outlook. Children who went to school, did not work in their home country, did not live on their own, and lived with family scored higher than the children reporting not having gone to school, had worked, lived on their own, and/or lived with someone other than family.

Children who reported not having been abused on their journey scored higher in self-efficacy than children who reported being abused by either the border patrol (U.S. and/or Mexico), a coyote hired to bring them into the United States, or a stranger. Also, congruent with the other findings, children who reported a future goal of reunifying with or having a family scored higher in self-efficacy than those reporting wanting to go to school and/or work in the future.

Social Competence

The strongest significant relationship was between social competence and gender with girls scoring higher in the overall domain than boys. Children who were not living with family and who were required to work scored higher in the overall domain than children who were living with family and did not work.

However, children who worked and were required to work scored higher than the others in the social competence domain. Children who reported having not been mistreated on their journey scored higher in the overall domain than those children reported having been mistreated by someone. Constant throughout the study findings is that those children who stated that their desire was to have a family of their own or reunify with family scored higher in the social competence domain than children who would like to go to school and/or work in the future.

In examining the impact of the demographic variables, there was a significant difference based on age in the assertiveness dimension. Surprisingly, children 15 and under scored higher on assertiveness than the 16 and 17 year olds in the study. Also, girls scored higher than boys on the dimensions of assertiveness and contribution/cooperation.

Children who were required to work in their home countries scored higher in the dimensions of assertiveness and contribution/cooperation than those who were not required to work. Children who were living with and raised by their parents had higher scores in confidence that those who were either living with or raised by others.

Children who reported being treated badly on the journey scored higher in assertiveness than those who felt they were treated well. However, children who said they were not treated badly by anyone scored higher in the dimension of contribution and cooperation. In line with the findings in the overall social competence domain, children who expressed a desire to either have a family of their own or reunify with family had a higher scores in the dimensions of assertiveness, confidence, and contribution and cooperation than children who stated that they would like to go to school and/or work in the future.

Risk Factors

There were a number of differences in the risk factors based on the independent and dependent variables. Children who were 15 and under scored lower in the dimension

of alcohol and other drug use (AOD) exposure than the older children. However, children who were 16 years old scored higher in self reported risk behaviors than children who were 15 and under or 17.

There was only one difference based on gender. Males were more influenced by the neighborhood environment than females. With whom the child lived in his or her country of origin had a significant impact on the family dimension, peer associations, self reported risk behaviors, and self reported alcohol and other drug use. Children who were living with persons other than their parents had higher risk factor scores in family supervision and peer associations than children who reported living with their parents in their home country. However, children who reported living with their parents scored higher in self reported risk behaviors and self reported alcohol and other drug use.

How a child perceived his or her treatment in the household also posed a significant difference in the dimensions of risk. Not surprisingly, children who perceived that they were treated worse in the household than other children had higher scores in the risk dimensions of family supervision, family interaction, and neighborhood environment than children who felt they were treated the same or better.

There were only two significant differences between a child's perception of his or her journey and the dimensions of risk. Children who reported that they were treated badly on the journey had higher risk scores in the dimensions of family supervision and neighborhood environment.

There were a number of interesting findings concerning the risk factors as related to the children's perception of their future. Children who expressed the desire to work in the future scored higher in the risk dimension of family interaction than children who would like to go to school or have/reunite with family. Children who expressed the desire to have a family of their own or reunite with family scored higher in family supervision and attitudes concerning AOD use than children who desired going to school or work. Lastly, children who expressed the desire to attend school scored higher in self-reported risk behaviors than children who reported wanting to go to work or other (has a family, reunite with family, or other).

What has been learned through this study is that this group of undocumented, unaccompanied immigrant children had moderate levels of protective and risk factors. In addition, the findings do not support the systematic assumptions that children have left their home countries due to familial breakdowns or abuse. These children have desires and goals just like other children in the United States. They would like to have or be with their families, go to school and/or work, and make a life for themselves.

Recommendations

As reported by Schmidt, Morland, and Rose (2006), "…immigrants between the ages of 13 and 19 are an important and growing part of American society, and they have a vital role in the future of this country" (p.3). According to Schmidt, et. al. (2006), there

are a number of recent studies that have anecdotally recognized these children's protective and risk factors and discuss how these children fare today will impact their ability to succeed in the future. The results of this research study offer three recommendations in the areas of social work practice, social policy, and addresses opportunities for further research.

The findings show that undocumented, unaccompanied immigrant children have both moderate protective and risk factors. The study population represents typical adolescents and therefore, while they are in the federal system of care, it is important to work on building their resiliency in an effort to prepare them for their future whether it is returning to their home country or resettling in the United States. There is nothing particular deficient or negative in these children which would require the use of a medical model. Schmidt, et.al. (2006) offer, "A deficit-focused approach can alienate the very people a program or agency desires to reach" (p.5). Schmidt, et.al. (2006) offer a *Positive Youth Development* approach which theorizes that working with children does not require the social worker to ignore problems, but addresses problems through building on children's strengths. It suggests a framework which values the children's culture heritage, assists them in becoming bilingual, addresses migration related challenges, assists the children in balancing their cultural past with the new culture by providing moral support and guidance.

Therefore, it would behoove the system to assess each child using a strengths based assessment tool in order to identify a child's strengths and to build upon those identified capabilities while the he or she is in the federal custodial system. This positive approach will help increase a child's protective factors, thus potentially decreasing his or her risk factors.

According to Roff (2004), "The strengths perspective...provides… [those working with children] with a framework that moves away from pathology and towards development and growth". Therefore, while a child is in the federal system of care it is appropriate for those working with the children to focus on building their resiliency. This goal could be accomplished by developing program models which focuses on a child's self determination, thus empowering them to be an active participant in his or her care plan.

A possible model could be developed using Bernard's (1991, 1997) four characteristics of resilient children as the framework from which to develop the program. Bernard's characteristics are: that a child is socially competent; he or she has problem solving skills; he or she feels autonomous; and he or she has a sense of purpose and future.

Though immigration advocates and child advocates often differ on the most pressing concerns regarding this population (e.g. a child's immigration case versus overall child well-being), all can agree that as the numbers of undocumented children entering the United States grows each year the system of care must be built upon a framework of child welfare principles, standards, and practices. According to Velazquez, Earner, and Lincroft (2007), "The intersection between child welfare and immigration unveils contradictions and gaps in knowledge, policy, law, and practice that affect many

social and ethnic groups". In addition, immigrant children are quickly becoming the new Americans. Their unique service needs cross all areas of child welfare and must be included in the [immigration] debates.

Building upon a bio-psycho-social-spiritual construct, Graybeal (2001) developed an assessment model which uses a strengths framework and focuses on identifying *Resources, Opportunities, Possibilities, Exceptions, and Solutions* (ROPES). He suggests that this model can be used to guide the practitioner. Table 5.0 is an illustration of the ROPES Model.

ROPES Model	
Resources	• Personal • Family • Social environment • Organizational • Community
Options	• Present focus • Emphasis on choice • What can be accessed now? • What is available but hasn't been utilized?
Possibilities	• Future focus • Imagination • Creativity • Vision of the future • Play • What have you thought of trying but haven't tried yet?
Exceptions	• When is the problem not happening? • When is the problem different? • When is a part of the hypothetical future solution occurring? • How have you survived, endured, thrived?
Solutions	• Focus on constructing solutions • What's working now? • What are your successes? • What are you doing that you would like to continue doing? • What if a miracle happened? • What can you do now to create a piece of the miracle?

Table 5.0 Identifying Strengths: The ROPES Model

Graybeal (2001) also identified additional information that would complement the traditional information normally gathered in the assessment process. For example, in relation to presenting problems he has suggested adding emphasis on the client's language as well as an exploration of resources. Also, the assessor needs to understand family rituals, client role models, important family stories, and expanded narratives, which are not focused on diagnoses and problems.

Additionally, Graybeal (2001) suggests that strength can be gained by sharing one's stories and narratives. Sharing these cultural accounts of origins, migration, and

survival can provide a client with inspiration and meaning (Saleebey, 1996). Saleebey states, "The questions the social worker asks are critical. They may reinforce the worst of external conditions and internal experience, or they may guide the client to recognition and acknowledgement of their own sense of self-worth and possibility". As clients move through the process and are able to recognize their strengths and abilities to overcome adversity, they will develop the capacity to turn to these reserves throughout their lifetime. This is a particularly potent resource for undocumented, unaccompanied immigrant children who are vulnerable and whose futures are unknown

Presently, there are a myriad of tools that assess a child's strengths and resiliency. Though it is unknown whether these scales have been translated and tested in Spanish there is the potential to identify appropriate tools, which may be piloted with undocumented, unaccompanied children. Table 6.0 is an overview of current scales, which may be modified and tested with the DUCS population (National Clearinghouse on Families and Youth, 2009).

Survey Instrument	Ages	Fee or Public Domain	Contact Information
Developmental Assets Profile (DAP) 2003. Assesses individual adolescents; based on Search Institute's 40 developmental assets. http://www.search-institute.org/	11-18	Fee	Search Institute 615 First Avenue NE Suite 125 Minneapolis, MN 55413 Tel: (877) 240-7251 http://www.search-institute.org(Survey Information Pack #16334)
Healthy Kids Resilience Assessment 1999.Assesses 11 environmental assets and 6 internal resilience factors. Module of the California Healthy Kids Survey. Research-based. Reported as group data. http://www.wested.org/pub/docs/chks_surveys_summary.html#secondary http://www.emt.org/userfiles/YouthLit_Final.pdf http://crahd.phi.org/papers/HKRA-99.pdf	11-18	Fee	WestEd 4665 Lampson Avenue Los Alamitos, CA 90720 Tel: (8) 841-7536 http://www.wested.org/hks
Adolescent Coping Orientation for Problem Experiences(A-COPE) 1991.Assesses ability to balance demands of self, family and community; 12 subscales. http://www.emt.org/userfiles/youthlist_final.pdf http://chipts.ucla.edu/assessment/Assessment_Instruments/Assessment_files_new/assess_acope.htm	13-18	Public Domain	Center for HIV Identification, Prevention and Treatment Services The Wilshire Center 10920 Wilshire Boulevard Suite #350 Los Angeles, CA 90024 Tel: (310) 794-8378
Adolescent Resiliency Attitudes Scale (ARAS) 1994.Assesses 7 resiliencies, broken down into skill subsets; also persistence in working through difficulties. Has been used as a measure of program success. http://cart.rmcdenver.com	13-17	Fee (Mailing Costs)	Dr. Belinda Briscoe President and Founder Higher Horizons, Inc. 8917 N. Kensington Road Oklahoma City, OK 73132 Tel: (405) 721-5904

Survey Instrument	Ages	Fee or Public Domain	Contact Information
BarOn Emotional-Quotient Inventory – Youth Version 2000.Assesses interpersonal and intrapersonal abilities, stress management, adaptability, and general mood. Short version available. http://harcourtassessment.com/haiweb/Cultures/en-US/default.htm http://harcourtassessment.com/haiweb/Cultures/en-US/Products/Product+Detail.htm?CS_ProductID=015-8024-869&CS_Category=PersonalityTemperament& CS_Catalog=TPC-USCatalog	7-18	Fee	19500 Bulverde Road San Antonio, TX 78259 Tel: (800) 211-8378 http://harcourtassessment.com/haiweb/Cultures/en-US/default.htm Multi-Health Systems, Inc. P.O. Box 950 North Tonawanda, NY 14120 Tel: (800) 456-3003 Customerservice@mhs.com http://www.mhs.com
*Behavior and Emotional Rating Scale (BERS-2)*2000.Assesses pro-social and emotional strengths, including interpersonal, affective, asking for help, family, career, and academic. Designed for juvenile justice and child welfare agencies. http://stoeltingco.com/tests/store/ViewLevel3.asp?keyword3=966 http://www.proedinc.com	5-18	Fee	Psychological and Educational Tests Division Stoelting Company 620 Wheat Lane Wood Dale, IL 60191 Tel: (630) 860-9700 http://stoeltingco.com Pro-Ed 8700 Shoal Creek Boulevard Austin, TX 78757 Tel: (800) 897-3202 http://www.proedinc.com
***Individualized Protective Factors Index (IPFI)* 1992.Assesses protective factors in 3 domains: personal, social bonding, and social competence. Designed for youth in high risk environments. http://www.emt.org/userfiles/ipfi.pdf ****The scale used for the present study**	10-16	Public Domain	EMT Associates, Inc. 771 Oak Avenue Parkway Suite 2 Folsom, CA 95630-6693 http://www.emt.org/
Life Stressors and Social Resources Inventory-Youth Form (LISRES-Y) 1995. Assesses risks and protective factors; provides comprehensive picture of current life context. Combined interview and self-report. http://www.nhlbi.nih.gov/resources/deca/csscdp23/lifestr.pdf http://cart.rmcdenver.com	12-18	Fee	Psychological Assessment Resources, Inc. (PAR) 16204 N. Florida Avenue Lutz, FL 33549 Tel: (813) 968-3003 http://www3.parinc.com
Multidimensional Self Concept Scale (MSCS) 1992.Assesses self-perception in 6 areas. Appropriate for preadolescents: no questions about dating. http://www.emt.org/userfiles/youthlit_final.pdf http://www.proedinc.com/store/ http://www.proedinc.com	9-19	Fee	Pro-Ed 8700 Shoal Creek Boulevard Austin, TX 78757 Tel: (800) 897-3202 http://www.proedinc.com

Survey Instrument	Ages	Fee or Public Domain	Contact Information
Resiliency Scales for Adolescents 2005. Assesses strengths and vulnerabilities in 3 areas: mastery, relatedness, and emotional reactivity. http://harcourtassessment.com/haiweb/Cultures/en-US/default.htm	15-18	Fee	Harcourt Assessment, Inc. 19500 Bulverde Road San Antonio, TX 78259 Tel: (800) 211-8378 http://harcourtassessment.com/haiweb/Cultures/en-US/default.htm
Youth Assessment & Screening Instrument (YASI). Assesses risk, needs/protective factors; areas include legal history, family, school, community and peers, substance abuse, mental health, attitudes, skills (social/cognitive), employment, and use of free time. Web-based; features include reassessment, outcome tracking, case management. Used in several states for juvenile probation and youth services. http://www.orbispartners.com/frame.htm	14-21	Fee	Orbis Partners 111 Colonnade Road, N. Suite 207 Ottawa, Ontario Canada K2E 7M3 Tel: (613) 236-0773 http://www.orbispartners.com

Table 6.0 Resiliency Assessment Scales

In addition, to developing a system of care based on a strengths perspectives it is equally important to ensure that an undocumented, unaccompanied child is placed with caregivers that are able to ensure his or her safety. According to the recently passed The "William Wilberforce Trafficking Victims Protection and Reauthorization Act (TVPRA) of 2008" (H.R. 7311) "an unaccompanied alien child may not be placed with a person or entity unless the Secretary of Health and Human Services makes the determination that the proposed custodian is capable of providing for the child's physical and mental well-being".

Though, this has been standard practice of ORR, the TVPRA further defines what must be provided to ensure the child's safety and well-being through the implementation of home studies (assessments) of the receiving household. The criteria set forth by the Act requires an assessment for children who are trafficking victims, those with special needs, children who have been abused (physically and sexually), and children whose potential sponsor may present a risk of maltreatment, abuse, neglect, and exploitation.

This legislation is a significant because it allows for a greater number of home studies than what has traditionally been implemented in the past. Furthermore, TVPRA now requires that those children and receiving guardians who were subject to a home study and who have a mental health issue or an identified special need will automatically receive follow-up services.

Another area of consideration based on the outcome of the research is the need to continue working with the child to build his or her protective factors and decrease risk once placed in a community. Often times, though a child has the goal of reunifying with family because of the distance and time the family receiving the child has evolved and

the child may no longer know or recall experiences with the family member who is becoming his or her guardian and due to the stress and challenges they have faced on the journey and while in care, acting out often becomes his or her primary means of communication in order to control his or her environment. Simply put, a child may have idealized what was to come once reunited and there are times when reality does not meet these expectations. Thus, it is the recommendation of this study for ORR to consider allowing up to six months of intensive follow up care for all children who are reunifying with family members in order to assist in strengthening the household unit as well as identifying potential placement issues and working towards ensuring that the family system does not breakdown.

As many are aware, the domestic child welfare system is consistently overburden by large caseloads and complex family issues and the need to negotiate the overwhelmed dependency system. As a result, for this population of children a state's child protective services unit only become involved when there is a need to investigate a case of abuse, abandonment or neglect. By providing follow-up services once a child has been reunified it not only assists the household in developing more cohesive relationships, but also can identify early on any challenges or issues that may be addressed. Thus, decreasing the chances of a family becoming involved in the state child welfare system.

Currently, ORR funds a successful and supportive case management model through the refugee resettlement system. The model provides for an assigned case worker who assists families in integrating into the community, accessing needed social service resources, cultural orientation, and serving as a support mechanism for the family when challenges arise. This prototype could serve as the framework for developing similar services to undocumented, unaccompanied children and their sponsor families.

In addition, this is an opportunity to educate the domestic child welfare system on the unique needs and characteristics of these children in order to better assess and identify their service needs in the event they are placed in the domestic system of care. Through this research effort, what has been learned can be used to inform the domestic child welfare community by providing them with a greater understanding of these children's experiences, perceptions, and views for the future. Equally, this is also an opportunity to provide training and technical assistance to the federal custodial system on child welfare principles, values, and best practice models. The stakeholder community has learned over the years, these children will always make the dangerous trek to the United States to seek a better life and future for themselves. The framework for providing a more child friendly, strengths based system of care is embedded in these principles and systems of care. Therefore, it is time to identify ways in which the system of care can more align with these standards and practices.

Presently, most of the children are returned to their home country despite having legal family in the United States. Therefore, in order to better prepare the children for their return it is imperative to understand what happens when they return to home country. Presently, there are no communication protocols or agreements between the United States and the countries from which the majority of these children come (El

Salvador, Honduras, and Guatemala). It is important for children who are returning to their home countries to have systems of care, which either ensures a safe and secure return to their families or a child welfare system that will be able to care for them until they reach the age of 18. Thus, as the immigration debate continues policy makers should consider developing formal agreements of cooperation with these countries, which include protocols and care based on providing a safe and secure outcome for the child upon his or her return.

This study is the initial step in learning about the protective and risk factors employed by undocumented, unaccompanied immigrant children. Thus, there are multiple opportunities to build upon this research. However, the most pressing at this time is to gain a better understanding of what happens to these children after they have left the federal system of care and have been placed in communities throughout the United States.

At present, there is no information regarding how a child fares once they have been released to the care of a family member or caretaker. There are a number of research questions such as “How is the child integrating into the family?”, “How is the child integrating into a new culture and community?”, and “What is the outcome of the immigration proceedings?” Additionally, there are a number of opportunities to identify best practices in the domestic child welfare to system that may be modified to assist undocumented, unaccompanied children while they are in the DUS system of care. This approach would provide the current system with the framework needed to ensure that a child is placed in the least restrictive environment.

Conclusion

What has been learned is that these children, though having complicated and in some cases traumatic experiences, are still typical adolescents with the same hopes and desires as other children their age. It is through this knowledge and the need to continue the exploration that policy makers and other stakeholders have the information needed to develop policy and programs that are more appropriate and effective in serving and caring for undocumented, unaccompanied immigrant children. This study supports the concept of building a foundation for these children that focuses on their strengths in order to prepare them for the next step in their life journey.

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