

Refugees, Deportation, and Unaccompanied Immigrant Children

A summary of the scientific literature on deportation and unaccompanied immigrant children.



How This Impacts Children's Development

The rapidly shifting immigration policy context is consequential to children's health, development, and wellness. Policies that do not prioritize child wellbeing can have lifelong negative consequences on children's physical and psychological wellbeing.

[Read the Brief: Deportation Threatens the Psychological, Physical, and Socioeconomic Well-being of Children and fAMILIES, 2025](#)

[READ THE BRIEF: strengthening mental health support services for refugee children resettled in the U.S., 2022](#)

[READ THE BRIEF: seeking safety and humanity in the harshest immigration climate in a generation: a review of the literature on the effects of separation and detention on migrant and asylum-seeking children and families in the united states during the trump administration, 2021](#)

[READ THE BRIEF: questioning unaccompanied immigrant children: lessons from developmental science on forensic interviewing, 2019](#)

[READ THE BRIEF: how the threat of deportation affects children in latino immigrant families, 2018](#)

Talking Points from the SRCD Briefs

- Compared to children born on the United States (U.S), refugee children experience heightened Post-Traumatic Stress Disorder (PTSD), behavioral and social problems, anxiety and depression, social isolation, and family conflict.
- Unaccompanied immigrant children often fear consequences, face embarrassment, and struggle with language and cultural barriers during legal interviews. The practices of separation, detention, and removal to temporary encampments worsen the trauma these children may already be fleeing, further setting them on a path of continued marginalization.
- Children of undocumented parents, especially Latino children, often experience chronic fear. Refugees and unaccompanied children face significant barriers to mental health services, including a shortage of providers, mental health stigma, cultural and language obstacles, and mistrust of service systems. As a result, the use of evidence-based mental health services is limited, and few prevention-oriented interventions are available.
- Refugees and unaccompanied children need school-based, family-based, and individual mental health services that are culturally responsive and trauma-informed.
- Customs and Border Protection (CBP) processing centers are meant to temporarily hold migrants for asylum processing, but this is often violated. CBP facilities have been described as overcrowded, with children crying, confused, and hungry, sleeping on concrete floors with aluminum foil blankets. If children were exposed to similar conditions in their own homes, it would likely be considered neglect or abuse, and parents could face criminal charges.

Policy Considerations in the Briefs

1. Invest in family, school, and community mental health prevention services by providing funding to develop and test new mental health programs, including for early childhood, and expanding access to evidence-based treatment for refugee children and families.
2. Ensure refugees enroll in Medicaid and the Children's Health Insurance Program (CHIP).
3. Provide experts trained in forensic interviewing and developmental psychology to interview children in ways that maximize their likelihood of providing complete and accurate responses.
4. Advocate for the Protecting Sensitive Locations Act to improve policies, such as preventing agents from conducting enforcement within 1,000 feet of schools, churches, and hospitals.

5. Urge U.S. Citizenship and Immigration Services (USCIS) to address the citizenship application backlog, affirm that all children in the U.S. have the right to free public education, and support legislation that provides a pathway to citizenship for undocumented immigrants.

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