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Forced Migration among Latinx Children and their Families: Introducing Trilateral Migration Trauma as a Concept to Reflect a Forced Migratory Experience

Caroline S. Clauss-Ehlers, Ph.D.

ABSTRACT

Forced migration is a process where people must leave their countries of origin due to situations of war, human rights violations, torture, and political reasons, among other factors. This article presents a working definition of forced migration with a focus on the experience of Latinx children and their families. Venezuela and the Northern Triangle of Central America are presented as regional examples and highlight the state of crisis regarding migration in Latin America. The author introduces the concept of trilateral migration trauma as a new model to understand forced migration experiences. Mental health considerations faced by children who forcibly migrate from their homelands are considered. The "push-pull" theory of migration is critiqued in the context of a forced migratory experience.

Introduction: The reality of forced migration

Forced migration refers to a process where people have to leave their homes and homelands due to situations such as political instability, human rights abuses, torture, war, and other factors (Clauss-Ehlers & Akinsulure-Smith, 2013). Forced migration might involve having to leave one's homeland and journey to a new country for safety. It can also involve being internally displaced in one's country of origin, meaning the individual or family has to flee to another part of the country.

Forced migration differs from the experience of immigrants who choose to leave their homelands in search of better economic opportunities. In contrast, those who must forcibly leave their countries, or the country location where they live, do not necessarily have a choice in decisions to leave including whether or not there is time to plan their departure (Clauss-Ehlers & Akinsulure-Smith, 2013). For mental health clinicians working with children and families with a forced migratory experience, it's important to consider the impact of a sudden departure on children and families, the possibilities of traumatic experiences prior to migration, stressors/trauma related to the migration journey, and the uncertainty surrounding arrival to a new host country.

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Please note that this manuscript was an outgrowth and expansion of a conference presentation given on March 29, 2019 at the Immigration: Coming to America in the 21st Century conference at St. Francis College in Brooklyn, New York.
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The experience of forced migration is "frequently compounded by post migration stressors … such as learning a new language and culture" (Clauss-Ehlers & Akinsulure-Smith, 2013, p. 135). Further, because the experience of forced migration is likely to be a reaction to safety (or a lack of it), departures are often sudden and related to life threatening circumstances. Such sudden departures can introduce issues such as not having time to plan and prepare, both emotionally and physically, to leave one's homeland. Sudden departures also may not leave room for saying good-bye to loved ones. In a situation of political upheaval, it might not even be safe to let others know that a departure is eminent. Sudden departures often mean that people embark on a migration journey leaving possessions behind that might remind them of home.

Limitation of push factors and pull factors in a forced migratory experience

Reasons for migration are often explained by the push-pull theory. The push-pull theory of migration refers to "macroeconomic conditions in both sending and receiving nations as the key factors that cause migration flows" (Ravenstein, 1885; Velázquez, 2000, p. 138). Hence, push factors and pull factors refer to those factors that influence decisions about migration. Push factors refer to "factors that compel a person, due to different reasons, to leave that place and go to some other place. The common push factors are low productivity, unemployment and under-development, poor economic conditions, lack of opportunities for advancement, exhaustion of natural resources and natural calamities. Introduction of capital intensive methods of production into agricultural sector, and mechanization of certain processes reduce labor requirement in rural areas. The non- availability of alternative sources of income in rural area is also important factor for migration" (Thet, n.d.). In contrast, pull factors are those factors that pull the migrant to a region. Pull factors "attract the migrants to an area. Opportunities for better employment, higher wages, facilities, better working conditions and attractive amenities are pull factors of an area" (Thet, n.d.).

While important for understanding migration, there are limits to push factors and pull factors in the context of a forced migratory experience. In forced migration, for instance, there isn't necessarily a choice to leave one's homeland. Rather, human rights abuses, political torture, a lack of basic needs being met, and a lack of safety and security for one's self, children, and family shifts the element of choice. Can we say that there are push factors and pull factors in a forced migratory experience? Do those who experience forced migration have time to consider push and pull factors as decision variables? If so, to what extent can such factors be considered? New theories and approaches are needed to further understanding of the forced migration process.

Developing new theories is particularly relevant given that forced migration has increased in the past decade, making it what the United Nations High Commissioner for Refugees (UNHCR, 2019a) describes as a "global trend." A pattern of global forced migration is evident from 2009–2019. In 2009, for instance, 43.3 million people were forcibly displaced. UNHCR reports that its refugee population has doubled since 2012. In 2018 alone, for instance, the amount of those displaced from their home countries due to forced migration increased by 2.3 million people, making the total number of people who had to forcibly migrate 70.8 million by the end of the year due to "persecution, conflict, violence, or human rights violations" (UNHCR, 2019a, p. 2). The UNHCR (2019a) equates this number with an estimated 37,000 people being forcibly displaced, leaving home and homeland, each day of the year in 2018.

With regard to children, the UNHCR reports that, in 2018, there were "27,600 unaccompanied and separated children [who] sought asylum on an individual basis and a total of 111,000 unaccompanied and separated child refugees" (UNHCR, 2019a, p. 3). An unaccompanied minor refers to a child who flees to a new country without a parent or legal guardian. Because asylum seekers apply for legal status after arrival in the host country, stressors include a fear of being denied asylum status, dealing with a new legal system, and fear of deportation. Children who seek asylum are often unaccompanied or are with their families who are seeking asylum status. A child's immigration

status provides important legal, social, and psychological parameters that can help mental health clinicians understand stressors that emerge in the clinical setting.

A refugee refers to someone who "has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries" (UNHCR, n.d.b). The 1951 Refugee Convention devised the legal document that articulates the rights of refugees with the notion of non-refoulement as a key concept. Non-refoulement refers to what is now a rule of international law that states someone should not be returned to their country if their life or freedom is threatened (UNHCR, 1951, n.d.a).

Undocumented children are another category of children who forcibly migrate. Undocumented children and families arrive or live in a host country with no legal status. Fears related to being undocumented include a fear of deportation, losing the life that one has built in the host country via deportation, and being separated from one's family, among other concerns.

Separation of a child from his/her parents presents lawyers with challenges related to seeking asylum and securing legal status given speaking to the family as a whole will provide a sense of why children and families fled their country of origin – documentation critical for the asylum filing process (Roldan & Rocha, 2019). In the United States, for example, federal law requires that unaccompanied children be reunited with their parents or legal guardians, children may be traveling with, or have access to, family members without formal legal status such as grandparents, aunts, cousins, and uncles. Currently the government does not consider these family connections as legal grounds for reunification. "The government only considers a parent and child to be a legal family unit" (Roldan & Rocha, 2019). With regard to the number of unaccompanied and separated children in 2018, the UNHCR (n.d.b.) estimates that the actual numbers are much higher given the numbers of children who may not be reported along with a lack of data collection processes.

Experience of forced migrant children within a Latin American context: A state of crisis

The global trend of forcibly displaced persons is a reality in Latin America and for Latin American children and their families. To begin the discussion of Latin America, it's important to consider the countries that make up the Latin American context. Table 1 presents information about the 20 countries and territories that make up Latin America (Worldatlas, 2018).

From this variability, it's important to understand the experience of children within their cultural context (Javier & Camacho-Gingerich, 2004). Traditions, cultures, and values will reflect varying experiences from different countries and regions of origin. It's important to "take into consideration the historical, geographical, racial, socio-economic, educational, linguistic, religious and other cultural factors that differentiate" Latinx children and their families (Javier & Camacho-Gingerich, 2004, p. 87). While addressing unique experiences, at the same time, it's also important to consider shared commonalities within the Latin American context. These shared experiences include a "love for Spanish as a romance language, spoken by the great majority of Latin Americans, including those

Table 1. Countries and territories that make up Latin America.

•Brazil	•Cuba	•Panama
•Mexico	•Haiti	•Puerto Rico (US)
•Colombia	•Bolivia	•Uruguay
•Argentina	•Dominican Republic	•Guadeloupe (France)
•Peru	•Honduras	•Martinique (France)
•Venezuela	•Paraguay	•French Guiana (France)
•Chile	•Nicaragua	•Saint Martin (France)
•Ecuador	•El Salvador	•Saint Barthélemy (France)
•Guatemala	•Costa Rica	

whose native languages might be other; the strong influence of the Catholic religion in the lives of most Latinos; the view of family and family structure, including the extended family; the codes of conduct that guide the relationship between woman and man (machismo and marianismo), between children and parents, with the authorities and with oneself" (Cupito, Stein, & Gonzalez, 2015; Javier & Camacho–Gingerich, 2004, p. 89; van Zyl & Meiselman, 2015).

While it's beyond the scope of this article to describe the experience of Latinx children and families from each country, United Nations International Children's Emergency Fund (UNICEF) statistics present some important realities (UNICEF, n.d.b, n.d.c). This data demonstrates, for instance, that in the first 10 months of 2016, the number of Central American migrant children traveling through Mexico was almost 31,000 (UNICEF, n.d.b). In the first 6 months of 2016, an estimated "16,000 children from El Salvador, Guatemala, and Honduras were apprehended in Mexico" (UNICEF, n.d.b).

UNICEF global databases present data on Latin America and the Caribbean. In 2017, international migrants by country of origin totaled 37,720,000 or 6% of the total population of the country/region (UNICEF, 2018). For international migrants by country of destination this number was 9,508,000 or 1% of the total country/region (UNICEF, 2018b). With regard to refugees, 252,000 were refugees by country of asylum. Of these, 36% were under 18 years of age. The number of refugees by country of origin was 317,000 of which 20% were less than 18 years of age. In 2017, asylum seekers by country of asylum were 184,000. Asylum seekers by country of origin were 593,000. The number of internally displaced persons in Latin America and the Caribbean was 7,345,000. While these numbers underscore the crisis of forced migration in Latin America, the situation is even worse when one considers that the numbers are underestimates given the many migrants, refugees, and asylum seekers who are stateless or have no specified country of origin (UNICEF, 2018b; see data at https://data.unicef.org).

Venezuela and Central America's northern triangle–regional examples of forced migration among Latinx children and their families

Venezuela

Once a thriving country, Venezuela was one of the few remaining democracies in Latin America during the 1970s (Margolis, 2019). At this time, Venezuela was the wealthiest nation in Latin America. This all changed when oil prices were drastically reduced in the 1980s. Not having a diversified economy (e.g., being very dependent on oil as a nation) meant that the sudden reduction in prices placed Venezuela in an economic crisis situation.

In pursuit of assistance from the International Monetary Fund, "the country's leaders pursued neoliberal, market-oriented solutions – the government cut back on social programs, eliminated price controls on gas and other consumer goods, and privatized state-owned companies. It was all done to try and make the economy run more efficiently" (Margolis, 2019). These efforts did not work. Further, Venezuelan leaders drove inflation by overvaluing the Bolívar (the country's currency). A great deal of capital left the country during this time as wealthy Venezuelans invested overseas to protect themselves from the economic situation in their homeland (Margolis, 2019). Economic and political upheaval ensued with differing political structures and significant shifts that formed a more socialistic perspective with an investment in social programs and nationalized industries.

In 2014, oil prices dropped again placing the country in a severe recession. This prompted a crisis situation across the country that includes food insecurity, a lack of health care, and severe shortages in medicine and medical supplies. From 2015–2016, for instance, 75% of the Venezuelan population lost an average of 19 pounds due to food shortages (Aleem, 2017). The Venezuelan refugee crisis "represents the largest migration crisis of its kind in recent Latin American history" (Human Rights Watch, 2019). In 2017, Venezuela was the country with the most asylum seekers to the U.S. This was

a situation that had never happened before. Currently, the U.N. estimates that 4 million Venezuelan refugees and migrants have left the country – a number that was just 695,000 at the end of 2015 (UNHCR, 2019b). Latin American countries have developed consolidated efforts to address the humanitarian needs of the Venezuelan people. Countries that have hosted Venezuelans include Colombia (1.3 million), Peru (768,000), Chile (288,000), Ecuador (263,000), Brazil (168,000), Argentina (130,000), and Mexico and Caribbean countries (UNHCR, 2019b).

Venezuelan migrant children

UNICEF (2019) estimates that the Venezuelan migration crisis has led to 1.1 million children needing protection. This includes children from Venezuela who have migrated as well as returnees, and children living in host and transit communities (UNICEF, 2019). Data indicates that Venezuelan children are increasingly suffering from malnutrition.

Wasting refers to a low weight to height ratio. Reports demonstrate that wasting among Venezuelan children has increased over time. In 2009, the National Institute of Nutrition found 3.2% of Venezuelan children under the age of 5 experienced wasting (UNICEF, 2018a). The 2016 Global Nutrition Report put this number at 4.1%. The Caritas August 2017 report found that 15.5% of Venezuelan children experienced wasting, this was up from 11.1% in just the previous quarter (UNICEF, 2018b). Venezuela's broken down health system has led to a lack of vaccine administration, the result being that diseases that were once eradicated are now reemerging – including in the new host countries post-migration. For instance, the prevalence of measles experienced by Venezuela's children is at the level of being an imported epidemic in countries such as Brazil, Argentina, Colombia, and Ecuador (Faiola, Lopes, & Krygier, 2018).

Venezuela's migrant children and their families face substantial vulnerabilities. Immigration status can have an impact on access to social services, a sense of security in the host country, educational options and access, and child protection. For many Venezuelan children, host countries have few migratory policies – many are trying to put policies in place in response to the humanitarian crisis (UNICEF, 2019). Such a lack of protection can prompt an experience of xenophobia, parent/child separation, violence, abuse, and a lack of access to economic opportunities, education, and healthcare among Venezuelan children and their families.

Central America's northern triangle of Central America (NTCA)

The Northern Triangle of Central America (NTCA) is made up of three countries: Honduras, El Salvador, and Guatemala. The region is one of the most violent in the world "outside [of] a war zone" (UNHCR, 2017, p. 8). The level of crime and violence experienced in the region has been described as akin to citizens being in a war – even though the region is not at war. Individuals who are gang members engage in activities that impart violence and terror in the day-to-day lives of citizens. These activities include sexual violence as a means of control and recruitment, kidnapping, committing murder with no legal consequences, extortion, extensive government corruption, and a system of impunity where crimes go unpunished (Beltrán, 2017; Rosenblum & Ball, 2016).

In 2012, for instance, Honduras was reported as the country with the highest murder rates in the world – with an estimated 20 murders per day (United Nations Office on Drugs and Crime [UNODC], 2013). That same year, El Salvador was ranked as the fourth country with the highest murder rates in the world. In 2015, El Salvador's murder rate increased by 70% in comparison to 2014 (Beltrán, 2017). The homicide rate is so extensive that it has been reported as being higher than countries engaged in armed conflict, with the exception of Syria (International Crisis Group, 2017).

Other issues include food insecurity, poverty, and domestic violence. With regard to domestic violence, for instance, in 2015, the UNHCR studied Northern Triangle women and found extensive physical, sexual, and emotional abuse and fear of torture if they returned to their country of origin

(Rosenblum & Ball, 2016). Eighty-two percent of Northern Triangle women screened by asylum officers in 2015 were found to have a legitimate fear of persecution (UNHCR, 2015). An estimated 500,000 people migrated from the NTCA to Mexico in 2017 (UNHCR, 2017).

Lorenzen (2017) considers how the differentiation between forced and voluntary migration may be blurred. For instance, his study on unaccompanied child minors from NTCA discusses how young people can have "mixed motives" for migration. By mixed motives Lorenzen (2017) means that the decision to migrate can include a combination of both forced and voluntary reasons. His study found that 1/3 of young people migrating from NTCA reported having mixed motives for migrating. Moreover, the prevalence of mixed motives varied by country with mixed motives being more common among Honduran and Salvadoran young people, and less common among Guatemalan young people. Violence was the motive most often combined with other motives – hence the greater amount of mixed motives among Honduran and Salvadoran youth who were more likely to express violence as a reason for migration. States Lorenzen (2017): "we observed that the basic demographic characteristics of the minors fleeing violence, of those searching for better opportunities, and of those indicating both motives at the same time, were largely indistinguishable" (p. 763).

The mixed motives approach has legal implications associated with immigration status (Lorenzen, 2017). That the young people in Lorenzen's study (2017) had mixed motives, for instance, is in contrast to policies that indicate clear persecution and danger need to be indicated for asylum status. However, the mixed motive reality demonstrates that migration can be much more complex than a clear cut approach. It indicates that migration can reflect a process where multiple factors are intertwined. This complexity has particular relevance for children. For children in particular, for instance, there may be a lack of understanding about the reasons for migration and related processes (Lorenzen, 2017). In fact, children "with mixed motives often conflate violence, economic hardships, and other motives into the general idea of 'searching for a better life' " (Lorenzen, 2017, p. 764). Here it's important for mental health clinicians to understand the complexity associated with reasons for forced migration – including advocacy as needed so that legal representatives are aware of both the complexity and children's perceptions of it.

Introduction of a new term: Trilateral migration trauma

In the context of a global forced migration crisis, of critical concern are the mental health needs of forced migrant youth. While there is discussion within the literature about the experiences of forced migrant youth, perspectives often focus on one aspect of the forced migratory experience (e.g., pre-migration, post-migration) rather than taking a process-view that encompasses all aspects of a migratory experience – as well as how each aspect influences other aspects.

To address this gap, the author introduces a new term, *trilateral migration trauma*, to describe the multiple potential points of trauma – and their potential influence upon one another – that children and families may experience during forced migration. The term trilateral has been defined as referring to "three groups or countries" (Cambridge University Press, 2019). Trauma refers to " … an affiliation of the powerless …. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning …. Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe" (Herman, 1992 as cited in APA, 2017, p. 33). By trilateral migration trauma, this author refers to the three-part reality of having no immediate, tangible, expected safe space during a forced migratory process.

Phase 1: Departure

In the first part, *departure*, forced migrant children and their families confront multiple stressors and dangers in the country of origin. Such stressors and dangers can have an understandable impact on psychological well-being (Stevens & Vollebergh, 2008). For instance, children and their families might experience on escalation of the crisis situation in one's homeland that ultimately prompts the decision to depart. Such crisis situations may intensify or build quickly – leading to an unexpected sense that one must leave for protection and to be safe. This reaction to imminent danger is one that may be felt across all members of the family.

In addition to the traumatic events leading up to the departure, is the suddenness with which forced migration might take place. This echoes with Herman's (1992) description of trauma as including "an affiliation of the powerless" (p. 32). Sudden departures embody a lack of powerless and being faced with situations such as not having time to say good-bye to loved ones, separation from family members (for children this can include sudden separation from parents, caregivers, siblings, and extended family members), and leaving material possessions behind, many of which may have sentimental value.

In addition is fear and apprehensiveness related to the migration journey that lies ahead. This reflects Herman's (1992) consideration of how trauma "[involves] threats to life or bodily integrity" (p. 32). Uncertainty about the journey ahead can evoke fears about being harmed – both physically and emotionally. For families who have employed someone to help their children migrate without a parent, concerns about the trustworthiness of the person charged with their child's care are likely. For the children themselves, the sudden adjustment to being cared by a stranger rather than a loved one, the isolation that can accompany this reality, and not being aware of the role of what that care is supposed to look like – can be hugely anxiety provoking and dangerous.

Phase 2: Migration

The model's second phase, *migration*, addresses those stressors and potentially traumatic situations that might unfold during the actual migration journey. The stressors of emotionally and physically leaving one's homeland, missing loved ones left behind, and uncertainty about the migration journey (e.g., length involved, potential perils, loss of life during migration process) overlap with the understandable and expected apprehension that can emerge in the departure phase. For vulnerable groups like children and women, the potential for exploitation, violence, sexual violence, and trafficking looms during migration.

For instance, Latinx children might be mistreated by whom are called "coyotes" who are paid to bring children from Latin America to the U.S. by smuggling the child across the border (Swanson & Torres, 2016). Coyotes might work with cartels that kidnap migrants and hold them for ransom until a payment is made from either U.S. family members or family in the country of origin (Swanson & Torres, 2016). Another danger involves facing potential attacks from the persecutors one is fleeing from. These experiences reflect Herman's (1992) definition of trauma as a "close personal encounter with violence and death [that confronts] human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe" (p. 32).

In addition to the terror and powerless associated with the fear and reality of attack is the trauma associated with multiple dangers that emerge during the migration process such as a lack of food and being exposed to the elements while physically trying to reach the host country destination. A lack of physical needs being met alongside the anxiety of the journey, a lack of shelter and no place to sleep, and the physical exertion extended as one moves toward the destination can all contribute to physical exhaustion, often coupled with a lack of physical supports (e.g., shoes). The potential for illness given the exposure of the journey and lack of medical care and related supplies are other risk factors faced by forced migrant children and their families.

Phase 3: Relocation

Finally in the third part of the trilateral migration trauma model, *relocation*, forced migrant children face new pressures and potential trauma as they adjust to the new host country. For Latinx migrant youth such pressures might include language barriers if the host country does not speak Spanish, adjusting to a new school system, having to develop new relationships with peers, adjusting to parental loss of professional status in the country of origin, poverty, and the extreme stress of uncertainty regarding one's legal status, including the fear of deportation (Berthold & Libal, 2016). Table 2 presents a visual depiction of the trilateral migration trauma model with considerations for each aspect of the model. The inclusion of the model's three aspects is not meant to imply that everyone will experience all three phases. Rather, it might be that a forced migrant child experiences Departure and Migration; and does not experience, or is waiting to experience, Relocation. This reality is certainly evident in global trends of forcibly displaced people who have not yet reached a destination country (UNHCR, 2017).

Implications for mental health clinicians

The model of Trilateral Migration Trauma presents implications for mental health clinicians working with children and families with a forced migratory experience. We know from research that youth exposed to war and that have a refugee status experience "elevated symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, somatic complaints, sleep problems, and behavioral problems" (APA, 2010, p. 26).

Earlier work on trauma has talked about the dose-effect. The dose-effect reflects the idea that greater exposure to trauma leads to greater mental health issues (APA, 2010; Ellis, MacDonald, Lincoln, & Cabral, 2008). More recent work has critiqued the dose-effect theory of trauma, stating trauma reactions are less likely to reflect a proportional relationship between the amount of trauma

Table 2. Trilateral migration trauma.

Departure	Migration	Relocation
• Escalation of crisis situation in one's homeland • Sudden crisis that leads to an unexpected need to leave • Reaction to imminent danger; leaving suddenly • Departure of other family members, friends, colleagues • Possibility of no time to say formal good-byes to loved ones • Leaving loved ones behind, for unaccompanied children this can include the stress of leaving parents, guardians, siblings, and extended family members • Leaving material possessions behind • Uncertainty about the migration journey ahead • Having to trust those who have provided migration information or those who are helping children migrate • For unaccompanied children, sense of isolation and anxiety whether migrating alone or with a group of people unknown to the child	• Stress of emotionally and physically leaving one's homeland • Stress of missing loved ones left behind • Stress related to uncertainty about the migration journey (e.g., length involved, potential perils, loss of life during migration process) • For children and women as vulnerable groups, potential for exploitation, violence, sexual violence, and trafficking during migration • Potential for those involved in a child's migration process to exploit the child (e.g., holding the child for ransom) • Potential for danger during migration due to attacks from the persecutors one is fleeing from • Lack of physical necessities such as food and water during migration process • Physical exhaustion and lack of physical supports during migration (i.e., shoes) • Potential for illness and lack of medical supplies during migration • Complications related to reaching destination if borders are closed; concerns about documentation/lack of documentation when reaching host country	• Unexpected reactions from host country that may be welcoming, not welcoming, or a mixture of the two • Xenophobia • Potential of children to be separated from parents upon arrival to host country • Concerns related to immigration status and legal implications of that status • For unaccompanied children, implications for immigration status with regard to host country's response (e.g., deportation, being placed in foster care, being placed in a detention center) • Economic struggle and poverty; Potential loss of professional identity that one had in one's homeland • Language barriers • Unstable housing •Adjustment to a new culture and country • For children and families, adjustment to a new school system with new cultural norms and peers

experienced and subsequent symptoms. Clauss-Ehlers and Akinsulure-Smith (2013) raise the following questions that challenge the dose effect theory:

- "If two siblings are exposed to the same levels of traumatic experience will their mental health outcomes be similar?
- What is the role of development and implications for developmental stage in mental health outcomes?
- If a child is exposed to the effects of war as an infant, is the impact of that experience the same as the infant's neighbor who is 8-years-old?
- How do we explain differences in adaptation and coping among children who have a shared experience of consistent and ongoing trauma?"(p. 138)

Research has shown that the prevalence of post-traumatic stress disorder (PTSD) among children affected by war ranges between 7 and 75% (Allwood, Bell-Dolan, & Husain, 2002; APA, 2010). In a similar pattern, research has shown the prevalence of depression among children affected by war ranges from 11 to 47% (Allwood et al., 2002; APA, 2010). The American Psychological Association (APA, 2010) report, *Resilience and recovery after war: Refugee children and families in the United States*, contends that these varying ranges indicate that children are active copers. The PTSD focus is "too narrow and does not address the complexity associated with individual differences in response to trauma that can occur at different developmental phases" (APA, 2010; Clauss-Ehlers & Akinsulure-Smith, 2013, p. 138).

Rather than look at trauma and related reactions as a proportional, cause-effect relationship, another approach is to consider contextual factors that influence mental health outcomes. Contextual factors related to a forced migratory experience might include postwar stress, resettlement stress, and family/caregiver functioning (Ajdukovic & Ajdukovic, 1993; APA, 2010). These contextual factors fit with the Trilateral Migration Trauma model that examines the experience of forced migration throughout the migratory process. This process- oriented perspective may inform mental health interventions, encouraging providers to be responsive to the migration phase currently experienced by the child, individual, and/or family. These are discussed briefly in the paragraphs that follow.

Phase 1: Departure – implications for mental health intervention

It is likely that mental health professionals will not be aware of an impending departure due to child/family security reasons for the child/family as well as the potential suddenness of such departures. At the same, some existing literature addresses preparedness in relation to disaster response (Lorenzo Ruiz, in press). This work discusses the importance of "psychological and social preparation at all levels and with all actors during each moment of the disaster reduction cycle" (Lorenzo Ruiz, in press). Within a disaster preparedness context, this approach suggests that communities prepare before disasters occur.

This idea is applicable to interventions that are responsive to the departure aspect of a forced migratory experience. While it is likely that a provider will not be aware of an imminent departure, providers working in communities experiencing large forced migration trends might tailor services to anticipate this intense transition. For instance, neighborhood clinics might offer workshops on family relationships and separation anxiety. Art therapy programs might encourage young people to draw those aspects of their home and community that are important to them. Where possible, community outreach workers might provide information about signs and symptoms of PTSD among children, adolescents, and adults to school personnel and parents within the school setting.

UNICEF presents a 6-point agenda for children on the move (UNICEF, n.d.a). The first point of the agenda relates to the departure phase of the Trilateral Migration Trauma model. This point says: "Press for action on the causes that uproot children from their homes" (UNICEF, n.d.a). Through resilience and advocacy, this point highlights the pressing need for governments, nations, and

communities to address those factors that are causing children and families to have to leave their homes in the first place.

Phase 2: Migration – implications for mental health intervention

Mental health interventions responsive to children and families on the move can focus on the overwhelming sense of loss and grief that comes from leaving one's home, nation, and community. Trauma- informed interventions can address this sense of loss with consideration of the trauma of being caught between two places – one's homeland and the host land. Humanitarian organizations can seek to provide protection for vulnerable groups such as women and children by setting up services staffed by humanitarian groups. Such services can provide humanitarian aid such as water, food, shoes, and necessary medical and mental health care.

Mental health interventions for children and families on the move correspond with UNICEF's points 5 and 6: "Combat xenophobia and discrimination" and "Protect uprooted children from exploitation and violence." For the first, "governments should … set up stronger measures to combat discrimination and marginalization in countries of transit and destination" (UNICEF, n.d.a). Mental health providers can collaborate with governments to provide education and outreach about xenophobia and discrimination.

For the second, we will recall the concept of non-refoulement that states people should not be returned to their country of origin if they face persecution and death. Mental health providers can consult with governmental social service agencies to strengthen child protective services to protect children from sexual exploitation and child trafficking. Governments can work to create "more safe and legal channels for children to migrate and to seek refuge" (UNICEF, n.d.a), including efforts to enforce laws that ban child trafficking. Here mental health providers can play an important role in providing community-based educational outreach about child trafficking. This information can be presented to school personnel, parents, families, and children. Where possible, resources to contact if a child is in danger should be provided. Experiences of trafficking, exploitation, and kidnapping also reflect UNICEF (n.d.a.) action item 2 that says "keep families together and give children legal status."

Phase 3: Relocation – implications for mental health intervention

There are many ways that mental health providers can provide support and outreach when children and families have reached their destination. One is to advocate for children and families to stay together. This corresponds with UNICEF (n.d.a) action item 2 that says "keep families together and give children legal status." Although the U.S. changed the policy regarding separating children from their parents, reports indicate that this practice continues to be in effect. As advocates for reunification and continued unification in the host culture, mental health providers can consult with law enforcement, immigration, and policy makers to demonstrate the importance of attachment and bonding between children and parents.

Point 4 of UNICEF's (n.d.a.) action plan calls for us to "End the detention of refugee and migrant children by creating practical alternatives." Mental health providers can take a developmental perspective to share information with immigration officials and policy makers about the importance of children staying with their families. Further, given that currently only legal parents/guardians are recognized as the legal parent that a child can be with, mental health providers can advocate for more flexibility in this law so that aunts, grandparents, and step parents can legally step in to provide their loved one refuge.

There is much that mental health providers can do to support children who have experienced forced migration in their adjustment to school and new peers. Cultural resilience reflects the idea that one's culture has inherent strengths that helps promote resilience (Clauss-Ehlers, 2008). In taking a cultural resilience framework, school-based mental health providers can work with student strengths in efforts to adjust to the new school environment. This work might involve getting translation services for students, connecting students with counseling and educational supports,

providing information to students about classroom cultural norms and how they might differ from classrooms in the child's home country.

Conclusion

Much work is needed to understand the experience of forced migration among children and their families. Given that forced migration is in a global crisis state, responsive research, policy, and clinical work is critical at this juncture. There is much the profession can do to cultivate this body of work, including training future mental health professionals to be responsive to the mental health needs of children and families with a forced migrant experience. The epidemic proportions of forced migration globally make such research, training, and intervention a necessity for the mental health professions.

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